



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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. **10936**



Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

AN ACT
INSTITUTIONALIZING A PERMANENT STAFFING COMPLEMENT FOR THE
MEDICAL ASSISTANCE FOR INDIGENT AND FINANCIALLY INCAPACITATED
PATIENTS (MAIFIP) PROGRAM OF THE DEPARTMENT OF HEALTH,
CREATING PLANTILLA POSITIONS THEREFOR, AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

For decades, the Department of Health (DOH) has provided medical assistance to indigent and financially incapacitated Filipinos who are unable to fully shoulder the cost of hospitalization, medicines, diagnostic procedures, and other necessary medical services.

Through the years, this assistance has evolved under different program names and mechanisms, from the Medical Assistance Program (MAP), to the Medical Assistance for Indigent Patients (MAIP), and presently, the Medical Assistance for Indigent and Financially Incapacitated Patients (MAIFIP) Program.

Despite changes in its name and implementing guidelines, the purpose of the program has remained constant: to ensure that financial hardship does not prevent Filipinos from obtaining necessary medical care.

MAIFIP has since become an important component of the government's health and social protection system. Its implementation requires personnel who receive and evaluate requests for assistance, coordinate with hospitals and health facilities, process and monitor financial assistance, maintain records, prepare reports, and perform other administrative and patient-facing functions necessary for the timely delivery of medical assistance.

However, while MAIFIP has developed into a continuing government program with substantial responsibilities at the national, regional, and local levels, the personnel structure supporting its implementation has not necessarily developed at the same pace.

In many areas, program implementation continues to depend on personnel engaged under temporary arrangements or on existing personnel who perform MAIFIP-related functions alongside their regular responsibilities.

A continuing public service should be supported by an appropriately stable and accountable workforce.

Dependence on temporary staffing arrangements for continuing functions may result in personnel turnover, loss of institutional knowledge, repeated training requirements, uneven implementation, and disruptions in the delivery of assistance. These challenges are particularly significant in a program whose beneficiaries are patients and families seeking government assistance at a time of medical and financial distress.

This measure therefore seeks to institutionalize a permanent staffing complement for the MAIFIP Program by directing the DOH, in coordination with the Department of Budget and Management (DBM) and the Civil Service Commission (CSC), to establish appropriate permanent plantilla positions for its implementation at the DOH Central Office, Centers for Health Development, and Provincial DOH Offices or other appropriate field offices.

Rather than prescribing a uniform number of personnel for every locality, the proposed measure allows staffing requirements to be determined according to actual program workload and operational needs, including the number of beneficiaries and applications processed, the number of participating health facilities, geographic coverage, program allocation and utilization, and other relevant indicators.

The measure likewise recognizes the experience acquired by existing personnel who have been performing MAIFIP functions under Job Order, Contract of Service, and similar arrangements by ensuring that qualified personnel are given the opportunity to apply for the permanent positions created pursuant to this Act, subject to the Constitution, civil service laws, qualification standards, and the principles of merit and fitness.

The MAIFIP Program has endured and expanded because the need it addresses remains. It is therefore appropriate that the government strengthen not only the resources available for medical assistance, but also the institutional capacity and workforce responsible for ensuring that such assistance reaches those who need it.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte



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

Section 1. Short Title. – This Act shall be known as the “MAIFIP Staffing Institutionalization Act.”

Section 2. Declaration of Policy. – It is hereby declared the policy of the State to ensure the effective, efficient, continuous, and accountable implementation of government programs providing medical assistance to indigent and financially incapacitated patients.

Toward this end, the State shall strengthen the institutional capacity of the Department of Health (DOH) to implement the Medical Assistance for Indigent and Financially Incapacitated Patients (MAIFIP) Program by establishing an appropriate permanent staffing complement for the Program at the national, regional, and local levels.

Section 3. Permanent Staffing Complement for the MAIFIP Program. – The DOH, in coordination with the Department of Budget and Management (DBM) and the Civil Service Commission (CSC), shall establish and maintain an appropriate permanent staffing complement dedicated to the administration and implementation of the MAIFIP Program.

Permanent plantilla positions necessary for the effective implementation of the Program shall be created and deployed, as appropriate, in the:

- (a) DOH Central Office;
- (b) Centers for Health Development;

- (c) Provincial DOH Offices and other DOH field offices performing MAIFIP functions; and
- (d) such other DOH offices or facilities as may be determined necessary for the effective administration and implementation of the Program.

The organizational structure, position titles, classification, salary grades, qualification standards, and distribution of positions shall be determined by the DOH, DBM, and CSC in accordance with existing laws, rules, and regulations.

Section 4. *Determination of Staffing Requirements.* – The staffing complement established pursuant to this Act shall be based on actual program requirements and workload.

In determining the number and distribution of permanent positions, the DOH, in coordination with the DBM and CSC, shall consider, among others:

- (a) the number of MAIFIP beneficiaries and applications received and processed;
- (b) the amount of MAIFIP funds allocated, obligated, and utilized;
- (c) the number of government and private health facilities participating in or implementing the Program;
- (d) the geographic area and population served;
- (e) the volume and complexity of administrative, financial, monitoring, and patient assistance functions;
- (f) accessibility of MAIFIP services, particularly in geographically isolated and disadvantaged areas; and
- (g) such other indicators as may be necessary to ensure the timely and effective implementation of the Program.

Staffing standards shall be periodically reviewed and adjusted to reflect changes in program workload, coverage, and operational requirements.

Section 5. *Functions of MAIFIP Personnel.* – Personnel appointed to positions created pursuant to this Act shall perform such functions as may be necessary for the administration and implementation of the MAIFIP Program, including, but not limited to:

- (a) receiving, evaluating, processing, and monitoring requests for medical assistance;
- (b) assisting patients and their authorized representatives in complying with program requirements;
- (c) coordinating with hospitals, health facilities, local government units, government agencies, and other participating institutions;
- (d) processing, recording, monitoring, and reporting the utilization of MAIFIP funds in accordance with applicable budgeting, accounting, and auditing rules;
- (e) maintaining accurate and updated program records and databases;
- (f) monitoring program implementation and compliance by participating health facilities;
- (g) preparing program reports, assessments, and other required documentation; and
- (h) performing such other functions necessary for the efficient and accountable implementation of the Program.

Nothing in this section shall prevent the DOH from assigning or reorganizing functions among MAIFIP personnel consistent with the staffing structure established pursuant to this Act.

Section 6. *Existing Job Order and Contract of Service Personnel.* – Existing qualified personnel engaged under Job Order, Contract of Service, or similar arrangements who are performing functions directly related to the implementation of the MAIFIP Program shall be given the opportunity to apply for permanent positions created pursuant to this Act.

Relevant training and experience acquired in the implementation of the MAIFIP Program shall be duly considered in the evaluation of applicants, consistent with applicable civil service laws, rules, qualification standards, and the constitutional principles of merit and fitness.

Nothing in this Act shall be construed as granting automatic appointment, security of tenure, or civil service eligibility to any person engaged under a Job Order, Contract of Service, or similar arrangement.

Section 7. *Transition and Continuity of Operations.* – The DOH shall ensure that the establishment and filling of permanent positions pursuant to this Act shall not result in any interruption or diminution of MAIFIP services.

Existing personnel arrangements necessary for the continued operation of the Program may be maintained during the transition period, subject to applicable laws, rules, and regulations, until the appropriate permanent staffing complement has been established and the corresponding positions have been filled.

Section 8. *Personnel Development and Capacity Building.* – The DOH shall establish appropriate orientation, training, and continuing capacity-building programs for personnel assigned to the MAIFIP Program to ensure uniform implementation of program policies and procedures, efficient delivery of assistance, proper financial management, and responsive service to beneficiaries.

Section 9. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with the DBM and CSC, and in consultation with other relevant government agencies and stakeholders, shall promulgate the rules and regulations necessary for its effective implementation.

The implementing rules and regulations shall include, among others, the staffing standards, organizational arrangements, position classifications, deployment criteria, transition mechanisms, and other matters necessary to implement this Act.

Section 10. *Appropriations.* – The amount necessary for the initial implementation of this Act, including the creation and funding of the corresponding permanent plantilla positions, shall be charged against the current appropriations of the DOH and such other available funds as may be appropriate.

Thereafter, the amounts necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

Section 11. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DICT, in consultation with concerned agencies and stakeholders, shall promulgate the implementing rules and regulations.

Section 12. *Separability Clause.* – If, for any reason, any part or provision of this Act shall be declared as unconstitutional or invalid, the remaining parts or provisions not affected shall remain in full force and effect.

Section 13. *Repealing Clause.* – All laws, presidential decrees, executive orders and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

Section 14. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,