

S. No. 1076

H. No. 5477

Republic of the Philippines  
**Congress of the Philippines**  
Metro Manila

Eighteenth Congress

First Regular Session

Begun and held in Metro Manila, on Monday, the twenty-second day of July, two thousand nineteen.



[ REPUBLIC ACT NO. 11463 ]

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:*

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

SEC. 2. *Declaration of Policies.* – It is the declared policy of the State to improve the delivery of health care services to the people, and to ensure access to and efficiency in the process of availing medical and financial assistance to fund health services. Towards this end, the State shall:

(a) Adopt a multi-sectoral and streamlined approach in addressing health issues and affirm the inherently integrated

and indivisible linkage between health and social services consistent with the whole-of-government, whole-of-society and whole-of-system framework of Republic Act No. 11223, otherwise known as the “Universal Health Care (UHC) Act”;

(b) Ensure that patients experience compassion and empathy or *Malasakit*, and receive respect and dignity in the availment of health services; and

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

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

(a) *DOH Hospital* refers to a hospital under the management and administration of the Department of Health (DOH), including the four (4) corporate hospitals under the Secretary of Health, namely: the Philippine Heart Center, Lung Center of the Philippines, National Kidney and Transplant Institute and the Philippine Children’s Medical Center;

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

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

(d) *Indigent Patient* refers to patient who has no visible means of income, or whose income is insufficient for the

subsistence of his/her family, as assessed by the Department of Social Welfare and Development (DSWD), local government social worker or the medical social worker of the health facility;

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

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

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

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

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

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

(a) Provide a policy framework for integrated people-centered health services that shall: (1) ensure and promote an organizational culture geared towards responsiveness; (2) ensure appropriate infrastructure and processes; and (3) promote client engagement and empowerment; and

(b) 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, nongovernment organizations, private corporations and individuals: *Provided*, That financially incapacitated patients who seek health services in other public hospitals and private facilities are still eligible to avail of financial and medical assistance subject to the assessment and recommendation of the medical social worker.

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

**SEC. 5. *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.

**SEC. 6. *Malasakit Centers.*** – There shall be established a Malasakit Center in all DOH hospitals and the PGH 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;

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

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

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.

The 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:

(1) Guarantee the availability of funds for the operations of the Malasakit Centers, including its maintenance and other operating expenses, personnel complement including staff training, performance assessment and monitoring;

(2) Ensure the adoption of the integrated people-centered health services; and

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

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

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

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

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

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

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

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

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

The DOH, DSWD, PCSO, and the PhilHealth are hereby authorized to create the required plantilla and staffing pattern

necessary for the implementation of this Act in coordination with the DBM, Civil Service Commission (CSC), and the Governance Commission for Government Owned or Controlled Corporations (GCG), as the case may be.

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

**SEC. 9. *Medical and Financial Assistance.*** – The Malasakit Centers shall facilitate 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 under its existing programs, chargeable against its funds;

(d) Medical and financial assistance programs provided by other government agencies, LGUs, nongovernment organizations, and private institutions and individuals.

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

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 Centers.

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 or through the government agencies concerned.

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 the DOH.

The DOH, DSWD, PhilHealth and the PCSO shall issue uniform 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.

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

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

*SEC. 11. Penal Provisions.* –

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



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

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

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

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

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

**SEC. 12. *Annual Report.*** – The DOH, DSWD, PCSO and the PhilHealth shall jointly submit to the Office of the President of the Philippines, Senate Committee on Health and Demography, and the House of Representatives Committee on Health on or before the end of December of every year, or upon the request of any of the aforesaid offices, a report giving a detailed account of the status of the implementation of this Act.

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

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

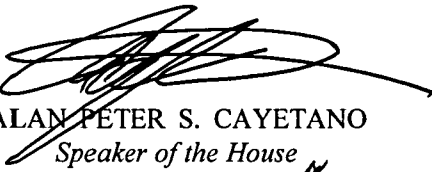
SEC. 14. *Implementing Rules and Regulations.* – Within ninety (90) days from the approval of this Act, the DOH, PhilHealth, DSWD and the PCSO shall jointly issue the implementing rules and regulations of this Act.

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

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

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

Approved,

  
ALAN PETER S. CAYETANO  
*Speaker of the House  
of Representatives*

  
VICENTE C. SOTTO III  
*President of the Senate*

This Act was passed by the Senate of the Philippines and the House of Representatives on November 11, 2019 and November 18, 2019, respectively.

*Jose Luis G. Montales*  
JOSE LUIS G. MONTALES  
*Secretary General*  
*House of Representatives*

*Myra Marie D. Villarica*  
MYRA MARIE D. VILLARICA  
*Secretary of the Senate*

Approved: DEC 03 2019



*Rodrigo Roa Duterte*  
RODRIGO ROA DUTERTE  
*President of the Philippines*



REPUBLIC OF THE PHILIPPINES  
PRRD 2016 - 013339

0