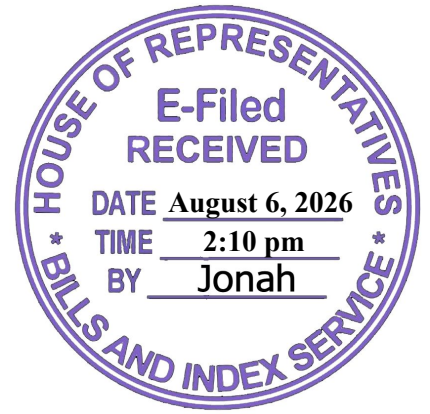


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10663



Introduced by 2nd District of Iloilo Representative
HON. KATHRYN JOYCE F. GORRICETA, M.D.

AN ACT

EXPANDING THE COVERAGE OF THE MALASAKIT PROGRAM TO LOCAL GOVERNMENT UNIT-CONTROLLED AND SUPERVISED HOSPITALS AND HEALTH FACILITIES, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 11463, OTHERWISE KNOWN AS THE “MALASAKIT CENTERS ACT”

EXPLANATORY NOTE

The 1987 Constitution recognizes the right of the people to health and mandates the State to adopt an integrated and comprehensive approach to health development, making essential health and social services available to all Filipinos at affordable cost. This constitutional duty is especially important for indigent and financially incapacitated patients who often face difficulty in securing timely medical care due to the high cost of hospitalization, medicines, diagnostics, and other health-related expenses.

With the enactment of the Local Government Code of 1991, significant powers, responsibilities, and functions were devolved to local government units. Among the major services devolved were health services previously administered by the Department of Health. As a result, the operation and supervision of many provincial, district, city, and municipal hospitals, as well as rural health units and other local health facilities, were transferred to local government units. This framework brought health services closer to communities, but it also resulted in a public health system where not all government health facilities are directly controlled or supervised by the DOH.

In 2019, Republic Act No. 11463, otherwise known as the Malasakit Centers Act, institutionalized Malasakit Centers as one-stop shops for medical and financial assistance in DOH hospitals and the Philippine General Hospital. The law brought together key government agencies such as the DOH, Department of Social Welfare and Development, Philippine Health Insurance Corporation, and Philippine Charity Sweepstakes Office to streamline the processing of assistance for indigent and financially incapacitated patients. Through this mechanism, patients are given a more accessible, coordinated, and compassionate means of securing support for their medical needs.

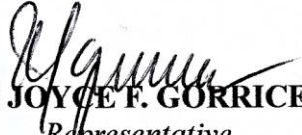
However, despite the gains of the Malasakit Program, its mandatory establishment remains limited to DOH hospitals and the PGH. This creates a gap in access for patients who seek care in LGU-controlled and supervised hospitals or health facilities, especially in provinces, cities,

and municipalities where such facilities are often the nearest or most accessible points of care. In many communities, district hospitals, rural health units, infirmaries, and similar local health facilities serve as the first and sometimes only available health service providers. Patients in these facilities should not be placed at a disadvantage merely because the facility they access is under local, rather than national, supervision.

This proposed measure seeks to address this gap by expanding the coverage of the Malasakit Program to LGU-controlled and supervised hospitals or health facilities. It recognizes the realities of devolved health service delivery and strengthens the connection between national medical assistance programs and local health facilities. By allowing these facilities to adopt, implement, or provide access to the Malasakit Program through centers, help desks, satellite desks, referral systems, digital platforms, or other mechanisms prescribed by the DOH, the bill ensures that assistance reaches patients more efficiently and equitably.

The measure is consistent with the objectives of Universal Health Care, which calls for an integrated and people-centered health system. Expanding the Malasakit Program to local health facilities will improve coordination, reduce delays, assist patients in navigating documentary requirements, and lessen the financial burden on vulnerable families.

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


KATHRYN JOYCE F. GORRICETA, M.D.
Representative
2nd District of Iloilo

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

SECTION 1. Amendment to Section 3 of Republic Act No. 11463. — Section 3 of Republic Act No. 11463, otherwise known as the “Malasakit Centers Act,” is hereby amended by adding a new paragraph to read as follows:

Section 3. Definition of Terms. — For purposes of this Act, the following terms shall mean:

xxx

(j) LGU-CONTROLLED AND SUPERVISED HEALTH FACILITY REFERS TO ANY PUBLIC HOSPITAL, RURAL HEALTH UNIT, DISTRICT HOSPITAL, INFIRMARY, OR OTHER SIMILAR HEALTH FACILITY OWNED, OPERATED, MANAGED, CONTROLLED, OR SUPERVISED BY A LOCAL GOVERNMENT UNIT, WHETHER PROVINCIAL, CITY, OR MUNICIPAL, AND PROVIDING HEALTH CARE, MEDICAL, OR RELATED SUPPORT SERVICES TO THE PUBLIC.

SEC. 2. Section 4 of Republic Act No. 11463 is hereby amended to read as follows:

Section 4. Malasakit Program. — The DOH shall establish a Malasakit Program that all DOH hospitals, **LGU-CONTROLLED AND SUPERVISED HEALTH FACILITIES**, and the PGH shall adopt and implement. xxx

SEC. 3. Section 6 of Republic Act No. 11463 is hereby amended to read as follows:

Section 6. Malasakit Centers.— There shall be established a Malasakit Center in all DOH hospitals, **LGU-CONTROLLED AND SUPERVISED HEALTH FACILITIES**, and the PGH which shall:

xxx

~~[The local government units (LGUs)]~~ State universities and colleges (SUCs), Department of National Defense (DND), Department of the Interior and Local Government (DILG) including the Philippine National Police (PNP), Department of Justice (DOJ) and other public hospitals may establish Malasakit Centers: xxx

SEC. 4. Section 9 of Republic Act No. 11463 is hereby amended to read as follows:

Section 9. Medical and Financial Assistance.

xxx

In cases of patients who are admitted in ~~[LGU and]~~ other public hospitals but who are otherwise eligible for medical and financial assistance under this Act, they may be extended such medical and financial assistance through the Malasakit Centers or through the government agencies concerned.

SEC. 5. *Implementing Rules and Regulations.* — Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with PhilHealth, DSWD, PCSO, and DILG, shall promulgate the rules and regulations necessary for the effective implementation of this Act.

SEC. 6. *Separability Clause.* — If any provision or part of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall remain valid and subsisting.

SEC. 7. *Repealing Clause.* — All laws, presidential decrees, executive orders, ordinances, rules and regulations, and other issuances or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SEC. 8. *Effectivity.* — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,