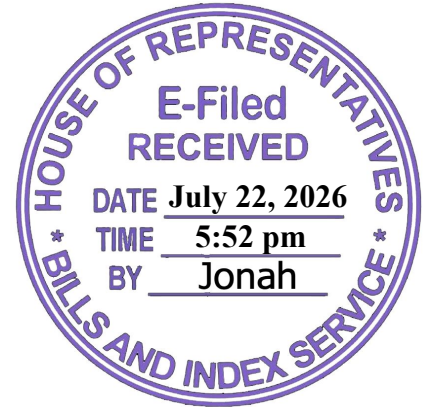




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 10203



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT

MANDATING ANNUAL HEALTH CHECK-UPS FOR EVERY FAMILY UNIT TO PROMOTE PREVENTIVE HEALTHCARE, WITH FOCUS ON NUTRITION, LIFESTYLE DISEASES, REPRODUCTIVE AND MENTAL HEALTH

EXPLANATORY NOTE

Many Filipino families continue to face preventable health risks due to limited access to regular screening, early diagnosis, and primary healthcare services, particularly in underserved and geographically isolated communities. As a result, illnesses such as hypertension, diabetes, malnutrition, mental health conditions, and other preventable diseases often remain undetected until complications arise.

This bill seeks to institutionalize a Whole Family Health Program that provides free annual preventive health check-ups for Filipino households through barangay health stations, rural health units, mobile health teams, and public healthcare facilities. The measure adopts a family-centered and preventive healthcare approach focused on early detection, nutrition, mental health, reproductive health, child development, and disease prevention.

The proposed program strengthens the implementation of the Universal Health Care Act by improving access to primary healthcare services, enhancing continuity of care, and promoting coordinated health interventions at the

community level. It also provides mechanisms for digital health records, mobile healthcare delivery, referral systems, and local government participation to ensure efficient and inclusive implementation.

By prioritizing prevention, early intervention, and community-based healthcare, this measure aims to improve health outcomes, reduce long-term healthcare costs, and strengthen the overall well-being and resilience of Filipino families.

In view of the foregoing, approval of this bill is earnestly requested.



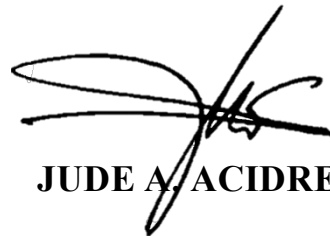
FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



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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 “Whole Family Health Program Act.”

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos through a preventive, family-centered, community-based, and integrated healthcare approach.

Toward this end, the State shall institutionalize accessible and regular preventive health services for Filipino households, particularly vulnerable and underserved sectors, with emphasis on nutrition, non-communicable diseases, mental health,

reproductive health, child development, and early disease detection consistent with the Universal Health Care Act and existing public health policies.

SEC. 3. *Definition of Terms.* – For purposes of this Act, the following terms are hereby defined:

- a) “Family Unit” refers to individuals living together as one household and registered under the barangay household or family profiling system, regardless of legal or biological relationship.
- b) “Preventive Health Check-Up” refers to barangays or municipalities classified as rural by the Philippine Statistics Authority (PSA), National Economic and Development Authority (NEDA), or other authorized government agencies.
- c) “Barangay Health Station (BHS)” refers to the primary healthcare facility operating at the barangay level under the supervision of the local government unit and the Department of Health.
- d) “Geographically Isolated and Disadvantaged Areas (GIDAs)” refer to communities with limited access to healthcare services due to geographic, socioeconomic, or security-related barriers, as defined by the Department of Health.

SEC. 4. *Annual Preventive Family Health Check-Ups.* – All registered family units shall be entitled to one (1) free annual preventive health check-up through the nearest Barangay Health Station (BHS), Rural Health Unit (RHU), public health facility, or authorized mobile health team.

The annual health check-up may include:

- a) Basic medical, dental, and physical examination;

- b) Nutritional assessment, including body mass index (BMI), growth monitoring, and food insecurity screening;
- c) Screening for non-communicable and lifestyle-related diseases including hypertension, diabetes, cardiovascular disease risks, and high cholesterol;
- d) Mental health screening, psychosocial assessment, and brief counseling services;
- e) Reproductive health consultation, maternal health services, family planning counseling, and sexually transmitted infection (STI) risk screening, where appropriate and consistent with existing laws;
- f) Child and adolescent health and developmental screening;
- g) Health education on disease prevention, nutrition, sanitation, vaccination, and available government health programs.

Priority shall be given to indigent households, senior citizens, persons with disabilities, pregnant women, children, indigenous peoples, and residents of GIDAs.

SEC. 5. *Implementation by the Department of Health.* – The Department of Health (DOH) shall serve as the lead implementing agency and shall:

- a) Develop national standards, protocols, and clinical guidelines for preventive family health check-ups;
- b) Deploy mobile health units, family health teams, and telehealth support services in underserved and geographically isolated areas;
- c) Coordinate with local government units for family registration, scheduling, referral systems, and community health education;
- d) Establish and maintain interoperable digital health records and reporting systems consistent with the Data Privacy Act and the Universal Health Care Act;

- e) Ensure integration of the Program with existing national public health initiatives and primary healthcare systems.

SEC. 6. *Responsibilities of Local Government Units.* – LGUs shall:

Local government units, through their Provincial, City, or Municipal Health Offices, shall:

- a) Conduct family profiling, registration, and scheduling of annual check-ups;
- b) Mobilize barangay health workers (BHWs), nutrition workers, and community volunteers for implementation and health promotion activities;
- c) Facilitate referrals and continuity of care for individuals requiring further medical attention or specialized treatment;
- d) Submit periodic accomplishment and financial reports to the DOH;
- e) Ensure adequate local support, facilities, and logistical assistance for the Program.

Barangays may establish Family Health Committees composed of barangay officials, health workers, civil society representatives, and community volunteers.

SEC. 7. *Referral System and Continuity of Care.* – annual check-up shall be referred to the appropriate public healthcare facility, specialist, or government support program.

Indigent and financially vulnerable patients shall be entitled to available benefits and financial protection mechanisms under Republic Act No. 11223 or the Universal Health Care Act, PhilHealth programs, and other applicable laws.

SEC. 8. *Appropriations.* – The amount necessary for the implementation of this Act shall be included in the annual appropriations of the Department of Health and participating agencies under the General Appropriations Act.

Local government units may allocate counterpart funding, facilities, personnel, equipment, or logistical support for the implementation of the Program.

SEC. 9. *Monitoring, Evaluation, and Transparency.* – The DOH, in coordination with the Department of the Interior and Local Government (DILG), shall:

- a) Develop a monitoring and evaluation framework to assess program implementation, service coverage, health outcomes, and referral compliance;
- b) Submit annual reports to Congress detailing implementation progress, budget utilization, disease trends, nutrition indicators, and service gaps;
- c) Ensure compliance with transparency, accountability, and public health data protection standards;
- d) Conduct periodic independent impact assessments and program reviews.

SEC. 10. *Incentives and Accountability Mechanisms.* – a) Local government units demonstrating exemplary implementation and achieving high program coverage rates may be eligible for performance-based health grants, incentives, or recognition programs subject to DOH and DILG guidelines.

b) Failure of responsible officials to implement the Program without justifiable cause, or misuse of funds allocated under this Act, shall subject such officials to administrative, civil, or criminal liability under existing laws.

SEC. 11. *Separability Clause.* – If any provision or part of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

SEC. 12. *Repealing Clause.* – All laws, decrees, executive orders, rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 13. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with concerned government agencies and stakeholders, shall promulgate the implementing rules and regulations necessary for the effective implementation of this Act.

SEC. 14. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,