



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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10547



Introduced by 4Ps Partylist Representative
JC M. ABALOS

EXPLANATORY NOTE

Section 15, Article II and Sections 11 to 13, Article XIII of the 1987 Constitution mandate the State to protect and promote the right to health and adopt an integrated and comprehensive approach to making quality health care accessible and affordable for all Filipinos. This constitutional policy is reinforced by Republic Act (RA) No. 11223, or the Universal Health Care (UHC) Act, which guarantees every Filipino equitable access to quality, people-centered, and financially protective health care.

Despite these legal guarantees, many patients still endure limitations in accessing and navigating the health care system. According to the Philippine Statistics Authority (PSA), the country's current health expenditure reached Php 1.87 trillion in 2025, with households shouldering nearly 41% (Php 714.63 billion)¹ of total health spending through out-of-pocket payments. Beyond financial burdens, patients often encounter inadequate disclosure of medical information, lack of transparency in hospital billing, limited awareness of available government medical assistance, difficulties in accessing medical records, concerns over the confidentiality of health information, and the absence of an accessible and effective mechanism for addressing grievances.

While existing laws, including the Anti-Hospital Deposit Law (RA No. 10932), the Anti-Hospital Detention Law (RA No. 9439), the Data Privacy Act (RA No. 10173), the Universal Health Care Act, and various Department of Health (DOH) issuances, provide important safeguards, these protections remain dispersed across different statutes and regulations. The absence of a

¹ "Government Contributes 46.5 Percent to the Country's Current Health Spending in 2025" Retrieved from: <https://psa.gov.ph/content/government-contributes-465-percent-countrys-current-health-spending-2025>

comprehensive legal framework has resulted in inconsistent implementation and limited public awareness of patients' rights and corresponding responsibilities.

This bill seeks to establish a Magna Carta of Patients' Rights and Responsibilities to consolidate these protections into a single, comprehensive, and enforceable statute. It guarantees the rights of patients to dignity, quality health care, informed consent, access to medical information and records, privacy and confidentiality, transparent billing, information on available financial assistance, protection against unlawful hospital detention, and accessible grievance mechanisms. At the same time, it recognizes the responsibilities of patients in promoting mutual respect, accountability, and effective partnerships with health care providers.

Furthermore, this bill aims to strengthen institutional accountability by requiring health facilities to adopt transparent and patient-centered practices, establish effective grievance mechanisms, and ensure compliance with standards that uphold patient safety, dignity, and quality of care.

This proposed measure reinforces the constitutional right to health, advances the objectives of the UHC Act, and promotes a health care system that is more transparent, accountable, compassionate, and responsive to the needs of every Filipino.

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



JC M. ABALOS
Representative
4Ps Partylist



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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10547

Introduced by 4Ps Partylist Representative
JC M. ABALOS

**AN ACT ESTABLISHING THE MAGNA CARTA OF PATIENTS'
RIGHTS AND RESPONSIBILITIES, STRENGTHENING THE
PROTECTION OF PATIENTS, PROMOTING PATIENT-CENTERED
HEALTH CARE, PRESCRIBING THE DUTIES AND
ACCOUNTABILITIES OF HEALTH CARE PROVIDERS AND HEALTH
FACILITIES, PROVIDING PENALTIES FOR VIOLATIONS, 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 "Magna Carta
of Patients' Rights and Responsibilities Act."

SEC. 2. *Declaration of Policy.*- It is hereby declared the policy of the
State to protect and promote the right to health of every Filipino pursuant to
Article II, Section 15 and Article XIII, Sections 11 to 13 of the 1987
Constitution.

Consistent with Republic Act (RA) No. 11223, otherwise known as the
Universal Health Care (UHC) Act, the State recognizes that every Filipino is
entitled to accessible, equitable, affordable, people-centered, and quality
health care.

The State likewise recognizes that every patient possesses inherent
dignity and fundamental rights that must be respected at all stages of health
care delivery. Towards this end, the State shall, to wit:

- a) establish a comprehensive statutory framework recognizing and
protecting the rights and responsibilities of patients;
- b) promote patient-centered, safe, ethical, transparent, and
accountable health care services;

- c) strengthen informed decision-making and respect for patient autonomy;
- d) ensure transparency in health care costs, treatment options, and available financial assistance;
- e) safeguard the privacy and confidentiality of health information;
- f) promote accountability among health care professionals and institutions;
- g) protect vulnerable patients, including children, senior citizens, persons with disabilities, indigent patients, persons with mental health conditions, and beneficiaries of government health assistance programs; and
- h) harmonize existing laws relating to patient protection into a coherent and enforceable legal framework.

SEC. 3. Coverage.- This Act shall apply to all public and private hospitals, infirmaries, lying-in clinics, ambulatory surgical clinics, diagnostic and laboratory facilities, dialysis centers, specialty clinics, telemedicine providers, licensed health care professionals, and other health facilities regulated by the Department of Health (DOH).

Nothing in this Act shall diminish rights and protections granted under existing laws.

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

- a) *Patient* refers to any person receiving, seeking, or requesting medical, dental, nursing, diagnostic, therapeutic, rehabilitative, palliative, preventive, or mental health services.
- b) *Health Care Provider* refers to physicians, dentists, nurses, midwives, pharmacists, medical technologists, physical therapists, psychologists, and all duly licensed health professionals.
- c) *Health Facility* refers to any institution licensed by the Department of Health providing health services.
- d) *Patient Representative* refers to a legally authorized individual who may exercise rights on behalf of a patient incapable of making decisions.
- e) *Medical Record* refers to all physical and electronic records pertaining to a patient's medical history, diagnosis, treatment, laboratory findings, imaging, prescriptions, and other health information.
- f) *Informed Consent* refers to the voluntary agreement of a competent patient after receiving adequate information regarding the nature, benefits, risks, alternatives, and consequences of a proposed medical intervention.
- g) *Emergency* is a patient state or condition where a prudent medical officer on duty finds an immediate danger, and any delay in initial care and support may cause loss of life or permanent disability, as defined in RA No. 8344, otherwise known as the Anti-Hospital Deposit Law.

h) *Electronic Health Record (EHR)* refers to digital health records maintained in accordance with applicable laws and regulations.

INDIVIDUAL RIGHTS OF PATIENTS

SEC. 5. *Right to Respect, Dignity and Humane Treatment.*- Every patient shall be treated with courtesy, compassion, respect, and dignity regardless of age, sex, gender, sexual orientation, disability, religion, ethnicity, socioeconomic status, health condition, political belief, or capacity to pay.

SEC. 6. *Right to Non-Discrimination.*- No patient shall be denied medically necessary treatment or subjected to discriminatory treatment except for legitimate medical considerations recognized by law.

SEC. 7. *Right to Accessible and Quality Health Care.*- Every patient shall receive safe, evidence-based, timely, and quality health care consistent with accepted professional standards and applicable clinical practice guidelines.

SEC. 8. *Right to Emergency Medical Treatment.*- Consistent with the Anti- Hospital Deposit Law and other applicable laws, no hospital or health facility shall refuse emergency medical treatment or require deposits prior to providing necessary emergency care.

SEC. 9. *Right to Information.*- Every patient shall receive complete, accurate, understandable, and timely information regarding:

- a) diagnosis;
- b) proposed treatment;
- c) expected benefits;
- d) possible risks;
- e) available alternatives;
- f) prognosis;
- g) estimated costs;
- h) available PhilHealth benefits; and
- i) applicable government assistance programs.

SEC. 10. *Right to Informed Consent.*- No diagnostic or therapeutic procedure shall be performed without the patient's voluntary and informed consent, except in circumstances authorized by law.

SEC. 11. *Right to Refuse Treatment.*- A competent patient may refuse any medical intervention after receiving adequate information on the consequences of such refusal, except where compulsory treatment is authorized by law.

SEC. 12. *Right to Choose Health Care Providers.*- Patients shall have the freedom to choose their attending physician and health facility, subject to the availability of services and existing referral systems under the Universal Health Care (UHC) Act.

SEC. 13. *Right to a Second Medical Opinion.*- Patients shall have the right to seek an independent medical opinion without prejudice to the continuity of their treatment.

SEC. 14. *Right to Privacy and Confidentiality.*- All medical information shall be treated as confidential in accordance with RA No. 10173 or the Data Privacy Act of 2012, and other applicable laws.

Disclosure shall only be permitted when authorized by law or with the patient's informed consent.

SEC. 15. *Right to Access Medical Records.*- Patients shall have the right to inspect and obtain copies of their medical records within a reasonable period and in accordance with rules to be prescribed by the Department of Health and the National Privacy Commission.

Health facilities may charge only reasonable reproduction costs.

SEC. 16. *Right to Transparent Billing.*- Every patient shall receive an itemized statement of account clearly indicating professional fees, hospital charges, medicines, laboratory examinations, diagnostics, implants, and other charges.

Estimated expenses shall be explained prior to elective procedures whenever practicable.

SEC. 17. *Right to Financial Assistance Information.*- Health facilities shall inform patients of available PhilHealth benefits and applicable government medical assistance programs, including those administered by the DOH, Department of Social Welfare and Development (DSWD), local government units (LGUs), and other government agencies.

SEC. 18. *Right Against Hospital Detention.*-No patient shall be detained solely on account of non-payment of hospital bills, consistent with RA No. 9439 or the Philippine Anti- Hospital Detention Law.

SEC. 19. *Right to Participate in Health Care Decisions.*- Patients shall actively participate in developing their treatment plans and discharge plans.

SEC. 20. *Right to Safe and Respectful End-of-Life Care.*- Patients suffering from terminal illnesses shall receive compassionate palliative care consistent with existing laws and ethical standards.

SEC. 21. *Right to Digital Health Protection.*- Patients receiving telemedicine services or whose health information is electronically processed

shall enjoy adequate safeguards against unauthorized access, misuse, disclosure, or alteration of personal health information.

SEC. 22. *Right to Grievance and Redress.*- Every patient shall have access to a fair, accessible, and timely grievance mechanism through the *Sumbungan Board* established under Section 34 of this Act, without fear of retaliation.

SOCIETAL RIGHTS OF PATIENTS

SEC. 23. *Right to Health.* - Every patient has the right to access quality Health Care and physicians who are free to render clinical and ethical judgment without interference or external pressure. He/she has likewise the right to regain and/or acquire the highest attainable standard of health in a non-discriminatory, gender sensitive and equal manner, which health authorities and Health Care Providers must progressively contribute to realize.

SEC. 24. *Right to Access to Quality Public Health Care.* - Patient has the right to a comprehensive and integrated Health Care delivery system with the necessary manpower and facility resources. He/she shall also have the right to functioning public health and Health Care facilities, needed programs, such as public health insurance, goods and services in sufficient quantity. He/she shall likewise be provided with health facilities and services with adequate provision for essential drugs, regular screening programs, appropriate treatment of prevalent diseases, illnesses, injuries and disabilities. Towards the end, the government shall approximate the international standard allocation for the health sector as set by the World Health Organization (WHO).

SEC. 25. *Right to a Healthy and Safe Workplace.* - It is a right of every patient to have a healthy natural workplace environment with adequate supply of safe and potable water and basic sanitation, industrial hygiene, prevention and reduction of exposure to harmful substances, preventive measures for occupational accidents and diseases, and an environment that discourages abuse of alcohol, tobacco and drug use, and the use of other harmful substances.

SEC. 26. *Right to Medical Information and Education Programs.* - The Patient has the right to medical information and education programs on immunization; prevention, treatment and control of diseases; behavior-related concerns; and disaster relief and emergencies during epidemics and similar health hazards. The State shall endeavor to provide these information through lectures, symposia, tri-media, posters and the like.

SEC. 27. *Right to Participate in Policy Decisions.* - The Patient has the right to participate in policy decisions relating to patient's right to health at the community and national levels.

SEC. 28. *Right to Access to Health Facilities.* - The Patient has the right to be admitted to primary, secondary, tertiary and other specialty hospitals when appropriate and necessary.

SEC. 29. *Right to an Equitable and Economical Use of Resources.* - The Patient has the right to an equitable and economical use of resources such that health institutions, projects and programs of the State are equitably established and implemented in various regions of the country.

SEC. 30. *Right to Continuing Health Care.* - The Patient has the right to avail of or secure access to programs that will ensure continuity of care in the form of hospice care, rehabilitation, chemotherapy, radiotherapy and other similar modalities.

SEC. 31. *Right to Be Provided Quality Health Care in Times of Insolvency.* The Patient has the right, at all times, to access quality medical care in spite of insolvency. The State must provide for a system of payment to Health Care Institutions and Providers for all the valid and necessary medical expenses of the poor and marginalized citizens.

SEC. 32. *Responsibilities of Patients.*- Patients shall provide truthful health information, comply with agreed treatment plans where feasible, respect the rights of health care workers and fellow patients, and observe reasonable hospital rules.

Patients shall also safeguard confidential information of other patients and settle lawful financial obligations subject to applicable laws.

OBLIGATION OF PATIENTS

SEC. 33. *The Obligations of Patients.* - The Patient shall fulfill the following obligations and responsibilities regarding his/her medical care and/or personal behavior:

- a. **Know Rights** - The Patient shall ensure that he/she knows and understands what his/her rights as a Patient are and shall exercise those rights responsibly and reasonably.
- b. **Provide Adequate, Accurate and Complete Information** - The Patient shall provide, to the best of his/her knowledge, adequate, accurate and complete information about all matters pertaining to his/her health, including medications and past or present medical problems, ailments, medical history, consultation with other physicians, results of diagnostic work-up and treatment, to his/her Health Care Provider.
- c. **Report Unexpected Health Changes** - The Patient shall report unexpected changes to his/her condition or symptoms, including pain, to his/her Health Care Provider.

- d. Understand the Purpose and Cost of Treatment - The Patient shall ensure that he/she understands the purpose and cost of any proposed treatment or procedure before deciding to accept it. He/she shall notify his/her Health Care Provider if he/she does not understand any information about the proposed care or treatment. The Patient shall insist upon explanations until adequately informed and shall endeavor to make all the necessary consultations before reaching a decision.
- e. Accept the Consequences of Own Informed Consent - The Patient shall accept all the consequences of his/her own informed consent. If he/she refuses treatment or does not follow the instructions or advice of the Health Care Provider, he/she must accept the consequences of such decision and relieve the Health Care Provider of any liability as a result of the exercise of his/her right to self-determination.
- f. Settle Financial Obligations. - The Patient shall ensure that the financial obligations as a result of his/her Health Care are fulfilled as promptly as possible. Otherwise, he/she shall make the appropriate arrangements to settle unpaid hospital bills and/or professional fees in accordance with RA No. 9439. The patient must seek support from the State in order to establish a system of payment to Health Care Institutions and Providers.
- g. Respect the Rights of Health Care Providers, Health Care Institutions and Other Patients - The Patient is obligated to give due respect to the rights and well-being of Health Care Providers, Health Care Institutions and other Patients. He/she shall act in a considerate and/or cooperative manner and shall give respect to the rights and properties of others. He/she shall follow the policies, rules and regulations, and procedures of Health Care Institutions.
- h. Obligation to Self - The Patient is encouraged to adopt healthy lifestyle choices and shall refrain from activities that have an adverse impact on health and contamination of the environment. The Patient is obligated to maintain a state of wellness.
- i. Provide Adequate Health Information and Actively Participate in His/Her Treatment. - The Patient shall ensure that he/she has adequate health information that will allow him/her to actively participate in the formulation of his/her diagnostic and treatment plans. When he/she signs an informed consent, it is assumed that he/she has the necessary information.
- j. Respect the Right to Privacy of Health Care Providers and Institutions. - The Patient has the obligation to submit grievances to the proper authorities or venue and not resort to unwarranted publicity in the media. He/she shall, when necessary to disclose to

the public any alleged complaint against Health Care Providers and/or Institutions, act in good faith if it has not been fully decided by a court or administrative tribunal of proper jurisdiction.

- k. Exercise Fidelity on Privileged Communication - A patient-physician relationship is a fiduciary one where mutual trust, respect and confidence are expected. All communications are privileged and the patient is obliged not to breach this privileged communication especially if it involves a third party.
- l. Respect a Physician's Refusal to Treat Him - While the Patient has the right to choose his/her physician, he/she is also obligated to respect the physician's decision to choose whom he/she will treat.
- m. Respect the Physician's Decision on Medical Reasons based on his/her Religious Beliefs - The Patient is obliged to respect the physician's religious beliefs. If the Patient is a minor or is legally incapacitated, his/her parents or legal representatives are obliged to likewise respect the physician's decision on matters relating to medical reasons despite their religious beliefs. *Provided That* this shall not apply to emergency care under Section 8 of this Act, and that the physician shall refer the patient to another available healthcare provider;
- n. Ensure Integrity and Authenticity of Medical Records - The Patient is obliged to ensure the integrity and authenticity of his/her medical records. Any manner of alteration of his/her records is a criminal offense subject to the provisions of the Revised Penal Code.
- o. Participate in the Training of Competent Future Physicians - The Patient is obligated to participate in the training of future physicians provided that necessary information is provided to him/her and the appropriate ethical considerations are observed.
- p. Report Infractions and Exhaust Grievance Mechanism. - The Patient shall immediately inform his/her Health Care Provider of any perceived or alleged infraction of his/her rights as set forth in this Act through proper channels in order to promote mutual trust, respect and confidence between the Provider and the Patient. The Patient shall exhaust the grievance mechanism mediation provided in Sections 34 to 36 of this Act before filing any administrative or legal action.

SEC. 34. *Establishment of the Sumbungan Board.* - Every health facility shall establish a facility-level Sumbungan Board, and the Department of Health (DOH) shall establish regional and central Sumbungan Boards, to receive, mediate, and investigate written complaints arising from any violation of the rights of patients under this Act.

The Sumbungan Board mechanism aims to address violations of RA No. 8344, otherwise known as the Anti-Hospital Deposit Law,"which penalizes the demand for advance payment or deposit as a prerequisite for the treatment or confinement of patients, especially those requiring emergency care.

The Sumbungan Board established under this Act shall function as the primary administrative recourse for aggrieved patients, without prejudice to their right to pursue civil, criminal, or administrative remedies available under existing laws, including the above-stated statute, the Civil Code, the Revised Penal Code, and other applicable statutes.

a) *Facility-Level Sumbungan Board.*- The Sumbungan Board of every health facility shall be composed of: (1) a representative of the DOH Center for Health Development with jurisdiction over the facility, who shall act as chairperson; (2) a physician or health professional nominated by the facility's medical staff; (3) a patient advocate nominated by an accredited patient or consumer organization; and (4) the head of the facility's Patient Relations Office, who shall serve in a secretariat capacity without a vote.

b) *DOH Sumbungan Board.*- The DOH Sumbungan Board shall hear appeals from facility-level resolutions and act on complaints involving multiple health facilities or systemic violations of this Act. It shall be composed of a DOH representative as chairperson, and one representative each from the Professional Regulation Commission (PRC), an accredited patient advocacy group, and the specialty society concerned, as members.

The aggrieved party shall be given thirty (30) days from the occurrence of the incident to file a written complaint with the appropriate Sumbungan Board. Proceedings shall not be adversarial in nature; the Patient and the Health Care Provider shall be given the opportunity to be heard, and either party may be assisted by counsel.

SEC. 35. Powers and Functions of the Sumbungan Board. - The Sumbungan Board shall have the power to:

a) receive and mediate written complaints for their amicable settlement;

b) investigate complaints motu proprio or upon complaint, summon the parties and witnesses, and require the production of relevant medical records, subject to the confidentiality rules under Section 14;

c) resolve a complaint within ninety (90) days from receipt, or refer an unresolved facility-level complaint to the DOH Sumbungan Board, which shall resolve the same within sixty (60) days from receipt;

d) recommend appropriate administrative sanctions to the DOH, PRC, or other appropriate regulatory body under Section 39; and

e) endorse for prosecution any complaint involving probable criminal liability.

A resolution of the Sumbungan Board shall not bar the filing of any civil, criminal, or administrative action, except where the complainant voluntarily accepts a settlement in full and final satisfaction of the claim. All parties shall be bound by the rules on confidentiality; minutes of the proceedings and any admission made therein shall not be disclosed to any party or used in any other proceeding, except upon order of a court of competent jurisdiction.

SEC. 36. *Honorarium and Convening.* - To ensure that the Sumbungan Board convenes and acts promptly on every validly filed complaint, its members shall receive an honorarium for each meeting or investigation actually attended and completed. The rate and source of the honorarium shall be determined by the DOH in the Implementing Rules and Regulations, chargeable against the budget of the DOH, the concerned health facility, or such other funds as may be provided by law.

Failure of a member to convene, attend, or act on a validly filed complaint within the periods prescribed in Section 35, without justifiable cause, shall be a ground for administrative liability under Section 39, and for removal and replacement by the authority that designated or nominated the member.

SEC. 37. *Prescriptive Period.* - The time during which the case is submitted for mediation shall toll the running of the prescriptive period for the filing of a civil or criminal case under the Revised Penal Code or any administrative case under existing laws.

SEC. 38. *Duties of Health Facilities.*- Every licensed health facility shall:

- a) prominently display the Patients' Bill of Rights;
- b) establish a Patient Relations Office;
- c) maintain an effective grievance mechanism;
- d) conduct annual orientation on patients' rights for all personnel;
- e) ensure confidentiality of medical records;
- f) implement transparent billing practices;
- g) cooperate with regulatory agencies during investigations; and
- h) submit such reports as may be required by the Department of Health.

SEC. 39. *Administrative Liability.*- Any violation of this Act shall constitute a ground for administrative sanctions by the DOH, Professional Regulation Commission (PRC), or other appropriate regulatory bodies, without prejudice to civil or criminal liability under existing laws.

SEC. 40. *Penalties.*-Any person who willfully violates the provisions of this Act shall, upon conviction, be punished by a fine of not less than Fifty

Thousand Pesos (Php50,000.00) but not more than Five Hundred Thousand Pesos (Php500,000.00), imprisonment of not less than six (6) months but not more than six (6) years, or both, at the discretion of the court, without prejudice to heavier penalties under other applicable laws.

If the offender is a juridical entity, the responsible officers shall be held liable.

SEC. 41. Implementing Rules and Regulations.- Within one hundred eighty (180) days from the effectivity of this Act, the Department of Health, in consultation with the Philippine Health Insurance Corporation (PhilHealth), Professional Regulation Commission (PRC), National Privacy Commission (NPC), Commission on Human Rights (CHR), accredited professional organizations, hospital associations, and patient advocacy groups, shall promulgate the necessary rules and regulations.

SEC. 42. Separability Clause.- If any provision of this Act is declared unconstitutional, the remaining provisions shall continue to be in full force and effect.

SEC. 43. Repealing Clause.- All laws, executive orders, rules, regulations, or portions thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SEC. 44. Effectivity.- This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,