

[REPUBLIC ACT NO. 6111, August 04, 1969]

**AN ACT ESTABLISHING THE PHILIPPINE MEDICAL CARE PLAN
AND CREATING THE PHILIPPINE MEDICAL CARE COMMISSION,
PRESCRIBING ITS DUTIES, POWERS AND FUNCTIONS, AND
APPROPRIATING FUNDS THEREFOR.**

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.*—This Act shall be known as the "Philippine Medical Care Act of 1969."

SEC. 2. *Declaration of Policy.*—It is hereby declared to be the policy of the Republic of the Philippines to gradually provide total medical service for our people by adopting and implementing a comprehensive and coordinated medical care program based on accepted concepts of health care, namely:

- (a) There shall be total coverage of medical services according to the needs of patients;
- (b) There shall be coordination and cooperation in the use of all medical facilities of both the government and the private sector; and
- (c) The freedom of choice of physicians and hospitals and the family doctor-patient relationship shall be preserved.

SEC. 3. *Purposes and Objectives.*—The main purposes and objectives of this Act are:

- (a) Extension of medical care to all residents in an evolutionary way within our economic means and capability as a nation;
- (b) Providing the people of the country a practical means of helping themselves pay for adequate medical care; and
- (c) To establish a Medical Care Commission.

SEC. 4. *Philippine Medical Care Commission.*—To carry out the above purposes and objectives, the Philippine Medical Care Commission, hereinafter referred to as the "Commission", is hereby created to be composed of nine (9) members, namely: (1) the Chairman; (2) the Administrator of the Commission as Vice-Chairman; (3) The Administrator of the Social Security System; (4) The General Manager of the Government Service Insurance System; (5) The President or the duly designated representative of the Philippine Medical Association; (6) The President or the duly designated representative of the Philippine Hospital Association; (7) The Secretary of Health or the Director of Medical Services if designated by the former; and (8) two members, one of whom shall preferably be a duly registered physician with at

least ten years private practice, representing the private sector.

The Chairman, the Administrator and the two members from the private sector shall be appointed by the President of the Philippines with the consent of the Commission on Appointments to serve for a term of six (6) years.

SEC. 5. *Functions, Powers and Duties of the Commission.*—The Commission shall have the following functions and powers:

- (a) To formulate policies, administer and implement the Medical Care Plan, hereinafter provided;
- (b) To organize its offices, fix the compensation of, and appoint such personnel as may be deemed necessary in accordance with Civil Service rules and regulations: Provided, That the plantilla of the Commission shall be included in the Appropriations Act for the next fiscal year, and yearly thereafter: Provided, further, That the respective Community Health funds of the provinces, cities and municipalities shall not be used for payment of salaries of the employees of the Commission;
- (c) To establish the provincial, city, and municipal Medical Care Councils;
- (d) To authorize actuarial studies for the purpose of determining and fixing, from time to time, the contributions necessary and the extent and scope of benefits of the beneficiaries of the Plan as its resources may permit in order to ensure adequate financing and disbursement of funds to all participants of the Plan;
- (e) To set up the requisites and procedures for the registration of beneficiaries under this Act;
- (f) To devise control measures to prevent abuses of the Plan;
- (g) To provide from its funds the necessary amount for the Provincial Medical Care Council, the City Medical Care Council, and the Municipal Medical Care Council to carry out their respective functions under the Plan;
- (h) To be empowered to withhold, withdraw or suspend medical care benefits from any one who refuses to pay his contribution as provided herein except in emergency cases;
- (i) To promulgate such supplementary rules and regulations as may be necessary to implement the provisions of this Act;
- (j) To submit to the President, and to each House of Congress of the Republic of the Philippines annually within the first ten days of each regular session, a report covering its activities in the administration and enforcement of this Act during the preceding fiscal year; and

(k) Generally to exercise all powers necessary to attain the purposes and objectives for which the Commission is organized.

SEC. 6. *Board Meetings.*—Regular meetings of the Commission shall be held once a week. Special meetings not to exceed four sessions a month may be held at the discretion of the Chairman or at the written request of the majority of the members of the Commission. The presence of five members of the Commission shall constitute a quorum. Members of the Commission who are government officials shall serve without additional compensation, but may be allowed traveling and other necessary expenses. Members who are not government officials shall receive a per diem of fifty pesos for each session actually attended by them. The Commission shall fix the compensation of and appoint its secretary.

SEC. 7. *The Chairman of the Commission.*—The Chairman shall be a reputable member of the medical profession with at least twelve years of experience in medical practice and with proven executive ability in business or medical undertakings. He shall hold office on a full time basis and shall receive a compensation of at least thirty thousand pesos per annum. He shall be entitled to commutable traveling and representation expenses not to exceed six thousand pesos *per annum*. He shall preside at all meetings of the Commission and shall exercise such other duties as will achieve the purposes and objectives of this Act.

SEC. 8. *Administrator of the Commission.*—The Commission shall have under its general supervision an Administrator, who shall serve as its Chief Executive Officer. He shall hold office on a full-time basis for a term of six (6) years and may not be removed except for cause. The Administrator shall be a duly registered physician with at least ten years experience in practice, who has proven executive ability and experience in business or medical undertakings. He shall be appointed by the President of the Philippines with the consent of the Commission on Appointments and shall receive a minimum compensation of P24,000.00 per annum and such other privileges as may be fixed by the Commission. All travel and other representation expenses shall not be more than six thousand pesos per annum. No other allowances and/or representation expenses under any denomination shall be allowed.

SEC. 9. *The Philippine Medical Care Plan.*—The Philippine Medical Care Plan shall consist of two basic programs, namely:

(a) *Program I*—For the members of the SSS and GSIS; and

(b) *Program II*—For those not covered in program I.

Beneficiaries under Program I shall be entitled to medical care benefits specifically provided for in subsequent sections of this Act.

The Commission shall, within three years after the effectivity of this Act, formulate an integrated program for the proper implementation of program II as envisioned in this Act. Likewise, it shall, within the same period, recommend to Congress who shall be entitled to Medical Care benefits under Program II and the amount of contributions they shall make. Program I

SEC. 10. *Medical Care for SSS and GSIS Members.*— The SSS and the GSIS shall set up their respective medical care funds and shall administer the same in accordance with the following provisions of this Act, and the policies and implementing rules and regulations promulgated by; the Commission.

Within five years from the approval of this Act, the SSS and the GSIS shall, with the approval of the Commission, respectively adopt a supplementary plan designed to take over the medical care needs of the legal dependents of their members from Program I for which the SSS and the GSIS may require additional premiums.

SEC. 11. *Compulsory Coverage.*—Coverage under this Act shall be compulsory and automatic upon all employees entitled under Section 35 of this Act: Provided, That in the case of an employee who is both covered by the SSS and GSIS, only his employment with the latter shall be considered for purposes of his coverage.

SEC. 12. *Effect of Separation from Employment.*—Subject to such rules, regulations and/or conditions as the SSS or GSIS may prescribe, an employee who is no longer obliged to contribute under Section 22 hereof by separation from employment, may elect to continue paying contributions representing the contribution of the employer as well as that of the employee only within sixty days following the date of such separation: Provided, That an employee shall be entitled to the benefits under this Act if he has satisfied the contribution requirement specified in Section 21 of this Act.

SEC. 13. *Hospitalization Expense Benefit.*—Under such rules, regulations and/or conditions as the SSS and GSIS may prescribe, subject to the approval of the Commission, an employee who is confined in a hospital on account of sickness or bodily injury requiring hospitalization, shall be entitled to confinement not exceeding forty-five days annually to:

(a) Room and board expense benefit for each day of confinement in a hospital not exceeding twelve pesos (P12.00) a day; and

(b) Special charge expense benefit for charges necessary for the care of the employee, such as laboratory examination fees, drugs, X-ray, operating room and the like, not to exceed one hundred fifty pesos (P150.00).

For drugs and medicines that maybe essential under this sub-section, the employee shall have the option to secure the same from either the hospital pharmacy wherein he is confined or from any retail drug store of his own choice, subject only to the rules and regulations or as provided for in Section 18 hereof.

SEC. 14. *Surgical Expense Benefit.*—Under such rules, regulations and/or conditions as the SSS or the GSIS may prescribe, subject to the approval of the Commission, an employee who shall have undergone surgical procedure in a hospital shall be entitled to a surgical expense benefit as may be determined by the SSS or GSIS, as the case may be, taking into account the nature and complexity of the procedure: *Provided*, That the amount of benefit shall not exceed fifty pesos for a minor operation, one hundred fifty pesos for a medium operation and three hundred fifty pesos for a major operation.

SEC. 15. *Medical Expense Benefit.*—Under such rules, regulations and/or conditions as the SSS or the GSIS may prescribe, subject to the approval of the Commission, an employee who shall have received necessary professional medical treatment by a medical practitioner while confined shall be entitled to a medical expense benefit of P5.00 for each daily visit: *Provided*, That the maximum benefit shall not exceed one hundred pesos for a single period of confinement or for any one sickness or injury: *Provided, further*, That in determining the compensable daily visit occasioned by any one sickness or injury not more than one visit for any one day shall be counted: *Provided, finally*, That specialists who are properly certified by the Philippine Medical Association shall be entitled to collect ten pesos for each daily visit.

SEC. 16. *Free Choice of Hospital or Medical Practitioner.*—Any employee who becomes sick or is injured shall be free to choose the hospital in which he will be confined and the medical practitioner by whom he will be treated.

SEC. 17. *Notification of Illness, Confinement and Supervision.*—When an employee becomes sick or is injured and confined in a hospital, his confinement as well as the nature of his sickness or injury shall be communicated by said hospital to the SSS or GSIS, as the case may be. The SSS or GSIS may exercise supervision over the confined employee and, at its expense, require him to be examined by a medical practitioner of his choice.

Sec. 18. *Payment of Claims.*—Benefits provided under this Act shall be payable directly to the hospital, the medical practitioner and the retail drug store, if any, under such rules, regulations and/or conditions as the SSS or GSIS may prescribe, subject to the approval of the Commission: *Provided*, That when the charges and fees agreed upon between the employee and the hospital and/or medical practitioner are in excess of the amount of the benefits provided for under this Act, such employee shall be liable only for the payment of that portion of such fees and charges as are in excess of the benefits payable under this Act.

SEC. 19. *Limitation on the Right to Benefits.*—

(a) No employee shall be entitled to the benefits herein granted unless he shall have paid at least three monthly contribution during the last twelve months prior to the first day of the single period of confinement:

Provided, That in case of sickness on which surgery may be deferred at the election of the employee in such cases as hermiectomy, hemorrhoidectomy, tonsillectomy, adenoidectomy and the like, the required monthly contributions paid immediately prior to the operation shall be at least for twelve consecutive monthly installments: *And provided, further* That until such time that such an employee is entitled to the benefits under Program I, he shall be covered by Program II;

(b) When the SSS or GSIS, as the case may be, has not been duly notified by the hospital in the manner prescribed under Section 17 of this Act, no claim for any of the benefits of the Act shall be paid to the hospital concerned and said hospital shall further pay to the medical practitioner damages equivalent to the benefits which said medical practitioner would have received had there been due notification: *Provided*, That in no case may a claim for benefit filed after the lapse of sixty days from the last day of confinement be paid;