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Name of Respondents:
 Name of Institution:

RA 11463	DRAFT 1_VerJan30	Comments
	<p align="center">IMPLEMENTING RULES AND REGULATIONS (IRR) OF THE REPUBLIC ACT NO. 11463, OTHERWISE KNOWN AS THE MALASAKIT CENTERS ACT</p>	
	<p>Pursuant to Section 14 of Republic Act No. 11463 otherwise known as the “Malasakit Centers Act”, the following Rules and Regulations are hereby jointly promulgated by the Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD), and Philippine Charity Sweepstakes Office (PCSO)</p>	
	<p>Rule I: Introductory Provisions 1. Short Title 2. Declaration of Policy 3. Definition of Terms Rule II. The Malasakit Center Program Rule III. Malasakit Program Office Rule IV. Malasakit Centers 1. Establishment of Malasakit Centers 2. Administration of the Malasakit Centers 3. Personnel Complement 4. Medical and Financial Assistance Rule V. Monitoring and Evaluation Rule VI. Penal Provisions Rule VII. Final Provisions 1. Annual Report 2. Appropriations 3. Rules of Interpretation</p>	

	<p>4. Amendment Clause 5. Separability Clause 6. Repealing Clause 7. Effectivity</p>	
<p>Section 1. Short Title.- This Act shall be known as the "Malasakit Centers Act".</p>	<p style="text-align: center;">RULE I Introductory Provisions</p> <p>SEC 1. Short Title. - These rules and regulations shall be known as the Implementing Rules and Regulations (IRR) of "Malasakit Centers Act".</p>	
<p>Section 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 financial access to and efficiency in the process of availing medical and financial assistance to fund health services. Towards this end, the State shall:</p> <p>(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";</p> <p>(b) Ensure that patients experience compassion and empathy or Malasakit, and receive respect and dignity in the availment of health services; and</p> <p>(c) Provide medical and financial assistance</p>	<p>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 financial access to and efficiency in the process of availing medical and financial assistance to fund health services. Towards this end, the State shall:</p> <p>(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";</p> <p>(b) Ensure that patients experience compassion and empathy or Malasakit, and receive respect and dignity in the availment of health services; and</p>	

<p>through a one-stop shop.</p>	<p>(c) Provide medical and financial assistance through a one-stop shop.</p>	
<p>SEC. 3. Definition of Terms. - For purposes of this Act, the following terms shall mean:</p> <p>(a) <i>DOH Hospital</i> 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: Philippine Heart Center, Lung Center of the Philippines, National Kidney and Transplant Institute and the Philippine Children's Medical Center;</p> <p>(b) <i>Financial Assistance</i> 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;</p> <p>(c) <i>Financially incapacitated patient</i> 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;</p> <p>(d) <i>Indigent Patient</i> refers to patient who has no</p>	<p>SEC 3. Definition of Terms. - Consistent with the Act, the following terms shall have the corresponding meanings:</p> <p>(a) <i>DOH Hospital</i> 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 Philippine Heart Center, Lung Center of the Philippines, National Kidney and Transplant Institute and the Philippine Children's Medical Center;</p> <p>(b) <i>Financial Assistance</i> refers to monetary aid, in the form of guaranty letter, cash or check, or any other form, 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;</p> <p>(c) <i>Financially Incapacitated Patient</i> 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;</p>	

<p>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;</p> <p>(e) <i>Medical Assistance</i> refers to assistance for out-of-pocket expenses 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;</p> <p>(f) <i>One-Stop Shop</i> refers to a common site or location designated to receive and process requests for medical and financial assistance for indigent and financially incapacitated patients;</p> <p>(g) <i>Out-of-pocket expenses</i> refers to medical and surgical services arising from hospitalization not currently paid for or sufficiently covered by Philippine Health Insurance Corporation (PhilHealth) benefits, insurance coverage, discounts, or other sources of similar nature</p> <p>(h) <i>Patient navigation</i> refers to directing and assisting an individual to obtain health care services and overcome barriers for timely, cost-effective and</p>	<p>(d) <i>Indigent Patient</i> 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;</p> <p>(e) <i>Medical Assistance</i> refers to assistance for out-of-pocket expenses in the form of coupon, stub, guaranty letter, promissory note, voucher, or any other form that has monetary value, given directly to recipients or beneficiaries indicative of assistance on drugs, medicines, goods or other medically related needs prescribed by the physician of a health facility for in- and out-patients;</p> <p>(f) <i>One-Stop Shop</i> refers to a common site or location within the premises of the hospital, where the different participating agencies receive and process requests for medical and financial assistance for indigent and financially incapacitated patients;</p> <p>(g) <i>Out-of-pocket Expenses</i> refer to the cost of medical and surgical services arising from hospitalization not currently paid for or sufficiently covered by Philippine Health Insurance Corporation (PhilHealth) benefits, insurance coverage, discounts, medical assistance or other sources of similar nature;</p> <p>(h) <i>Patient Navigation</i> refers to directing, and assisting an</p>	
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<p>appropriate medical care.</p> <p>(i) <i>Philippine General Hospital (PGH)</i> refers to the state-owned tertiary hospital administered and operated by the University of the Philippines- Manila.</p>	<p>individual to obtain health care services and overcome financial and other barriers for timely, cost-effective and appropriate medical care;</p> <p>(i) <i>Philippine General Hospital (PGH)</i> refers to the state-owned tertiary hospital administered and operated by the University of the Philippines - Manila;</p> <p>(j) <i>Participating Agency</i> refers to a government or non-government agency or organizations that provide medical, financial and other assistance related to health, which is lodged within the Malasakit Center, subject to the rules and regulations to be issued by DOH;</p> <p>(k) <i>Malasakit Experience</i> refers to the positive experience of people in accessing healthcare services in a timely and compassionate manner, thereby respecting and upholding the rights and dignity of patients.</p>	
<p>Section 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:</p> <p>a) Provide a policy framework for integrated people-centered health services that shall:(1) ensure and promote an organizational culture geared towards</p>	<p style="text-align: center;">RULE II The Malasakit Program</p> <p>SEC 4. Malasakit Program. - The DOH shall establish the Malasakit Program, which will be implemented in all DOH hospitals, and the PGH. Other public and private hospitals are encouraged to adopt and implement the Malasakit Program.</p> <p>The Malasakit Program shall have the following objectives:</p> <p>(a) To adopt the policy framework for integrated people-centered health services that shall: (1) ensure and promote an organizational culture geared towards</p>	

<p>responsiveness; (2) ensure appropriate infrastructure and processes; and (3) promote client engagement and empowerment; and</p> <p>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, non-government organizations, private corporations and individuals. <i>Provided</i>, 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.</p> <p>The DOH shall provide policy direction and pertinent guidelines, in consultation with 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.</p>	<p>responsiveness; (2) ensure appropriate infrastructure and processes; (3) promote client engagement, and empowerment; and (4) uphold accountability of all stakeholders involved in the provision of health services</p> <p>(b) To ensure financial risk protection that shall 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 by national government agencies, local government, non-government organizations, private corporations and individuals: <i>Provided</i>, that financially incapacitated patients who seek health services in other public hospitals and private health facilities are still eligible to avail of financial and medical assistance, subject to the assessment and recommendation of the medical social worker.</p> <p>The DOH shall provide policy direction and pertinent guidelines on the establishment of the Malasakit Program, in consultation with 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 and other units of the hospital within sixty (60) calendar days from the effectivity of these Rules.</p>	
<p>SEC. 5. Malasakit Program Office. - There shall be</p>	<p style="text-align: center;">RULE III Malasakit Program Office</p> <p>SEC 5. Malasakit Program Office. - The existing Public</p>	

<p>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.</p> <p>The DOH, in coordination with the Department of</p>	<p>Assistance Unit of the DOH Central Office shall be restructured and upgraded into a Program Office, and henceforth be known as the Malasakit Service.</p> <p>SEC 5.1. Roles and Functions of the Malasakit Service. - The Malasakit Service shall perform the following functions:</p> <ul style="list-style-type: none"> (a) Develop policy, guidelines, planning, systems and standards related to Malasakit Program and Malasakit Center; (b) Oversee, monitor and evaluate the implementation of the Malasakit Program and the operations of the Malasakit Centers; (c) Evaluate and recommend the approval of the application of new Malasakit Centers to the Secretary of Health; (d) Oversee, monitor, and manage DOH funds; (e) Assume accountability of the disbursement and utilization of DOH funds; (f) Provide technical assistance to ensure the successful implementation of the program. <p>SEC 5.2. Organizational Structure - The Malasakit Service shall be headed by a Director IV. The Director shall be assisted by two (2) Division Chiefs, one of which will ensure the efficient management of DOH Funds, and the other shall handle the management and operation of the Malasakit Program in coordination with the Health Facility Development Bureau.</p> <p>The DOH, in coordination with the Department of Budget and</p>	
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<p>Budget and Management (DBM), shall ensure the creation of adequate and appropriate plantilla positions and staffing pattern for the Malasakit Program Office</p>	<p>Management (DBM), shall ensure the creation of adequate and appropriate <i>plantilla</i> positions and staffing pattern for the Malasakit Service within sixty (60) calendar days upon the effectivity of these Rules.</p>	
<p>SEC. 6. Malasakit Centers. - There shall be established a Malasakit Center in all DOH hospitals and the PGH which shall:</p> <p>(a) Serve as a one-stop shop for medical and financial assistance;</p> <p>(b) Provide patient navigation and referral to the health care provider networks;</p> <p>(c) Provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program;</p> <p>(d) Document, process, and utilize data from patient experience through a standardized form to shape institutional changes in the hospital;</p> <p>(e) Provide capacity building and performance evaluation that ensure good client interaction; and</p>	<p style="text-align: center;">RULE IV Establishment of Malasakit Centers</p> <p>SEC 6. Malasakit Centers. - There shall be established a Malasakit Center in all DOH hospitals and the PGH which shall:</p> <p>(a) Serve as a one-stop shop for availing medical and financial assistance from participating agencies;</p> <p>(b) Provide patient navigation and referral to the appropriate health facilities within health care provider networks that overcome barriers to access to quality care in coordination with the Public Health Unit of each hospital;</p> <p>(c) Provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program to be led by the PhilHealth staff assigned at the Malasakit Center;</p> <p>(d) Document, process, and utilize data from patient experience through a standardized form to shape institutional changes and improves the Malasakit Experience in the hospital;</p> <p>(e) Implement responsive and people-centered processes, including culturally-appropriate services, in coordination with the Public Health Unit, and other relevant units of the hospital;</p>	

<p>(f) Provide critical information on health behaviors and conduct health promotion activities in the hospital</p> <p>There shall be a special lane in each Malasakit Center for the exclusive use of senior citizens and persons with disabilities (PWDs).</p> <p>The Malasakit Centers shall be non-partisan, convenient, free of charge, accessible, and shall have a standard system of availment of assistance.</p> <p>The local Government units (LGU), state universities and colleges (SUCs), Department of National Defense (DND), Department of Interior Local Government (DILG) including the Philippine National Police (PNP), Department of Justice (DOJ) and other public</p>	<p>(f) Provide capacity building to hospital staff in coordination with the relevant unit/s of the hospital for good client interaction, which shall include but not limited to learning empathy and effective communication skills;</p> <p>(g) Ensure integration of good client interaction in the performance monitoring and evaluation tool of the hospital staff, through the appropriate hospital unit;</p> <p>(h) Provide critical information on good health behaviors and conduct health education and promotion activities in the hospital in coordination with the Public Health Unit and Social Work Case Manager; and</p> <p>(i) Provide a special lane in each Malasakit Center for the exclusive use of senior citizens, pregnant women, and persons with disabilities (PWDs).</p> <p>The Malasakit Centers shall be non-partisan, convenient, free of charge and accessible. It shall have a standard system of availing assistance that shall also be reflected in its Citizen's Charter in compliance with Republic Act No. 11032, also known as the Ease of Doing Business and Efficient Government Service Delivery Act of 2018.</p> <p>The Local Government Units (LGU), State Universities and Colleges (SUCs), Department of National Defense (DND), Department of the Interior Local Government (DILG) including the Philippine National Police (PNP), Department of Justice (DOJ) and other public hospitals may establish Malasakit</p>	
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<p>hospitals may establish Malasakit Centers: Provided that said hospitals meet the following standards and criteria:</p> <ol style="list-style-type: none"> (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 the other requirements to be prescribed by the DOH regarding service capacity, capability, location, among others <p>Public hospitals with existing Malasakit Centers shall comply with the above mentioned standards and criteria. The DOH may augment Malasakit center personnel in other public hospitals subject and criteria to be set by the DOH.</p>	<p>Centers: <i>Provided</i> that said hospitals meet the following standards and criteria:</p> <ol style="list-style-type: none"> (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 the other requirements to be prescribed by the DOH regarding service capacity, capability, location, among others <p>Public hospitals with existing Malasakit Centers shall comply with the above mentioned standards and criteria. The DOH may augment Malasakit Center personnel in other public hospitals subject to the standards and criteria to be set by the DOH.</p> <p>Relative to the criteria above, the following documents shall be submitted to the DOH through the Malasakit Service for evaluation:</p> <ol style="list-style-type: none"> 1.) Proof of PhilHealth Accreditation; 2.) Provincial or City Resolution or equivalent document endorsing the proposed Malasakit Center and implementation of the Malasakit Program, commitment to fund its operations, and provide appropriate and adequate 	
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	<p>staffing complement to include at least one (1) Social Welfare Officer;</p> <p>3.) Certification of availability of physical space within the premises of the hospital including physical layout;</p> <p>4.) List of readily available fixtures and equipment critical to the operations of the Malasakit Center stated in Section 9 of these Rules;</p> <p>5.) List of staff with appropriate training / orientation on the Malasakit Program, and other pertinent training to be assigned in the Malasakit Center;</p> <p>6.) Other documents deemed necessary by the Malasakit Service.</p> <p>7.) Proof of establishing an iHOMP committee or a unit similar to its function and a Public Health Unit</p> <p>8.) Proof of membership to a Healthcare Provider Network</p> <p>Existing hospitals with Malasakit Centers shall be given 1 year to comply with the aforementioned requirements. Likewise, the DOH shall provide technical assistance to support these in fulfilling the requirements</p>	
<p>SEC. 7. Administration of the Malasakit Center. - The incumbent Medical Director, Chief of Hospital or Medical Center Chief shall be designated as the Malasakit Center Director, who shall oversee the proper management and efficient operation of the Malasakit Center. The Malasakit Center Director shall:</p> <p>(a) Ensure the provision of appropriate space, furniture, equipment and fixtures based on the standard Malasakit Center schematic plan to be provided by DOH;</p>	<p>SEC. 7. Administration of the Malasakit Center. - The incumbent Medical Director, Chief of Hospital or Medical Center Chief shall be designated as the Malasakit Center Director, who shall oversee the proper management and efficient operation of the Malasakit Center. The Malasakit Center Director shall:</p> <p>(a) Ensure the provision of appropriate space, furniture, equipment and fixtures based on the standard Malasakit Center schematic plan.</p>	

	<p>(b) Ensure the availability of the following:</p> <ul style="list-style-type: none">b.1 Dedicated physical space for the Malasakit Center within the premises of the hospital that is strategically located and accessible;b.2 Information desk manned by a Social Welfare Assistant or Social Welfare Officer;b.3 Adequate, comfortable, and well-ventilated waiting areas;b.4 Meeting room/s for patient and/or family psychosocial counseling that ensures privacy and patient confidentiality;b.5 Individual cubicles/rooms/desks for participating agencies, as deemed necessary;b.6 Manual or electronic priority numbering system or queuing system;b.7 Citizen’s Charter for the Malasakit Center posted and translated in the appropriate local dialect; andb.8 Information and Communication Technology (ICT) equipment necessary to access relevant databases, submit data and generate reports to relevant agencies/offices	
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<p>(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</p> <p>(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 Center. The Malasakit Center Director, and Malasakit Center Operations Manager, shall receive no extra compensation.</p>	<p>(c) Promote harmony, synergy, coordination and cooperation among the participating agencies situated within the Malasakit Center and strengthen the delivery of services by upholding the highest performance of their duties and responsibilities;</p> <p>(d) Ensure that Malasakit Center functions in coordination with other units/ departments of the hospital;</p> <p>(e) Include in the hospital's Work and Financial Plan (WFP) the necessary funding/resources to ensure the implementation of the Malasakit Center;</p> <p>(f) Ensure that the services of the Malasakit Center are made available daily, 24 hours a day depending on the patient load;</p> <p>(g) Ensure that all allocated funds for Malasakit Center implementation are accounted and properly disbursed based on existing accounting and auditing rules and regulations; and</p> <p>(h) Perform such other functions as may be necessary for the accomplishment of the goals and 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 Center. The Malasakit Center Director and Malasakit Center Operations Manager shall receive no extra compensation.</p>	
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<p>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.</p> <p>Each Malasakit Center shall consist of duly designated representatives from DOH, DSWD, PCSO and 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.</p> <p>The DOH, DSWD, PCSO, and 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.</p> <p>The DOH and DSWD shall include in their budgetary submission to the DBM the required budget for the personnel service's requirements of each Malasakit Center. Such budgetary requirement shall be included</p>	<p>SEC 8. Personnel Complement. - The Malasakit Center shall be adequately staffed by medical social workers and other 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.</p> <p>Each Malasakit Center shall consist of duly designated representatives from the DOH, DSWD, PCSO and PhilHealth. The designated DOH, DSWD and PCSO representatives shall process and approve the requests for medical and financial assistance. The PhilHealth representative and the support staff shall assist in the availment of the needed assistance and address other PhilHealth related concerns of patients. Designation of these representatives are subject to the Omnibus Rules on Appointments and Other Human Resource Actions.</p> <p>The DOH Hospitals, DSWD, PCSO, and PhilHealth are hereby authorized to create the required <i>plantilla</i> and staffing pattern necessary for the implementation of this Act in coordination with the DBM, Civil Service Commission (CSC), and the Governance Commission for GOCCs (GCG), as the case may be.</p> <p>The DOH and the DSWD shall include in their budgetary submission to the DBM the required budget for the personnel service's requirements for each Malasakit Center. Such budgetary requirements shall be included in the budgets of the respective agencies in the General Appropriations Act.</p>	
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<p>in the budgets of the respective agencies in the General Appropriations Act.</p>		
<p>SEC. 9. Medical and Financial Assistance. - The Malasakit Centers shall provide access to the following medical and financial assistance:</p> <p>(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;</p> <p>(b) The DSWD financial assistance, based on existing Assistance to Individuals in Crisis Situation (AICS) guidelines;</p> <p>(c) The PCSO medical assistance to indigent and financially incapacitated patients under its existing programs, chargeable against its funds;</p> <p>(d) Medical and financial assistance programs provided by other government agencies, local government units, non-government organizations, and private institutions and individuals.</p> <p>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.</p>	<p>SEC. 9. Medical and Financial Assistance. - The Malasakit Centers shall provide access to the following medical and financial assistance:</p> <p>(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;</p> <p>(b) The DSWD financial assistance, based on existing Assistance to Individuals in Crisis Situation (AICS) guidelines;</p> <p>(c) The PCSO medical assistance to indigent and financially incapacitated patients under its existing programs, chargeable against its funds;</p> <p>(d) Medical and financial assistance programs provided by other government agencies, local government units, non-government organizations, and private institutions and individuals.</p> <p>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.</p>	

<p>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.</p> <p>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.</p>	<p>The medical social worker shall assess the patient's eligibility in accordance with existing DOH guidelines on patient classification, 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.</p> <p>The LGU-owned or other public and private hospitals are encouraged to establish their own Malasakit Center to ensure the one-stop shop for medical and financial assistance. However, in cases of patients who are admitted in these hospitals, without Malasakit Center 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. The following sources of funds may be accessed:</p> <ul style="list-style-type: none">(a) The DOH medical assistance to indigent patients fund, through the Centers for Health Development provided to LGU;(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-	
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<p>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.</p> <p>The DOH, DSWD and PCSO shall issue uniform guidelines for the proper implementation of medical and financial assistance to indigent and financially incapacitated patients, which shall include avilment procedures, order of charging of payments, recording and reporting, and monitoring and evaluation.</p>	<p>government organizations, and private institutions and individuals.</p> <p>Access to these medical and financial assistance shall be subject to guidelines set by individual agencies and existing rules and regulations and Commission on Audit.</p> <p>The DOH shall likewise issue guidelines on how other government, non-government agencies and private institution may interact with the different Malasakit Centers.</p> <p>In case of non-availability of clinically indicated drugs, medicines, medical supplies, tests, services or procedures in DOH hospitals and PGH, they may enter into a contract with DOH-accredited private health facilities to provide the needed drug, medicine, medical supplies, tests, services or procedures to the patient, charged against the hospital, subject to the guidelines set by DOH and Commission on Audit's (COA) Rules and Regulations.</p> <p>The DOH, together with DSWD and PCSO, shall issue uniform guidelines for the proper implementation of medical and financial assistance to indigent and financially incapacitated patients, which shall include the following:</p> <ul style="list-style-type: none">a.) Availment procedures, and order of charging of payments;b.) Recording and reporting:<ul style="list-style-type: none">b.1. Daily reconciliation of assistance provided at hospital, region, and agency level by each participating agencyb.2 Monthly sharing of information across agencies, andb.3 Linking of data to Philhealth registration of all Filipino	
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<p>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.</p> <p>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.</p>	<p style="text-align: center;">for UHC</p> <p>These shall be issued within thirty (30) calendar days upon the effectivity of these Rules.</p> <p>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.</p> <p>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.</p>	
<p>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.</p>	<p style="text-align: center;">RULE V Monitoring and Evaluation</p> <p>SEC. 10. Monitoring and Evaluation. - The DOH, through the Malasakit Service, shall conduct regular performance monitoring, assessment, and consultative meeting among participating agencies 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. In addition, the Malasakit Service shall evaluate the impact of the Act every three (3) years.</p>	
<p>SEC. 11. Penal Provisions. - (a) A public official or employee who commits the</p>	<p style="text-align: center;">RULE VI Penal Provisions</p> <p>SEC. 11. Penal Provisions. - (a) A public official or employee who commits the following acts</p>	

<p>following acts shall, after due notice and hearing, suffer the corresponding penalties as herein provided:</p> <p>(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;</p> <p>(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.</p> <p>The abovementioned administrative penalties shall be without prejudice to the filing of criminal charges under existing penal laws under Republic Act 3019, otherwise known as the “Anti-Graft and Corrupt Practices Act” and existing penal laws.</p> <p>(b) Any person who commits fraud or misrepresentation as to his indigency or financial incapacity shall render the assistance void and shall</p>	<p>shall, after due notice and hearing, suffer the corresponding penalties as herein provided:</p> <p>(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;</p> <p>(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.</p> <p>The abovementioned administrative penalties shall be without prejudice to the filing of criminal charges under existing penal laws under Republic Act 3019, otherwise known as the “Anti-Graft and Corrupt Practices Act” and existing penal laws.</p> <p>All complaints/ cases shall be submitted to the hospital’s complaint and grievance committee for appropriate action. Complaints directed towards participating agencies shall be handled and adhered to with their existing guidelines.</p> <p>(b) Any person who commits fraud or misrepresentation as to his indigency or financial incapacity shall render the assistance void and shall make the person liable for twice the amount of</p>	
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<p>make the person liable for twice the amount of assistance provided and suffer the penalty of imprisonment of from six (6) months to not more than two (2) years.</p> <p>(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.</p>	<p>assistance provided and suffer the penalty of imprisonment of from six (6) months to not more than two (2) years.</p> <p>(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.</p>	
<p>SEC. 12. Annual Report. - The DOH, DSWD, PCSO and 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 the Act.</p>	<p style="text-align: center;">RULE VII FINAL PROVISIONS</p> <p>SEC. 12.1. Annual Report. - The DOH, DSWD, PCSO and PhilHealth, through the Malasakit Service, 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 the Act. The report shall be posted on the websites of all participating agencies for transparency and for the information of the public</p> <p>SEC. 12.2 Establishment of Inter-Agency Committee- An Inter-Agency Oversight Committee shall be jointly created to oversee the implementation of these rules.</p> <p>SEC 12.2.1 Roles and Functions of the Inter-Agency</p>	

	<p>Committee- The Committee shall have the following roles and functions:</p> <ul style="list-style-type: none"> a.) Ensure the proper implementation of these Rules; b.) Ensure the submission and review of the joint annual report to the aforementioned agencies; c.) To conduct an annual review of the effectiveness of the Act and recommend any amendments thereto, as may be necessary. <p>SEC 12.2.3. Composition of the Inter-Agency Committee- It shall be composed of representatives from the following agencies/ organizations:</p> <ul style="list-style-type: none"> a.) Department of Health; b.) Philippine Charity Sweepstakes Office; c.) Department of Social Welfare and Development; d.) Philippine Health Insurance Corporation. <p>Representative from the Department of Health shall serve as the chair of the said oversight committee.</p> <p>The Committee may select representatives from the private sector as a technical adviser in the implementation of the program.</p>	
<p>SEC 13. Appropriations. - The amount necessary for the establishment and operation of Malasakit Centers shall be included in the General Appropriations Act.</p> <p>The amounts earmarked under Section 288-A of the National Internal Revenue Code, as amended, for medical assistance shall be appropriated under the</p>	<p>SEC 13. Appropriations. - The amount necessary for the establishment and operation of Malasakit Centers shall be included in the General Appropriations Act.</p> <p>The amounts earmarked for medical assistance under Section 288-A of the National Internal Revenue Code, as amended, shall be appropriated under the DOH, specifically for medical</p>	

Black Text - Lifted from the law
 RED Text – Proposed Provisions
 BLUE Text - Public Consultation Inputs

<p>DOH, specifically for medical assistance to indigent patients, portion of which shall be allotted for DOH hospital and the PGH: Provided, That other public hospitals without Malasakit Centers shall continue to receive medical assistance from the DOH.</p>	<p>assistance to indigent patients, portion of which shall be allotted for DOH hospitals and the PGH: <i>Provided</i>, That other public hospitals without Malasakit Centers shall continue to receive medical assistance from the DOH.</p>	
<p>SEC 14. 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.</p>	<p>SEC. 14. Rules of Interpretation. - <i>In the implementation of these Rules, the efficient and most streamlined business processes, including unified documentary requirements, for the 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 goal of achieving this purpose.</i></p> <p>SEC. 14.1 Amendments Clause. - <i>These Implementing Rules and Regulations may be amended, modified or supplemented when necessary for effective implementation and enforcement of R.A. No. 11463, and shall be jointly formulated by DOH, PhilHealth, DSWD, and PCSO.</i></p>	

NOT FOR CITATION OR QUOTATION

	<p>SEC. 15 Transitory Provision. – Within the sixty (60) days from the effectivity of this IRR, the DOH, DSWD, PCSO, PhilHealth, shall issue the appropriate guidelines in accordance with the Malasakit Centers Act and its IRR, to be adopted by their respective agencies.</p> <p>During the interim period, to effect a smooth and efficient transition without unduly prejudicing or disrupting the delivery of health services to the people, the concerned agencies shall continue to provide technical and financial support, regularly provided by the present “Malasakit Centers” or Public Assistance Unit.</p>	
<p>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.</p>	<p>SEC. 16. Separability Clause. - Any portion or provision of these implementing rules and regulations 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.</p>	
<p>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.</p>	<p>SEC. 17. Repealing Clause. - All laws, ordinances, rules, regulations, and other issuances or parts thereof, which are inconsistent with the Malasakit Centers Act and its implementing rules and regulations are hereby repealed or modified accordingly.</p>	
<p>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.</p>	<p>SEC. 18. Effectivity. - These implementing rules and regulations shall take effect fifteen (15) calendar days after its publication in the <i>Official Gazette</i> or in a newspaper of general circulation.</p>	