

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

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **10963**



Introduced by **Representative JEFFREY SORIANO**

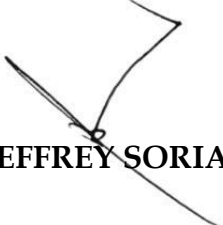
EXPLANATORY NOTE

This bill seeks to expand mental health coverage under the Philippine Health Insurance Corporation (PhilHealth) by establishing a Mental Health Voucher System (MHVS). It institutes tiered benefit packages calibrated to the severity of a beneficiary's condition and establishes a dedicated Mental Health Fund Pool to ensure sustainable financing.

Mental health remains one of the most underfunded and inaccessible areas of healthcare in the Philippines. Despite the enactment of Republic Act No. 11036, otherwise known as the "*Mental Health Act*", which legally recognized mental health care as a fundamental right, substantial barriers to treatment persist. High costs for psychiatric consultations, therapy, and essential medications remain a major obstacle, leaving many Filipinos unable to maintain the continuity of care necessary for recovery. This current gap in financing prevents timely interventions and undermines the effectiveness of the national mental health strategy.

This bill creates a dedicated, needs-based financing mechanism for mental health care. In fulfillment of this goal, it promotes early diagnosis, continuity of treatment, and improved health outcomes for Filipinos living with mental health conditions.

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


HON. JEFFREY SORIANO

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AN ACT
EXPANDING MENTAL HEALTH COVERAGE UNDER THE PHILIPPINE
HEALTH INSURANCE CORPORATION BY ESTABLISHING A MENTAL
HEALTH VOUCHER SYSTEM, AND APPROPRIATING FUNDS THEREFOR

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

Section 1. *Short Title.* – This Act shall be known as the “*Mental Health Voucher Act*”.

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people, including the right to mental health. It shall also ensure that essential health services are accessible, affordable, and equitable for all.

Towards this end, the State shall strengthen mental health care financing under the Philippine Health Insurance Corporation, in support of Republic Act (RA) No. 11036, otherwise known as the “Mental Health Act”. It shall expand benefit coverage and introduce a Mental Health Voucher System to promote early diagnosis, continuity of care, and improved health outcomes.

SEC. 3. *Mental Health Voucher System.* – A Mental Health Voucher System (MHVS), which shall serve as a financing mechanism to provide eligible members and their qualified dependents with access to mental health services and medications through pre-approved financial subsidies, is established under the Philippine Health Insurance Corporation (PhilHealth).

Under the MHVS, PhilHealth shall issue mental health vouchers to qualified beneficiaries. Each voucher represents a pre-approved financial subsidy that must be used exclusively for mental health benefit packages and services covered under this Act. The voucher is redeemable only through accredited mental health service providers.

PhilHealth shall ensure that the MHVS is implemented in a manner that promotes accessibility, continuity of care, and the efficient delivery of mental health services.

SEC. 4. *Qualifications.* – Any duly registered member of PhilHealth, including qualified dependents, who has been clinically diagnosed with a mental health condition by a licensed physician, is eligible to apply for a mental health voucher.

Eligibility for the issuance of a voucher is determined based on a duly accomplished mental health assessment certificate issued and signed by a licensed physician, preferably a psychiatrist, and affiliated with an accredited government hospital under the Department of Health (DOH). The certificate shall indicate the clinical diagnosis of the patient, the recommended treatment plan, and the required services and prescribed medications.

SEC. 5. *Application and Evaluation.* – The applicant shall submit the mental health assessment certificate, together with such other documents as may be required, through a prescribed application process. PhilHealth shall establish a streamlined and accessible system for the receipt, verification, and evaluation of applications, which may include digital or electronic platforms, consistent with the principles of ease of access and administrative efficiency.

SEC. 6. *Issuance and Validity.* – Upon verification of eligibility and completeness of requirements, PhilHealth shall issue a non-transferable mental health voucher in the name of the qualified beneficiary, indicating the applicable benefit package, authorized services, and period of validity.

The voucher shall be valid for a period of not less than six (6) but not more than twelve (12) months, or such other period as may be determined by PhilHealth, consistent with the prescribed period and based on clinical assessment and treatment requirements. The voucher is renewable annually, subject to re-evaluation and the submission of an updated mental health assessment certificate.

PhilHealth shall adopt appropriate safeguards to ensure the authenticity of certifications, prevent fraudulent claims, and be used solely for their intended purpose, without prejudice to the imposition of administrative, civil, or criminal liability under existing laws.

SEC. 7. *Mental Health Packages.* – PhilHealth shall develop, adopt, and periodically review tiered mental health benefit packages, which shall be responsive to the varying levels of severity, clinical needs, and continuity of care requirements of beneficiaries.

The benefit packages shall, at a minimum, include the following:

- a. Basic package for outpatient and early-stage interventions, which entitles the beneficiary to not less than six (6) to ten (10) psychiatric consultations per year, at least six (6) therapy sessions, and a corresponding

monthly medication subsidy;

b. Standard package for moderate mental health conditions, which entitles the beneficiary to not less than ten (10) to fifteen (15) psychiatric consultations, at least twelve (12) therapy sessions, expanded medication coverage, and access to psychological testing and other diagnostic services; and

c. Comprehensive package for severe or chronic mental health conditions, which entitles the beneficiary to psychiatric consultations as may be determined by PhilHealth, not less than twenty (20) therapy sessions, full or substantially expanded medication support, and access to rehabilitation and other necessary mental health services.

PhilHealth shall, in coordination with DOH, determine the specific scope, frequency, and monetary value of services covered in each package in accordance with prevailing clinical standards, cost assessments, and actuarial studies. Further, PhilHealth shall structure the benefit packages to promote early diagnosis, ensure continuity of care, and prevent the progression of mental health conditions, without prejudice to the grant of additional benefits as may be warranted.

SEC. 8. *Review and Adjustment.* – PhilHealth is authorized to revise, expand, or restructure the benefit packages, including the addition of services and adjustments to coverage limits, as may be necessary to respond to emerging mental health needs, advances in treatment, and financial sustainability of the program: *Provided,* That such revisions shall not diminish the minimum entitlements established under this Act.

SEC. 9. *Establishment of the Mental Health Fund Pool.* – To ensure the sustainability and efficient administration of the program, there is hereby established within PhilHealth, a dedicated Mental Health Fund Pool, which shall be used exclusively for the financing of benefits, services, and administrative requirements under the MHVS.

PhilHealth shall ensure that the allocation and utilization of the Mental Health Fund Pool are consistent with actuarial soundness, fiscal sustainability, and the timely delivery of benefits to qualified members and their dependents. For this purpose, PhilHealth shall incorporate the funding requirements of the MHVS in its annual budget proposals, and shall adopt appropriate financial management and accountability mechanisms.

The DOH and the Department of Budget and Management (DBM) shall, in coordination with PhilHealth, ensure the adequate and continuing funding of the program, consistent with national health priorities and the objectives of this Act.

The implementation of the MHVS under this Act shall be funded from the available funds of PhilHealth, such sums as may be appropriated annually under the General Appropriations Act, and such other sources as may be identified or

authorized by law, including allocations from sin taxes and other earmarked health revenues.

SEC. 10. *Reportorial Requirements.* – PhilHealth shall, in coordination with the DOH, submit to the Congress of the Philippines an annual report on the implementation of the MHVS within ninety (90) days from the end of each fiscal year.

The report shall include, among others, the number of beneficiaries served, utilization rates of each benefit package, total expenditures, geographic distribution of services, and such other relevant information as may be necessary to assess the effectiveness, efficiency, and financial sustainability of the program.

PhilHealth shall likewise publish a summary of the report in its official website to ensure transparency and public access to information, subject to existing laws on data privacy and confidentiality.

SEC. 11. *Implementing Agencies.* – PhilHealth shall serve as the lead implementing agency for the MHVS established under this Act and shall be primarily responsible for its administration, financing, and overall management.

The DOH shall, in coordination with PhilHealth, establish and periodically update the clinical, diagnostic, and treatment standards applicable for the implementation of this Act, ensure the quality and appropriateness of mental health services rendered by accredited providers, and assist in the formulation of policies and guidelines.

The National Mental Health Council (NMHC) shall act as a coordinating and advisory body in the implementation of this Act, particularly in ensuring alignment with the National Mental Health Program, promoting inter-agency coordination, and supporting the development of policies and strategies relating to mental health care delivery, data management, and program evaluation.

PhilHealth, DOH and NMHC shall ensure close coordination in the development of benefit packages, accreditation of mental health service providers, integration of mental health data systems, monitoring of service delivery, and evaluation of program outcomes, with due consideration to accessibility, quality of care, and continuity of treatment.

SEC. 12. *Monitoring and Data Management.* – PhilHealth shall establish and maintain a secure and integrated digital monitoring and data management system to ensure the efficient processing of applications, accurate tracking of voucher issuance and utilization, and the continuity of care for beneficiaries across accredited service providers.

The system shall, at a minimum, maintain a centralized database of beneficiaries and services availed, generate relevant data to support policy development, budget planning, and program evaluation, and incorporate

safeguards to detect, prevent, and address fraud, abuse, and overutilization of benefits.

PhilHealth shall coordinate with the DOH and NMHC to promote interoperability and alignment with existing national mental health information systems and data governance frameworks.

SEC. 13. *Data Privacy.* – PhilHealth shall ensure that all data collected, processed, and stored under this system are protected in accordance with RA No. 10173, otherwise known as the “*Data Privacy Act of 2012*”, and other applicable laws, rules, and regulations. Likewise, PhilHealth shall adopt appropriate administrative, technical, and organizational safeguards to preserve the confidentiality, integrity, and security of personal and health information.

SEC. 14. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current operating budget of PhilHealth. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 15. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the President and Chief Executive Officer of PhilHealth, in coordination with the Secretary of Health and other relevant agencies, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SEC. 16. *Separability Clause.* – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

SEC. 17. *Repealing Clause.* – All laws, presidential decrees, executive orders, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SEC. 18. *Effectivity.* – This Act shall take effect fifteen days (15) after its publication in the Official Gazette or in a national newspaper of general circulation.

Approved,