



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

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **10947**



Introduced by **Representative GIRLIE E. VELOSO**

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. Article XIII, Section 11 likewise mandates the State to adopt an integrated and comprehensive approach to health development and make essential goods, health, and other social services available to all people at affordable cost, with priority for the underprivileged, the sick, older persons, women, children, and persons with disabilities. Republic Act No. 11223, otherwise known as the Universal Health Care Act, further affirms that every Filipino is entitled to equitable access to quality and affordable health care. These constitutional and statutory mandates require not only that preventive health services exist, but that government ensures they actually reach the people who need them.

Despite significant investments in immunization, maternal and child health, cancer screening, tuberculosis control, hypertension and diabetes programs, and other preventive health services, the Philippine health system remains largely reactive. Preventive care still depends primarily on individuals remembering to seek services on their own, resulting in missed vaccinations, delayed screenings, untreated risk factors, incomplete follow-up, and avoidable progression of disease. While numerous preventive health programs already exist, there is no comprehensive nationwide system that systematically identifies eligible individuals, proactively calls them for preventive services, recalls those who fail to complete care, ensures timely follow-up of clinically significant findings, clearly assigns responsibility, and prevents people from being lost to follow-up. This implementation gap, rather than the absence of preventive interventions, remains one of the weakest links in the country's health system.

The consequences are reflected in both Philippine and global evidence. The World Health Organization estimates that noncommunicable diseases account for approximately 74% of all deaths worldwide, with many preventable through timely screening, early detection, risk reduction, and sustained primary care.¹ In the Philippines, ischemic heart diseases, cancers, stroke, and diabetes consistently rank among the country's leading causes of death, demonstrating that many

¹ World Health Organization (WHO). Noncommunicable Diseases Fact Sheet. Updated 2025. Available at: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

of the nation's greatest health burdens are conditions for which prevention and early intervention can significantly reduce illness, disability, and premature mortality.² At the same time, the Second Congressional Commission on Education (EDCOM II) reported that the country has only around 21.2 health workers per 10,000 population, far below the World Health Organization benchmark of 44.5, underscoring the need for smarter, better-coordinated systems that maximize existing health resources rather than relying solely on expanding the workforce.³

This bill addresses that missing link by institutionalizing the Preventive Health Call-and-Recall System as a permanent operational function of the Philippine health system. Rather than creating another bureaucracy or replacing existing programs, it strengthens and integrates the country's existing primary health care, public health, local health systems, Health Care Provider Networks, and PhilHealth financing mechanisms into a coordinated system that proactively identifies eligible individuals, issues timely calls for preventive services, conducts appropriate recalls when services remain incomplete, ensures prompt follow-up of clinically significant findings, establishes clear accountability throughout every preventive health episode, and prevents patients from being lost to follow-up. In doing so, it transforms preventive health care from a passive system that waits for patients to seek care into one that actively reaches people before preventable disease, disability, and premature death occur.

By strengthening prevention, promoting earlier diagnosis, improving continuity of care, reducing avoidable hospitalizations, enhancing health system accountability, and making more efficient use of existing health resources, this measure advances the objectives of Universal Health Care while improving both health outcomes and the sustainability of the country's health system. More importantly, it recognizes that the success of preventive health care should not depend solely on the initiative, memory, financial capacity, or geographic circumstances of individual Filipinos, but also on the ability of government to ensure that no one is unintentionally left behind.

Government exists not merely to provide health services, but to ensure that those services reach the people they were intended to protect. By building a proactive, accountable, and people-centered preventive health system, this measure gives practical meaning to the constitutional promise that health is a right enjoyed by every Filipino.

In view of the foregoing, the immediate enactment of this measure is earnestly sought.


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² Philippine Statistics Authority (PSA), Causes of Death in the Philippines (Provisional, January to December 2025), available at: <https://psa.gov.ph/statistics/vital-statistics/node/1684083741> (last accessed July 25, 2026).

³ Second Congressional Commission on Education (EDCOM II). Turning Point: A Decade of Necessary Reform 2026–2035: National Education and Workforce Development Plan. Available at: https://edcom2.gov.ph/media/2026/01/EDCOM-II_Y03_Workforce-Development-Plan.pdf (accessed July 25, 2026).



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AN ACT
INSTITUTIONALIZING A PREVENTIVE HEALTH CALL-AND-RECALL
ENGAGEMENT SYSTEM FOR THE TIMELY DELIVERY OF PREVENTIVE
HEALTH SERVICES, EARLY DISEASE DETECTION, CONTINUITY OF
PREVENTIVE HEALTH CARE, AND ACCOUNTABLE FOLLOW-UP OF
CLINICALLY SIGNIFICANT FINDINGS, STRENGTHENING PRIMARY
HEALTH CARE, PUBLIC HEALTH, AND LOCAL HEALTH SYSTEMS, AND FOR
OTHER PURPOSES

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

TITLE I
FOUNDATIONAL PROVISIONS

SECTION 1. Short Title. — This Act shall be known as the “Preventive Health Call-and-Recall Engagement System Act,” otherwise known as the “PH CARES Act.”

SECTION 2. Declaration of Policy. — It is hereby declared the policy of the State to protect and promote the right to health by ensuring timely, equitable, and continuous access to evidence-based preventive health services throughout all stages of life.

The State recognizes that a reactive model of preventive health care, which relies primarily on individuals to initiate access to preventive health services, is insufficient to fully realize the constitutional objective of protecting and promoting the health of the people.

1 The State further recognizes that the early detection of disease, health risks, and other
2 preventable health conditions enables timely intervention and contributes to the reduction of
3 avoidable illness, disability, and premature death.

4 Accordingly, the State shall adopt a proactive and accountable approach to preventive
5 health care. Such approach shall systematically identify individuals who become due for preventive
6 health services, issue timely calls, undertake appropriate recalls where such services remain
7 incomplete, and ensure timely and appropriate follow-up of clinically significant findings until the
8 preventive health episode is appropriately closed.

9 To achieve this, the State shall institutionalize a Preventive Health Call-and-Recall
10 Engagement System within existing primary health care, public health, and local health systems.
11 The System shall strengthen, coordinate, and support existing preventive health programs and shall
12 neither replace, duplicate, nor diminish existing institutional mandates, benefit programs, health
13 information systems, registries, referral mechanisms, or service delivery structures established
14 under existing laws.

15 **SECTION 3. Objectives.** — This Act seeks to:

- 16 (a) ensure that individuals eligible for preventive health services prescribed under this Act
17 and applicable Department of Health standards are systematically identified and
18 receive timely calls for such services;
- 19 (b) detect disease, risk factors, and other preventable or clinically significant conditions at
20 the earliest appropriate stage to enable timely intervention, improve health outcomes,
21 and reduce avoidable illness, disability, and premature death;
- 22 (c) establish a uniform and accountable Preventive Health Call-and-Recall Engagement
23 System to promote the timely completion of recommended preventive health services;
- 24 (d) ensure the timely recall and appropriate follow-up of individuals whose preventive
25 health services remain incomplete or whose findings require further clinical evaluation,
26 diagnostic testing, referral, treatment, or continuing surveillance;
- 27 (e) strengthen coordination among the Department of Health, the Philippine Health
28 Insurance Corporation (PhilHealth), local government units, Health Care Provider
29 Networks, primary care providers, public health programs, health facilities,
30 laboratories, Barangay Health Stations, Barangay Health Workers, and other
31 authorized community health workers in the delivery of preventive health services;
- 32 (f) strengthen community-based preventive health outreach, particularly for
33 geographically isolated, disadvantaged, vulnerable, underserved, and other hard-to-
34 reach populations;
- 35 (g) establish clear responsibility and accountability for every preventive health episode
36 from identification through appropriate closure, including the timely resolution of
37 abnormal or clinically significant findings;
- 38 (h) establish failsafe measures for identifying, preventing, and correcting missed calls,
39 failed communications, incomplete preventive health services, unresolved clinically
40 significant findings, unresolved referrals, and other breakdowns in the preventive
41 health pathway before individuals are lost to follow-up;

- (i) reduce disparities in access to, participation in, and completion of preventive health services; and
- (j) improve the quality, continuity, accountability, and effectiveness of preventive health service delivery by strengthening existing health systems.

SECTION 4. Coverage and Application. — This Act shall apply to preventive health services funded or otherwise provided under existing laws, national health programs, Philippine Health Insurance Corporation (PhilHealth) benefit packages, local government health programs, or other lawful public financing mechanisms, which are designated by the Department of Health for systematic call-and-recall under PH CARES in accordance with this Act.

Preventive health services designated for systematic call-and-recall under PH CARES shall be made available through the applicable program, benefit package, or financing mechanism authorized under existing laws. No individual shall be required to pay solely by reason of receiving a call or recall under this Act for a preventive health service covered under the applicable program, benefit package, or financing mechanism.

Systematic call-and-recall under PH CARES may be implemented for population-based, life-stage, risk-based, condition-specific, or other clinically indicated preventive health services, subject to standards prescribed by the Department of Health.

The Department of Health shall determine, consistent with existing laws and prevailing scientific evidence:

- (a) the preventive health services appropriate for systematic call-and-recall under PH CARES;
- (b) the eligible population, risk group, or clinical indication;
- (c) the recommended age, interval, frequency, or triggering condition;
- (d) the clinical standards governing performance, interpretation, repeat testing, referral, treatment, follow-up, and discontinuation; and
- (e) such other technical standards as may be necessary for the safe, effective, and evidence-based implementation of this Act.

SECTION 5. Definition of Terms. — As used in this Act:

- (a) Call refers to a proactive communication informing an eligible person that a preventive health service is due or will become due and providing sufficient information to enable the person to obtain the service;
- (b) Recall refers to the systematic and documented follow-up of an eligible person who has not completed a preventive health service after a call or who is due for a repeat preventive health service in accordance with applicable clinical standards;
- (c) Clinical Recall refers to the time-sensitive and clinically supervised follow-up of a person who requires repeat testing, diagnostic evaluation, referral, or another specified action because of an abnormal, inconclusive, inadequate, incomplete, or other clinically significant result or finding;

- (d) Community-Level Follow-Up refers to authorized follow-up conducted through the local health system by Barangay Health Workers, Community Health Workers, or other authorized personnel to facilitate the completion of a preventive health episode;
- (e) Failsafe refers to a systematic process for identifying, reviewing, escalating, and correcting failures or breakdowns in the call-and-recall pathway before a preventive health episode is improperly closed or a person is lost to follow-up;
- (f) Preventive Health Episode refers to the sequence beginning when a person becomes due or otherwise eligible for a preventive health service and ending only upon appropriate closure under this Act;
- (g) Preventive Health Service refers to an evidence based intervention designated by the Department of Health for the prevention, early detection, or reduction of disease, disability, complications, or other health risks, including immunization, screening, counseling, risk assessment, preventive medication, monitoring, and other preventive measures;
- (h) Primary Care Provider refers to a health care worker or health facility licensed, accredited, or otherwise recognized to provide initial-contact, accessible, continuous, comprehensive, and coordinated primary care under Republic Act No. 11223 and its implementing rules and regulations;
- (i) Responsible Provider or Program refers to the primary care provider, health facility, health care provider network, public health program, local health office, or other duly authorized entity assigned responsibility for one or more functions under the call-and-recall system established by this Act;
- (j) Barangay Health Worker refers to a Barangay Health Worker as defined under Republic Act No. 7883, otherwise known as the "Barangay Health Workers' Benefits and Incentives Act of 1995," as amended;
- (k) Community Health Worker refers to a Barangay Health Worker or another community-based health worker duly recognized or authorized under existing laws or regulations to perform public health functions;
- (l) Local Health System refers to the health offices, facilities, personnel, community-based health workers, referral arrangements, health information systems, and other health resources administered or coordinated by a province, city, municipality, or barangay, including integrated local health systems established pursuant to Republic Act No. 11223; and
- (m) Appropriate Closure refers to the completion of a preventive health episode after the preventive health service has been provided or appropriately declined, deferred, transferred, determined to be no longer clinically indicated, or otherwise resolved in accordance with applicable clinical standards and this Act.

SECTION 6. Establishment and Institutionalization of the Preventive Health Call-and-Recall Engagement System or PH CARES. — There is hereby established and institutionalized a Preventive Health Call-and-Recall Engagement System, hereinafter referred to as 'PH CARES' as a required operational function of the primary health care, public health, and local health systems to ensure the timely and systematic delivery of designated Preventive Health Services and promote the early detection and prevention of disease, disability, complications, and other health risks.

1 The PH CARES shall be implemented using existing institutional arrangements, service
2 delivery systems, and health information systems to the greatest extent practicable. It shall, as
3 appropriate to the designated Preventive Health Service, provide for:

- 4 (a) Identification of persons who are due or approaching the due date for a preventive
5 health service;
- 6 (b) Issuance of an appropriate and timely call;
- 7 (c) Recording of successful, failed, or undeliverable communications;
- 8 (d) Recall of persons whose recommended preventive health service remains incomplete;
- 9 (e) Community-level follow-up where authorized and reasonably necessary;
- 10 (f) Separate and risk-appropriate clinical recall for abnormal, inadequate, inconclusive,
11 incomplete, or clinically significant findings;
- 12 (g) Verification and recording of services completed through another authorized provider
13 or facility;
- 14 (h) Proper transfer and documented acceptance of responsibility when care is referred or
15 transferred;
- 16 (i) Appropriate closure of each preventive health episode; and
- 17 (j) Failsafe review and corrective action when the ordinary call-and-recall process under
18 PH CARES has failed.

19 The Department of Health shall prescribe differentiated standards according to the nature,
20 urgency, feasibility, and public health importance of the preventive health service. The same
21 number, interval, or mode of contacts shall not be indiscriminately required for all services or
22 circumstances.

23 **SECTION 7. Health Workforce Support.** — The Department of Budget and
24 Management (DBM), the Civil Service Commission (CSC), the Department of Health (DOH),
25 local government units, and other agencies concerned shall take the measures necessary, within
26 their respective mandates, to ensure that the PH CARES established under this Act is supported
27 by an adequate, competent, and appropriately distributed health workforce.

28 The Department of Budget and Management and the Civil Service Commission shall
29 create, classify, reclassify, convert, approve, fund, and authorize the filling of such plantilla
30 positions, staffing complements, and organizational adjustments as are reasonably necessary for
31 the effective implementation of this Act, subject to existing budgeting, appropriations, and civil
32 service laws.

33 Local government units are hereby authorized to create, fund, and fill such local health
34 positions, staffing complements, contractual appointments, and other authorized personnel
35 arrangements as may be reasonably necessary to implement this Act, subject to existing laws and
36 local government budgeting requirements.

37 The Department of Health shall assign, coordinate, and integrate responsibilities under the
38 PH CARES among primary care providers, public health personnel, physicians, nurses, midwives,
39 medical technologists, pharmacists, Barangay Health Workers, Community Health Workers, and

1 other appropriate health personnel, consistent with their respective qualifications, scopes of
2 practice, and existing laws.

3 The Department of Health shall prescribe competency standards and provide or facilitate
4 the education, training, certification, continuing professional development, technical assistance,
5 and other capacity-building activities necessary for personnel performing functions under this Act.

6 **SECTION 8. Guiding Principles for Implementation.** — The PH CARES shall be
7 implemented in accordance with the following principles:

- 8 (a) Proactive prevention. The System shall promote the timely delivery of Preventive
9 Health Services to facilitate the prevention and early detection of disease, disability,
10 complications, and other health risks before avoidable harm occurs;
- 11 (b) Existing-system integration. The System shall strengthen and integrate existing primary
12 health care, public health programs, Local Health Systems, Health Care Provider
13 Networks, and authorized health information systems, and shall neither duplicate nor
14 unnecessarily create parallel structures;
- 15 (c) Accountability. Every Preventive Health Episode shall have a clearly identifiable
16 Responsible Provider or Program accountable for its timely progression until
17 Appropriate Closure is achieved;
- 18 (d) Risk-based implementation. The nature, urgency, intensity, and frequency of Calls,
19 Recalls, Clinical Recalls, Community-Level Follow-Up, and other interventions shall be
20 proportionate to the clinical risk, public health significance, and circumstances of the
21 individual concerned;
- 22 (e) Community-based delivery. Existing community-based health structures shall, where
23 appropriate, be utilized to facilitate access to and completion of Preventive Health
24 Services, particularly for geographically isolated, disadvantaged, vulnerable,
25 underserved, and other hard-to-reach populations, subject to applicable privacy and
26 confidentiality laws;
- 27 (f) Respect for individual autonomy. Participation in Preventive Health Services shall be
28 voluntary unless otherwise provided by law, and every competent person shall have the
29 right to make informed decisions regarding participation in such services;
- 30 (g) Privacy and confidentiality. The collection, processing, use, disclosure, and sharing of
31 information under this Act shall be limited to what is lawful, necessary, proportionate,
32 and directly related to the implementation of this Act, in accordance with applicable
33 privacy and confidentiality laws; and
- 34 (h) Outcome-oriented implementation. Compliance with this Act shall be measured not
35 merely by the issuance of Calls, Recalls, referrals, or other communications, but by the
36 timely, accountable, and appropriate management of every Preventive Health Episode
37 until Appropriate Closure is achieved.

38 **SECTION 9. Preventive Health Services Subject to Call-and-Recall.** — The PH
39 CARES shall apply to designated Preventive Health Services funded or otherwise provided under
40 Section 4 of this Act and prescribed by the Department of Health in accordance with prevailing
41 scientific evidence and national health priorities.

Such Preventive Health Services may include, but shall not be limited to:

- (a) immunization and other measures for the prevention of vaccine-preventable diseases;
- (b) maternal, newborn, child, adolescent, reproductive, adult, and older-person preventive health services;
- (c) screening, risk assessment, counseling, health promotion, and other interventions for behavioral, environmental, occupational, genetic, metabolic, and other health risk factors;
- (d) screening, early detection, prevention, and monitoring of communicable diseases;
- (e) screening, early detection, prevention, and monitoring of noncommunicable diseases and their risk factors;
- (f) organized cancer screening and other evidence-based early detection programs;
- (g) Preventive Health Services for clinically vulnerable, high-risk, or priority populations; and
- (h) such other evidence-based Preventive Health Services as the Department of Health may designate consistent with advances in medical science, public health, and national health priorities.

The Department of Health shall determine and periodically update the Preventive Health Services subject to the PH CARES. The Department shall likewise prescribe the eligible population, clinical indications, age or risk groups, service intervals, Call and Recall schedules, Clinical Recall requirements, referral pathways, Appropriate Closure standards, and such other technical and operational requirements as may be necessary for the effective implementation of this Act.

In carrying out its responsibilities under this Section, the Department shall consider the burden of disease, leading causes of mortality and morbidity, preventability, public health impact, health equity, cost-effectiveness, the availability of effective preventive interventions, prevailing scientific evidence, and national health priorities.

SECTION 10. Assignment of Responsibility. — The Department of Health shall prescribe rules for assigning the Responsible Provider or Program for each function under the PH CARES, consistent with existing laws governing Local Health Systems, primary health care, public health programs, Health Care Provider Networks, referral systems, and applicable public financing arrangements.

Every eligible person shall be served through the appropriate Local Health System. The Local Health System shall serve as the primary point of responsibility for ensuring that no eligible person is denied or unreasonably delayed access to a Preventive Health Service subject to the Preventive Health Call-and-Recall System and that responsibility for every Preventive Health Episode is clearly assigned and maintained until Appropriate Closure is achieved.

The Responsible Provider or Program shall, where appropriate and consistent with applicable laws and available government programs, facilitate referral to relevant health, social

1 protection, transportation, financial assistance, or other government support services where
2 financial, geographic, transportation, social, or other non-clinical barriers may reasonably prevent
3 completion of a Preventive Health Episode.

4 Unless otherwise provided by law or prescribed by the Department of Health:

- 5 (a) the Barangay Health Station, Rural Health Unit, Super Health Center, or other
6 appropriate primary care facility serving the person's community shall initiate or
7 coordinate the appropriate Call, Recall, Community-Level Follow-Up, and other
8 functions assigned under this Act;
- 9 (b) the provincial, city, or municipal health office shall oversee and coordinate the
10 implementation of the PH CARES within its jurisdiction and shall designate the
11 appropriate Responsible Provider or Program where responsibility has not otherwise
12 been assigned;
- 13 (c) national and local public health programs shall serve as the Responsible Provider or
14 Program for Preventive Health Services falling within their respective mandates;
- 15 (d) Health Care Provider Networks and participating public and private health care
16 providers shall ensure that referrals, transfers, and service arrangements clearly identify
17 the Responsible Provider or Program for every Preventive Health Episode and
18 maintain continuity of responsibility throughout the referral pathway;
- 19 (e) laboratories, diagnostic facilities, hospitals, specialty centers, and other participating
20 public or private health facilities providing Preventive Health Services under this Act
21 or pursuant to applicable Department of Health programs, PhilHealth benefit
22 packages, or other lawful public financing arrangements shall perform the reporting,
23 result transmission, acknowledgment, Clinical Recall, Failsafe, referral, and other
24 functions assigned by the Department of Health;
- 25 (f) Barangay Health Workers and Community Health Workers may perform Call, Recall,
26 Community-Level Follow-Up, health education, documentation, care coordination,
27 and other functions authorized under this Act under the supervision of the appropriate
28 Responsible Provider or Program and consistent with existing laws; and
- 29 (g) where a Preventive Health Service requires referral to a higher level of care or to a
30 specialized facility, responsibility shall be transferred in accordance with Department
31 of Health referral standards. The referring Responsible Provider or Program shall
32 remain responsible for the Preventive Health Episode until responsibility has been
33 accepted by the receiving Responsible Provider or Program.

34 **SECTION 11. Appropriate Closure of a Preventive Health Episode.** — A Preventive
35 Health Episode shall not be considered to have reached Appropriate Closure solely because a Call
36 or Recall was issued.

37 A Preventive Health Episode shall be considered to have reached Appropriate Closure only
38 when the applicable records establish that:

- (a) the Preventive Health Service was completed in accordance with applicable standards and the next required action or due date, if any, was recorded;
- (b) the person knowingly declined the Preventive Health Service after receiving sufficient information to make an informed decision;
- (c) the Preventive Health Service was clinically deferred and an appropriate review date or new due date was recorded;
- (d) the person was determined to be ineligible for, or the Preventive Health Service was determined to be no longer clinically indicated under, applicable Department of Health standards;
- (e) the reasonable efforts required under Department of Health standards to contact the person were completed and documented, without prejudice to the reactivation of the Preventive Health Episode when updated information becomes available;
- (f) the Preventive Health Episode was transferred to another Responsible Provider or Program, and the transfer was documented and accepted; or
- (g) another ground for Appropriate Closure prescribed by the Department of Health consistent with this Act applies.

Appropriate Closure of one Preventive Health Episode shall not affect the person's eligibility for, or participation in, any other Preventive Health Service for which the person remains eligible.

TITLE II

PH CARES OPERATIONS

SECTION 12. Identification of Eligible Individuals. — Individuals who are eligible or approaching eligibility for a Preventive Health Service shall be identified through the Responsible Provider or Program designated under this Act and the applicable law, public health program, clinical pathway, or Department of Health standard governing such service.

For Preventive Health Services implemented at the community level, the appropriate Barangay Health Station or, where none exists, the Rural Health Unit or other primary care facility serving the barangay shall, with the assistance of Barangay Health Workers and other authorized community health workers, ensure the timely identification of eligible residents and facilitate their connection to the appropriate provider of the Preventive Health Service.

A health care provider, health facility, laboratory, diagnostic facility, birthing facility, public health program, or other institution that becomes responsible for a Preventive Health Episode by reason of a consultation, birth, test result, clinical finding, program record, or other circumstance prescribed by law or Department of Health standards shall perform the applicable Call, Recall, Clinical Recall, referral, documentation, and Failsafe functions assigned to it.

The identification of eligible individuals and the conduct of Call, Recall, and Community Level Follow-Up shall comply with the confidentiality, consent, and privacy requirements applicable to the Preventive Health Service. No barangay, Barangay Health Worker, or other

community-level actor shall be required or authorized to identify individuals on the basis of confidential health information, protected risk status, or other sensitive information except as expressly permitted by law and Department of Health standards.

Where the applicable Preventive Health Service is covered by a PhilHealth benefit package or another lawful public financing arrangement, eligible individuals may be connected or referred to a participating public or private health care provider authorized to deliver the service.

SECTION 13. Call. — When an individual becomes eligible for, is approaching eligibility for, or is due for a Preventive Health Service subject to the PH CARES, the Responsible Provider or Program shall ensure that a Call is initiated in accordance with Department of Health standards.

A Call shall, as appropriate to the Preventive Health Service:

- (a) identify the Preventive Health Service due or becoming due;
- (b) explain its purpose and importance in language understandable to the recipient;
- (c) provide information on where and how the Preventive Health Service may be obtained;
- (d) include available schedules, appointments, referrals, or instructions necessary to access the Preventive Health Service; and
- (e) provide appropriate contact information for inquiries, confirmation, or rescheduling, where applicable.

A Call may be communicated through any appropriate means, including electronic communication, telephone, mail, personal delivery, in-person contact, or other methods prescribed by the Department of Health, taking into consideration the accessibility, circumstances, and communication needs of the recipient.

The Department of Health shall prescribe service-specific standards governing the timing, content, documentation, and manner of Calls according to the nature, urgency, and clinical requirements of each Preventive Health Service.

SECTION 14. Recall. — Where a Preventive Health Service remains incomplete after a Call, the Responsible Provider or Program shall ensure that Recall is undertaken in accordance with Department of Health standards.

Recall shall consist of reasonable and proportionate follow-up efforts appropriate to the Preventive Health Service, its clinical importance, the risk of harm from delay or non-completion, the information available, and the circumstances of the individual.

Where a Recall cannot be completed using the initial communication method, the Responsible Provider or Program shall, where another reasonable means is lawfully available, undertake additional efforts using one or more appropriate communication methods before the Preventive Health Episode may be considered for Appropriate Closure on the ground of unsuccessful contact.

Where appropriate, Recall may be carried out with the assistance of the appropriate Barangay Health Station, Rural Health Unit, Super Health Center, local health office, Barangay Health Worker, Community Health Worker, Health Care Provider Network, or other participating public or private health care provider, consistent with the confidentiality, consent, and privacy requirements applicable to the Preventive Health Service.

The Department of Health shall prescribe service-specific standards governing the timing, frequency, documentation, and manner of Recall according to the nature, urgency, and clinical requirements of each Preventive Health Service.

SECTION 15. Clinical Recall. — The Responsible Provider or Program shall ensure that Clinical Recall is undertaken whenever a Preventive Health Service results in an abnormal, inadequate, inconclusive, incomplete, or other clinically significant finding requiring repeat testing, diagnostic evaluation, referral, treatment initiation, continuing follow-up, or other clinically appropriate intervention.

Clinical Recall shall receive priority over routine Recall and shall be undertaken in accordance with the level of clinical urgency prescribed by the Department of Health.

Where the required intervention cannot be provided by the Responsible Provider or Program, the individual shall be promptly referred to the appropriate provider or facility in accordance with Department of Health referral standards. The referring Responsible Provider or Program shall remain responsible for the Preventive Health Episode until responsibility has been accepted by the receiving Responsible Provider or Program.

The Department of Health shall prescribe service-specific standards governing the classification of clinically significant findings, response timeframes, referral pathways, documentation, and other requirements necessary to ensure timely Clinical Recall.

SECTION 16. Community-Level Follow-Up. — Where a Call or Recall cannot be completed through ordinary communication methods or where community engagement is reasonably necessary to facilitate access to a Preventive Health Service, the Responsible Provider or Program may undertake Community-Level Follow-Up in accordance with Department of Health standards.

Community-Level Follow-Up may be carried out through the appropriate Barangay Health Station, Rural Health Unit, Super Health Center, or other primary care facility serving the community, with the assistance of Barangay Health Workers and other authorized Community Health Workers.

Community-Level Follow-Up may include:

(a) locating individuals;

- (b) verifying or updating contact information;
- (c) delivering general notices, appointment information, or referral instructions;
- (d) encouraging attendance at Preventive Health Services;
- (e) facilitating communication between the individual and the Responsible Provider or Program; and
- (f) providing other non-clinical assistance authorized by the Department of Health that facilitates access to Preventive Health Services.

Community-Level Follow-Up shall be conducted with due regard for dignity, privacy, confidentiality, cultural sensitivity, and the minimum disclosure necessary to accomplish its purpose.

Except as otherwise authorized by law or expressly required for the performance of an assigned public health function, Barangay Health Workers and Community Health Workers shall not disclose or communicate confidential diagnoses, clinically significant findings, laboratory results, or other protected health information. ‘

SECTION 17. Failsafe. — The Responsible Provider or Program shall establish and implement Failsafe procedures to identify Preventive Health Episodes requiring corrective action in order to prevent the loss, interruption, or unreasonable delay of Preventive Health Services.

Failsafe procedures shall, where applicable, identify Preventive Health Episodes involving:

- (a) incomplete or overdue Preventive Health Services;
- (b) unsuccessful Call or Recall;
- (c) unsuccessful efforts to establish or update contact information;
- (d) abnormal, inadequate, inconclusive, incomplete, or other clinically significant findings without documented Clinical Recall or follow-up;
- (e) unresolved referrals or transfers of responsibility;
- (f) failures in communication, documentation, or coordination that may affect the timely delivery of a Preventive Health Service; and
- (g) other circumstances prescribed by the Department of Health that present a risk of interruption or loss of a Preventive Health Episode.

The Responsible Provider or Program shall ensure that appropriate corrective action is undertaken without unreasonable delay and that the Preventive Health Episode continues until Appropriate Closure is achieved in accordance with this Act.

The Department of Health shall prescribe service-specific standards governing Failsafe procedures, escalation measures, documentation, and response timeframes.

TITLE III INSTITUTIONAL RESPONSIBILITIES

1 **SECTION 18. Department of Health.** — The Department of Health shall serve as the
2 national lead agency for the implementation of this Act and shall:

- 3 (a) prescribe national policies, standards, clinical protocols, operational guidelines, and
4 quality standards for the PH CARES;
- 5 (b) determine, periodically review, and update the Preventive Health Services subject to
6 the PH CARES pursuant to Sections 4 and 9 of this Act;
- 7 (c) prescribe standards governing the assignment of the Responsible Provider or Program
8 and the performance of Identification, Call, Recall, Clinical Recall, Community-Level
9 Follow-Up, Failsafe, Appropriate Closure, referral, transfer of responsibility,
10 documentation, and other functions under this Act;
- 11 (d) prescribe service-specific clinical and operational standards, including eligibility criteria,
12 risk stratification, clinical urgency, response timeframes, referral pathways,
13 communication requirements, documentation, and performance standards, as may be
14 necessary to implement this Act;
- 15 (e) establish standards for interoperability, information governance, privacy, security,
16 reporting, and the appropriate use of existing health information systems consistent
17 with applicable laws;
- 18 (f) provide technical assistance, implementation support, education, training, and capacity
19 building to Local Health Systems, Health Care Provider Networks, participating public
20 and private health care providers, and other implementing entities;
- 21 (g) monitor, evaluate, and continuously improve the implementation, quality, accessibility,
22 equity, timeliness, continuity, efficiency, and health outcomes of the PH CARES
23 through appropriate performance indicators and quality improvement mechanisms;
- 24 (h) coordinate with PhilHealth, local government units, national government agencies,
25 Health Care Provider Networks, professional organizations, public and private health
26 care providers, and other stakeholders to ensure the effective implementation of this
27 Act; and
- 28 (i) perform such other functions as may be necessary for the effective implementation of
29 this Act.

30 **SECTION 19. Philippine Health Insurance Corporation (PhilHealth).** — Consistent
31 with its mandate under existing laws, PhilHealth shall:

- 32 (a) establish, expand, revise, or strengthen benefit packages, provider payment
33 mechanisms, and financing arrangements, where appropriate, to support the timely and
34 effective delivery of Preventive Health Services designated under this Act;
- 35 (b) incorporate appropriate PH CARES requirements into primary care benefit
36 implementation, provider accreditation, contracting, quality assurance, provider
37 payment, and performance monitoring, where applicable;
- 38 (c) support the identification of eligible beneficiaries through existing membership
39 records, primary care provider registration, claims, and other authorized information
40 systems;

- (d) promote interoperability between its information systems and those of the Department of Health, Local Health Systems, Health Care Provider Networks, and participating public and private health care providers, consistent with applicable laws;
- (e) support the monitoring and evaluation of access to, utilization of, completion of, and outcomes associated with Preventive Health Services financed under applicable PhilHealth benefit packages;
- (f) coordinate with the Department of Health and other agencies concerned to strengthen financing arrangements, reduce financial barriers to the completion of Preventive Health Episodes, and improve the delivery of Preventive Health Services under existing benefit packages; and
- (g) perform such other functions as may be necessary and consistent with its mandate under existing laws for the effective implementation of this Act.

SECTION 20. Department of the Interior and Local Government (DILG). —

Consistent with its mandate under existing laws, the Department of the Interior and Local Government shall support the implementation of this Act by local government units.

For this purpose, the DILG shall:

- (a) promote compliance by local government units with this Act and the standards prescribed by the Department of Health;
- (b) strengthen the institutional, governance, and implementation capacity of Local Health Systems to effectively implement the PH CARES;
- (c) coordinate with the Department of Health in the dissemination of policies, provision of implementation support, and capacity-building for local government units; and
- (d) perform such other functions as may be necessary and consistent with its mandate under existing laws to implement this Act.

SECTION 21. Local Government Units. — Provincial, city, municipal, and barangay local government units shall, through their respective Local Health Systems and consistent with Republic Act No. 11223, otherwise known as the Universal Health Care Act, implement and sustain the Preventive Health Call-and-Recall System within their respective jurisdictions.

For this purpose, local government units shall:

- (a) implement the PH CARES in accordance with this Act and Department of Health standards;
- (b) ensure effective coordination among Local Health Systems, Health Care Provider Networks, participating public and private health care providers, and other implementing entities to facilitate the timely identification of eligible individuals, completion of Preventive Health Episodes, continuity of care, referrals, Clinical Recalls, Community-Level Follow-Up, and Failsafe activities;
- (c) promote equitable access to Preventive Health Services, particularly for geographically isolated, disadvantaged, vulnerable, underserved, and other priority populations;

- (d) support the accuracy, completeness, interoperability, and lawful sharing of health information in accordance with applicable privacy, confidentiality, and information governance laws;
- (e) provide, subject to existing laws and the availability of funds, the personnel, facilities, equipment, transportation, communications, administrative support, and other resources reasonably necessary to implement this Act;
- (f) coordinate with national government agencies, PhilHealth, other local government units, and relevant stakeholders to address barriers affecting the completion of Preventive Health Episodes; and
- (g) perform such other functions as may be necessary for the effective implementation of this Act, consistent with existing laws.

SECTION 22. Primary Care Providers, Health Care Provider Networks, and Participating Health Care Providers. — Primary Care Providers, Health Care Provider Networks, and participating public and private health care providers shall perform their respective responsibilities under this Act in accordance with Department of Health standards.

For this purpose, they shall:

- (a) perform their assigned responsibilities in a timely, coordinated, and accountable manner, and maintain responsibility for every Preventive Health Episode until Appropriate Closure is achieved or responsibility has been duly transferred and accepted in accordance with this Act;
- (b) coordinate with other Responsible Providers or Programs to facilitate referrals, Clinical Recalls, continuity of care, and the timely completion of Preventive Health Episodes;
- (c) maintain accurate documentation and reporting, and cooperate in the lawful exchange of information through authorized health information systems, consistent with applicable privacy, confidentiality, and information governance laws;
- (d) participate in quality improvement and other system functions assigned under this Act; and
- (e) perform such other functions as may be necessary for the effective implementation of this Act, consistent with existing laws.

SECTION 23. Barangay Health Workers and Other Community Health Workers. — Barangay Health Workers and other duly authorized Community Health Workers shall support the implementation of the PH CARES within their respective Local Health Systems under the supervision of the appropriate Responsible Provider or Program and consistent with existing laws.

For this purpose, they shall:

- (a) perform the functions assigned to them under this Act and the standards prescribed by the Department of Health;
- (b) assist in community outreach, health education, Community-Level Follow-Up, care coordination, and other non-clinical activities authorized under this Act;

- (c) facilitate communication between individuals and the appropriate Responsible Provider or Program and assist in reducing practical barriers to the completion of Preventive Health Episodes, including facilitating access to available government health, social protection, transportation, financial assistance, and other support programs, where appropriate;
- (d) maintain the confidentiality of information received in the performance of their assigned functions and use only the minimum information necessary to carry out such functions, consistent with applicable privacy and confidentiality laws; and
- (e) perform such other community-based public health functions as may be authorized by the Department of Health and consistent with existing laws.

TITLE IV MONITORING, ACCOUNTABILITY, AND FINAL PROVISIONS

SECTION 24. Monitoring, Performance Measurement, and Continuous Quality Improvement. — The Department of Health shall establish and maintain a national monitoring, evaluation, performance measurement, and continuous quality improvement framework for the PH CARES to assess and improve its implementation, effectiveness, quality, safety, efficiency, equity, continuity of care, and contribution to improving population health and reducing preventable disease burden.

The framework shall include appropriate indicators, which may include, but shall not be limited to:

- (a) population identification and coverage of eligible individuals;
- (b) access to, utilization of, and completion of Preventive Health Services and Preventive Health Episodes;
- (c) timeliness of Calls, Recalls, Clinical Recalls, referrals, and other preventive health interventions;
- (d) continuity of care, Appropriate Closure of Preventive Health Episodes, unresolved episodes, and loss to follow-up;
- (e) quality, safety, appropriateness, effectiveness, and efficiency of Preventive Health Services;
- (f) performance of Local Health Systems, Health Care Provider Networks, participating providers, and other implementing entities, consistent with applicable laws;
- (g) interoperability, completeness, quality, timeliness, and appropriate use of health information and reporting systems;
- (h) disparities in access to Preventive Health Services, service utilization, and health outcomes among geographic areas, socioeconomic groups, vulnerable populations, and other priority populations;
- (i) trends in disease prevention, early detection, morbidity, mortality, disability, preventable complications, avoidable hospitalizations, disease burden, healthy life expectancy, and other indicators of population health outcomes attributable to improvements in preventive health services; and

1 (j) such other indicators as the Department of Health may prescribe consistent with
2 evolving scientific evidence, national health priorities, and internationally recognized
3 public health standards.

4 The Department of Health shall periodically review and update the framework to ensure
5 that it remains evidence-based, responsive to emerging public health needs, and aligned with
6 advances in preventive health care, health system performance measurement, and population
7 health.

8 For purposes of continuous quality improvement, the Department of Health may conduct
9 or require quality reviews, clinical and operational audits, implementation assessments, data
10 validation, supportive supervision, technical assistance, dissemination of best practices, corrective
11 action planning, and such other quality improvement activities as may be necessary.

12 The Department of Health shall use the results of monitoring, performance measurement,
13 and quality improvement activities to identify system gaps, reduce unwarranted variations in
14 performance, strengthen implementation, promote evidence-based practices, and continuously
15 improve the quality, accessibility, efficiency, equity, and health outcomes of the PH CARES.

16 **SECTION 25. Annual Report to Congress.** — Not later than June 30 of each year, the
17 Department of Health shall submit to the President of the Philippines and to Congress an Annual
18 Preventive Health Report on the implementation, performance, and impact of this Act.

19 The report shall include the implementation status of this Act, performance against the
20 monitoring and performance indicators established under Section 25, significant implementation
21 challenges and corrective actions undertaken, recommendations for legislative, policy,
22 administrative, financing, or program improvements, and an assessment of the Act's contribution
23 to improving preventive health service delivery, reducing preventable disease burden, and
24 improving the health outcomes of the Filipino people.

25 The report shall be made publicly available through appropriate government platforms,
26 subject to applicable laws on confidentiality, data privacy, and information security.

27 **SECTION 26. Data Privacy, Confidentiality, and Information Security.** — All
28 collection, processing, use, sharing, storage, retention, disclosure, and disposal of personal
29 information under this Act shall be governed by Republic Act No. 10173, otherwise known as the
30 Data Privacy Act of 2012, and other applicable laws, rules, and regulations.

31 The collection, processing, and sharing of personal information under this Act shall be
32 limited to what is lawful, necessary, proportionate, and directly related to the implementation of
33 the PH CARES and the delivery of Preventive Health Services.

1 Only the minimum information reasonably necessary to perform responsibilities
2 authorized under this Act shall be accessed, processed, or disclosed, and access to personal
3 information shall be limited to authorized persons in accordance with their assigned functions.

4 All persons and entities participating in the implementation of this Act shall maintain the
5 confidentiality, integrity, availability, and security of personal information and protected health
6 information obtained in the performance of their official duties and shall implement appropriate
7 administrative, physical, and technical safeguards consistent with applicable laws and standards.

8 **SECTION 27. Voluntary Participation, Informed Refusal, and Non-**
9 **Discrimination.** — Participation in Preventive Health Services under this Act shall be voluntary
10 except where otherwise required by the Constitution or by existing laws.

11 Every individual shall have the right to make informed decisions regarding participation in
12 Preventive Health Services. An individual's informed refusal shall be respected and appropriately
13 documented in accordance with standards prescribed by the Department of Health. Such refusal
14 shall constitute Appropriate Closure of the corresponding Preventive Health Episode in
15 accordance with this Act.

16 No individual shall be denied emergency medical care, medically necessary treatment,
17 government services, health benefits, employment opportunities, educational opportunities, or any
18 other right or benefit provided by law solely because of the refusal or failure to participate in a
19 Preventive Health Service under this Act, unless otherwise expressly provided by law.

20 **SECTION 28. Prohibited Acts.** — The following acts are prohibited:

- 21 (a) knowingly refusing, without lawful justification, to perform responsibilities assigned
22 under this Act or the standards prescribed by the Department of Health where such
23 refusal results in the unreasonable delay, interruption, abandonment, or improper
24 closure of a Preventive Health Episode;
- 25 (b) knowingly recording, certifying, reporting, or causing to be recorded, certified, or
26 reported any false, fictitious, incomplete, or misleading information relating to the
27 identification of eligible individuals, Calls, Recalls, Clinical Recalls, referrals,
28 Appropriate Closure, performance indicators, or any other record required under this
29 Act;
- 30 (c) knowingly concealing, altering, destroying, or tampering with records,
31 communications, or other information required under this Act for the purpose of
32 preventing, delaying, or obstructing the implementation of the PH CARES;
- 33 (d) knowingly failing to communicate or appropriately act upon an abnormal, inadequate,
34 inconclusive, incomplete, or other clinically significant finding in accordance with
35 responsibilities assigned under this Act and applicable Department of Health standards;
- 36 (e) knowingly making unauthorized access to, use, processing, disclosure, alteration, or
37 sharing of personal information or protected health information obtained under this
38 Act in violation of applicable privacy and confidentiality laws;

- 1 (f) knowingly obstructing, preventing, or interfering with the lawful implementation of the
2 PH CARES or with the lawful performance of duties by persons authorized under this
3 Act; and
4 (g) coercing, intimidating, threatening, penalizing, retaliating against, discriminating
5 against, or otherwise subjecting any person to adverse treatment in the implementation
6 of this Act on account of the exercise of any right under this Act or on any other ground
7 prohibited by the Constitution or existing laws.

8 **SECTION 29. Penalties.** — Any natural person who knowingly and willfully commits
9 any prohibited act under Section 30 of this Act shall, upon conviction, be punished by a fine of
10 not less than One Hundred Thousand Pesos (₱100,000.00) but not more than Five Hundred
11 Thousand Pesos (₱500,000.00), or imprisonment of not less than six (6) months but not more
12 than four (4) years, or both, at the discretion of the court.

13 Where the offender is a juridical person, the responsible directors, trustees, officers,
14 employees, or other persons directly responsible for the commission of the prohibited act shall be
15 held criminally liable. The juridical person shall likewise be subject to a fine under this Section and
16 to the suspension or revocation of its license, permit, accreditation, or other appropriate
17 administrative or regulatory sanctions, as may be authorized under existing laws.

18 Where the offender is a public officer or employee, the commission of any prohibited act
19 under this Act shall likewise constitute grounds for appropriate administrative proceedings,
20 without prejudice to any criminal or civil liability under existing laws.

21 Where the offender is a licensed health professional or an accredited public or private
22 health care provider, hospital, laboratory, diagnostic facility, Health Care Provider Network, or
23 other regulated entity, the commission of any prohibited act under this Act shall likewise constitute
24 grounds for the suspension, revocation, limitation, withdrawal of accreditation, or other
25 appropriate administrative or regulatory sanctions under applicable laws, rules, and regulations.

26 If the violation results in death, serious physical injury, widespread compromise of
27 confidential health information, or other grave harm, the penalties provided under this Act shall
28 be without prejudice to prosecution under other applicable laws.

29 **SECTION 30. Implementing Rules and Regulations.** — Within ninety (90) days from
30 the effectivity of this Act, the Department of Health, as the lead implementing agency, shall, in
31 coordination with the Philippine Health Insurance Corporation (PhilHealth), the Department of
32 the Interior and Local Government (DILG), and other government agencies concerned, and after
33 consultation with local government units, Health Care Provider Networks, public and private
34 health care providers, professional regulatory bodies, professional health associations, Barangay
35 Health Workers, Community Health Workers, patient organizations, and other relevant
36 stakeholders, promulgate the Implementing Rules and Regulations necessary for the effective
37 implementation of this Act.

1 **SECTION 31. Appropriations.** — The amount necessary for the initial implementation
2 of this Act shall be charged against the current appropriations of the Department of Health, the
3 Philippine Health Insurance Corporation (PhilHealth), and other government agencies concerned,
4 as may be applicable. Local government units shall likewise utilize and may augment their
5 respective appropriations for the implementation of this Act, consistent with existing laws.

6 Thereafter, such sums as may be necessary for the continued implementation of this Act
7 shall be included in the annual General Appropriations Act. The Philippine Health Insurance
8 Corporation (PhilHealth) shall likewise provide funding for Preventive Health Services and related
9 benefit packages, provider payment mechanisms, and implementation support, consistent with its
10 mandate and applicable laws.

11 **SECTION 32. Separability Clause.** — If any provision of this Act is declared
12 unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force
13 and effect.

14 **SECTION 33. Repealing Clause.** — All laws, presidential decrees, executive orders,
15 rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby
16 repealed or modified accordingly.

17 **SECTION 34. Effectivity Clause.** — This Act shall take effect fifteen (15) days after its
18 publication in the Official Gazette or in a newspaper of general circulation.

19 Approved.