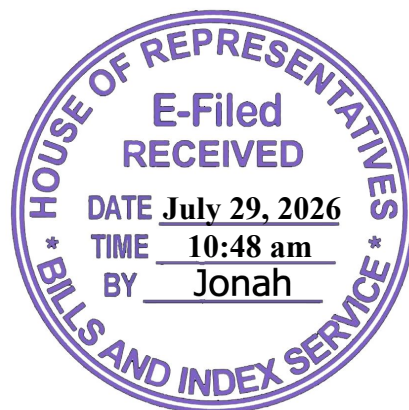


Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **10359**



Introduced by HON. JAMES "JOJO" ANG JR.

EXPLANATORY NOTE

Article II, Section 15 of the Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them. Article XIII, Sections 11 and 12 further mandate the State to adopt an integrated and comprehensive approach to health development and make essential health services available to all people at affordable cost.

The National Health Insurance Program administered by the Philippine Health Insurance Corporation (PhilHealth) serves as a principal mechanism for providing financial risk protection to Filipino families. Recent reforms, including the implementation of expanded outpatient emergency care benefits, have significantly improved healthcare coverage. However, experience has shown that certain members continue to encounter situations where medically necessary healthcare services are rendered but PhilHealth benefits are unavailable, reduced, delayed, or uncertain due to technical classifications, admission status, duration of confinement, or hospital capacity limitations. These situations include, but are not limited to, the following situations, namely: patients who are formally admitted but discharged within twenty-four (24) hours; patients who incur expenses in emergency departments but do not fall within a specific benefit package; patients advised for admission but unable to obtain hospital beds; patients who remain in emergency departments while awaiting admission due to overcrowding; patients transferred between healthcare facilities because of capacity constraints; and families of deceased patients whose benefit entitlement becomes uncertain due to unresolved classification issues.

The circumstances mentioned above arise through no fault of the patient and often result in financial hardship, precisely when families are most vulnerable. No member should be deprived of financial protection because a healthcare facility lacks available beds, because a transfer becomes necessary, or because a medical encounter falls between existing administrative classifications.

This measure seeks to ensure continuity of PhilHealth protection by directing the development of mechanisms that address benefit gaps, establish coverage continuity throughout a patient's course of treatment, and promote the liberal resolution of classification ambiguities in favor of qualified members, consistent with the objectives of the National Health Insurance Program and the Universal Health Care Act.

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



JAMES "JOJO" ANG JR.
Uswag Ilonggo Party-list

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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10359

Introduced by HON. JAMES “JOJO” ANG JR.

**AN ACT STRENGTHENING HEALTHCARE INSURANCE NON-DENIAL AND
INCLUSIVE MEDICAL ASSISTANCE FOR ALL WELFARE AND ACCESS
NEEDS ACT**

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

1 **SECTION 1. *Short Title.*** – This Act shall be known as the “**Healthcare**
2 **Insurance Non-Denial and Inclusive Medical Assistance for All Welfare and Access**
3 **Needs Act or the HINDI MAIWAN Act.**”

4 **SEC. 2. *Declaration of Policy.*** – It is hereby declared the policy of the State to:

5 (a) Protect members of the National Health Insurance Program from loss of
6 financial protection due to technical classifications, administrative circumstances, or
7 hospital capacity limitations beyond their control;

8 (b) Promote continuity of healthcare coverage throughout a patient's medically
9 necessary course of treatment;

10 (c) Ensure that benefit determinations are guided by medical necessity and the
11 objectives of social health insurance; and

12 (d) Strengthen the implementation of the National Health Insurance Program
13 consistent with Republic Act No. 11223, otherwise known as the Universal Health
14 Care Act.

1 **SEC. 3. *Definition of Terms.*** - For purposes of this Act:

2 (a) "Short-Term Confinement" refers to a medically necessary hospital
3 admission resulting in discharge within twenty-four (24) hours.

4 (b) "Bedless Admission Case" refers to a patient advised by a physician to
5 undergo admission but who remains in an emergency room, observation area, or
6 similar facility due to the unavailability of hospital beds.

7 (c) "Transfer Case" refers to a patient who receives healthcare services in one
8 facility and is subsequently transferred to another facility because of medical
9 necessity, lack of specialized services, equipment limitations, or capacity constraints.

10 (d) "Emergency Observation Case" refers to a patient undergoing active
11 monitoring, evaluation, treatment, or stabilization in an emergency department or
12 observation unit.

13 **SEC. 4. *Coverage Continuity Principle-*** PhilHealth shall establish policies and
14 mechanisms to ensure continuity of benefit entitlement for members receiving
15 medically necessary healthcare services.

16 No qualified member shall be denied consideration for applicable benefits
17 solely because of:

18 (a) Duration of confinement;

19 (b) Hospital admission status;

20 (c) Hospital overcrowding;

21 (d) Unavailability of beds;

22 (e) Transfer between healthcare facilities; or

23 (f) Similar circumstances beyond the control of the member.

24 **SEC. 5. *Short Term Confinement Coverage*** - PhilHealth shall develop appropriate
25 benefit mechanisms for members who are formally admitted and receive medically
26 necessary treatment but are discharged within twenty-four (24) hours.

1 The duration of confinement alone shall not automatically disqualify an
2 otherwise eligible member from receiving benefits authorized under applicable laws,
3 rules, and regulations.

4 **SEC. 6. *Emergency Evaluation and Observation Coverage.*** - PhilHealth shall
5 establish and maintain benefit mechanisms for medically necessary emergency
6 consultations, diagnostic procedures, laboratory examinations, imaging services,
7 medications, observation services, and related interventions rendered in emergency
8 departments.

9 Coverage determination shall take into consideration the actual medical
10 services rendered and shall not be based solely on the final classification of the case.

11 **SEC. 7. *Coverage for Bedless Admission Cases*** - Members who have been
12 medically advised for admission but are unable to secure inpatient accommodation
13 due to capacity limitations shall remain eligible for applicable PhilHealth benefits for
14 services rendered while awaiting admission.

15 The absence of an available hospital bed shall not, by itself, constitute a ground
16 for denial of benefits.

17 **SEC. 8. *Continuity of Coverage for Transfer Cases*** - PhilHealth shall establish
18 procedures ensuring continuity of benefit entitlement for members transferred
19 between healthcare facilities due to medical necessity or healthcare facility limitations.

20 Applicable expenses incurred in both the originating and receiving facilities
21 shall be considered in accordance with rules to be promulgated by PhilHealth.

22 **SEC. 9. *Cases Involving Emergency Room Death***- In cases where a patient dies
23 during emergency treatment, observation, confinement, or transfer, PhilHealth shall
24 ensure the prompt determination and processing of all applicable benefits.

25 The death of the patient shall not diminish otherwise valid benefit entitlement.

26 **SEC. 10. *Liberal Resolution of Classification Ambiguities.*** - Consistent with
27 the social justice objectives of the Constitution and the National Health Insurance
28 Program, ambiguities relating to patient classification, admission status, transfer

1 status, or benefit package applicability shall be resolved liberally in favor of coverage
2 whenever supported by medical records and applicable laws.

3 **SEC 11. *Automatic Benefit Determination.*** - PhilHealth shall promote the
4 establishment of systems that facilitate automatic determination and application of
5 applicable benefits prior to discharge whenever practicable.

6 Failure of a healthcare facility to timely process benefit claims shall not
7 prejudice the entitlement of an otherwise qualified member.

8 **SEC 12. *Patient Assistance and Benefit Navigation.*** - PhilHealth shall establish
9 patient assistance mechanisms in accredited healthcare facilities to assist members in
10 understanding benefit entitlement, claims processing requirements, and available
11 remedies in cases of disputes or denials.

12 **SECTION 13. *Appeals and Review Mechanism.*** - PhilHealth shall maintain a
13 simplified and accessible appeals mechanism for disputed claims arising from
14 circumstances covered by this Act.

15 The Corporation shall issue guidelines prescribing reasonable periods for
16 review and disposition of appeals consistent with due process and sound claims
17 administration.

18 **SECTION 14. *Annual Benefit Gap Assessment.*** - PhilHealth shall conduct an
19 annual assessment of recurring situations that result in denial, reduction, delay, or
20 uncertainty of benefits.

21 The assessment shall include recommendations for policy improvements and
22 shall be submitted to Congress and made available to the public.

23 **SECTION 15. *Transparency and Reporting.*** - PhilHealth shall publish annual
24 data on claims denials, appeals, reversal rates, processing times, and measures
25 adopted to address identified benefit gaps.

26 **SECTION 16. *Relationship with Republic Act No. 11223.*** - This Act shall
27 supplement and strengthen the implementation of Republic Act No. 11223 and shall
28 not be construed to diminish any existing benefit or authority granted under said law.

1 **SECTION 17. *Implementing Rules and Regulations.*** - Within ninety (90) days
2 from the effectivity of this Act, PhilHealth, in consultation with the Department of
3 Health, healthcare providers, patient groups, and relevant stakeholders, shall
4 promulgate the necessary implementing rules and regulations.

5 **SECTION 18. *Appropriations.*** - The implementation of this Act shall be
6 funded from available PhilHealth funds consistent with actuarial sustainability
7 requirements and applicable budgeting, accounting, and auditing laws. Thereafter,
8 such sums as may be necessary shall be included in the annual General
9 Appropriations Act.

10 **SECTION 19. *Separability Clause.*** - If any provision of this Act is declared
11 unconstitutional or invalid, the remaining provisions not affected thereby shall
12 remain in full force and effect.

13 **SECTION 20. *Repealing Clause.*** - All laws, decrees, executive orders, rules and
14 regulations inconsistent with the provisions of this Act are hereby repealed, amended,
15 or modified accordingly.

16 **SECTION 21. *Effectivity.*** - This Act shall take effect fifteen (15) days after its
17 publication in the Official Gazette or in a newspaper of general circulation.

Approved,