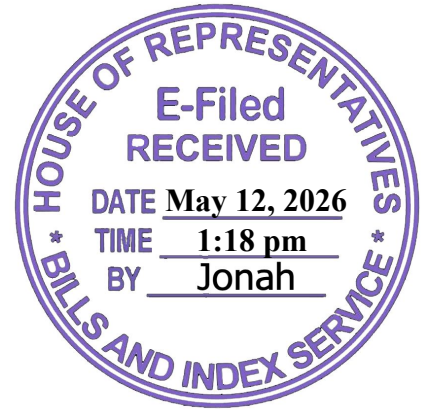


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9211



Introduced by BRIAN POE, PhD, MNSA

**AN ACT RECOGNIZING THE RIGHT OF PATIENTS
TO DESIGNATE A HEALTHCARE AGENT THROUGH A HEALTHCARE PROXY,
PROMOTING ADVANCE CARE PLANNING, AND PROVIDING FOR SUPPORTED
HEALTHCARE DECISION-MAKING IN THE HEALTHCARE SYSTEM**

EXPLANATORY NOTE

The delivery of healthcare is not only a matter of medical treatment, but also of respecting the dignity, autonomy, and wishes of every individual. Yet in the Philippines, many patients who become incapacitated due to illness, injury, disability, or old age are left without a clear legal mechanism for determining who may speak or decide on their behalf regarding healthcare decisions. This often results in confusion among family members, delays in treatment, conflict in healthcare settings, and uncertainty among healthcare providers.

At present, Philippine law does not comprehensively recognize healthcare proxies or healthcare agents as a formal mechanism for advance care planning. In practice, healthcare providers are frequently compelled to rely on informal family arrangements or uncertain consent processes during critical medical situations. This gap becomes especially significant in emergency care, end-of-life situations, mental healthcare, and cases involving persons who may temporarily or permanently lose decision-making capacity.

Globally, healthcare proxy systems and supported healthcare decision-making frameworks have long been recognized as essential tools in protecting patient rights and ensuring patient-centered care. These mechanisms empower individuals to designate trusted persons to make healthcare decisions consistent with their values, preferences, and best interests in the event they are no longer capable of communicating informed consent. Such frameworks are likewise consistent with the principles embodied in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which recognizes the equal right of persons with disabilities to exercise legal capacity with appropriate support.

This proposed “Right to Care Act” seeks to institutionalize the right of every person to designate a Healthcare Agent through a Healthcare Proxy. It establishes a clear and accessible legal framework for advance care planning while promoting supported healthcare decision-making within the Philippine healthcare system.

The bill provides safeguards to ensure that healthcare proxies are voluntarily executed, free from fraud or coercion, and always subject to revocation by the principal. It clarifies the rights, duties, and limitations of Healthcare Agents and Healthcare Providers, while also protecting healthcare providers who act in good faith reliance on healthcare decisions made pursuant to the Act.

Importantly, the measure promotes a rights-based, person-centered, and non-discriminatory approach to healthcare decision-making. It recognizes that individuals must remain at the center of decisions affecting their own health and well-being, even during periods of incapacity. It likewise complements existing healthcare reforms under the Universal Health Care Act by strengthening patient participation, autonomy, and continuity of care.

This measure also seeks to reduce unnecessary disputes among relatives and healthcare institutions by establishing a clear hierarchy and legal recognition of authorized healthcare decision-makers. At the same time, it preserves existing rights under law and does not authorize any act contrary to law or public policy.

Ultimately, this bill affirms that healthcare is not solely about treatment, but about respecting human dignity, protecting individual choice, and ensuring compassionate care during some of the most vulnerable moments in a person’s life.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


HON. BRIAN POE, PhD, MNSA
Representative
FPJ Panday Bayanihan Party-List

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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the “Right to Care Act”.

SECTION 2. *Declaration of Policy.* – The State recognizes health as a fundamental human right and affirms the dignity, autonomy, and well-being of every person in the delivery of healthcare services.

Pursuant to Article II, Section 15 of the Constitution, the State shall protect and promote the right to health of the people and instill health consciousness among them.

Towards this end, the State shall:

- a. Adopt a rights-based approach to healthcare, recognizing the right of every person to participate in decisions affecting the person’s health and medical care;
- b. Promote advance care planning by enabling individuals to designate a Healthcare Agent through a Healthcare Proxy;
- c. Strengthen universal access to healthcare services, consistent with the Universal Health Care Act and the country’s commitments to the Sustainable Development Goals; and
- d. Promote supported decision-making that respects the rights, will, and preferences of individuals.

And finally, the recognition of Healthcare Agents and Healthcare Proxies shall be implemented in an inclusive, non-discriminatory, and person-centered manner within the healthcare system.

SECTION 3. *Definition of Terms.* – For the purposes of this Act:

- a. *Advance Directive* refers to a written or recorded instruction indicating a person's preferences concerning the provision, withholding, or withdrawal of Healthcare under specified conditions.
- b. *Healthcare* refers to any care, treatment, service, or procedure undertaken to maintain, diagnose, monitor, or otherwise affect a person's physical or mental condition.
- c. *Healthcare Agent* refers to a natural person at least twenty-one (21) years of age designated by a Principal through a Healthcare Proxy to make Healthcare Decisions on the Principal's behalf.
- d. *Healthcare Decision* refers to any decision to consent to, refuse, or withdraw consent to the provision of Healthcare on behalf of the Principal.
- e. *Healthcare Provider* refers to any individual, facility, or institution licensed, accredited, or otherwise authorized by law to provide Healthcare.
- f. *Healthcare Proxy* refers to a written instrument executed by a Principal designating a Healthcare Agent to make Healthcare Decisions on the Principal's behalf.
- g. *Incapacity* refers to a temporary or permanent loss of decision-making capacity characterized by the inability of a person to understand information concerning the person's health condition; understand the consequences of decisions or actions on the person's life or health or on the life or health of others; understand information about the nature of a proposed treatment, including its methodology, effects, and possible side effects; or communicate consent to treatment or hospitalization or information regarding the person's own condition or as determined by the healthcare provider.
- h. *Next of Kin* refers to the closest living relative of the Principal in the following order of priority, namely, spouse, adult child, parent, adult sibling, grandparent, or other relative as determined under applicable laws.
- i. *Principal* refers to a natural person who designates a Healthcare Agent through a Healthcare Proxy.
- j. *Supported Healthcare Decision-Making* refers to assistance provided by persons chosen by an individual to help the individual understand, make, or communicate decisions while respecting the individual's rights, will, and preferences.

SECTION 4. *Right to Designate a Healthcare Agent.* – Every person may designate a Healthcare Agent through a Healthcare Proxy to make Healthcare Decisions on the person’s behalf in the event of incapacity.

The designation of Healthcare Agent shall be valid if it is freely and voluntarily made by the Principal; executed without fraud, coercion, undue influence or misrepresentation; based on the Principal’s freedom of choice; and, reduced into a Healthcare Proxy: *Provided*, that the Principal may modify, replace, or revoke the Healthcare Proxy at any time and such designation shall not constitute a waiver of the Principal’s right to make Healthcare Decisions whenever capable of doing so.

In the absence of a Healthcare Proxy, Healthcare Decisions may be made by the Next of Kin and such authority shall only apply when no Healthcare Agent has been designated or when the designated Healthcare Agent is unavailable.

SECTION 5. *Healthcare Proxy Form and Acceptance.* – A Healthcare Proxy may be executed in any written form at any given time and shall indicate the name of the Principal and the Healthcare Agent; the authority of the Healthcare Agent to make Healthcare Decisions; and acceptance by the Healthcare Agent: *Provided*, that the acceptance may be indicated in the Healthcare Proxy or made at the point of care when the Healthcare Agent is called upon to act.

SECTION 6. *Authority and Standards of the Healthcare Agent.* – Subject to any limitations expressly provided in the Healthcare Proxy or in any Advance Directive executed by the Principal, the Healthcare Agent shall have the authority to make Healthcare Decisions on behalf of the Principal within healthcare settings.

The Healthcare Agent shall have the right to receive relevant medical information and records necessary to make informed Healthcare Decisions. Disclosure of such information shall be deemed authorized for purposes of this Act.

Healthcare Decisions made by the Healthcare Agent shall be exercised while physically present, and shall be made in accordance with the known wishes, will, and preferences of the Principal, or, in the absence thereof, in the best interests of the Principal.

In the event of the death of the Principal, the Healthcare Agent may likewise make the necessary arrangements for the funeral and burial of the Principal.

Healthcare Decisions made by a duly designated Healthcare Agent shall have priority over decisions made by any other person, including members of the Principal’s family, except where the Principal has expressly stated a contrary wish. In cases of disagreement among family members or other persons, the decision of the Healthcare Agent shall prevail.

A Healthcare Agent shall be free from liability for Healthcare Decisions made in good faith and in accordance with this Act.

Where neither the Healthcare Agent nor the Next of Kin is available or able to decide on behalf of the Principal, the Healthcare Provider may determine the appropriate course of action in accordance with applicable laws, clinical practice guidelines, and institutional protocols.

Nothing in this Act shall prevent a Healthcare Provider from seeking ethical consultation, mediation, or judicial relief in cases involving substantial uncertainty, conflict, or allegations of abuse or bad faith in the exercise of authority by the Healthcare Agent.

SECTION 7. *Commencement and Termination of Authority.* – The authority of the Healthcare Agent shall commence upon a determination of Incapacity by a Healthcare Provider and shall cease once the Principal regains decision-making capacity and upon the revocation of the healthcare proxy.

The Principal may revoke the Healthcare Proxy by notifying a Healthcare Provider orally or in writing; executing a subsequent Healthcare Proxy; or by any act clearly indicating the intent to revoke the designation.

SECTION 8. *Obligations of Healthcare Providers.* – Healthcare Providers shall recognize a valid Healthcare Proxy; determine the presence or absence of incapacity in accordance with existing laws and clinical guidelines; make reasonable efforts to notify the Healthcare Agent when the Principal is unable to make Healthcare Decisions; and comply in good faith with Healthcare Decisions made by the Healthcare Agent.

Healthcare Providers shall not be held civilly, criminally, or administratively liable for actions taken in good faith reliance on Healthcare Decisions made by a Healthcare Agent under this Act.

SECTION 9. *Duties of Government Agencies.* – The following government agencies shall perform the respective duties provided under this Act:

- a. Department of Health (DOH), as the lead implementing agency, shall:
 1. Develop policies, standards, and guidelines to ensure the effective recognition and implementation of Healthcare Proxies and the exercise of authority by Healthcare Agents in healthcare settings;
 2. Integrate advance care planning and the recognition of Healthcare Proxies into hospital policies, patient rights frameworks, and clinical practice guidelines;
 3. Ensure that public and private healthcare facilities establish appropriate protocols for recognizing Healthcare Proxies and facilitating Healthcare Decisions made under this Act;
 4. Conduct capacity-building and training programs for Healthcare Providers on supported healthcare decision-making, patient autonomy, and the implementation of this Act; and
 5. Monitor compliance with this Act and coordinate with appropriate regulatory bodies in enforcing administrative accountability.
- b. Philippine Health Insurance Corporation (PhilHealth) shall:

1. Establish appropriate systems for the recording and recognition of Healthcare Proxy designations within its membership and health information systems;
 2. Ensure that Healthcare Decisions made pursuant to this Act are recognized in the processing of benefit claims and healthcare coverage; and
 3. Support public information initiatives to promote awareness of advance care planning and the designation of Healthcare Agents.
- c. Department of the Interior and Local Government (DILG) and Local Government Units (LGUs) shall:
1. Support the local implementation of this Act through public education and community-based information campaigns;
 2. Assist in integrating awareness of Healthcare Proxies and advance care planning into local health programs and services; and
 3. Encourage the participation of barangay health workers and local health personnel in promoting public awareness of the rights and mechanisms provided under this Act.
- d. Other Government Agencies. All concerned government agencies shall cooperate with the Department of Health in the implementation of this Act and shall adopt measures within their respective mandates to support the effective recognition of Healthcare Agents and Healthcare Proxies.

SECTION 10. *Liability of Healthcare Cost.* – Healthcare provided pursuant to decisions made by a Healthcare Agent shall be treated as if such healthcare had been provided pursuant to the decision of the Principal. The cost incurred shall remain the obligation of the Principal, and unpaid healthcare costs shall form part of the obligations recoverable from the Principal, subject to applicable laws. The Healthcare Agent shall not be personally liable for any costs incurred in the provision of healthcare under this Act.

Subject to applicable social and financial protection laws, programs, and services, the Healthcare Agent may apply for government assistance on behalf of the Principal: *Provided*, That the Healthcare Agent shall not derive any financial benefit therefrom.

SECTION 11. *Non-Discrimination and Non-Limitation of Rights.* – No person or entity shall require, deny, or prohibit the execution of a Healthcare Proxy as a condition for the provision of healthcare or related services, including but not limited to services provided by health management organizations, insurance companies, or other healthcare institutions.

Nothing in this Act shall create, expand, diminish, impair, or supersede any existing authority of a Principal to make or express decisions, wishes, or instructions regarding Healthcare, whether or not expressed in a Healthcare Proxy.

Nothing in here shall be construed to permit the Healthcare Agent to consent to any act or omission to which the Principal could not consent under the law.

SECTION 12. *Penalties.* – The DOH, the Professional Regulation Commission, the PhilHealth and any other relevant government agencies may suspend or revoke the licenses, accreditation,

or certifications of Healthcare Providers, and any of its authorized representatives and employees, or impose other administrative liabilities for any violation of this Act.

The imposition of administrative liabilities is without prejudice to the filing of appropriate civil or criminal action that may be filed by the relevant government agency, principal, or Healthcare Agent.

SECTION 13. *Implementing Rules and Regulations.* – The DOH, together with PhilHealth, relevant civil society organizations with proven track record, and other concerned stakeholders shall formulate the necessary rules and regulations for the implementation of this Act within ninety (90) days upon its effectivity.

SECTION 14. *Appropriations.* – The amount necessary for the implementation of this act shall be charged against the current appropriations of the DOH, DILG, PhilHealth, and the LGUs.

SECTION 15. *Separability Clause.* – If any Section or provision of this Act is held unconstitutional or invalid, the remaining Sections or provisions with the provisions not affected thereby shall continue to be in full force and effect.

SECTION 16. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations, issuance or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 17. *Effectivity.* – This Act shall take effect fifteen (15) days after publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,


HON. BRIAN POE, PhD, MNSA
Representative
FPJ Panday Bayanihan Party-List