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SENATE

COMMITTEE REPORT No. 7

RECEIVED BY: 

Prepared and submitted jointly by the Committees on Health and Demography;
Social Justice, Welfare and Rural Development; Ways and Means; and Finance on
SEP 26 2019

Re : Senate Bill No. 1076

Recommending its approval in substitution of Senate Bill No. 199.

Sponsor : Senator Go

MR. PRESIDENT:

The Committees on Health and Demography; Social Justice, Welfare and Rural Development; Ways and Means; and Finance to which was referred Senate Bill No. 199, introduced by Senator Go, entitled:

AN ACT

INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE UNIVERSAL HEALTH CARE ACT BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC, AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

have considered the same and have the honor to report it back to the Senate with the recommendation that the attached Senate Bill No. 1076, entitled:

AN ACT

ESTABLISHING MALASAKIT CENTERS IN ALL DEPARTMENT OF HEALTH (DOH) HOSPITALS IN THE COUNTRY AND PROVIDING FUNDS THEREFOR

Be approved in substitution of Senate Bill No. 199 with Senator Go as author thereof.

Respectfully submitted:

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Committee on Social Justice, Welfare and Rural
Development

SEN. CHRISTOPHER BONG GO

Committee on Health and Demography
Vice Chairperson, Committee on Finance

SEN. SONNY ANGARA

Committee on Finance
Vice-Chairperson, Committee on Ways and Means

SEN. PIA S. CAYETANO

Committee on Ways and Means
Vice-Chairperson, Committee on Health and
Demography
Vice-Chairperson, Committee on Finance

VICE-CHAIRPERSONS

SEN. INEE R. MARCOS

Committee on Social Justice, Welfare and Rural
Development
Committee on Finance

SEN. MARIA LOURDES NANCY S. BINAY

Committee on Health and Demography
Committee on Social Justice, Welfare and Rural
Development

SEN. PANFILO M. LACSON

Committee on Finance

SEN. CYNTHIA A. VILLAR

Committee on Finance



SEN. WIN GATCHALIAN
Committee on Finance



SEN. JOEL VILLANUEVA
Committee on Finance

Risa Hontiveros
SEN. RISA HONTIVEROS
Committee on Finance

may interpellate.



SEN. RICHARD J. GORDON
Committee on Finance

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President Pro-Tempore



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Majority Leader



with reservation / will interpret / any
SEN. FRANKLIN M. DRILON
Minority Leader



Hon. VICENTE C. SOTTO III
Senate President
Senate of the Philippines
Pasay City

SENATE
S. B. No. 1076

'19 SEP 26 P 4 :25

(In substitution of SBN 199)

RECEIVED BY: 

Prepared and submitted jointly by the Committees on Health and Demography; Social Justice, Welfare and Rural Development; Ways and Means; and Finance with Senator Go as author thereof

AN ACT
ESTABLISHING MALASAKIT CENTERS IN ALL DEPARTMENT OF HEALTH (DOH) HOSPITALS IN THE COUNTRY AND PROVIDING FUNDS THEREFOR

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 the "Malasakit
2 *Centers Act.*"

3 **SEC. 2. Declaration of Policies.** - It is the declared policy of the State to
4 improve the delivery of health care services to the people, and to ensure financial
5 access to health services. Towards this end, the State shall:

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

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

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

14 **SEC. 3. Definition of Terms.** - For purposes of this Act, the following terms
15 shall mean:

16 (a) *DOH Hospital* refers to a hospital under the management and administration

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

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

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

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

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

26 (f) *One Stop Shop* refers to a common site or location designated to receive and
27 process requests for medical and financial assistance for indigent and
28 financially incapacitated patients;

29 (g) *Out-of-pocket expense* refers to medical and surgical services arising from
30 hospitalization not currently paid for or sufficiently covered by PhilHealth
31 benefits, insurance coverage, discounts, or other sources of similar nature;

32 (h) *Patient navigation* refers to directing and assisting an individual to obtain

1 health care services and overcome barriers for timely, cost-effective and
2 appropriate medical care.

3 **SEC 4. *Malasakit Program.*** - The DOH shall establish a Malasakit Program
4 that all DOH hospitals shall adopt and implement. It shall have the following
5 objectives:

- 6 1) Provide a policy framework for integrated people-centered health services in
7 DOH hospitals that shall: (a) ensure and promote an organizational culture
8 geared towards responsiveness; (b) ensure appropriate infrastructure and
9 processes; and (c) promote client engagement and empowerment; and
- 10 2) Ensure financial risk protection and alleviate the financial burden of indigent
11 and financially incapacitated patients and families who avail of health services
12 in public hospitals through financial and medical assistance provided by
13 national government agencies, local government, non-government
14 organizations, private corporations and individuals.

15 The DOH shall provide policy direction and pertinent guidelines, in
16 consultation with DSWD, Philippine Charity Sweepstakes Office (PCSO) and the
17 Philippine Health Insurance Corporation (PhilHealth) to ensure and promote
18 responsive and effective social service engagement in Malasakit Centers.

19 **SEC. 5. *Malasakit Program Office.*** – There shall be established a
20 Malasakit Program Office in the DOH by augmenting, reclassifying and strengthening
21 the existing Public Assistance Unit (PAU) of the DOH. The Malasakit Program Office
22 shall oversee the operations of the Malasakit Centers.

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

26 **SEC. 6. *Malasakit Centers.*** – There shall be established a Malasakit Center
27 in all DOH hospitals in the country which shall:

- 28 (a) Serve as a one-stop shop for medical and financial assistance;
- 29 (b) Provide patient navigation and referral to the health care provider
30 networks;
- 31 (c) Provide information with regard to membership, coverage and benefit
32 packages in the National Health Insurance Program;

- 1 (d) Document, process, and utilize data from patient experience through a
2 standardized form to shape institutional changes in the hospital; and
3 (e) Provide capacity building and performance evaluation that ensure good
4 client interaction.

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

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

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

- 14 (a) Guarantee the availability of funds for the operations of the Malasakit
15 Center, including its maintenance and other operating expenses,
16 personnel complement including staff training, performance assessment
17 and monitoring;
18 (b) Ensure the adoption of the integrated people-centered health services;
19 and
20 (c) Comply with other requirements to be prescribed by the DOH regarding
21 service capacity and capability, location, among others.

22 **SEC. 7. Administration of the Malasakit Center.** – The incumbent
23 Medical Director, Chief of Hospital or Medical Center Chief shall be designated as the
24 Malasakit Center Director, who shall oversee the proper management and efficient
25 operation of the Malasakit Center. The Malasakit Center Director shall:

- 26 (a) Ensure the provision of appropriate space, furniture, equipment and
27 fixtures based on the standard Malasakit Center schematic plan to be
28 provided by DOH;
29 (b) Promote harmony, coordination and cooperation among the participating
30 agencies in the Malasakit Centers and strengthen the delivery of services
31 by upholding the highest performance of duties and responsibilities; and
32 (c) Perform such other functions as may be necessary for the

1 accomplishment of the objectives of the Malasakit Program.

2 The Malasakit Center Director shall assign the Head of the Medical Social
3 Work Office as the Malasakit Center Operations Manager, who shall take charge of
4 the day to day management and operations of the Malasakit Center. The Malasakit
5 Center Director, and Malasakit Center Operations Manager, shall receive no extra
6 compensation.

7 **SEC 8. *Personnel Complement.*** – The Malasakit Center shall be
8 adequately staffed by medical social workers and support staff. The Medical
9 Director, Chief of Hospital or Medical Center Chief shall appoint and assign such
10 other personnel as may be necessary for the effective operation of the Malasakit
11 Centers.

12 Each Malasakit Center shall consist of duly designated representatives from
13 DOH, DSWD, PCSO and PhilHealth. The DOH, DSWD and PCSO representatives shall
14 process and approve the requests for medical and financial assistance. The
15 PhilHealth representative shall assist in the availment of benefits and address other
16 PhilHealth related concerns of patients.

17 The DOH, DSWD, PCSO, and PhilHealth are hereby authorized to create the
18 required plantilla and staffing pattern necessary for the implementation of this Act in
19 coordination with the DBM, Civil Service Commission (CSC), and the Governance
20 Commission for Government Owned or Controlled Corporations (GCG), as the case
21 may be.

22 The DOH and DSWD shall include in their budgetary submission to the DBM the
23 required budget for the personnel services requirements of each Malasakit Center.
24 Such budgetary requirement shall be included in the budgets of the respective
25 agencies in the General Appropriations Act.

26 **SEC. 9. *Medical and Financial Assistance.*** - The Malasakit Centers shall
27 provide access to the following medical and financial assistance:

28 (a) The DOH medical assistance to indigent patients. Medical assistance to
29 indigent and financially incapacitated patients shall be based on need as
30 recommended by the medical social worker and the attending physician;

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

1 (c) The PCSO medical assistance to indigent and financially incapacitated
2 patients under its existing programs, chargeable against its funds;

3 (d) Medical and financial assistance programs provided by other government
4 agencies, local government units, non-government organizations, and
5 private institutions and individuals.

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

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

14 In case of non-availability of clinically indicated drugs, medicines, tests,
15 services or procedures in DOH hospital, the DOH hospital may enter into a contract
16 with DOH-accredited private health facility to provide the needed drug, test, service
17 or procedure to the patient, charged against the hospital, subject to the guidelines
18 set by DOH.

19 The DOH, DSWD and PCSO shall issue guidelines for the proper
20 implementation of medical and financial assistance to indigent and financially
21 incapacitated patients, which shall include availment procedures, order of charging
22 of payments, recording and reporting, and monitoring and evaluation.

23 In the implementation of this provision, the efficient and most streamlined
24 delivery of assistance to all beneficiaries shall be the primary consideration. All rules,
25 regulations, processes, and practices shall be formulated and implemented with the
26 end in goal of achieving this purpose.

27 **SEC. 10. *Monitoring and Evaluation.*** - The DOH shall conduct monitoring
28 and evaluation to assess the responsiveness of Malasakit Centers, including a client
29 satisfaction survey, utilizing indicators such as reduced waiting time, percentage of
30 indigent and financially incapacitated patients served and percentage of complaints
31 endorsed for action, among others.

1 **SEC. 11. Donations from Non-Governmental Organizations and the**
2 **Private Sector.** - The DOH may solicit and receive donations from the private
3 sector for medical assistance to indigent and financially incapacitated patients. Such
4 donations shall be exempt from income or donor's tax and all other taxes, fees and
5 charges imposed by the government: *Provided,* That donations from the private
6 sector for a particular hospital shall only be used for the benefit of the patients of
7 the particular hospital: *Provided, further,* That the donations and grants shall only be
8 used for the purpose specified by the donor. As such, the donor may send his or her
9 representatives to the Malasakit Center for the provision of the medical assistance
10 donated by the donor in the particular hospital.

11 Receipts from donations, whether in cash or in kind, shall be accounted for in
12 the books of the DOH in accordance with accounting and auditing rules and
13 regulations. The receipts from cash donations and proceeds from sale of donated
14 commodities shall be deposited with the National Treasury and recorded as a special
15 account in the General Fund and shall be available to the DOH through a special
16 budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292.
17 Donations with a term not exceeding one (1) year shall be treated as trust receipts.

18 The DOH shall submit the quarterly reports of all donations received, whether
19 in cash or in kind, and expenditures or disbursements thereon with electronic
20 signature to the DBM, through the Unified Reporting System, and to the Speaker of
21 the House of Representatives, the President of the Senate of the Philippines, the
22 House Committee on Appropriations, the Senate Committee on Finance and the
23 Commission on Audit, by posting such reports on the DOH website for a period of
24 three (3) years. The head of the DOH shall send written notice to the said offices
25 when said reports have been posted on its website which shall be considered the
26 date of submission.

27 **SEC. 12. Penal Provisions.** –

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

31 (1) Commits an unethical and fraudulent act or abuse of authority, shall be
32 suspended for three (3) months without pay for the first offense and

1 dismissal from service for the succeeding offense;

2 (2) Appropriates the funds of the Malasakit Program for personal use, or
3 shall willingly or negligently consents either expressly or impliedly to the
4 misappropriation of funds without objecting to the same and properly
5 reporting the matter to the proper authorities, shall be liable for
6 misappropriation of the funds of the Malasakit Program, and shall be
7 punished with a fine equivalent to triple the amount misappropriated per
8 count and suspension of three (3) months without pay.

9 The abovementioned administrative penalties shall be without prejudice to
10 the filing of criminal charges under existing penal laws.

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

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

19 **SEC. 13. Annual Report.** – The DOH, DSWD, PCSO and PhilHealth shall
20 jointly submit to the Office of the President of the Philippines, Senate Committee on
21 Health and Demography, and the House of Representatives Committee on Health on
22 or before the end of December of every year, or upon the request of any of the
23 aforesaid offices, a report giving a detailed account of the status of the
24 implementation of this Act.

25 **SEC 14. Appropriations.** - The amount necessary for the establishment
26 and operation of Malasakit Centers shall be included in the General Appropriations
27 Act.

28 The amounts earmarked under Section 288-A of the National Internal
29 Revenue Code, as amended, for medical assistance shall be appropriated under the
30 DOH, specifically for medical assistance to indigent patients, portion of which shall
31 be allotted for DOH hospitals.

32

1 **SEC. 15. *Implementing Rules and Regulations.*** - Within ninety (90) days
2 from the approval of this Act, the DOH, PhilHealth, DSWD and PCSO shall jointly
3 issue the implementing rules and regulations of this Act.

4 **SEC. 16. *Separability Clause.*** - Any portion or provision of this Act that is
5 declared unconstitutional shall not have the effect of nullifying other portions or
6 provisions hereof as long as such remaining portions can still subsist and be given
7 effect in their entirety.

8 **SEC. 17. *Repealing Clause.*** - All laws, ordinances, rules, regulations, other
9 issuances or parts thereof, which are inconsistent with this Act, are hereby repealed
10 or modified accordingly.

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

Approved,