NATIONAL ADMINISTRATIVE REGISTER · FEBRUARY 18, 1998

# IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 8344, OTHERWISE KNOWN AS “AN ACT PENALIZING THE REFUSAL OF HOSPITALS AND MEDICAL CLINICS TO ADMINISTER APPROPRIATE INITIAL...

*BLR ADMINISTRATIVE ORDER NO. 5-B, s. 1998, February 18, 1998*

Read online (full-text search, related cases, audio case brief): https://batas.org/library/1d946dc2b3a1/

WHEREAS, the Tenth Congress of the Republic of the Philippines enacted Republic Act No. 8344 on June 05, 1997;

WHEREAS, the President of the Republic of the Philippines signed into law R.A. 8344 on August 25, 1997;

WHEREAS, under Section 5 of R.A. 8344, the Department of Health (DOH) is mandated to promulgate the necessary rules and regulations to carry out the provisions of the aforementioned law.

NOW THEREFORE, pursuant to the provisions of R.A. 8344 authorizing the Department of Health to promulgate the necessary rules and regulations, the following are hereby issued:

1. Section 1 of said Act provides: "In emergency or serious cases, it shall be unlawful for any proprietor, president, director, manager or any other officer, and/or medical practitioner or employee of a hospital or medical clinic to request, solicit, demand or accept any deposit or any other form of advance payment as a prerequisite for confinement or medical treatment of a patient in such hospital or medical clinic or to refuse to administer medical treatment and support as dictated by good practice of medicine to prevent death or permanent disability: Provided, That by reason of inadequacy of the medical capabilities of the hospital or medical clinic, the attending physician may transfer the patient to a facility where appropriate care can be given, after the patient or his next of kin consents to said transfer: Provided, however, That when the patient is unconscious, incapable of giving consent and/or unaccompanied, the physician can transfer the patient even without his consent, Provided, further, That such transfer shall be done only after the necessary emergency treatment and support have been administered to stabilize the patient and after it has been established that such transfer entails less risks than the patient's continued confinement: Provided, finally, That strict compliance with the foregoing procedure on transfer shall not be construed as a refusal made punishable by this Act."

2. For the purpose of implementing the above, the following definitions are provided:

> 2.1 Emergency — A condition or state of patient wherein based on the objective findings of a prudent medical officer on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient.
>
> 2.2 Serious Case — refers to a condition of a patient characterized by gravity or danger wherein based on the objective findings of a prudent medical officer on duty for the day when left unattended to, may cause loss of life or cause permanent disability to the patient.
>
> 2.3 Confinement — a state of being admitted in a hospital or medical clinic for medical observation, diagnosis, testing, and treatment consistent with the capability and available facilities of the hospital or clinic.



Turn this case into an audio lecture - facts, issues, ruling and doctrine - at batas.org

2.4 Hospital — a facility devoted primarily to the diagnosis, treatment and care of individuals or other medical and nursing care. It shall also be construed as any institution, building or place where there are facilities and personnel for the continued and prolonged care of patients. The hospital shall be duly licensed by the Bureau of Licensing and Regulation of the DOH.

2.5 Emergency Treatment and Support — any medical or surgical measure within the capability of a hospital or medical clinic that is administer by qualified health care professionals to prevent the death or permanent disability of a patient. (In determining the capability of a hospital or clinic, the standards and the classification of these facilities set by the DOH Bureau of Licensing and Regulation shall be used).

2.6 Medical Clinic — a place in which patients can avail of medical consultation or treatment on an outpatient basis.

2.7 Permanent Disability — a condition of physical disability as defined under Article 192-C and Article 193-B and C of Presidential Decree No. 442, as amended, otherwise known as the Labor Code of the Philippines.

2.8 Stabilize — the provision of necessary care until such time that the patient may be discharged or transferred to another hospital or clinic with a reasonable probability that no physical deterioration would result from or occur during such discharge or transfer.

3. Transfer of Patients — Section 3 of R.A. 8344 provides: "After the hospital or medical clinic mentioned above shall have administered medical treatment and consistent with the needs of the patients preferably to a government hospital, specially in the case of poor or indigent patients."

3.1 The transferring and receiving hospital, shall be as much as practicable, be within ten (10) kilometer radius of each other.

3.2 The transfer of patients contemplated under this Act shall at all times be properly documented.

3.3 Hospitals may require a deposit or advance payment when the patient is no longer under the state of emergency and he/she refuses to be transferred.

4. All hospitals shall use a Uniform Discharge/Transfer Slip for cases covered by RA 8344 which shall include the following information:

4.1 Admission Form of transferring hospital.

4.2 Transfer Form of Transferring Hospital, to include but not necessarily limited to the following information:
4.2.1 Vital signs

4.2.2 Name of Attending Physician

4.2.3 Treatment given to patient

4.2.4 Name of receiving hospital

4.2.5 Name of contact person and approving official at receiving hospital

4.2.6 Consent of the patient or companion. In case of an unaccompanied minor or patient, they may be transferred without consent provided that the provisions of Section 1 of RA 8344 is strictly observed.

The hospital shall endeavor to use all forms of media to contact the next of kin of the unaccompanied minor or patient.

4.2.7 In case of refusal of transfer, the name of the hospital, the name(s) of persons who refused and the reason(s) for the refusal.


Bar review courses, mock exams and a study planner that keeps you on pace - batas.org

A copy of the Uniform Discharge/Transfer Slip is hereto attached as Annex A[*]

5. Penal Provisions — any official, medical practitioner or employee of the hospital or medical clinic who violates the provisions of RA 8344 shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months and one (1) day but not more than two (2) years and four months, or a fine of not less than Twenty Thousand Pesos (P 20,000.00) but not more than One Hundred Thousand Pesos (P 100,000.00) or both at the discretion of the court: Provided, however, That if such violation was committed pursuant to an established policy of the hospital or clinic or upon instruction of its management, the director or officer of such hospital or clinic responsible for the formulation and imprisonment of four (4) to six (6) years, or a fine of not less than One Hundred Thousand Pesos (P 100,000.00), but not more than Five Hundred Thousand Pesos (P 500,000.00) or both, at the discretion of the court.

6. In order to demonstrate compliance with the Act's provisions, all hospitals and medical clinics are instructed to institute the following measures:

6.1 A copy of the law and this implementing rules and regulations should be displayed prominently at hospital emergency rooms, hospital admission, counters and medical clinic premises.

6.2 Hospital and clinic managers shall establish billing and collection procedure for treatment or confinement of emergency and serious cases which shall not commence until the essential appropriate treatment of such cases has been completed.

6.3 Hospital and clinic managers shall instruct their personnel to provide prompt and immediate medical attention to emergency and serious cases without any prior requirements for payment or deposit.

6.4 It is clarified that the law and this administrative order covers only the provision of medical and surgical goods and services, and do not cover the provision of non-medical amenities which have nothing to do with the treatment of the emergency or serious case. The provisions of and payment for these non-medical amenities shall be subject to appropriate institutional business practice.

6.5 Alleged violations of the Act and this Order may be reported to the Bureau of Licensing and Regulations, Office for Standards and Regulations, Department of Health, Sta. Cruz, Manila, or to the nearest Regional Health Office which shall immediately conduct a fact-finding investigation. The findings shall be referred to the appropriate fiscal for criminal prosecution. Persons convicted of violation shall be punished in accordance with the Act.

6.6 At the instance of the Bureau of Licensing and Regulation, Administrative proceedings may also be pursued against erring clinics or hospitals that could lead to either suspension or revocation of appropriate licenses.

These Rules and Regulations shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Adopted: February 18, 1998

(SGD.) CARMENCITA NORIEGA-REODICA, MD
Secretary of Health

---

[*] Text Available at Office of the National Administrative Register, U.P. Law Complex, Diliman, Q.C.


Study hands-free: podcast-style lessons with read-along highlighting - batas.org

ABOUT BATAS.ORG

# Study smarter at BATAS.org

*The Philippine bar review and law-school companion built around how your brain actually remembers.*

### The complete Philippine law library - free for everyone.

More than 100,000 Supreme Court decisions, Republic Acts, and executive issuances - full-text searchable, browsable by category and year, and always free. No paywall, no login. This PDF came from it.

### Audio case-brief lectures.

Any decision becomes a podcast-style lecture - facts, issues, ruling, and doctrine - with read-along highlighting and a hands-free presentation mode. Study while commuting, working out, or resting your eyes.

### Bar review built on the science of memory.

Complete, sequenced courses for all eight bar subjects, narrated like podcasts and reinforced with retrieval practice and spaced review - the study techniques with the strongest evidence behind them.

### The full law-school curriculum.

One subscription unlocks the entire J.D. curriculum - every subject, every lesson, with your progress tracked down to the paragraph so you can pick up exactly where you left off, on any device.

### Mock exams that tell you where you stand.

Timed multiple-choice exams graded instantly, with per-subject score breakdowns and focus suggestions that point you at your weakest topics first.

### A study planner that keeps you on pace.

Set your schedule and BATAS tells you every day whether you are on track for bar day - and exactly which lesson to take next.

**Start free at https://batas.org**

The law library is free forever - and your first lesson is one click away.

The text of this document is an official public record and remains in the public domain. Formatting, presentation, and compilation © 2026 batas.org.

Downloaded free from the batas.org Law Library. Share it freely - the library is free for every law student, bar reviewee, and practitioner.