

TWENTIETH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
Second Regular Session

)
)
)

HOUSE OF REPRESENTATIVES
HOUSE BILL No. 11389



Introduced by REP. CLAUDINE DIANA D. BAUTISTA-LIM

AN ACT PROHIBITING HOSPITALS FROM IMPOSING HOSPITAL ROOM, BED, AND RELATED CHARGES ON PATIENTS WHO HAVE BEEN MEDICALLY CLEARED FOR DISCHARGE BUT REMAIN CONFINED SOLELY DUE TO ADMINISTRATIVE OR BILLING DELAYS, PRESCRIBING PENALTIES FOR VIOLATIONS, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution mandates the State to adopt an integrated and comprehensive approach to health development and to make essential health services available to all people at affordable cost. Corollary thereto, the State recognizes that every patient has the right to receive fair, efficient, and compassionate healthcare services free from unnecessary financial burdens.

While many hospitals have improved their discharge procedures, patients who have already been medically cleared by their attending physicians are often required to remain confined because of delays in billing preparation, insurance verification, PhilHealth processing, cashier clearance, or other internal administrative procedures. During this period, some hospitals continue to impose room charges, bed charges, and other accommodation fees despite the absence of any medical necessity for continued confinement.

These additional charges place an undue financial burden on patients and their families, particularly those who are already struggling with the high cost of hospitalization. Patients should not be made to shoulder expenses arising solely from inefficiencies or delays within the hospital's administrative processes.

This bill seeks to prohibit hospitals from charging room, bed, and other related accommodation fees after a patient has been medically cleared for discharge but remains confined solely because of administrative or billing delays attributable to the hospital. At the same time, the measure recognizes the right of hospitals to collect payment for legitimate medical services, professional fees, medicines, laboratory examinations, and other services actually rendered prior to discharge.

The proposed measure likewise requires hospitals to establish efficient discharge procedures, promptly process billing and clearance requirements, and provide patients with timely information regarding the status of their discharge. It further authorizes the Department of Health to enforce compliance and impose appropriate administrative sanctions against erring hospitals.

By ensuring that patients are not charged for delays beyond their control, this measure promotes fairness, transparency, accountability, and respect for the rights and welfare of every Filipino patient.

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


CLAUDINE DIANA D. BAUTISTA-LIM
DUMPER PTDA Party-List

-
1. 1987 Constitution of the Republic of the Philippines, Article XIII, Section 11.
 2. Republic Act No. 11223, otherwise known as the Universal Health Care Act.
 3. Republic Act No. 9439, *An Act Prohibiting the Detention of Patients in Hospitals and Medical Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses*.
 4. Republic Act No. 4226, otherwise known as the Hospital Licensure Act, as amended.

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)

HOUSE OF REPRESENTATIVES
HOUSE BILL No. 11389

Introduced by **REP. CLAUDINE DIANA D. BAUTISTA-LIM**

AN ACT PROHIBITING HOSPITALS FROM IMPOSING HOSPITAL ROOM, BED, AND RELATED CHARGES ON PATIENTS WHO HAVE BEEN MEDICALLY CLEARED FOR DISCHARGE BUT REMAIN CONFINED SOLELY DUE TO ADMINISTRATIVE OR BILLING DELAYS, PRESCRIBING PENALTIES FOR VIOLATIONS, AND FOR OTHER PURPOSES

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 "**Fair Hospital Discharge Act.**"

SECTION 2. Declaration of Policy. - It is the policy of the State to protect and promote the right to health of the people and ensure that all patients are treated with dignity, fairness, and compassion. The State recognizes that patients who have already been medically cleared for discharge should not bear additional financial burdens resulting solely from delays attributable to hospital administrative processes, including billing preparation, clearance procedures, insurance verification, or other internal requirements.

SECTION 3. Definition of Terms. - For purposes of this Act:

(a) **Medically Cleared for Discharge** refers to the written determination of the attending physician that the patient no longer requires hospital confinement and may safely leave the hospital.

(b) **Administrative Delay** refers to any delay occurring after medical clearance that is attributable to the hospital's internal processes, including but not limited to:

1. Preparation of the final hospital bill;
2. Processing of PhilHealth claims;
3. Verification of HMO or insurance coverage;
4. Internal clearance procedures;
5. Pharmacy, cashier, or records processing;
6. Encoding, documentation, or information system delays; and
7. Other non-medical administrative requirements.

(c) **Hospital** refers to any government or private hospital, infirmary, medical center, or similar health facility licensed by the Department of Health (DOH).

SECTION 4. Prohibited Acts. - After a patient has been medically cleared for discharge, no hospital shall impose or collect:

(a) Additional room charges;

(b) Additional bed charges;

(c) Additional nursing service charges attributable solely to the continued stay caused by administrative delays;

(d) Additional accommodation fees; or

(e) Any similar confinement charges resulting exclusively from the hospital's inability to complete its internal discharge procedures.

SECTION 5. Charges That May Still Be Collected. - Nothing in this Act shall prevent hospitals from collecting:

(a) Charges for medical services, medicines, laboratory examinations, imaging procedures, treatments, or professional services actually rendered before medical clearance;

(b) Charges arising from medical complications requiring renewed confinement after the initial medical clearance;

(c) Charges resulting from the patient's voluntary request to remain confined after all discharge documents and billing have been completed; or

(d) Charges arising from delays directly attributable to the patient or the patient's authorized representative, including the failure to submit required documents or settle valid financial obligations after the hospital has completed all discharge requirements.

SECTION 6. Hospital Discharge Timeline. - Every hospital shall establish an efficient discharge system designed to complete all billing and administrative procedures within a reasonable period after medical clearance, as may be prescribed by the Department of Health through the Implementing Rules and Regulations.

SECTION 7. Duty to Inform. - Hospitals shall inform patients and their authorized representatives in writing of:

(a) The date and time the patient was medically cleared for discharge;

(b) The status of discharge processing;

- (c) Any administrative delay encountered; and
- (d) The patient's rights under this Act.

SECTION 8. Complaint Mechanism. - The Department of Health shall establish an accessible complaint mechanism through which patients may report violations of this Act. Hospitals shall likewise designate a Patient Discharge Assistance Officer responsible for facilitating the prompt resolution of discharge-related concerns.

SECTION 9. Penalties. - Any hospital found to have violated this Act shall be subject to the following administrative penalties, without prejudice to civil or criminal liability under existing laws:

- (a) **First Offense:** Written warning and mandatory corrective action;
- (b) **Second Offense:** Administrative fine of not less than Fifty Thousand Pesos (₱50,000.00) but not more than Two Hundred Thousand Pesos (₱200,000.00);
- (c) **Third and Subsequent Offenses:** Fine of not less than Two Hundred Thousand Pesos (₱200,000.00) but not more than Five Hundred Thousand Pesos (₱500,000.00), suspension of the hospital's license for an appropriate period as determined by the Department of Health, or other administrative sanctions authorized by law.

The Department of Health may also order the refund of any charges unlawfully collected under this Act.

SECTION 10. Protection of Patient Rights. - No patient shall be denied discharge, harassed, intimidated, or subjected to discriminatory treatment for asserting rights under this Act.

SECTION 11. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the Department of Health, in coordination with the Philippine Health Insurance Corporation (PhilHealth), the Department of Finance, representatives of government and private hospitals, and other concerned stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 12. Appropriations. - The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act.

SECTION 13. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid, the remaining provisions shall remain in full force and effect.

SECTION 14. Repealing Clause. - All laws, executive orders, rules, regulations, or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

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

Approved,