

THIRTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
SECOND REGULAR SESSION)

5 NOV 16 P3:13

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SENATE

S.B. No. 2162

Introduced by SENATOR ALFREDO S. LIM

EXPLANATORY NOTE

As we continue to hear good news on the numerous government and private programs geared to provide health care, we also continue to receive pathetic complaints from the common man of his despondency and helplessness in obtaining medical assistance and care because of poverty.

We can no longer ignore the persistent cries and wails of the poor and the underprivileged for government help in their problems on medical needs. It is time the government address with vigor and determination the hospitalization and medical problems of our least fortunate brothers.

For, like the many who enjoy the modern and state of the art treatment, they, too, deserve even the minimal but efficient and effective hospital service.

A healthy nation with a healthy people breeds a healthy environment conducive to wholesome living.

The bill seeks to give free medical care to the poor and destitute in all the fourteen (14) regions of the country consisting of

free hospitalization and free medicines and other aids for fast recovery or rehabilitation.

Needless to state, patients receiving medical care, services or assistance under other programs such as the SSS, GSIS, Phil-Health, private insurance and the like will not be entitled to any benefit under the program as their needs are obviously taken care of by the agencies providing them with such medical care.

To effectively carry out the objectives of the proposed law, an Office of the Regional Medical Care Program (ORMCP) under the Department of Health to be headed by an undersecretary is created.

Considering the gargantuan costs of building hospitals and acquiring equipment and facilities, including manpower and maintenance costs that would entail in setting up a brand new hospital, not to mention the delays in the implementation of the program for construction and mobilization, it is the bill's intention to provide immediate medical care through existing private hospitals and do away with building new hospitals.

On the other hand, by availing of the services of existing private hospitals, a concept that is followed even in foreign countries pursuing their welfare state programs, the government incurs the least cost and directly encourages enterprising medical practitioners to build more private hospitals.

Thus, free medical care under the proposed law is to be achieved in contractual arrangement with an accredited private hospital in every region.

Upon being accredited, the hospital must allocate 20% of its hospital beds for patients duly entitled to avail of the benefits under the program.

After the hospital renders service to the patient, the government shall pay the accredited hospital whatever hospitalization costs are incurred for the purpose.


ALFREDO S. LIM

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AN ACT
PROVIDING FOR FREE MEDICAL CARE
OTHERWISE KNOWN AS THE "FREE MEDICAL CARE
PROGRAM OF 2005" AND PROVIDING FUNDS THEREFOR

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

SECTION 1. *Declaration of Policies.* - (a) It is the policy of the
State to protect and promote the right to health of the people and
instill health consciousness among them. (Sec. 15, Art. II,
Constitution)

(b) It is the policy of the State to insure full medical care to the
poor and destitute by providing them adequate hospital treatment,
health services and medicinal support.

SECTION 2. *Regional Medical Care Program.* - There is hereby
established a Regional Medical Care Program (RMCP) in each of the
fourteen (14) regions in the country which shall comprise the
following:

(a) Free hospitalization and medical services to the poor and
those who have no means to avail of such services;

(b) Sustained provision for medicines or other aids to assist in the fast recovery of the patients;

(c) Patients receiving medical care/services/assistance under other programs such as the SSS, GSIS, Phil-Health, private insurance and the like shall not be entitled to any benefit under this program.

SECTION 3. *Office of the Regional Medical Care Program.* -

There is hereby created the Office of the Regional Medical Care Program (ORMCP) under the Department of Health which shall be headed by the Undersecretary for Regional Medical Care Program with the same qualification, rank and emolument of an undersecretary of health who shall be appointed by the President to serve for a term of not exceeding six (6) years who shall have the following powers and duties:

(a) To formulate, administer, manage and implement the free hospitalization and medical care program envisioned in this Act with the end in view of providing such services for free to poor patients;

(b) To determine and designate private hospitals in every region which may qualify to participate in the program as well as the number of indigent beneficiaries who deserve to be treated in such hospitals;

(c) To prepare and submit the budgetary requirements under the program based on the preceding fiscal year with upward adjustment not exceeding ten (10%) percent; provided, however, upon the initial implementation of the program, the budget shall be based on the amount allocated herein;

(d) To tap, deputize and enlist the services of the regular personnel of the Department of Health in every region as may be necessary to implement the program and enforce such rules and regulations as the head of the ORMCP may determine;

(e) To submit monthly operational reports to the Secretary of Health and the Oversight Committee of Congress on the hospitalization and medical services extended to the indigent patients as may aid in ascertaining the effectivity and viability of the program;

(f) To appoint additional personnel as shall be necessary to effectively carry out the objectives of the program in all the regions; provided, however, that they are civil service eligibles;

(g) To promulgate such rules and regulations to implement the provisions of this Act.

SECTION 4. *Program Management and Sectors Involved-* The program shall be managed and administered by the Undersecretary for Regional Medical Care and shall involve private hospitals in every region as are duly accredited under the program:

(a) After pre-qualification bidding, one (1) private hospital shall be accredited for every region which shall allocate 20% of its hospital beds for patients duly entitled to avail of the benefits under the program: provided, however, the accreditation may be cancelled if it is determined by the head that the services are poor or inadequate;

(b) Patients may be qualified as beneficiaries provided they do not own any real property or their annual gross income do not exceed One Hundred Thousand Pesos (P100,000.00);

(c) The regional office shall, upon admission of the patient in the accredited hospital, advise the central office of such admission to make available the funds for the purpose.

SECTION 5. *Funding and Appropriation-* The amount of Seven Billion Pesos (P 7,000,000,000.00) is hereby appropriated to carry out the purposes of this act to be taken from funds not otherwise appropriated but included in the proposed 2005 annual appropriation Act.

SECTION 6. *Effectivity-* This Act shall take effect upon its approval.

Approved _____