Sufficient groundwork and buy-in

Total Bill

Sufficient evidence for broad policy statements, full details

DOH, LGU

A+B+C

PAYER

EXAMPLE

Should address

House Bills (HB):

UHC Bill Executive Version

3600*

15,000

LGU, DOH

Does not require change in legislation

15,000

A Substitute Bill was filed, HB 5784

DSWD

Results may come in medium to long-term

C

29,700

23,040

Halfway house,

SERVICE DELIVERY PILLAR

FINANCING PILLAR

1. Simplifying PhilHealth membership into two groups: direct contributory (premium contributions from personnel and all others as an indirect contributor (fully subsidized premium from tax collections)

2. Ensuring full PhilHealth cost coverage for medical package + basic amenities, and private insurance / OOP to cover for all additional amenities as fixed co-payment / co-insurance, and co-regulating private health insurance and health maintenance organizations (HMOs) to ensure benefit complementation (see table on right)

3. Shifting to prospective, performance-based provider payment mechanisms with built-in cost containment

REGULATION PILLAR

1. Developing preferential licensing and contracting mechanisms to encourage establishment of facilities in underserved areas, and expanding the DOH regulatory mandate to determine bed capacity and bed ratios for all facilities

2. Requiring return service of at least 2 years in an underserved DOHs for all health professional graduates of public universities, establishing a National Health Workforce Pool that will ensure equity in the distribution of human resources particularly to underserved areas

3. Centralized prior negotiation for single-source drugs, and framework contracting

GOVERNANCE PILLAR

1. Classifying entitlements and clarifying purchasing roles (see table on right)

2. Institutionalizing Health Technology Assessment to guide policy and program development of DOH and coverage decisions of PhilHealth, and mandating Health Impact Assessments for any projects, programs, and/or policies that are health-related or may have an impact on the health sector

3. Streamlining of PhilHealth Board of Directors with better entry criteria and reorganization of structural focus on decision based development and administration instead of membership and collection

4. Mandating submission of clinical, costing, price date for all health care providers

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

AO on Formul aOne + e health

UHC Bill Executive Version

Pragmatic and Immediately Implementable

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

Realistically Ambitious and Implementable in Phases

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

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

The DOH Proposed Executive Version of the UHC Bill

The Executive Version of the UHC Bill was developed by 6 Technical Working Groups (TWGs) corresponding to the four pillars of the F1+ for Health. The following are the key provisions: