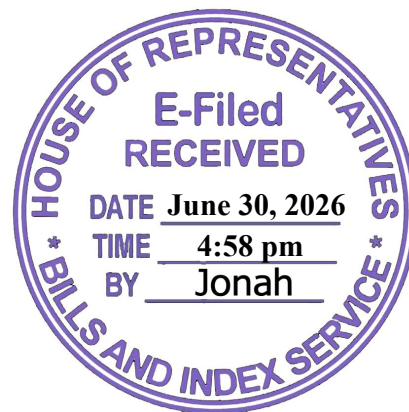


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9988



Introduced by Representative Jan “Atty. JP” D. Padiernos

EXPLANATORY NOTE

The Constitution declares that the State shall protect and promote the right to health of the people and adopt an integrated and comprehensive approach to health development. Consistent with this policy, the enactment of the Universal Health Care Act and the continued expansion of PhilHealth benefits have significantly improved access to healthcare services for millions of Filipinos.

Despite these reforms, many Filipino workers and their families continue to incur substantial out-of-pocket hospital expenses. Even after PhilHealth benefits are applied, patients are often billed additional amounts for medicines, diagnostic procedures, medical supplies, and other hospital charges. As a result, many households are forced to deplete their savings, incur debt, or postpone necessary treatment despite years of mandatory PhilHealth contributions.

The challenge today is no longer merely expanding membership but ensuring that existing benefits are fully utilized and effectively translated into meaningful financial protection. Workers who faithfully contribute to PhilHealth should receive the maximum benefits available under the law, while hospitals should adopt transparent and patient-centered billing practices that minimize unnecessary financial burdens.

This measure seeks to strengthen the existing healthcare framework by requiring the automatic maximization of PhilHealth benefits, improving transparency in hospital billing, and establishing mechanisms to reduce out-of-pocket expenses for qualified PhilHealth members and their dependents in accordance with existing laws and available government financing.

In doing so, the bill reinforces the objective of universal health care that no Filipino should suffer financial hardship because of illness and that every contribution to the national health insurance system should provide genuine and meaningful protection.

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

Rep. Jan “Atty. JP” D. Padiernos
GP (GALING SA PUSO) Partylist

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TWENTIETH CONGRESS
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HOUSE BILL NO. 9988

Introduced by Representative Jan “Atty. JP” D. Padiernos

AN ACT STRENGTHENING THE FINANCIAL PROTECTION OF PHILHEALTH MEMBERS BY MAXIMIZING HOSPITAL BENEFITS, ENHANCING BILLING TRANSPARENCY, AND REDUCING OUT-OF-POCKET HEALTHCARE EXPENSES, AND FOR OTHER PURPOSES

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

Section 1. *Short Title.* – This Act shall be known as “PhilHealth Benefit Maximization Act.”

Section 2. *Declaration of Policy.*– It is the policy of the State to protect and promote the right to health and to ensure that every Filipino has equitable access to affordable and quality healthcare services. The State likewise recognizes that PhilHealth members faithfully contribute to the National Health Insurance Program and should therefore receive the fullest benefits available under existing laws.

To reduce unnecessary out-of-pocket healthcare expenditures, it is hereby declared the policy of the State to promote the automatic utilization and maximization of PhilHealth benefits and other applicable government healthcare assistance through a transparent, patient-centered, and accessible hospital billing system.

Section 3. *PhilHealth Benefit Maximization Program.*– There is hereby established a PhilHealth Benefit Maximization Program, which shall ensure that all qualified PhilHealth members and their eligible dependents are informed of, assessed for, and assisted in availing of all PhilHealth benefits and other applicable government healthcare assistance before the issuance of their final hospital bill.

Section 4. *Automatic Assessment and Application of Benefits.*– All PhilHealth-accredited hospitals shall, prior to the issuance of a final hospital bill:

- (a) Verify the patient's PhilHealth membership and eligibility;
- (b) Assess all PhilHealth benefits and other applicable government healthcare assistance for which the patient may qualify;
- (c) Automatically apply such benefits and assistance to the patient's hospital charges to the fullest extent permitted by law; and
- (d) Inform the patient or authorized representative of the benefits applied and the corresponding deductions from the total bill.

Section 5. *Duty to maximize benefits.*– All PhilHealth-accredited hospitals shall exercise due diligence to ensure that every qualified patient receives the maximum PhilHealth benefits and other government healthcare assistance available under existing laws and programs before the issuance of the final hospital bill.

The hospital shall not require a patient to separately apply for benefits or assistance that may reasonably be verified or processed by the hospital through available government systems or coordination mechanisms, except where the personal participation of the patient is required by law.

PhilHealth and the Department of Health shall establish a standardized benefit assessment and certification process to ensure that all available benefits have been considered and applied prior to billing.

Section 6. *Benefit Maximization Statement* – Prior to the issuance of the final hospital bill, every PhilHealth-accredited hospital shall provide the patient or his or her authorized representative with a Benefit Maximization Statement, which shall contain:

- (a) The total amount of hospital charges;
- (b) The PhilHealth benefits applied;
- (c) Other government healthcare assistance or subsidy applied, if any;
- (d) The remaining balance payable by the patient, if any; and
- (e) A certification that the hospital has assessed and applied, to the fullest extent practicable and in accordance with existing laws and regulations, all available PhilHealth benefits and other government healthcare assistance for which the patient may qualify.

Section 7. *Right to Information.* – Every PhilHealth member and qualified dependent shall have the right to be informed of the healthcare benefits and government assistance programs for which they may be eligible. PhilHealth-accredited hospitals shall, prior to discharge, explain the benefits applied and provide a copy of the Benefit Maximization Statement to the patient or authorized representative.

Section 8. *Information and Public Awareness Program.*– PhilHealth, in coordination with the Department of Health and other concerned agencies, shall conduct continuing nationwide information and education campaigns to increase public awareness of PhilHealth benefits and existing government healthcare assistance programs. Such campaigns

shall utilize digital platforms, healthcare institutions, local government units, and other appropriate means to ensure that members are informed of their rights and entitlements.

Section 9. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the the Department of Health (DOH), in coordination with PhilHealth, shall promulgate the necessary rules and regulations. Compliance with the provisions of this Act shall be made a mandatory requirement for the renewal of PhilHealth institutional accreditation and DOH hospital licensure.

Section 10. *Repealing Clause.* All laws, decrees, executive orders, rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 11. *Separability Clause.* – If any portion of this Act is declared unconstitutional or invalid, the other portions which are not affected thereby shall continue in full force and effect.

Section 12. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.