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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10658



Introduced by REP. JESUS "BONG" C. SUNTAY

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution declares that "the State shall protect and promote the right to health of the people and instill health consciousness among them." Consistent with this constitutional mandate, Republic Act No. 11223, otherwise known as the "Universal Health Care Act," seeks to ensure that every Filipino has access to a comprehensive range of quality and cost-effective promotive, preventive, curative, rehabilitative, and palliative health services without suffering financial hardship, with particular attention to those who are least able to afford the cost of medical care.

Despite continuing reforms in health financing, increased PhilHealth expenditures, and the availability of other sources of medical assistance, many Filipinos still face serious financial barriers when illness strikes. For indigent and financially incapacitated patients, even clinically necessary treatment may remain beyond reach when hospital charges, medicines, diagnostic procedures, medical supplies, and other prescribed interventions exceed the amounts covered by PhilHealth benefit packages, case rates, or other available funding sources.

The Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program has become an important means of addressing this gap. It provides assistance for clinically indicated needs prescribed by a physician or other qualified health professional for both in-patients and out-patients who are unable to fully shoulder the cost of their medical care. In practical terms, the program serves as an essential final layer of financial protection for patients whose remaining hospital and medical expenses cannot otherwise be met. At present, however, the continued operation of such assistance should not rest solely on administrative arrangements, annual budgetary provisions, or changing implementation practices. A program upon which vulnerable patients increasingly depend deserves a clear, stable, and permanent legal framework.

1 This measure therefore seeks to institutionalize the MAIFIP Program by establishing
2 in law its purpose, coverage, basic processes, and standards for implementation.
3 Institutionalization will provide continuity in the delivery of assistance, greater
4 predictability for patients and health facilities, and clearer accountability among the
5 agencies and institutions tasked with administering the program.

6
7 More importantly, placing the program on a statutory footing will help ensure that
8 access to medical assistance is governed by an orderly and transparent process rather
9 than by uncertainty as to whether assistance will be available, what expenses may be
10 covered, or how applications will be processed. A patient already burdened by illness
11 should not also have to navigate an unclear or inconsistent system merely to secure
12 assistance for medically necessary care.

13
14 The measure is intended to complement, rather than replace, PhilHealth and other
15 existing sources of health financing. MAIFIP assistance shall apply to clinically
16 indicated expenses that remain after the application of applicable PhilHealth
17 benefits, case rates, and other available funding sources. In this manner, the program
18 serves as a necessary safety net within the broader framework of Universal Health
19 Care.

20
21 Institutionalizing MAIFIP is ultimately about ensuring continuity, consistency, and
22 dignity in the delivery of medical assistance. It affirms that when public policy
23 recognizes the need to assist indigent and financially incapacitated patients, the
24 process for extending that assistance should likewise be dependable, accessible, and
25 firmly established in law.

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27 In view of the foregoing, the immediate passage of this measure is earnestly sought.
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10 Introduced by REP. JESUS “BONG” SUNTAY
11

12
13 **AN ACT**
14 **INSTITUTIONALIZING THE MEDICAL ASSISTANCE TO INDIGENT AND**
15 **FINANCIALLY INCAPACITATED PATIENTS (MAIFIP) PROGRAM,**
16 **APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**
17

18
19 *Be it enacted by the Senate and House of Representatives of the Philippines in*
20 *Congress assembled:*
21

22 **SECTION 1.** *Short Title.* – This Act shall be known as the "Medical Assistance to
23 Indigent and Financially Incapacitated Patients (MAIP) Act."
24

25 **SECTION 2.** *Declaration of Policy.* – It is the declared policy of the State to protect
26 and promote the right to health of the people and instill health consciousness among
27 them. The State shall also improve the adequate delivery of health care services to the
28 people and ensure its availability and accessibility.
29

30 **SECTION 3.** *Medical Assistance to Indigent Patients (MAIFIP) Program.* – The
31 Department of Health (DOH) shall establish a “Medical Assistance to Indigent and
32 Financially Incapacitated Patients (MAIFIP) Program” which shall provide medical
33 assistance to support clinically-indicated needs prescribed by a physician or health
34 professional for indigent and financially incapacitated in-patients and out-patients.
35 This assistance applies to expenses exceeding the applicable PhilHealth benefit
36 packages, case rates, or other available funding sources.
37

38 The MAIFIP Program shall continue to be available and accessible in all DOH central
39 and regional offices, BARMM Ministry of Health, specialty hospitals, DOH hospitals
40 and treatment and rehabilitation centers, including hospitals under the Department
41 of National Defense (DND) and the Department of Interior and Local Government
42 (DILG), State Universities and Colleges (SUCs) hospitals and Department of Justice
43 (DOJ) infirmaries, local government unit (LGU) hospitals, and other partner
44 government and privately-owned hospitals and health facilities.
45

1 **SECTION 4. *Qualified Beneficiaries.*** – The qualified beneficiaries of the MAIFIP
2 Program shall refer to indigent and financially incapacitated patients who shall
3 demonstrate clear inability to pay or spend for necessary expenditures for one's
4 medical treatment, such as, but not limited to patients with catastrophic illness or any
5 illness, which is life or limb-threatening and requires prolonged hospitalization,
6 extremely expensive therapies or other special but essential care that would deplete
7 one's financial resources, as assessed and certified by the Medical Social Worker
8 (MSW).
9

10 Provided that, patients availing of medical assistance or their authorized
11 representatives through the MAIFIP Program in DOH hospitals, other government
12 hospitals and privately-owned hospitals and health facilities shall present documents
13 and undergo proper assessment and evaluation by the MSW or their designated
14 officer. Referrals may also be issued by the DOH Central Office and/or DOH Centers
15 for Health Development (CHDs), subject to the standard screening and evaluation
16 process conducted by the health facility's MSW.
17

18 The registered MSW of the health facility shall assess the eligibility of patients
19 applying for medical assistance based on their existing assessment standards. Health
20 facilities shall judiciously enforce a thorough screening of beneficiaries to ensure the
21 efficient and rational use of funds, diligent documentation, and data encoding
22 through the information system designated by the DOH.
23

24 **SECTION 5. *Coverage.*** – The MAIFIP Program shall cover medicines, services, and
25 other medical products as prescribed by a licensed physician or health professional,
26 such as, but not limited to, the following:
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- 28 (a) Drugs and medicines, as approved by the Food and Drug Administration (FDA);
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- 30 (b) Laboratory, imaging, radiological, and other diagnostic procedures, including
31 assessment/readers' fees;
32
- 33 (c) Blood and other related blood screening/products;
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- 35 (d) Clinically indicated medical-surgical cases, obstetrics-gynecological cases
36 considered as high-risk: cases requiring implants, medical devices, and supplies, and
37 other relevant procedures;
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- 39 (e) Clinically indicated dental cases, including routine preventive oral care, subject to
40 the guidelines issued by the DOH;
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- 42 (f) Dialysis sessions exceeding the coverage and package rates provided by
43 PhilHealth;
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- 45 (g) Prescribed post-hospitalization, rehabilitation services, aftercare program, and
46 appropriate mental and psychosocial support;
47

1 (h) All hospital bills or charges after all applicable and available deductions; and

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3 (i) Professional fees (PF), subject to the guidelines issued by the DOH.

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5 **SECTION 6. *Program Management.*** – The DOH shall be responsible for the overall
6 management and administration of the MAIFIP Program.

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8 **SECTION 7. *Order of Charging.*** – The DOH shall establish an order of charging for
9 available government and private assistance. Hospitals and other partner health
10 facilities shall ensure that double charging of medical assistance funds is strictly
11 prohibited.

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13 **SECTION 8. *Downloading of Funds.*** – The DOH shall ensure that the MAIFIP
14 Program funds appropriated under the annual General Appropriations Act (GAA)
15 shall be available in all DOH hospitals and specialty hospitals at the beginning of
16 every fiscal year and replenish such funds, as necessary, to ensure continuous and
17 uninterrupted assistance to patients through the MAIFIP Program.

18
19 The DOH, through its CHDs, shall enter into a Memorandum of Agreement (MOA)
20 with LGU hospitals, and other health facilities, both private and public, such as, but
21 not limited to, other hospitals not operated by the DOH, clinical laboratories and
22 primary care facilities, dental clinics, and free-standing dialysis clinics for the
23 availability and transfer of funds of the MAIFIP Program in the health facility.

24
25 **SECTION 9. *Payment Mechanism.*** – All hospitals and other health facilities under
26 the MAIFIP Program shall receive and accept letters of guarantee from the DOH as
27 payment for the medical expenses of the beneficiaries. Provided that, the DOH shall
28 remit payment to the health facility to cover the amount of the issued letter of
29 guarantee not later than fifteen (15) days from the availment of medicines and
30 services or upon discharge.

31
32 **SECTION 10. *Monitoring and Reporting.*** – All health facilities under the MAIFIP
33 Program shall submit their respective monthly Fund Utilization Reports (FURs) to
34 the DOH. The DOH shall submit to the Senate Committee on Health and
35 Demography, and the House of Representatives Committee on Health, on or before
36 the end of December of every year, or upon the request of any of the aforesaid offices,
37 a report giving a detailed account of the status of the implementation of this Act.

38
39 **SECTION 11. *Appropriations.*** – The amount necessary to implement the provisions
40 of this Act shall be included in the budget of the DOH under the assistance to patients
41 through the MAIFIP Program.

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43 **SECTION 12. *Implementing Rules and Regulations.*** – The DOH shall promulgate
44 the necessary implementing rules and regulations within ninety (90) days from the
45 effectivity of this Act.

1 **SECTION 13. *Separability Clause.*** – If any provision of this Act is held invalid or
2 unconstitutional, the provisions not otherwise affected shall remain valid and
3 subsisting.

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5 **SECTION 14. *Repealing Clause.*** – All laws, executive orders, rules or regulations,
6 or any part thereof, inconsistent with any provision of this Act are hereby repealed or
7 modified accordingly.

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

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12 Approved,