

Comments on the ***Draft IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 11223, “AN ACT INSTITUTING UNIVERSAL HEALTH CARE FOR ALL FILIPINOS, PRESCRIBING REFORMS IN THE HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS THEREFOR”***

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General Recommendation

The draft Implementing Rules and Regulations of the Universal Health Care Act (Republic Act No. 11223) provides detailed rules and regulations to operationalize the provisions of the Act, but specific sections need to be clarified to further increase the probability of attaining the UHC Act’s declared goals.

IRR Section (Unless otherwise stated)	Comments
Section 6.8. The DOH, the Professional Regulation Commission (hereinafter referred as PRC), PhilHealth shall promulgate guidelines on the licensing of primary care providers and the registration of every Filipino to a primary care provider within 90 days from the effectivity of these Rules, provided that: [...]	Sections 6.9.a to 6.8.c specifies the specific roles of the DOH and PhilHealth with regard to Section 6.8. It will be useful to also specify the specific roles of the PRC under this specific Section of the IRR.
Section 8. NHIP Membership Section 8.2. Direct contributors, including their qualified dependents as defined in Section 4 of these Rules, shall be composed but not limited to the following: [...] Section 8.2.e. Filipinos living abroad with or without Dual citizenship	It will be useful to specify how premium contributions by Filipinos living abroad will be collected given that (1) they are not in the Philippines, and (2) may not always travel back to the Philippines, or (3) seldom visit Philippine consulates or embassies abroad if at all. Further, since these Filipinos are living abroad but are required to contribute as paying members, it may need to be clarified how they will benefit from universal health coverage under the National Health Insurance Program. Finally, some Filipinos living abroad may already have health insurance coverage at their place of residence. The additional levy on these Filipinos living abroad may be an unnecessary burden on them if the stated objective is to guarantee “equitable access to quality and affordable health care goods and services, and protected against financial risk (RA 11223, Section 3(b))”, which they may already be enjoying.
Section 8. NHIP Membership Section 8.2. Direct contributors, including their qualified dependents as defined in Section 4 of these Rules, shall be composed but not limited to the following: [...]	It may need to be clarified how senior citizens who are also lifetime members will be classified in the UHC Act. Under RA 7875 as amended by RA 10606, lifetime members “need not pay the monthly contributions to be entitled to the Program’s benefits.” Does the inclusion of lifetime members as direct contributors, which require them to contribute directly to the NHIP

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<p>Section 8.2.f. Lifetime member</p> <p>Section 8.4 Indirect contributors, including their qualified dependents as defined in</p> <p>Section 4, shall be composed of the following, but not limited to: [...]</p> <p>Section 8.4.c. Senior citizens</p> <p>RA 11223. Section 9. Entitlement to Benefits. Every member shall be granted immediate eligibility for health benefit package under the program: ... Provided, finally, That the current PhilHealth package for members shall not be reduced.</p>	<p>per Section 10, violate or repeal the relevant section in RA 7875 as amended?</p>
<p>RA 11223. Section 9. Entitlement to Benefits.... PhilHealth shall provide additional Program benefits for direct contributors, where applicable: Provided, That failure to pay premiums shall not prevent the enjoyment of any Program benefits: Provided, further, That employers and self-employed direct contributors shall be required to pay all missed contributions with an interest, compounded monthly, of at least three percent (3%) for employers and not exceeding one and one-half percent (1.5%) for self-earning, professional practitioners, and migrant workers.</p>	<p>In the IRR, the ordering of the specific provision in the Act is reversed, wherein the provision for “additional Program benefits for direct contributors” is provided as Section 9.14, the last provision under Section 9, while the additional supporting provisions in the UHC Act is stated earlier as IRR Sections 9.2 and 9.3. Is this the intention of the Act? While the social health insurance system is designed to pool resources across a wide population in order to provide insurance coverage against health risks, it is also desirable to consider economic efficiency in the provision of services. With a 5% tax on up to PhP100,000 monthly incomes starting by 2024 (Section 10.1), it is imperative that the additional benefits to direct contributors be outlined clearly, especially that the alternative to SHI, i.e., HMO, may be availed of at much affordable rates. Further, Section 9.14 provides the incentive for direct contributors to not renege on their important role of directly financing the country’s NHIP, notwithstanding the defined potential penalties otherwise.</p> <p>It must be emphasized that direct contributors may also be indirectly paying for the premium contribution paid by the national government for indirect contributors through the other taxes levied on direct contributors. While our current demographic profile may be able to tolerate such burden on the economically active population, this may not be so as the country transitions into more advanced population ageing. Thus, there is a need to provide additional incentive for contributing members to continue paying their due.</p>

<p>Section 10.4. For every increase in the rate of contribution of direct contributors and premium subsidy of indirect contributors, PhilHealth shall provide for a corresponding increase in benefits, subject to financial sustainability.</p>	<p>The highlighted phrase is not included in the original text of Section 10 of the UHC Act, and may be contrary to the intention of the Act.</p>
<p>Section 17.2 Health services shall be classified as population-based health services if they fulfill any of the following criteria: [...]</p> <p>Section 17.2.c. Intended to impact the social determinants of health underlying causes of illness.</p> <p>Section 20.3. As determined and approved by the Provincial, HUC, or ICC Health Board, the SHF [Special Health Fund] shall be allocated for</p> <p>Section 20.3.a. Population-based and individual-based health services</p>	<p>Does this mean that the social health fund of province- and city-wide health systems may be used for poverty alleviation, employment and other social services and programs to the extent that these services and/or programs address various social determinants of health? If not, an administrative mechanism guaranteeing that the SHF will not be used for these particular services may need to be specified explicitly in the IRR to guard the SHF against potential misuse.</p>
<p>Section 21. Income derived from PhilHealth payments</p> <p>Section 21.1. All income derived from PhilHealth payments shall accrue to the Special Health Fund to be allocated by the LGUs exclusively for the improvement of the province-, HUC- and ICC-wide health systems.</p>	<p>It may need to be explicitly stated that the income derived from PhilHealth payments accruing to the SHF refers only to those due to the province-, HUC- and ICC-wide health system, and not to other health care provider networks if that is the intention of the specific provision.</p>
<p>Section 26. Return service agreement</p> <p>Section 26.1. All graduates of allied and health-related courses who are recipients of government-funded scholarship programs, as defined in Section 25 of these Rules, must enter into a return service agreement (RSA) with both the academic or training institution or training facility and the DOH....</p>	<p>Does this include beneficiaries of the free higher education under RA 10931 or the Universal Access to Quality Tertiary Education Act, and other modalities specified under RA 10687 or the Unified Student Financial Assistance System for Tertiary Education Act?</p>
<p>Section 28. Affordability</p> <p>Section 28.29. Drug outlets are required at all times to make available and offer fairly priced generic equivalent of all drugs in the DOH Primary Care Formulary....</p>	<p>The concept of fair price needs to be defined explicitly.</p>