



# Committee Daily Bulletin

18<sup>th</sup> Congress  
Third Regular Session

A publication of the Committee Affairs Department

Vol. III No. 95  
November 9, 2021

## COMMITTEE MEETING ON HOUSE MEASURES

COMMITTEE	MEASURES		SUBJECT MATTER	ACTION TAKEN/DISCUSSION
	NO.	PRINCIPAL AUTHOR		
Health	HB 9640	Rep. Zarate	Granting special risk allowance and active hazard duty pay to all health workers, in public and private sector, in hospitals, and other health facilities during a state of public health emergency	<p>The Committee, chaired by Rep. Angelina "Helen" Tan, M.D. (4<sup>th</sup> District, Quezon), approved in principle the five bills subject to consolidation.</p> <p>At the start of the meeting, Rep. Tan said that even with the declining COVID-19 cases in the country, the Committee remains committed to crafting laws that are responsive to the needs and aspirations of the people, including the healthcare workers (HCWs) who have made great contributions to the country's efforts to contain the pandemic. Rep. Tan further stated that the passage of these four bills is timely since 2021 has been designated by the World Health Organization as the International Year of Health and Care Workers.</p> <p>Rep. Joy Myra Tambunting (2<sup>nd</sup> District, Parañaque City), author of HB 10198, said that her bill gives recognition to the country's HCWs for their significant role during the pandemic by continuously granting the benefits afforded to them under Republic Act 11494 or the Bayanihan to Recover as One Act (Bayanihan 2). The validity of this law already lapsed last June 30, 2021.</p> <p>Rep. Carlos Isagani Zarate (Party-List, BAYAN MUNA), author of HB 9640, said that the proposed measure seeks to grant special risk allowance (SRA) and active hazard duty pay to all health workers in public and private sectors, and in other health facilities, regardless of employment status.</p> <p>Likewise, Rep. Ferdinand Gaité (Party-List, BAYAN MUNA), co-author of HB 9640, said that the grant of financial incentives proposed in the bill aims to encourage the HCWs to stay in the country instead of working abroad where better paying jobs are available for HCWs.</p> <p>Expressing their support for proposals granting additional benefits to HCWs were resource persons from the Department of Health (DOH), Department of Budget and Management (DBM), Philippine Health Insurance Corporation, League of Provinces of the Philippines, Philippine Medical Association, Philippine Nurses Association, Filipino Nurses United (FNU), and Alliance of Health Workers. The resource persons gave their respective inputs and recommendations to further improve the proposed law.</p>
	HBs 10198, 10285 & 10365	Reps. Tambunting, Co (A.N.), and Villafuerte	Granting continuing COVID-19 benefits to public and private health workers and barangay health workers during the period of the COVID-19 pandemic, providing funds therefor	
	HB 10331	Rep. Vargas	Providing for allowances and benefits for healthcare workers during the COVID-19 pandemic, appropriating funds therefor	

Continuation... Health				<p>DOH Undersecretary Leopoldo Vega maintained that a singular allowance scheme be adopted for all public and private HCWs to replace the SRA and other COVID-related allowances and benefits previously stipulated in RA 11494. He said that such scheme is easier to administer.</p> <p>Vega explained that under the singular allowance scheme, all public and private HCWs shall be stratified into three levels of COVID-19 risk exposure, with the corresponding allowances, as follows:</p> <ul style="list-style-type: none"> <li>• Low risk classification – HCWs performing administrative duties in non-public areas of healthcare facilities – will receive P3,000 monthly;</li> <li>• Medium risk classification – HCWs providing care to the general public who are not known or suspected to have contracted COVID-19 disease – will receive P6,000 monthly; and</li> <li>• High risk classification – HCWs entering COVID-19 patients' rooms and providing care to them, and collecting or handling specimens from known or suspected COVID-19 patients – will receive P9,000 monthly.</li> </ul> <p>DBM's Supervising Budget and Management Specialist Pol Vincent Perocho said that the DBM supports the proposed singular allowance scheme as it is more feasible and easier to administer. He added that it will put a halt to the complaints of HCWs on the difficulty of claiming the various benefits due them.</p> <p>On the contrary, FNU President Maristela Abenojar objected to the proposal of DOH for a singular allowance scheme, particularly on the stratification of HCWs. She pointed out that such scheme is divisive and sets aside the fact that all HCWs are equally exposed to the risk of COVID-19 in the performance of their duty. She also suggested that the Committee include in the substitute bill the provision in HB 9640 which grants P15,000 SRA and P5,000 active hazard duty pay to all HCWs on a monthly basis, regardless of the nature of their assignment.</p>
	HB 10114	Rep. Cagas	Establishing a general hospital in the City of Digos in the Province of Davao del Sur to be known as the Davao del Sur General Hospital and appropriating funds therefor	<p>The Committee approved HB 10114 subject to style and amendment, as well as compliance with the requirements set by the DOH pertinent to the establishment of hospitals.</p> <p>DOH's Development Management Officer Roderick Napulan recommended that instead of establishing a new hospital, the existing Davao del Sur Provincial Hospital, which is also located in Digos City, Davao del Sur, should just be upgraded.</p>

Continuation... Health	HB 10219	Rep. Tan (A.)	Establishing in the Municipality of Mulanay, Province of Quezon, a general hospital to be known as the Mulanay Medical Center under the direct supervision and control of the Department of Health and appropriating funds therefor	<p>The Committee approved HB 10219 subject to style and amendment, as well as compliance with the requirements set by the DOH.</p> <p>Rep. Tan, author of HB 10219, said that her bill seeks to address the medical needs of the residents of Mulanay, Quezon through the establishment of a hospital in the area that will provide quality, accessible, and efficient health care services in line with the vision of the Universal Health Care Law.</p> <p>Dr. Wyda Berina, head of the DOH CALABARZON's Health Facility Operation and Development Unit in Mulanay expressed support for the bill. She manifested that the establishment of a Level II general hospital in the Municipality of Mulanay will help bridge the bed capacity gap in Quezon and decongest the apex hospitals in the province.</p> <p>Napulan added that while the DOH supports the intent of the bill, it recommends the amendment of Section 1 of HB 10219 which mandates that the proposed hospital shall be under the direct control and supervision of the DOH. He explained that with the Supreme Court ruling on the Mandanas vs. Ochoa case, the DOH deems it appropriate that the proposed hospital be placed under the direct supervision and control of the local government of Mulanay.</p> <p>Based on the SC ruling on the Mandanas case, the just share of local government units (LGUs) in the internal revenue allotment, now called National Tax Allotment (NTA), must be computed based on all national taxes, and not just the National Internal Revenue Taxes (NIRT) being collected by the Bureau of Internal Revenue. This will include other taxes being collected by the Bureau of Customs (BOC) and other agencies. As a result of the ruling, LGUs are expected to receive a huge increase in their NTA by 2022.</p> <p>Rep. Tan said that she understands the position of the DOH Central Office. However, she pointed out that some LGUs are not capable to operate and manage a hospital. This is the reason why there are proposals in the House of Representatives to renationalize hospitals or to revert LGU-run hospitals to the supervision and control of the national government, through the DOH.</p>
	HR 1966	Rep. Tan (A.)	Inquiry into the apparent confusion brought about by the issuances of the Philippine Health Insurance Corporation (PhilHealth) on the availment of COVID-19 related benefit packages which may seriously affect public health service delivery and response to the COVID-19 pandemic	<p>The Committee discussed with PhilHealth and concerned private health organizations the developments on PhilHealth's commitments relative to House Resolution 1966.</p> <p>HR 1966, authored by Rep. Tan, was adopted by the Committee last September 1, after it went through thorough deliberations in three meetings of the Committee.</p>

<p>Continuation... Health</p>				<p>The Chair said that during the Committee's August 17 meeting, the Members strongly urged the PhilHealth to review the soundness of and to possibly suspend its Circular No. 2021-0013 which was published last August 20. The said Circular pertains to the guidelines on the issuance of Temporary Suspension of Payment of Claims (TSPC) made by healthcare providers (HCPs). The TSPC was imposed on HCPs that are subject of investigation based on credible and verifiable report by PhilHealth or other duly authorized government agencies on "apparent and probable presence of fraudulent act, unethical practices and/or abuse of authority."</p> <p>PhilHealth's Standards and Monitoring Department Acting Senior Manager Lambert David reported that, acting upon the recommendation of the Committee, the PhilHealth suspended the implementation of the circular on TSPC last August 31 to make way for its revision.</p> <p>David said that the PhilHealth considered the following recommendations of the stakeholders in revising the said circular:</p> <ul style="list-style-type: none"> <li>• The non-extendable period during which HCPs are required to answer the Fact Finding Investigation Report should be increased from three days to 10 days.</li> <li>• The effectivity of the TSPC order should be on the date of receipt of the said order.</li> <li>• The TSPC should not cover all the claims of HCPs; and</li> <li>• The period of revision of the TSPC should be reduced from 120 days to 60 days.</li> </ul> <p>Moving forward, David said that last November 4, the PhilHealth's Executive Committee approved the revised TSPC draft. The revised draft circular will be presented to the PMA, Philippine Hospital Association (PHA), and Private Hospitals Association of the Philippines, Inc. (PHAPi). Once agreed on by all parties, the draft circular will be published and thereafter implemented, David added.</p> <p>On the COVID-19 inpatient benefit package, PhilHealth's Health Finance Policy Sector Acting Senior Vice President Clementine Bautista said that last June 19, PhilHealth issued Circular No. 2021-008 which provided that "only confirmed COVID-19 cases by RT-PCR test who have developed severe illness or are with clinical and diagnostic manifestations of COVID-19 that require hospital admissions starting November 26, 2020 shall be eligible to claim COVID-19 inpatient packages."</p>
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Continuation... Health				<p>However, according to Bautista, various stakeholders complained about the period of application of the policy set forth under Circular No. 2021-008. This, she said, prompted PhilHealth to review the policy. Hence, the issuance of PhilHealth Circular No. 2021-0020 which provides a grace period for inpatient claims of probable COVID-19 pneumonia cases admitted from November 26, 2020 to June 18, 2021. Therefore, Bautista continued, the policy that only confirmed COVID-19 cases shall be covered by PhilHealth's COVID-19 inpatient packages only became effective starting June 19.</p> <p>Rep. Tan sought clarification as to whether the PhilHealth's Intermediate Package will become effective starting June 19 only. Bautista answered in the affirmative. The Chair then chided PhilHealth for not being straightforward in specifying the period of the effectivity of the Intermediate Package.</p> <p>Intermediate Package is a benefit package covering patients who were initially assessed and managed as probable COVID-19 but eventually had negative RT-PCR test results. <i>(Source: PhilHealth website)</i></p> <p>The Chair opined that the confusion in interpreting PhilHealth's circulars causes delay in its payment of COVID-19 claims. She then suggested that PhilHealth should first conduct consultations with the stakeholders before drafting and issuing its circulars.</p> <p>PhilHealth President and Chief Executive Officer Dante Gierran replied that PhilHealth will consider issuing clarificatory advisories to clear any confusion arising from the agency's circulars.</p> <p>Meanwhile, PHA President Dr. Jaime Almora expressed the HCPs' discontent with PhilHealth's slow processing of COVID-related claims. Almora stressed that PhilHealth has only been able to pay less than 50% of the total COVID-19 claims. The resource persons from PHAPi and PMA concurred with the statements of Almora.</p> <p>The Committee urged PhilHealth to immediately conduct further consultations with the hospital associations and health professional associations to arrive at reasonable terms and solutions to the issues at hand.</p>
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