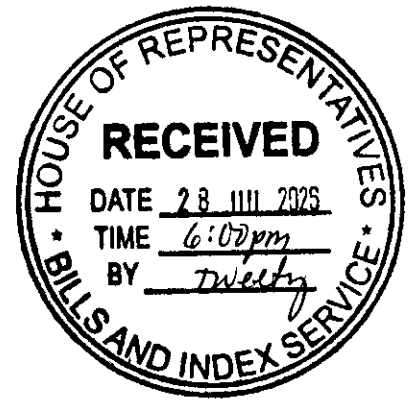


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
TWENTIETH CONGRESS
Second Regular Session
HOUSE BILL NO. 10350



Introduced by: **REP. ELMER V. CATULPOS**
(1Tahanan Partylist)

EXPLANATORY NOTE

No Filipina should have to choose between her own life and her family's savings simply to bring a child into the world. Yet each year roughly 1,500 Filipino mothers still die from causes related to pregnancy and childbirth — a maternal mortality ratio of about 84 deaths for every 100,000 live births — and nearly all of these deaths are preventable. They are not spread evenly. They fall hardest on families of least means and on mothers in our most remote islands and provinces, where in some regions a mother is roughly twice as likely to die as the national average, and where a mother may still give birth without a skilled attendant not because she refuses care, but because care is too far or too costly to reach in time.

This Congress recognizes and honors the significant step taken on 30 April 2026, when maternity benefits under the Philippine Health Insurance Corporation (PhilHealth) were substantially expanded — raising coverage for normal delivery to ₱29,000 and for cesarean section to between ₱58,000 and ₱62,000, doubling prenatal check-ups to eight and covering three postnatal visits. Combined with the No Balance Billing policy of the Universal Health Care Act, many mothers who deliver in government wards now pay little or nothing. This is a real and welcome gain, and this measure is built upon it — not against it.

But a gain secured only by administrative issuance can be diminished by administrative issuance. What was granted by a circular can be reduced by a future one. Moreover, two gaps remain. First, the mothers with the least — those who are not active members and cannot navigate eligibility procedures — still risk being turned away or made to wait, even as the law promises them care. Second, and most importantly, cost at the facility was never the only killer: distance is. A benefit package, however generous, cannot save a mother who cannot reach a facility in time.

This bill therefore does three things the expansion did not. It writes the guarantee of free, safe childbirth into permanent law, so that no mother's safety depends on the politics of the day. It guarantees automatic, no-questions-asked coverage for indigent and non-member mothers, so that those with the least are served first, not last. And it closes the distance gap — supporting transport to facilities, maternity waiting homes near hospitals in far-flung areas, and skilled birth attendance — so that geography stops being a death sentence.

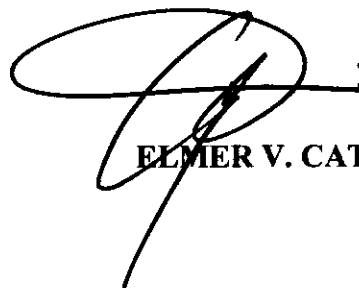
There is a further truth, newly measured, that gives this bill its urgency. The Philippines is no longer the ever-growing nation we assume ourselves to be. The 2025 National Demographic and Health Survey recorded a total fertility rate of 1.7 children per woman — the lowest in our history, below the 2.1 needed merely to replace ourselves, and less than half the 4.1 of 1993 — with the decline holding in every region and every income bracket. We have quietly stepped onto the road walked by Japan, South Korea, and China — nations now spending fortunes to persuade their people toward parenthood, mostly too late.

Let this measure say clearly what the State's answer is — and is not. We respect, without judgment, the freedom of every Filipino to choose their own path: to study, to build a career, to travel, to marry or not, to bear children or not. The State commands no one's choice, and this bill asks nothing of those who choose otherwise. But precisely because fewer now choose motherhood, every mother who does choose it is more precious to the nation than ever — and it shames the State that the woman who says yes to carrying our future is the one left to risk death, debt, and abandonment in doing so. Many pregnancies, especially among the young, are unplanned; and when things go wrong, it is the mother who carries everything — above all when the father walks away. This bill follows her, not her circumstances: her care shall never depend on a marriage certificate, a father's signature, or anyone's approval. And for the first-time mother, whose fear is greatest and whose knowledge is least, the guidance of this Act shall be nearest. We cannot and will not tell any Filipina to become a mother; what we can do is make certain that the choice, freely made, is never punished by danger, poverty, or judgment. If motherhood is safe, free, and honored, then the choice itself becomes freer.

This is not a dole-out; it is the most cost-effective life-saving investment a nation can make. Every mother who survives raises her children, earns for her family, and strengthens her community; every safe birth is a citizen given a healthy start. Guaranteeing that a mother survives the act of giving life is the clearest measure of a compassionate and just State.

The President himself, in his State of the Nation Address of July 27, 2026, showed the nation what this bill seeks to make permanent: he reported that through Zero-Balance Billing, nearly three million Filipinos paid nothing — “walang binayaran kahit singko sa kanilang pagpapagamot” — in the wards of government hospitals, and that medical assistance now reaches families without the need to “pumila o magmakaawa pa sa sinumang pulitiko.” This measure asks that the Filipina who gives life be first among those to whom that promise is guaranteed — not by circular or policy that a future administration may quietly narrow, but by permanent law. The President has proven that free care is possible; this bill makes it the mother's right.

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



ELMER V. CATULPOS

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10350

*Introduced by Representative ELMER V. CATULPOS
(I Tahanan Party-list)*

AN ACT GUARANTEEING FREE AND SAFE CHILDBIRTH FOR EVERY FILIPINO MOTHER BY INSTITUTIONALIZING ZERO OUT-OF-POCKET MATERNITY CARE FOR ELIGIBLE MOTHERS, ENSURING AUTOMATIC COVERAGE FOR INDIGENT AND NON-MEMBER MOTHERS, AND CLOSING ACCESS GAPS IN GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS, AND FOR OTHER PURPOSES

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 “Libreng Panganak Act” or the “Free Safe Birthing Act.”

SECTION 2. Declaration of Policy. — It is the policy of the State to protect the life and dignity of every Filipino eligible mother and newborn, and to ensure that no mother is placed at risk, denied care, or driven into debt by reason of poverty or distance in the act of giving birth. Toward this end, the State shall guarantee free, safe, and skilled childbirth for every eligible mother; make permanent and continually improve the maternity benefits already extended to mothers; give first priority to those in greatest need and to mothers in geographically isolated and disadvantaged areas; and treat safe motherhood as a fundamental investment in national development. This Act shall complement and strengthen, and shall not diminish, the Universal Health Care Act and existing maternal-health laws and benefits.

SECTION 3. Definition of Terms. — As used in this Act:

- (a) *Eligible mother* refers to any Filipino woman giving birth who is a member or dependent-member of PhilHealth, or who qualifies as an indigent or non-member mother under Section 6 of this Act.
- (b) *Public facility* refers to any hospital or health facility owned, maintained, or operated by the government, whether by the national government or any of its agencies or instrumentalities, or by a local government unit, including government hospitals and other government health facilities devoted primarily to the provision of health services, including obstetrical or other medical and nursing care. This includes government hospitals as understood under the Hospital Licensure Act, i.e., hospitals operated and maintained partially or wholly by the national, provincial, municipal, or city government or other political subdivision, or by any department, division, board, or other agency thereof.
- (c) *Accredited private facility* refers to any PhilHealth-accredited hospital or health facility owned, maintained, or operated by any person other than the government.
- (d) *Free safe birthing* refers to the delivery of a child — whether by normal spontaneous delivery or by medically indicated cesarean section — together with the prenatal and postnatal care

defined herein, at zero out-of-pocket cost to an eligible mother in a public facility or an accredited private facility availing of ward or basic accommodation.

- (c) *Geographically Isolated and Disadvantaged Area (GIDA)* refers to area that are isolated due to distance or geographical isolation, weather conditions and lack of modes of transportation. These also refers to unserved and underserved communities and other areas identified to have access or service delivery problems, high incidence of poverty, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict, and those recognized as such by a government body, as defined by Section 6 (f) of RA 11138.
- (d) *Maternity waiting home* refers to a residential facility located near a health facility where a mother from a GIDA may stay during the final days of pregnancy to ensure timely, facility-based, skilled delivery.
- (e) *No out-of-pocket cost* means that an eligible mother shall pay nothing for the covered services, and shall not be required to post any deposit as a condition for admission or delivery.

SECTION 4. Scope and Relationship to Existing Laws. — This Act shall be implemented in harmony with, and shall build upon, Republic Act No. 11223 (Universal Health Care Act) and its No Balance Billing policy, Republic Act No. 11148 (Kalusugan at Nutrisyon ng Mag-Nanay Act), Republic Act No. 10354 (Responsible Parenthood and Reproductive Health Act), and Republic Act No. 8344, as amended by Republic Act No. 10932 (Anti-Hospital Deposit Law). Nothing in this Act shall be construed to diminish, limit, or narrow the scope of protections granted under Republic Act No. 8344, as amended by Republic Act No. 10932, including the inclusion of procedures and treatment administered to a woman in active labor within “basic emergency care.” Further, nothing in this Act shall be construed to reduce any maternity benefit already granted; it shall serve as the statutory floor beneath which such benefits may not fall.

SECTION 5. Guarantee of Free Safe Birthing and Covered Services. — Every eligible mother shall be entitled to free safe birthing at zero out-of-pocket cost in any public facility, and in any accredited private facility where she avails of ward or basic accommodation. The covered services shall include prenatal care, facility-based delivery whether by normal spontaneous delivery or medically indicated cesarean section, essential newborn care and post-natal care, as defined in this Act and in accordance with schedules to be set by the Department of Health.

It is also understood that prenatal care shall mean not fewer than eight (8) visits including vaccines and laboratory tests, while post-natal care shall mean not fewer than three (3) post-natal visits. Where a mother chooses accommodation above the basic level in a private facility, she shall be liable only for the incremental cost of that upgrade.

SECTION 6. Automatic Coverage of Indigent and Non-Member Mothers. — No mother shall be denied, delayed, or refused access to free safe birthing and covered maternal and newborn care by reason of non-membership, unpaid premiums, incomplete documentation, or civil status. The guarantee of this Act shall attach to the mother herself. No marriage certificate, and no signature, presence, consent, or support of the father, shall be required as a condition for the availment of care. No mother shall be subjected to discrimination, judgment, or differential treatment on account of her circumstances.

An indigent or non-member mother presenting at a health facility shall be automatically enrolled or covered at the point of care and shall be deemed presumptively eligible for benefits under this Act and Republic Act No. 11223, otherwise known as the *Universal Health Care Act*. She shall not be required to first establish eligibility as a condition for receiving immediate maternal and newborn care.

Eligibility verification and validation of indigency or membership status shall be conducted only after care has been provided by the Department of Social Welfare and Development (DSWD), the local government unit (LGU), PhilHealth, and other concerned agencies, in accordance with time-

bound procedures to be prescribed in the implementing rules and regulations, which shall not exceed sixty (60) days from availment unless extended for justifiable cause.

Pending validation, the cost of covered services shall be paid under the financing mechanisms established under this Act and Republic Act No. 11223, subject to subsequent reconciliation among the concerned agencies and health facilities. If the beneficiary is later determined to have existing PhilHealth coverage or other means of payment, appropriate reimbursement, billing arrangements, or reasonable payment schemes may be implemented in accordance with applicable rules, without requiring the mother to reimburse or settle costs as a condition for receiving care.

Health facilities shall maintain reasonable post-care documentation necessary for reimbursement, audit, and accountability purposes, as prescribed by the Department of Health (DOH) and PhilHealth; provided, that such requirements shall not delay, restrict, or prevent access to maternal and newborn care.

Nothing in this Act, and no availment of care hereunder, shall waive or diminish the mother's right to pursue support and remedies against the father for herself and her child under the Family Code, Republic Act No. 9262, and Republic Act No. 11861, otherwise known as the *Expanded Solo Parents Welfare Act*, all of which shall remain in full force and effect.

SECTION 7. Prohibition on Deposits and Balance Billing. — Consistent with the Anti-Hospital Deposit Law and the No Balance Billing policy, no hospital, birthing home, or other health facility, whether public or private, shall demand a deposit, down payment, or any advance payment from an eligible mother as a condition for admission, delivery, or discharge, nor shall it bill an eligible mother availing of ward or basic accommodation for any amount covered under this Act. Violation shall be penalized as provided in Section 13 and under the Anti-Hospital Deposit Law.

SECTION 8. Closing the Distance Gap in Geographically Isolated and Disadvantaged Areas. — Recognizing that distance, and not cost alone, is a leading cause of preventable maternal death, the Department of Health, in coordination with local government units, shall:

- (a) Establish and support maternity waiting homes near capable health facilities serving GIDAs, so that mothers may safely await facility-based delivery;
- (b) Provide or subsidize emergency maternal transport, including boat, land, or air transport where necessary, for mothers in labor or with pregnancy complications in GIDAs;
- (c) Ensure the availability of skilled birth attendants and functioning basic and comprehensive emergency obstetric and newborn care services within reasonable reach of every community; and
- (d) Give budgetary and program priority under this Act to the regions and provinces with the highest maternal mortality, including the Bangsamoro Autonomous Region in Muslim Mindanao.

SECTION 9. Institutionalization and Non-Diminution of Maternity Benefits. — The maternity benefits in effect upon the enactment of this Act — including the case rates for normal and cesarean delivery, expanded prenatal and postnatal coverage, and essential newborn care — are hereby adopted as the minimum statutory benefit. PhilHealth may increase but shall not reduce these benefits, and shall review them at least every three (3) years to keep pace with the actual cost of safe childbirth. A designated care coordinator shall be made available to guide each mother through her pregnancy, delivery options, and referrals, consistent with existing PhilHealth policy, with particular attention to first-time mothers, whose need for guidance is greatest.

SECTION 10. Implementing Agencies and Responsibilities. — The Department of Health shall be the lead agency for this Act, in coordination with PhilHealth, which shall administer the benefit packages; the Department of Social Welfare and Development, which shall assist in the automatic enrollment and indigency determination of non-member mothers; and local government

units, which shall serve as frontline implementers, operate maternity waiting homes, and organize maternal transport within their jurisdictions.

SECTION 11. Appropriations. — The amount necessary for the implementation of this Act shall be provided as a separate and distinct line item under a new appropriation in the annual General Appropriations Act. Such appropriation shall be separate from, and shall be in addition to, the National Health Insurance Fund and shall not be sourced from the diminution, realignment, or reduction of existing health programs, benefits, or appropriations.

Funds appropriated under this Act shall be used exclusively for the purposes provided herein, including the automatic coverage of indigent and non-member mothers under Section 6, the establishment and operation of maternity waiting homes and emergency transport mechanisms under Section 8, and the implementation of priority maternal and newborn health programs in high-mortality and underserved areas.

Nothing in this Act shall be construed to authorize the transfer, diversion, or use of funds from the National Health Insurance Fund, PhilHealth reserve funds, or other earmarked health funds, except as expressly allowed under Republic Act No. 11223, otherwise known as the *Universal Health Care Act*, and other applicable laws.

Covered services provided under this Act shall be financed through the mechanisms established herein and, where applicable, through PhilHealth benefit packages under the National Health Insurance Program, subject to such cost-sharing, reimbursement, and payment arrangements as may be jointly determined by the Department of Health, PhilHealth, and other concerned agencies pursuant to law and the implementing rules and regulations.

SECTION 12. Information Dissemination. — The Department of Health, PhilHealth, and local government units shall conduct a continuing information campaign, in the languages and dialects of each community, to ensure that every mother knows her right to free safe birthing and how to avail of it, with particular attention to GIDAs, indigenous communities, and first-time mothers.

SECTION 13. Penalties. — Any health facility, officer, or employee who demands a prohibited deposit, refuses admission or care to an eligible mother, or bills an eligible mother in violation of this Act shall be liable under the penalties provided in the Anti-Hospital Deposit Law and the Universal Health Care Act, without prejudice to administrative sanctions. In addition to liabilities under Republic Act No. 8344, as amended by Republic Act No. 10932, the implementing rules and regulations shall provide a schedule of administrative sanctions for non-compliance with this Act, including fines and PhilHealth accreditation-related sanction consistent with due process.

Any intentional misrepresentation, fraud, or submission of false information to obtain benefits under this Act shall be subject to applicable administrative, civil, and criminal penalties. Such penalties shall not be applied in a manner that creates a barrier to care or delays medical intervention at the point of service.

SECTION 14. Standards for the Formulation and Updating of Maternal and Newborn Care Schedules and Clinical Guidelines. In formulating and updating the schedules of maternal and newborn care, clinical standards, and service delivery guidelines for purposes of this Act as well the Implementing Rules and Regulations therefor, the Department of Health (DOH), in coordination with PhilHealth and concerned stakeholders, shall observe the following standards:

- (a) Rights- and equity-based standard. The schedules and standards shall be framed and applied to ensure equitable access to quality maternal and newborn care, with preferential regard for underserved populations, including indigent mothers and those in geographically isolated and disadvantaged areas (GIDAs). In case of doubt, implementation and interpretation shall favor upholding the right of every Filipino to quality, accessible, and affordable health care.

- (b) Highest attainable standard of care for qualified beneficiaries. The schedules and standards shall be designed to enable qualified beneficiaries to avail of the highest attainable standard of maternal and newborn health care within the public health system and PhilHealth financing framework, including adequate protection against financial risk, consistent with universal health care objectives.
- (c) Evidence-based and clinically sound standard. The DOH shall set standards for clinical care through the development, appraisal, and use of clinical practice guidelines in cooperation with professional societies and the academe, and shall ensure that schedules and standards reflect safety, effectiveness, and current clinical evidence.
- (d) Affordability, financial risk protection, and sustainability standard. The schedules and standards shall be set to reduce out-of-pocket expenses and promote affordability and sustainability of coverage, including through coordination with PhilHealth benefit packages and financing policies.
- (e) Non-diminution standard. Updates to schedules and standards shall not be used to eliminate or diminish program benefits being enjoyed at the time of effectivity, and shall be periodically reviewed and updated to improve quality and effectiveness.

The implementing rules and regulations shall provide for transparent publication of updated schedules and standards, stakeholder consultation mechanisms, and periodic review intervals, consistent with this Act and Republic Act No. 11223.

SECTION 15. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, the Department of Health, in coordination with PhilHealth, the DSWD, the DILG, and concerned stakeholders, shall promulgate the implementing rules and regulations. Failure to promulgate the same shall not prevent the implementation of this Act.

SECTION 16. Congressional Oversight. — A Congressional Oversight Committee, composed of the chairpersons and members of the appropriate committees of both Houses, shall monitor the implementation of this Act and shall conduct a review of its effectiveness, particularly its impact on maternal mortality, within three (3) years from its effectivity.

SECTION 17. Separability Clause. — If any provision of this Act is declared invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SECTION 18. Repealing Clause. — All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SECTION 19. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved.