



SENATE

S. No. 1076

(IN SUBSTITUTION OF SENATE BILL NO. 199)

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PREPARED AND SUBMITTED JOINTLY BY THE COMMITTEES ON HEALTH AND DEMOGRAPHY; SOCIAL JUSTICE, WELFARE AND RURAL DEVELOPMENT; WAYS AND MEANS; AND FINANCE WITH SENATORS GO, VILLAR, PACQUIAO, GATCHALIAN, ANGARA, REVILLA, TOLENTINO, DELA ROSA, MARCOS, VILLANUEVA AND ZUBIRI AS AUTHOR THEREOF

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AN ACT ESTABLISHING MALASAKIT CENTERS IN ALL DEPARTMENT OF HEALTH (DOH) HOSPITALS IN THE COUNTRY AND IN THE PHILIPPINE GENERAL HOSPITAL (PGH), PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES

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

1           SECTION 1. *Short Title.* – This Act shall be known as  
2   the “*Malasakit Centers Act*”.

3           SEC. 2. *Declaration of Policies.* – It is the declared  
4   policy of the State to improve the delivery of health care

1 services to the people, and to ensure access to and  
2 efficiency in the process of availing medical and financial  
3 assistance to fund health services. Towards this end, the  
4 State shall:

5 (a) Adopt a multi-sectoral and streamlined approach  
6 in addressing health issues and affirm the inherently  
7 integrated and indivisible linkage between health and  
8 social services consistent with the whole-of-government,  
9 whole-of-society and whole-of-system framework of  
10 Republic Act No. 11223, otherwise known as the  
11 "Universal Health Care (UHC) Act";

12 (b) Ensure that patients experience compassion and  
13 empathy or "malasakit", and receive respect and dignity in  
14 the availment of health services; and

15 (c) Provide medical and financial assistance through a  
16 one-stop shop.

17 SEC. 3. *Definition of Terms.* – For purposes of this  
18 Act, the following terms shall mean:

19 (a) *DOH Hospital* refers to a hospital under the  
20 management and administration of the Department of

1 Health (DOH), including the four (4) corporate hospitals  
2 under the Secretary of Health, namely: Philippine Heart  
3 Center, Lung Center of the Philippines, National Kidney  
4 and Transplant Institute and the Philippine Children's  
5 Medical Center;

6 (b) *Financial Assistance* refers to monetary aid, in the  
7 form of guaranty letter, cash or check, which covers burial,  
8 transportation, and other allied assistance or physical aid,  
9 such as food, clothing, general assistive devices, given by  
10 agencies and mandated by existing laws, rules and  
11 regulations to provide such assistance;

12 (c) *Financially incapacitated patient* refers to a  
13 patient who is not classified as indigent but who  
14 demonstrates clear inability to pay or spend for necessary  
15 expenditures for one's medical treatment, such as patients  
16 with catastrophic illness or any illness, which is life or  
17 limb-threatening and requires prolonged hospitalization,  
18 extremely expensive therapies or other special but  
19 essential care that would deplete one's financial resources,  
20 as assessed and certified by the medical social worker;

1           (d) *Indigent Patient* refers to patient who has no  
2 visible means of income, or whose income is insufficient for  
3 the subsistence of his/her family, as assessed by the  
4 Department of Social Welfare and Development (DSWD),  
5 local government social worker or the medical social  
6 worker of the health facility;

7           (e) *Medical Assistance* refers to assistance for out-of-  
8 pocket expense in the form of coupon, stub, guaranty letter,  
9 promissory note or voucher that has monetary value, given  
10 directly to recipients or beneficiaries to be used for the  
11 purchase of drugs, medicines, goods or other services  
12 prescribed by the physician of a health facility for in- and  
13 out-patients;

14           (f) *One-Stop Shop* refers to a common site or location  
15 designated to receive and process requests for medical and  
16 financial assistance for indigent and financially  
17 incapacitated patients;

18           (g) *Out-of-pocket expense* refers to medical and  
19 surgical services arising from hospitalization not currently  
20 paid for or sufficiently covered by Philippine Health

1 Insurance Corporation (PhilHealth) benefits, insurance  
2 coverage, discounts, or other sources of similar nature;

3 (h) *Patient navigation* refers to directing and  
4 assisting an individual to obtain health care services and  
5 overcome barriers for timely, cost-effective and appropriate  
6 medical care; and

7 (i) *Philippine General Hospital (PGH)* refers to the  
8 state-owned tertiary hospital administered and operated  
9 by the University of the Philippines-Manila.

10 SEC. 4. *Malasakit Program.* – The DOH shall  
11 establish a Malasakit Program that all DOH hospitals and  
12 the PGH shall adopt and implement. It shall have the  
13 following objectives:

14 (1) Provide a policy framework for integrated people-  
15 centered health services that shall: (a) ensure and promote  
16 an organizational culture geared towards responsiveness;  
17 (b) ensure appropriate infrastructure and processes; and  
18 (c) promote client engagement and empowerment; and

19 (2) Ensure financial risk protection and alleviate the  
20 financial burden of indigent and financially-incapacitated

1 patients and families who avail of health services in public  
2 hospitals through financial and medical assistance  
3 provided by national government agencies, local  
4 government, non-government organizations, private  
5 corporations and individuals: *Provided*, That financially-  
6 incapacitated patients who seek health services in other  
7 public hospitals and private facilities are still eligible to  
8 avail of financial and medical assistance subject to the  
9 assessment and recommendation of the medical social  
10 worker.

11         The DOH shall provide policy direction and pertinent  
12 guidelines, in consultation with DSWD, Philippine Charity  
13 Sweepstakes Office (PCSO) and the PhilHealth to ensure  
14 and promote responsive and effective social service  
15 engagement in Malasakit Centers.

16         SEC. 5. *Malasakit Program Office*. – There shall be  
17 established a Malasakit Program Office in the DOH by  
18 augmenting, reclassifying and strengthening the existing  
19 Public Assistance Unit (PAU) of the DOH. The Malasakit

1 Program Office shall oversee the operations of the  
2 Malasakit Centers.

3 The DOH, in coordination with the Department of  
4 Budget and Management (DBM), shall ensure the creation  
5 of adequate and appropriate plantilla positions and  
6 staffing pattern to the Malasakit Program Office.

7 SEC. 6. *Malasakit Centers.* – There shall be  
8 established a Malasakit Center in all DOH hospitals and  
9 the PGH which shall:

10 (a) Serve as a one-stop shop for medical and financial  
11 assistance;

12 (b) Provide patient navigation and referral to the  
13 health care provider networks;

14 (c) Provide information with regard to membership,  
15 coverage and benefit packages in the National Health  
16 Insurance Program;

17 (d) Document, process, and utilize data from patient  
18 experience through a standardized form to shape  
19 institutional changes in the hospital;

1 (e) Provide capacity building and performance  
2 evaluation to ensure good client interaction; and

3 (f) Provide critical information on healthy behaviors  
4 and conduct health promotion activities in the hospital.

5 There shall be a special lane in each Malasakit  
6 Center for the exclusive use of senior citizens and persons  
7 with disabilities (PWDs).

8 The Malasakit Centers shall be non-partisan,  
9 convenient, free of charge, accessible, and shall have a  
10 standard system of availment of assistance.

11 Local Government Units (LGUs), State Universities  
12 and Colleges (SUCs), Department of National Defense  
13 (DND), Department of the Interior and Local Government  
14 (DILG) including the Philippine National Police (PNP),  
15 Department of Justice (DOJ) and other public hospitals  
16 may establish Malasakit Centers: *Provided*, That said  
17 hospitals meet the following standards and criteria:

18 (a) Guarantee the availability of funds for the  
19 operations of the Malasakit Centers, including its  
20 maintenance and other operating expenses, personnel



1 complement including staff training, performance  
2 assessment and monitoring;

3 (b) Ensure the adoption of the integrated people-  
4 centered health services; and

5 (c) Comply with other requirements to be prescribed  
6 by the DOH regarding service capacity and capability,  
7 location, among others.

8 Public hospitals with existing Malasakit Centers  
9 shall comply with the abovementioned standards and  
10 criteria. The DOH may augment Malasakit Centers  
11 personnel in other public hospitals subject to standards  
12 and criteria to be set by the DOH.

13 *SEC. 7. Administration of the Malasakit Centers. –*  
14 The incumbent Medical Director, Chief of Hospital or  
15 Medical Center Chief shall be designated as the Malasakit  
16 Centers Director, who shall oversee the proper  
17 management and efficient operation of the Malasakit  
18 Center. The Malasakit Center Director shall:

1           (a) Ensure the provision of appropriate space,  
2 furniture, equipment and fixtures based on the standard  
3 Malasakit Centers schematic plan to be provided by DOH;

4           (b) Promote harmony, coordination and cooperation  
5 among the participating agencies in the Malasakit Centers  
6 and strengthen the delivery of services by upholding the  
7 highest performance of duties and responsibilities; and

8           (c) Perform such other functions as may be necessary  
9 for the accomplishment of the objectives of the Malasakit  
10 Program.

11           The Malasakit Center Director shall assign the Head  
12 of the Medical Social Work Office as the Malasakit Center  
13 Operations Manager, who shall take charge of the day to  
14 day management and operations of the Malasakit Centers.  
15 The Malasakit Center Director, and Malasakit Center  
16 Operations Manager, shall receive no extra compensation.

17           SEC. 8. *Personnel Complement.* – The Malasakit  
18 Center shall be adequately staffed by medical social  
19 workers and support staff. The Medical Director, Chief of  
20 Hospital or Medical Center Chief shall appoint and assign

1 such other personnel as may be necessary for the effective  
2 operation of the Malasakit Centers.

3 Each Malasakit Center shall consist of duly  
4 designated representatives from DOH, DSWD, PCSO and  
5 PhilHealth. The DOH, DSWD and PCSO representatives  
6 shall process and approve the requests for medical and  
7 financial assistance. The PhilHealth representative shall  
8 assist in the availment of benefits and address other  
9 PhilHealth related concerns of patients.

10 The DOH, DSWD, PCSO, and PhilHealth are hereby  
11 authorized to create the required plantilla and staffing  
12 pattern necessary for the implementation of this Act in  
13 coordination with the DBM, Civil Service Commission  
14 (CSC), and the Governance Commission for Government  
15 Owned or Controlled Corporations (GCG), as the case may  
16 be.

17 The DOH and DSWD shall include in their budgetary  
18 submission to the DBM the required budget for the  
19 personnel services requirements of each Malasakit Center.  
20 Such budgetary requirement shall be included in the

1 budgets of the respective agencies in the General  
2 Appropriations Act.

3       SEC. 9. *Medical and Financial Assistance.* – The  
4 Malasakit Centers shall facilitate access to the following  
5 medical and financial assistance:

6       (a) The DOH medical assistance to indigent patients.  
7 Medical assistance to indigent and financially  
8 incapacitated patients shall be based on need as  
9 recommended by the medical social worker and the  
10 attending physician;

11       (b) The DSWD financial assistance, based on existing  
12 Assistance to Individuals in Crisis Situation (AICS)  
13 guidelines;

14       (c) The PCSO medical assistance under its existing  
15 programs, chargeable against its funds;

16       (d) Medical and financial assistance programs  
17 provided by other government agencies, local government  
18 units, non-government organizations, and private  
19 institutions and individuals.

1           Nothing in this Act shall limit access to or availability  
2 of medical and financial assistance only to indigent and  
3 financially incapacitated patients referred through  
4 Malasakit Centers.

5           The medical social worker shall assess the patient's  
6 eligibility and provide such patient with complete  
7 information of the type, form or character and degree or  
8 extent of welfare assistance that the patient may receive or  
9 benefit from various funding sources at the Malasakit  
10 Centers.

11           In cases of patients who are admitted in LGU and  
12 other public hospitals but who are otherwise eligible for  
13 medical and financial assistance under this Act, they may  
14 be extended such medical and financial assistance through  
15 the Malasakit Centers or through the government agencies  
16 concerned.

17           In case of non-availability of clinically indicated  
18 drugs, medicines, tests, services or procedures in DOH  
19 hospital, the DOH hospital may enter into a contract with  
20 DOH-accredited private health facility to provide the

1 needed drug, test, service or procedure to the patient,  
2 charged against the hospital, subject to the guidelines set  
3 by DOH.

4 The DOH, DSWD, PhilHealth and PCSO shall issue  
5 uniform guidelines for the proper implementation of  
6 medical and financial assistance to indigent and financially  
7 incapacitated patients, which shall include availment  
8 procedures, order of charging of payments, recording and  
9 reporting, and monitoring and evaluation.

10 In the implementation of this provision, the efficient  
11 and most streamlined delivery of assistance to all  
12 beneficiaries shall be the primary consideration. All rules,  
13 regulations, processes, and practices shall be formulated  
14 and implemented with the end in goal of achieving this  
15 purpose.

16 Nothing in this Act shall prohibit a patient or his/her  
17 representative from accessing and requesting medical and  
18 financial assistance directly from the abovementioned  
19 agencies.

1           SEC. 10. *Monitoring and Evaluation.* – The DOH  
2 shall conduct monitoring and evaluation to assess the  
3 responsiveness of Malasakit Centers, including a client  
4 satisfaction survey, utilizing indicators such as reduced  
5 waiting time, percentage of indigent and financially  
6 incapacitated patients served and percentage of complaints  
7 endorsed for action, among others.

8           SEC. 11. *Penal Provisions.* –

9           (a) A public official or employee who commits the  
10 following acts shall, after due notice and hearing, suffer  
11 the corresponding penalties as herein provided:

12           (1) Commits an unethical and fraudulent act or abuse  
13 of authority, shall be suspended for three (3) months  
14 without pay for the first offense and dismissal from service  
15 for the succeeding offense;

16           (2) Appropriates the funds of the Malasakit Program  
17 for personal use, or shall willingly or negligently consents  
18 either expressly or impliedly to the misappropriation of  
19 funds without objecting to the same and properly reporting  
20 the matter to the proper authorities, shall be liable for

1 misappropriation of the funds of the Malasakit Program,  
2 and shall be punished with a fine equivalent to triple the  
3 amount misappropriated per count and suspension of three  
4 (3) months without pay.

5 The abovementioned administrative penalties shall  
6 be without prejudice to the filing of criminal charges under  
7 Republic Act No. 3019, otherwise known as the "Anti-Graft  
8 and Corrupt Practices Act" and existing penal laws.

9 (b) Any person who commits fraud or  
10 misrepresentation as to his/her indigency or financial  
11 incapacity shall render the assistance void and shall make  
12 the person liable for twice the amount of assistance  
13 provided and suffer the penalty of imprisonment from six  
14 (6) months to not more than two (2) years.

15 (c) Any person who aids or abets the commission of  
16 the offense in the preceding paragraph shall suffer the  
17 penalty of imprisonment for one (1) day to not more than  
18 six (6) months.

19 SEC. 12. *Annual Report.* – The DOH, DSWD, PCSO  
20 and PhilHealth shall jointly submit to the Office of the



1 President of the Philippines, Senate Committee on Health  
2 and Demography, and the House of Representatives  
3 Committee on Health on or before the end of December of  
4 every year, or upon the request of any of the aforesaid  
5 offices, a report giving a detailed account of the status of  
6 the implementation of this Act.

7       SEC. 13. *Appropriations.* – The amount necessary for  
8 the establishment and operation of Malasakit Centers  
9 shall be included in the General Appropriations Act.

10       The amounts earmarked under Section 288-A of the  
11 National Internal Revenue Code, as amended, for medical  
12 assistance shall be appropriated under the DOH,  
13 specifically for medical assistance to indigent patients,  
14 portion of which shall be allotted for DOH hospitals and  
15 the PGH: *Provided*, That other public hospitals without  
16 Malasakit Centers shall continue to receive medical  
17 assistance from the DOH.

18       SEC. 14. *Implementing Rules and Regulations.* –  
19 Within ninety (90) days from the approval of this Act, the

1 DOH, PhilHealth, DSWD and PCSO shall jointly issue the  
2 implementing rules and regulations of this Act.

3 SEC. 15. *Separability Clause.* – Any portion or  
4 provision of this Act that is declared unconstitutional shall  
5 not have the effect of nullifying other portions or provisions  
6 hereof as long as such remaining portions can still subsist  
7 and be given effect in their entirety.

8 SEC. 16. *Repealing Clause.* – All laws, ordinances,  
9 rules, regulations, other issuances or parts thereof, which  
10 are inconsistent with this Act, are hereby repealed or  
11 modified accordingly.

12 SEC. 17. *Effectivity.* – This Act shall take effect fifteen  
13 (15) days after its publication in the *Official Gazette* or in a  
14 newspaper of general circulation.

Approved,