

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City



EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL No. 224

Introduced by
ACT Teachers Party-List Rep. FRANCE L. CASTRO,
BAYAN MUNA Party-List Rep. CARLOS ISAGANI T. ZARATE,
Rep. FERDINAND GAITE and Rep. EUFEMIA C. CULLAMAT,
GABRIELA Women's Party Rep. ARLENE D. BROSAS,
and KABATAAN Party-List Rep. SARAH JANE I. ELAGO

AN ACT
PROVIDING FOR FREE HEALTH SERVICES TO ALL FILIPINOS IN ALL GOVERNMENT
HOSPITALS, TREATMENT REHABILITATION CENTERS AND SANITARIA,
RURAL HEALTH UNITS, AND BARANGAY HEALTH CENTERS

EXPLANATORY NOTE

The people's right to health is one of the most basic human rights that should be assured to every Filipino, especially the poor and marginalized who comprise majority of the Philippine population. To ensure this to farmers and peasants, the urban poor, minimum wage workers and middle-level employees, and even underpaid professionals such as teachers, government should maintain a free and accessible public health care system—one that does not push them to pay for such a basic social service and not drive them deeper into poverty.

Unfortunately, the trends of heightened privatization of the health sector and increased out-of-pocket expenses have overtaken the need of the people for free health services.

Out-of-pocket health expenses incurred by Filipinos continue to rise through the years, reaching ₱372.8 billion in 2017 and accounting for 54.5% of the Current Health Expenditures (CHE) per household, according to the Philippine National Health

Accounts (PNHA) released by the Philippine Statistics Authority (PSA) in 2018. This is an increase of 8.8% on an annual basis. Half or 50.1% of the OOP—which include medicines and other medical products, outpatient medical care, dental care, diagnostic services, and hospital care—go to pharmacies. Families pay more than a fourth of the OOP (₱97.5 billion) to private general hospitals and 13.5% (₱97.5 billion) to ambulatory care or outpatient care.

In contrast to this, government schemes and compulsory contributory health-care financing schemes account for only 33% of CHE (₱225.9 billion), says the PSA. Another study points out that the per capita health expenditure for Filipinos in 2011 amounted to P6,090 in real terms. From 1991 to 2011, OOPs have increased at a faster rate than government spending, at annual averages of 6.3% and 3.9%, respectively.¹

This means that families buy most of medicines and secure health services from private drugstores, hospitals, and clinics rather than public health institutions.

People being forced to go to the private sector for check-ups, hospitalization, medicines, and other health needs is a major cause of affliction of household members to communicable diseases, noncommunicable diseases, other health conditions, and death.

This measure proposes to bring our hospitals, rural health units, barangay centers, and other health institutions closer to the people, by ensuring free health services and therefore cutting drastically the out-of-pocket health expenses of households. This follows the victory of the long-standing campaign for free tertiary education which reversed the policy of tuition-paying as a general rule in state universities and colleges and technical-vocational institutions—a victory this bill hopes to echo. Indeed, if government can do it for the fundamental right to education, it can—and *should*—do the same for the people's basic right to health.

This is a better solution than further budget cuts for hospitals and other health institutions, heavy reliance on and funding for health insurance, devolution of health services, corporatization and privatization of the health sector—all of which have crippled our public hospitals, the rest of the public health system, and the poor and marginalized sectors who rely on them.

¹ *Analysis of Out-of-Pocket Expenditures in the Philippines*, PIDS, 2012, Ulep and Dela Cruz

For these reasons, passage of this bill is earnestly sought.



Rep. FRANCE L. CASTRO

ACT Teachers Party-List



Rep. CARLOS ISAGANI T. ZARATE

BAYAN MUNA Party-List



Rep. FERDINAND GAITE

BAYAN MUNA Party-List



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GABRIELA Women's Party



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

SECTION 1. Title. – This Act shall be known as ***“The Free Health Services for the People Act.”***

SECTION 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of the people.

SECTION 3. Free public health services in all government hospitals and health facilities. – All public health services rendered to patients and individuals with health-related needs in all government hospitals, treatment rehabilitation centers and sanitarium, rural health units, and barangay health centers shall be made free of charge.

For purposes of this Act, a government hospital pertains to a general hospital owned, established, and created by law devoted to clinical, emergency, outpatient,

and ancillary and support services, as well as a specialty hospital devoted to the diagnosis and treatment of particular diseases. A government hospital may be under the supervision of an agency of national government such as the Department of Health (DOH), the Department of National Defense (DND), the Philippine National Police (PNP), and the Department of Justice (DOJ), or operated by state universities and colleges (SUCs), government-owned or -controlled corporations (GOCCs), or local government units (LGUs).

Health services include but are not limited to consultation, confinement, medicines, and laboratory, diagnostic, and all other hospital services.

SECTION 4. *Implementation.* – The Department of Health shall ensure compliance by the concerned hospitals and facilities of the provisions of this Act.

SECTION 5. *Appropriations.* – The amount necessary to carry out the initial implementation of this Act shall be charged against the current year's appropriation of the agency having supervision over the hospital. Thereafter, the amount necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

The Department of Budget and Management shall include in the annual national expenditure program the proposals of the concerned hospitals and health institutions for budgets of maintenance and other operating expenses and capital outlay necessary to extend to their patients the free services provided under this Act.

SECTION 6. *Separability Clause.* – If for any reason any section or provision of this Act is declared unconstitutional, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

SECTION 7. *Repealing Clause.* – Any Laws, decrees, or laws, decrees, or rules and regulations which are inconsistent with or contrary to the provisions of this Act are hereby amended or repealed.

SECTION 8. *Effectivity.* – This Act shall take effect fifteen (15) days from the publication in the Official Gazette or in any newspaper of general circulation.

Approved,