

History of the Universal Health Care (UHC) Act

House of Representatives

- House Bills (HB):
 - HB 225 by Hon. Herminio "Harry" L. Roque
 - HB 1875 by Hon. Vilma Santos-Recto
 - HB 5120 by Hon. Ron P. Salo
- A Substitute Bill was filed, HB 5784 by Hon. Angelina "Helen" D.L. Tan, consolidating all the previous House Bills.
- HB 5784 passed the third and final reading in the House of Representatives on September 2017.

Senate

- Senate Bills (SB):
- SB 60 by Sen. Ralph Recto
 - SB 1458 by Sen. JV Ejercito
 - SB 1673 by Sen. Sonny Angara
 - SB 1714 by Sen. Risa Hontiveros



The UHC Bill is set for first plenary hearing this May 2018.

The DOH Proposed Executive Version of the UHC Bill

The Executive Version of the UHC Bill was developed by 4 Technical Working Groups (TWGs) corresponding to the four pillars of the F1+ for Health. The following are the key provisions:

FINANCING PILLAR

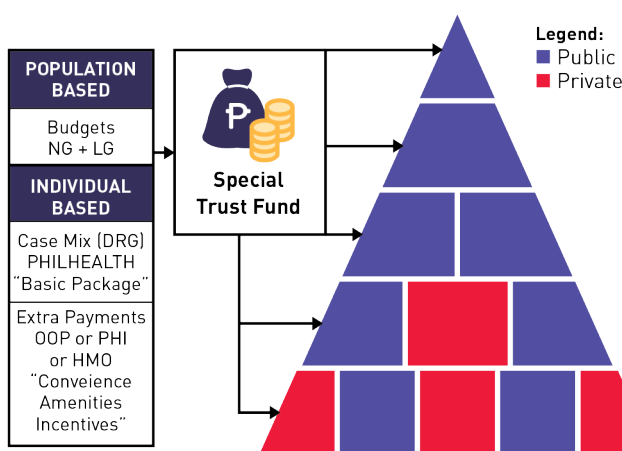
- Simplifying PhilHealth membership into two groups: **direct contributory** (premium contributions from payroll) and all others as **indirect contributory** (fully subsidized premium from tax collections)
- Ensuring full PhilHealth cost coverage for **medical package + basic amenities**, and private insurance / OOP to cover for all additional amenities as fixed co-payment / co-insurance, and co-regulating private health insurance and health maintenance organizations (HMOs) to ensure benefit complementation (see table on right)
- Shifting to **prospective, performance-based** provider payment mechanisms with built-in cost containment

Legend: PHIC OOP/PHI	Medical Package	Amenities	X-Factor	Total Bill	
	A	B	C	A+B+C	
Class C (Private)	15,000	3600* + 1800 (50% * B)	9,300 [50%*(A+B)]	18,600 11,100	29,700
Class B (Semi-Private)	15,000	3600* + 720 (20% * B)	3,720 [20%*(A+B)]	18,600 4,440	23,040
Class A (Ward)	15,000	3600*	N/A	18,600	18,600

*Assume 1200 x 3 days = P3,600

SERVICE DELIVERY PILLAR

- Designating a **primary care provider** for all Filipinos, who shall act as gatekeeper and coordinator of care
- Forming, licensing, and contracting public and private **Service Delivery Networks (SDN)**, as the basic unit of service delivery, to provide both population-based and individual-based services (see figure on right)
- Mandating **income retention** for all government health facilities and setting up of **special health fund** for all publicly-led SDNs



REGULATION PILLAR

- Developing **preferential** licensing and contracting mechanisms to encourage establishment of facilities in underserved areas, and expanding the DOH regulatory mandate to determine **bed capacity** and **bed ratios** for all facilities
- Requiring **return service** of at least 2 years in an underserved SDNs for all health professional graduates of public universities, establishing a National Health Workforce Support Pool that will ensure equity in the distribution of human resources particularly to underserved areas
- Centralized price negotiation** for single-source drugs, and framework contracting

GOVERNANCE PILLAR

- Classifying entitlements and clarifying **purchasing roles** (see table on the right)
- Institutionalizing **Health Technology Assessment** to guide policy and program development of DOH and coverage decisions of PhilHealth, and mandating **Health Impact Assessments** for any projects, programs, and/or policies that are health-related or may have impact on the health sector
- Streamlining of PhilHealth Board of Directors with better entry criteria and reorganization of corporate structure focused on benefit development and administration instead of membership and collection
- Mandating submission** of clinical, costing, price date for all health care providers

INTERVENTION	EXAMPLE	PAYER
Population-based	Fumigation, bed nets, mass drug administration	DOH & LGU
Individual-based	Ambulatory, Inpatient care, Medicines	PhilHealth, Private Insurance, HMO, Household Out-of-Pocket
Non-Direct	Halfway house, Transportation	DSWD
EXPENDITURE CLASS		PAYER
MOOE	BASIC Accommodation	PhilHealth (as as prospective payments)
	NON-BASIC Accommodation "Convenience Amenities"	Private Insurance, HMO, Household Out-of-Pocket
PERSONNEL SERVICES		DOH, LGU (as salaries from budget)
CAPITAL EXPENDITURES		LGU, DOH (as HFEP)

How do F1+ for Health and UHC Bill complement each other?

A0 on Fourmula One + for Health

UHC Bill Executive Version

Pragmatic and Immediately Implementable

- Does not require change in legislation
- Should address **operational** bottlenecks
- Sufficient groundwork and buy-in
- Results are tangible and generate public support

Realistically Ambitious and Implementable in Phases

- Requires change in legislation
- Should address **policy** bottlenecks
- Sufficient evidence for broad policy statements, full details in IRR
- Results may come in medium to long-term

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Advancing Health through Evidence-Assisted Decisions with Health Policy and Systems Research (AHEAD-HPSR)

operationalizes F1+ for Health's commitment to instill a culture of research and strengthen internal analytic capacity in the Department of Health and build health policy systems research capacity within the sector.

AHEAD is a collaboration between the Department of Health and the Philippine Council for Health Research and Development

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