EXPLANATORY NOTE

Article II, Section 15 of the 1987 Philippine Constitution declares that the "State shall protect and promote the right to health of the people and instill consciousness among them." However, until today, most of the Filipinos, especially those living in far-flung areas have not access to basic health services.

This proposed measure intends to reduce, if not eliminate, out-of-pocket expenditures of indigent and poor patients including non-medical expenses like transportation costs through the establishment of Malasakit Centers. This bill seeks to establish, maintain and operate Malasakit Centers in all Department of Health (DOH) hospitals in the country which will house desk representatives from the Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD) and DOH.

It is high time that we put accessible health services at the forefront for every Filipino as this is necessary to secure and protect a nation.
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:

SECTION 1. Short Title. – This Act shall be known as the “Malasakit Centers Act of 2019”

SECTION 2. Declaration of Policy. – It is hereby declared the policy of the State to improve the delivery of basic health care services to the people, especially to the poor, and to ensure financial access to health services.

SECTION 3. Malasakit Program. – The Department of Health (DOH) shall establish a Malasakit Program that all DOH Hospitals shall adopt and implement. It shall have the following objectives:

1. Provide a policy framework for integrated people-centered health services in DOH hospitals that shall:
   a. Ensure and promote an organizational culture geared towards responsiveness;
   b. Ensure appropriate infrastructure and process;
   c. Promote client engagement and empowerment; and

2. Ensure financial risk protection and alleviate the financial burden of indigent and financially incapacitated patients and families who avail of health services in public hospitals through financial and medical assistance provided by national government agencies, local government, non-governmental organizations, private corporations and individuals.

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

SECTION 4. Malasakit Program Office. – There shall be established a Malasakit Program Office in the DOH by augmenting, reclassifying and strengthening the existing Public Assistance Unit (PAU) of the DOH. The Malasakit Program Office shall oversee the operations of the Malasakit Centers.

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

SECTION 5. Malasakit Centers. There shall be established a Malasakit Center in all DOH hospitals in the country which shall:

a. Serve as a one-stop shop for medical and financial assistance;
b. Provide patient navigation and referral to the health care provider networks;
c. Provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program;
d. Document, process, and utilize data from patient experience through a standardized form to shape institutional changes in the hospital; and
e. Provide capacity building and performance evaluation that ensure good client interaction.

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

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

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

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

SECTION 6. Medical and Financial Assistance. - The Malasakit Centers shall provide
access to the following medical and financial assistance:

a. The DOH medical assistance to indigent patients. Medical assistance to indigent
and financially incapacitated patients shall be based on need as recommended by
the medical social worker and the attending physician;
b. The DSWD financial assistance, based on existing Assistance to Individuals in
Crisis Situation (AICS) guidelines;
c. The PCSO medical assistance to indigent and financially incapacitated patients
under its existing programs, chargeable against its funds;
d. Medical and financial assistance programs provided by other government
agencies, local government units, non-government organizations, and private
institutions and individuals.

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

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

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

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

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

SECTION 7. Appropriations. The amount necessary for the establishment and
operation of Malasakit Centers shall be included in the General Appropriations.
SECTION 8. Implementing Rules and Regulations. - Within ninety (90) days from the approval of this Act, the DOH, PhilHealth, DSWD and PCSO shall jointly issue the implementing rules and regulations of this Act.

SECTION 9. Separability Clause. - If any provision, or part hereof, is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

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

SECTION 11. Effectivity Clause. - This Act shall take effect fifteen (15) days after its publication in at least two (2) newspaper of general circulation.

Approved,