



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

TWENTIETH CONGRESS
Second Regular Session



HOUSE BILL NO. 10546

Introduced by 4Ps Partylist Representative
JC M. ABALOS

EXPLANATORY NOTE

Section 11, Article XIII of the 1987 Philippine Constitution mandates that the state shall adopt an integrated and comprehensive approach to health development that makes essential goods, health, and other social services available to all people at affordable cost, with the priority for the needs of the underprivileged, the sick, the elderly, women, and children.

In our culture, our elders are traditionally revered as the pillars of the family and keepers of cultural wisdom. But despite our high regard for our senior citizens, the reality is that a large number of senior citizens are living below the poverty line and are vulnerable to chronic and debilitating illnesses such as cardiovascular diseases, diabetes, and cancer. In 2025, the Department of Social Welfare and Development (DSWD) recorded¹ around 4 million indigent senior citizens as beneficiaries under its Social Pension Program.

The government has established various social protection measures, which include the RA No. 9994 or the Expanded Senior Citizens Act of 2010, the Universal Health Care Act, and PhilHealth coverage for Senior Citizens. However, many indigent senior citizens still seek medical attention only after illnesses have progressed to advanced stages. In these trying times, treatment has become more costly, more invasive, and less likely to achieve favorable outcomes. This pattern does not only diminish the quality of life of our senior citizens but also puts a substantive financial burden on their families.

Currently, most indigent seniors only visit a hospital when a disease has reached an advanced, painful, and often terminal stage. By providing these comprehensive

¹ "4.1 M indigent seniors receive DSWD's social pension in 2025", DSWD, January 14, 2026, accessed here: <https://www.dswd.gov.ph/4-1m-indigent-seniors-receive-dswds-social-pension-in-2025/>

screenings free of charge, it will potentially increase the chances of successful management, preserve the quality of life for the elderly, and spare them from preventable suffering.

Furthermore, providing free comprehensive screenings is a highly cost-effective strategy for the Philippine public healthcare system. Critics might argue that funding executive check-ups for millions of poor seniors would strain the national budget. However, we can view this as an investment. Treating advanced-stage illnesses, stroke rehabilitation, and prolonged intensive care hospitalizations place a massive financial burden on public tertiary hospitals. By investing a modest amount in early diagnostics, the government can save billions of pesos in long-term tertiary treatment costs, allowing public health resources to be distributed more efficiently.

While Republic Act No. 9994 provides discounts on medicines and medical services, these deductions are often meaningless to indigent seniors who have zero disposable income. For someone choosing between a meal and a diagnostic test, survival will always take precedence over prevention. Free “executive check-ups” bridge this economic divide, ensuring that quality healthcare is a right enjoyed by all, rather than a luxury reserved for the affluent.

By establishing a unified, zero-cost framework for senior citizens with an annual comprehensive geriatric health assessment, and integrating the mandates of the Department of Health (DOH), PhilHealth, and local government units (LGUs), this measure will bridge systemic healthcare gaps, mitigate out-of-pocket medical expenses, and safeguard the dignity and well-being of Filipino senior citizens.

A nation that cares for its elderly reflects its moral character. Indigent senior citizens have spent their youth contributing to the country’s economy, raising the next generation of workers, and paying indirect taxes. In their twilight years, they deserve to live with dignity, free from the constant fear of a sudden, catastrophic medical debt.

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



JCM. ABALOS
Representative
4Ps Partylist



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**AN ACT ESTABLISHING A FREE ANNUAL COMPREHENSIVE
GERIATRIC HEALTH ASSESSMENT PROGRAM FOR INDIGENT SENIOR
CITIZENS, OTHERWISE KNOWN AS THE "LIBRENG 'EXECUTIVE
CHECK-UP' PARA SA INDIGENT SENIOR CITIZENS ACT," PROVIDING
FUNDS THEREFOR, 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 'Executive Check-Up' para sa Indigent Senior Citizens Act."

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to Article II, Section 15, Article XIII, Sections 11 and 14 of the 1987 Constitution, the State shall adopt an integrated and comprehensive approach to health development and endeavor to make quality health services available and accessible to all, particularly vulnerable and disadvantaged sectors, including indigent senior citizens.

The State recognizes that senior citizens deserve dignity, proper healthcare, and preventive medical intervention to ensure healthy, productive, and independent living. Towards this end, the State shall institutionalize a comprehensive health assessment program to promote effective disease detection, reduce avoidable hospitalization, prevent catastrophic medical expenditures, and improve the quality of life of indigent senior citizens.

SEC. 3. *Objectives.* – This Act aims to:

- a) Ensure equitable access to comprehensive healthcare services for indigent senior citizens;

- b) Promote effective detection and management of illnesses commonly affecting elderly Filipinos;
- c) Reduce morbidity, disability, and premature mortality among senior citizens;
- d) Complement and strengthen the implementation of Republic Act No. 9994 or the Expanded Senior Citizens Act of 2010, Republic Act No. 10645, Republic Act No. 11223 or the Universal Health Care Act, and other relevant health laws;
- e) Minimize out-of-pocket healthcare expenses among indigent senior citizens; and
- f) Strengthen inter-agency coordination in the delivery of geriatric healthcare services.

SEC. 4. Definition of Terms. – For purposes of this Act:

- a) *Indigent Senior Citizen* refers to any Filipino citizen aged sixty (60) years old and above who is classified as poor, near-poor, vulnerable, or indigent under the Philippine Statistics Authority (PSA) Community-Based Monitoring System (CBMS) or National Household Targeting System for Poverty Reduction (NHTS-PR), recipient of social pension benefits, beneficiary of the Pantawid Pamilyang Pilipino Program (4Ps), or otherwise certified by the Local Social Welfare and Development Office (LSWDO) as indigent, and as otherwise defined in Section 6 of this Act;
- b) *Executive Check-Up*, for the purpose of this Act, refers to a Comprehensive Geriatric Health Assessment, consisting of physician consultation, laboratory diagnostics, disease-risk screening, imaging procedures, geriatric evaluation, and referral services intended for the early detection, prevention, and management of diseases affecting senior citizens; and
- c) *Accredited Health Facility* refers to Department of Health hospitals, local government hospitals, rural health units (RHUs), barangay health stations (BHS), public health facilities, and accredited private health facilities authorized to implement this Act.

SEC. 5. Establishment of the Free Annual “Executive Check-Up” Program. – There is hereby established a Free Annual “Executive Check-Up” Program or the Annual Comprehensive Geriatric Health Assessment for Indigent Senior Citizens, hereinafter referred to as the Program, to be administered by the Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD), Department of the Interior and Local

Government (DILG), National Commission of Senior Citizens (NCSC), Local Government Units (LGUs), and other relevant agencies.

Qualified beneficiaries shall be entitled to *one (1) free annual executive check-up* per calendar year.

SEC. 6. Coverage and Eligibility. – All Filipino indigent senior citizens, classified as poor, near-poor, vulnerable, or indigent identified under the implementation of Republic Act (RA) No. 11315 or the Community-Based Monitoring System implemented by the Philippine Statistics Authority in coordination with the Department of Social Welfare and Development (DSWD), and certified as indigent by the Local Social Welfare and Development Office (LSWDO), as mandated under RA No. 11223 otherwise known as the Universal Health Care Act, shall be entitled to the benefits provided under this Act.

Senior citizens shall be entitled to one (1) free comprehensive health assessment subject to the availability of PhilHealth funds. No qualified senior citizen shall be denied access to the Program due to lack of complete documentation, subject to subsequent validation.

SEC. 7. Free “Executive Check-Up” Package. – The Program shall provide a Comprehensive Geriatric Health Assessment, including but not limited to:

A) Basic Medical Evaluation:

1. Medical history review;
2. Comprehensive physical examination;
3. Blood pressure monitoring;
4. Nutritional assessment;
5. Medication review; and
6. Risk assessment for chronic illnesses.

B) Mandatory Diagnostic and Laboratory Services

1. Complete Blood Count (CBC);
2. Urinalysis;
3. Fasting Blood Sugar or HbA1c;
4. Lipid Profile;
5. Blood Chemistry, including kidney function tests;
6. Electrocardiogram (ECG);
7. Chest X-ray, where medically indicated;

8. Vision and hearing screening; and
9. Other laboratory examinations as determined by the DOH.

C) Preventive Disease Screening

1. Hypertension and cardiovascular disease screening;
2. Diabetes screening;
3. Kidney disease screening;
4. Cancer risk screening subject to age and medical guidelines;
5. Osteoporosis and mobility assessment, where available;
6. Mental health and depression screening; and
7. Cognitive impairment and dementia screening.

D) Consultation and Referral Services

1. Physician consultation;
2. Referral to specialists when medically necessary;
3. Telemedicine consultation where available; and
4. Referral to PhilHealth Konsulta providers, government medical assistance programs, and medicine access programs.

The DOH shall periodically review and update the check-up package based on disease prevalence, public health needs, and advancements in geriatric care.

SEC. 8. *Schedule of Free Executive Check-Up.* – To promote health, identify risks, and ensure effective and accurate diagnosis, PhilHealth shall establish a system of availing the services under this Act, ensuring accessibility to senior citizens in availing the free Comprehensive Geriatric Health Assessment.

SEC. 9. *Duties and Responsibilities of the Department of Health.* – The Department of Health (DOH) shall lead the implementation of this Act and develop standards, protocols, and clinical guidelines. The DOH shall also ensure adequate availability of diagnostic services in public healthcare facilities and shall conduct public awareness campaigns. The Office of the Health Secretary shall submit annual accomplishment and implementation reports to Congress.

SEC. 10. *Duties and Responsibilities of PhilHealth.* – PhilHealth shall prioritize diagnostic benefit packages for senior citizens, integrate Program services with PhilHealth Konsulta, to serve as the primary mechanism for reimbursement of the cost incurred in rendering the services indicated in this Act. Also, PhilHealth shall establish a streamlined system of processing claims to ensure ease of access for the beneficiaries.

No qualified indigent senior citizen shall incur out-of-pocket expenses for services covered under this Act.

SEC. 11. *Duties and Responsibilities of the National Commission of Senior Citizens (NCSC), Department of Social Welfare and Development (DSWD) and Local Government Units (LGUs).* – The NCSC, in coordination with the DSWD and PSA, shall identify, verify, and maintain the registry of qualified beneficiaries.

Further, LGUs shall assist potential beneficiaries in registration and enrollment, conduct outreach and mobile medical missions, facilitate assistance for vulnerable beneficiaries in terms of mobility and transportation where practicable, and ensure accessibility for bedridden and mobility-impaired senior citizens.

SEC. 12. *Mobile Executive Check-Up Services.* – The DOH, in partnership with LGUs, shall deploy mobile medical teams and “executive check-up” caravans to geographically isolated and disadvantaged areas to ensure that indigent senior citizens have access to preventive healthcare services.

Priority shall be given to bedridden senior citizens, persons with disabilities, and elderly individuals residing in remote communities.

SEC. 13. *Data Sharing and Monitoring.* – The DOH, PhilHealth, DSWD, and LGUs shall establish an integrated information system for monitoring beneficiaries, utilization of services, medical records, and program effectiveness, subject to Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012.

SEC. 14. *Prohibited Acts.* – Sec. 10 of RA No. 9994 or the Expanded Senior Citizens Act of 2010 states that refusal to honor a senior citizen's card or violates any provision of the Act has a penalty of imprisonment of two (2) to six (6) years and a fine of Fifty Thousand Pesos to One Hundred Thousand Pesos (Php50,000.00 to Php100,000.) for a first offense, escalating to One Hundred Thousand Pesos to Two Hundred Thousand Pesos (Php100,000.00 to Php200,000.00) for subsequent offenses.

Section 38 of RA No. 1122 penalizes healthcare providers/PhilHealth-contracted facilities for unethical acts or abuse of authority against patients; violations can carry imprisonment of six (6) months and one (1) day up to six (6) years, on top of contract-based sanctions (suspension/termination of PhilHealth accreditation).

Further, falsification of medical records or beneficiary information and misappropriation or misuse of government funds intended for the Program shall be penalized under existing laws.

SEC. 15. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH and PhilHealth. Thereafter, the amount necessary shall be included in the annual General Appropriations Act.

SEC. 16. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with PhilHealth, DSWD, Department of the Interior and Local Government (DILG), National Council for Senior Citizens (NCSC), and relevant stakeholders, shall promulgate the Implementing Rules and Regulations (IRR) necessary for the effective implementation of this Act.

SEC. 17. *Separability Clause.* – If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not otherwise affected shall remain in full force and effect.

SEC. 18. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

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

Approved,