

12 JUN 25 2016

Introduced by Senator Edgardo J. Angara

**A RESOLUTION DIRECTING THE SENATE'S COMMITTEE ON HEALTH TO
INQUIRE AND INVESTIGATE IN AID OF LEGISLATION THE PHILIPPINE
HEALTH INSURANCE CORPORATION'S INADEQUATE HEALTH CARE
DELIVERY SYSTEM AND ALLEGED FRAUDULENT CLAIMS AGAINST
FIDUCIARY FUNDS**

WHEREAS, Section 11, Article XIII of the 1987 Constitution of the Republic of the Philippines declares that "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost."

WHEREAS, Section 2, Article I of Republic Act 7875 "An Act Instituting a National Health Insurance Program for All Filipinos and Establishing the Philippine Health Insurance Corporation for the Purpose" specifies Universality and Fiduciary Responsibility as two of the guiding principles of a National Health Insurance Program.

WHEREAS, the Aquino Health Agenda and the DOH's Kalusugan Pangkalahatan both recognize low financial protection for the poor and low access by the poor to quality health services as basic health system problems that have to be addressed

WHEREAS, according to a study by Dr. Ramon Paterno of the University of the Philippines Manila, the Philippine Health Insurance Corporation's (PhilHealth) coverage hovered around 50 percent for many years, dramatically shot up to 83.2 percent in 2004 and decreased to 64.1 percent in 2005; such coverage being highly dependent on the National Government's subsidy for the sponsored program

WHEREAS, the same study posits that the depth of coverage is shallow, mostly providing inpatient benefits but minimal outpatient benefits, and the financial protection is low, with only 40 to 50 percent of hospitalization costs being reimbursed

WHEREAS, it was reported that PhilHealth has suffered unnecessary losses of about four billion pesos (Php 4,000,000,000.00) due to fraudulent reimbursements and claims

WHEREAS, earlier this year, it was discovered that one hundred fourteen million (Php 14,000,000.00) worth of PhilHealth contributions of a BPO company went missing with the alleged involvement of PhilHealth employees

NOW THEREFORE, BE IT RESOLVED, AS IT IS HEREBY RESOLVED THAT THE SENATE COMMITTEE ON HEALTH, BE DIRECTED TO INQUIRE AND INVESTIGATE IN AID OF LEGISLATION THE PHILIPPINE HEALTH INSURANCE CORPORATION'S INADEQUATE HEALTH CARE DELIVERY SYSTEM AND ALLEGED FRAUDULENT CLAIMS AGAINST FIDUCIARY FUNDS

Adopted


EDGARDO J. ANGARA