PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA! BUILDING THE FUTURE TODAY."

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Philippine Medical Association
Statement on Republic Act 11223,

An Act Instituting Universal Health Care for All Filipinos,
Prescribing Reforms in the Health Care System

June 16, 2020

Dr. Jose P. Santiago, Jr.
President

Last February 20, 2019, President Rodrigo Roa Duterte signed a bill into law, the Universal Healthcare Law, RA 11223. It was a game changer for the year 2019.

On March 11 2020, the World Health Organization declares Covid-19 as a global pandemic. Another game changer, this pandemic has permanently changed the way we do things.

The current COVID 19 Pandemic has struck our country very hard. It has affected not only our lives but also our economy. It caused a radical change in our daily lives, creating a new normal.

With this Covid-19 Pandemic, the whole world has witnessed the heroism of the medical and paramedical front liners. It brought tremendous disruptions and changes in the practice of medicine. Our members in private practice closed their clinics and experience a marked decrease in their income.

Adhering to our Hippocratic Oath to serve our countrymen and those in need of medical services, many have resorted to telemedicine, which at its infancy, has bridged the gap in the health care system. More often, it is given free of charge. And those in the front line, attending to these COVID-19 patients are risking more than their lives but also but also of their families.

The Covid-19 pandemic disrupted all lives and livelihoods affecting all of us regardless of political color or financial standing. As front liners at the helm of this disaster response, we lost leaders from our profession, colleagues, family members and friends.

A poll by Reuters of 50 economists and reports published March 30, 2020 and by risk managers dated May 19, 2020 at the World Economic Forum shows that economies will

return to normal from **18 months up to 3 years** after the Covid-19 pandemic. This affects all Filipinos and nations worldwide.

May 19, 2020. "Long-Lasting Global Recession likely due to COVID-19 Says World Economic Forum Report." Doctors are not spared from this recession because they are in fact also facing financial and emotional burdens in this pandemic.

With this current situation, we the Philippine Medical Association hereby requests that RA 11223 otherwise known as the Universal Health Care Act of 2019, mainly **Section 10 of Chapter III thereof be suspended, deleted or at least amended to bring back the contribution prior to the UHC law.**

After all, it is the physicians continue to serve and provide essential health and medical care to 108 million Filipinos.

The following are our proposed amendments to **Section 10 of Chapter III of UHC.**

1. **To suspend premium contributions until** DECEMBER 2021 to give time for the health sector to go back to almost normal earning capacity.

The World Economic forum in May 19, 2020 showed that economies will return to normal from 18mos to 3 years after the Covid-19 pandemic. This affects all Filipinos and nations worldwide.

We are asking on behalf not only of the doctors but all employees as well as employees and self-paying individuals, and all gainfully employed citizens of our country, **that Section 10 Chapter 3 of the UHC Law, particularly on premium contributions be amended as follows:**

To revert back premium contributions to the original pre-UHC rates, specifically:

(P3,600/year) x 3 years = P10,800/renewal period.

Reasons:

1. To reduce the financial burden of all who are gainfully employed as well as their employers who will be paying for the premiums to be used in our health care system.

2) The recent pandemic has shown that government can shoulder and subsidize the costs intended for health care delivery in our country; and that putting more resources in health is indeed mandatory and necessary.

I would say that **health is a necessary expense and cost that government should prioritize.**

The burden on health costs should not be passed on the shoulders of the citizens who are trying to earn a living. They should not be "penalized" to shoulder the health costs of the country. Greater reliance should be placed on general budget revenues sourced from the indirect taxes than mandatory health insurance contributions from salaries employment.

The Government should be able to carry out this task and responsibility as this has been shown and proven to be feasible and possible under this pandemic.

The **health of the citizenry is top priority** and that if the people are healthy and ~~with~~ have less worry about maintaining good health, they can be more productive. We are witnessing this balance between health and economy as it is now!

I want to share with you my realizations during this crisis for the past months. The best people are those who notably played critical roles as leaders and supported all forms of assistance for our front liners and members, setting aside politics.

On behalf of the 84,500 members of PMA, I would like to thank Hon. Sen. Christopher Lawrence “Bong” Go & Hon. Rep. Angelina “Helen” Tan; and members of the House and Senate; for the support, protection, and prayers for our healthcare workers at the front lines.

We show compassion

We pray as one

We heal as one.

Attached herein is a tabulation of the **suggested amendments on certain provisions of the UHC Law,** formulated by the Philippine Medical Association, together with the component, specialty, and affiliate societies.

Chapter II, Sec 4. Subsec (s) in relation to Chapter XI, Sec. 41, Subsec (i)

Chapter III Sec 8.2

Chapter III, Section 10 - *Premium Contributions.* -

Chapter III, Section 13 – PhilHealth Board of Directors.

Chapter V, Sec. 21 “Income Derived from PhilHealth Payments”

Chapter VIII, Sec 34 (C) Health Technology Assessment Council (HTAC)

Chapter X Sec. 38 Subsec (e) Item (2) Paragraph 4.

Original Provision	Suggestion by PMA	Rationale
1. Chapter II, Sec 4. Subsec (s) in relation to Chapter XI, Sec. 41, Subsec (i) to wit: "(s) Primary Care Provider refers to a health care worker with defined competencies, who has received certification in primary care as determined by the Department of Health (DOH) or any health institution that is licensed and certified by the DOH" "(i) Within ten (10) years from the effectivity of this Act, only those who have been certified by the DOH and PRC to be capable of providing primary care will be eligible to be a primary care provider"	Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care. A primary care practice	It is to our general understanding that after meticulously undergoing training as a physician, being granted the degree of Doctor of Medicine, having hurdled the Physician's Licensure Exam, and taking the Hippocratic Oath, as General Practitioners, we are then competent and qualified to be a primary care provider.

	serves as the patient's first point of entry into the health care system and as the continuing focal point for all needed health care services. Primary care practices provide patients with ready access to their own personal physician, or to an established back-up physician when the primary physician is not available. Primary care practices provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care practices are organized to meet the needs of patients with undifferentiated problems, with the vast majority of patient concerns and needs being cared for in the primary care practice itself. Primary care practices are generally located in the community of the patients, thereby facilitating access to health care while maintaining a wide variety of specialty and institutional consultative and referral relationships for specific care needs. The structure of the primary care practice may include a team of physicians and non-physician health	

	professionals. A primary care physician is a specialist in Family Medicine, Internal Medicine or Pediatrics who provides definitive care to the undifferentiated patient at the point of first contact, and takes continuing responsibility for providing the patient's comprehensive care. This care may include chronic, preventive and acute care in both inpatient and outpatient settings. Such a physician must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings. Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient. Physicians who are not trained in the primary care specialties of family	

	medicine, general internal medicine, or general pediatrics may sometimes provide patient care services that are usually delivered by primary care physicians. These physicians may focus on specific patient care needs related to prevention, health maintenance, acute care, chronic care or rehabilitation. These physicians, however, do not offer these services within the context of comprehensive, first contact and continuing care. The contributions of physicians who deliver some services usually found within the scope of primary care practice may be important to specific patient needs. However, the absence of a full scope of training in primary care requires that these individuals work in close consultation with fully-trained, primary care physicians. An effective system of primary care may utilize these physicians as members of the health care team with a primary care physician maintaining responsibility for the function of the health care team and the comprehensive, ongoing health care of the patient. There are providers of health care other than physicians who render some primary care services. Such providers may include nurse practitioners, physician	

	assistants and some other health care providers. These providers of primary care may meet the needs of specific patients. They should provide these services in collaborative teams in which the ultimate responsibility for the patient resides with the primary care physician. definition of a “health care worker” as the law does not define this term. In fact the law only defines what a health care professional is and defined as: “….who may be a doctor of medicine, nurse, midwife, dentist, or other allied professional or practitioner duly licensed to practice in the Philippines.” Remove the clause “Within ten (10) years from the effectivity of this Act”. There should be no limit when the DOH is going to certify primary care provider	
Chapter III Sec 8.2. Direct contributors, including their qualified dependents shall be composed of, but not limited to, the following h. All Filipinos aged 21 years and above who have the capacity to pay premiums	Should be limited to 60 years old. Exempt senior citizens.	The term "senior citizen" shall mean any resident citizen of the Philippines at least sixty (60) years old, including those who have retired from both government offices and private enterprises, and has an income of not more than Sixty thousand pesos

		(P60,000.00) per annum subject to review by the National Economic and Development Authority (NEDA) every three (3) years. Benefits of Senior Citizens e) Free medical and dental services in government establishment anywhere in the country, subject to guidelines to be issued by the Department of Health, the Government Service Insurance System and the Social Security System;
Chapter III, Section 10 - *Premium Contributions.* - For direct contributors, premium rates shall be in accordance with the following schedule, and monthly income floor and ceiling: (See table)	Remove entire Section 10 of Chapter III. And in the transitory provision be placed the clause “the excess of the amount paid by those under the previous Section 10 be made to apply for next payment period for premium”. **Go back to the original PHIC contribution prior to UHC Law** -USE THE RESERVE FUNDS Section 11. Program	Even before the pandemic, hospital based private doctors have not yet received their PhilHealth shares from the hospitals. The reason given by hospitals is that they have not yet received their claims by PhilHealth. During the pandemic, for three months now, private practice-based doctors had no patients because of the ECQ and the fear of patients that doctors are attending to Covid-patients. Further, during the

	Reserve Funds 11.1. PhilHealth shall set aside a portion of its accumulated revenues not needed to meet the cost of the current year's expenditures as reserve funds. 11 .2. The total amount of reserves shall not exceed a ceiling equivalent to the amount actuarially estimated for two (2) years' projected Program expenditures. 11.3 . Whenever actual reserves exceed the required ceiling at the end of the fiscal year, the excess of the PhilHealth reserve fund shall be used to increase the Program's benefits and to decrease the amount of members' contributions. 11 A. Any unused portion of the reserve fund that is not needed to meet the current expenditure obligations or support the abovementioned programs shall be placed in investments to earn an average annual income at prevailing rates of interest and shall	pandemic, private doctors are not recipients of the interim reimbursement mechanism (IRM) by PhilHealth. Overall, these income losses, make it difficult to recover economically thus being frontliners, they should not be made to suffer under Section 10, of the UHC law.

	be referred to as the Investment Reserve Fund.	
Chapter III, Section 13 – PhilHealth Board Of Directors. (a) The PhilHealth Board of Directors, hereinafter referred to as the Board, is hereby reconstituted to have a maximum of thirteen (13) members, consisting of the following: (1) five (5) ex officio members, namely: the Secretary of Health, Secretary of Social Welfare and Development, Secretary of Budget and Management, Secretary of Finance, Secretary of Labor and Employment; (2) three (3) expert panel members with expertise in public health, management, finance, and health economics; and (3) five (5) sectoral panel members, representing the direct contributors, indirect contributors, employers group, health care providers to be endorsed by their national associations of health care institutions and health care professionals, and representative of the elected local chief executives to be endorsed by the League of Provinces of the Philippines, League of Cities of the Philippines and League of Municipalities of	Chapter III, Section 13 – PhilHealth Board Of Directors. (a) The PhilHealth Board of Directors, hereinafter referred to as the Board, is hereby reconstituted to have a maximum of **FIFTEEN (15)** members, consisting of the following: (1) five (5) ex officio members, namely: the Secretary of Health, Secretary of Social Welfare and Development, Secretary of Budget and Management, Secretary of Finance, Secretary of Labor and Employment; (2) three (3) expert panel members with expertise in public health, management, finance, and health economics; and (3) five (5) sectoral panel members, representing the direct contributors, indirect contributors, employers group, health care providers to be endorsed by their national associations of health care institutions and health care professionals, and representative of the elected local chief executives to be endorsed by the League of Provinces of the Philippines, League of Cities of the Philippines and League of Municipalities of	In the Individual Based Health Services referred to Section 18 hereof, the frontliners are the hospitals. If ever there are problems about hospitals their biggest organization can convey to the board directly these problems and going through the several layers on issues of claims, accreditations, cases filed, renewals, etc. In the Population Based Health Services referred to in Section 17 hereof, the frontliners are the physicians in the Primary Health Care. They know the knitty-gritty of every problems about primary health care. As the frontliners, they can report directly to the Board about the situation in the battlefield so to speak, and not go through layers of red tapes before the problems reach the management.

the Philippines: Provided, That at least one (1) of the expert panel members and at least two (2) of the sectoral panel members are women.	the Philippines: Provided, That at least one (1) of the expert panel members and at least two (2) of the sectoral panel members are women. **(3) REPRESENTATIVE FROM BIGGEST NATIONAL ORGANIZATION OF HOSPITALS.** **(4) REPRESENTATIVE FROM THE BIGGEST NATIONAL ORGANIZATION OF PHYSICIANS.**	
	A TRANSITORY PROVISION GIVING AMNESTY FOR ALL PHYSICIANS WITH PENDING AND DECIDED CASES WITH PHILHEALTH AND START AS FRESH BUT NOW WITH STRICT IMPLEMENTATION OF THE UHC AND ITS IRR.	PMA this time will be active in prosecuting erring doctors with respect to PhilHealth claims. It will police its own ranks insofar as relating to fraudulent claims. The renewal of accreditations of doctors with fraudulent claims will be held back by PMA and their accreditation will not be renewed without prejudice to any penalty to be imposed by PhilHealth.
Chapter V, Sec. 21 "Sec. 21. Income Derived from Philhealth Payments.—All income derived from Philhealth payments shall accrue to the Special Health Fund to be allocated to the	"…All payments for professional services rendered by salaried public providers shall be allowed to be retained by the health facility in which services are rendered and be pooled and distributed among health	As such, these persons, natural and juridical, have been deprived of their rightful property without due process of law. Furthermore, no explicit provision is found in RA 11223 repealing or

LGUs exclusively for the improvement of the LGU health system; Provided, That Philhealth payments shall be credited to the annual regular income (ARI) of the LGU"	personnel. Charges paid to public facilities shall be retained by the individual facility in which services were rendered and for which payment was made, such revenues shall be used to primarily defray operating costs other than salaries, to maintain or upgrade equipment, plant, or facility, and to maintain or improve the quality of service in the public sector..."	amending Sec. 24 of RA 10606. The old system, though glacial in remitting the funds, has nevertheless been proven to be just and effective in distributing the funds to the rightful institutions and providers. Even worse, such funds shall now be placed under the discretion and control, with no counterbalancing mechanism, of local politicians . The special fund however, does NOT include funds intended for private health care services. It does NOT also include services of national gov't hospitals like DOH hospitals and hospitals under the Dep't of National Defense (V. Luna, Veterans Hospital, etc). As far as the special fund under the LGU is concerned, what should be proposed here is that "the professional services of doctors provided by PhilHealth under the Special Fund shall be assured and shall not be altered or modified by the LGU, and it shall be given in full to the doctors and the hospital staff".

Chapter VIII Sec 34 (c) The HTAC, to be composed of health experts, shall be created within DOH and supported by a Secretariat and a Technical Unit for Policy, Planning and Evaluation with evidence generation and validation capacity	We suggest that some members of the HTAC should include representatives of specialty societies and other national medical organizations.	
Chapter X Sec. 38 Subsec (e) Item (2) Paragraph 4 whereby: ““Philhealth may enumerate the circumstances that will mitigate or aggravate the liability of the offender or erring health care provider, member, or employer.”	Include a committee to review cases which has similar composition of the current PHIC Accreditation Committee 1. There should be a 3rd party for processing of claims 2. There should be a 3rd party accreditor (which is in the UHC Law) 3. The quasi-judicial power of PhilHealth must also be through another agency or 3rd party litigation or adjudication	This constitutes an illegal delegation of legislative power. Philhealth has been given the power to determine the mitigating and aggravating circumstance of a violation. In the Revised Penal Code, Chapters 2 to 5 Articles 11 to 15 specifically deal with Justifying, Mitigating, Aggravating, and Alternative circumstances surrounding a particular felony. As such, these circumstances must be specifically and explicitly found in the law for it to take effect. The danger of such delegation of legislative power is that Philhealth can always change the rules in the middle of the game, so to speak. PMA and PHA have always been complaining since then that the PhilHealth is the “Accreditor, Payor,

		Investigator, Prosecutor, Judge, Executioner” which is a recipe for abuse of power there being no check and balance (which is actually happening now).