



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**EIGHTEENTH CONGRESS**  
**First Regular Session**

**House Bill No. 269**



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Introduced by **DIWA Party-list Representative Hon. Michael Edgar Y. Aglipay**

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#### **EXPLANATORY NOTE**

It is the policy of the State to provide quality health services and facilities that is available, affordable, and accessible to everyone. Section 11, Article XIII of the Philippine Constitution, provides, that—

*“The state shall adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. xxx.”*

The present condition of health care provision in the Philippines remains unimproved and as reported by the World Health Organization in 2012, it is still true to this date, that- “in general, quality of health services as measured by outcomes, population coverage, effectiveness, and safety and other indicators is highly variable depending on geographic location and social and economic factors. Highly urbanized metropolitan areas with higher income levels tend to and are perceived to have better quality health service than the mainly rural impoverished and often isolated communities where licensing standards are absent, and accreditation rates are very low.”<sup>1</sup>

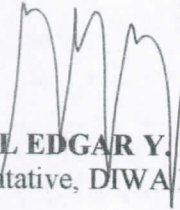
Various programs of the department of Health and the National government are still inadequate to address the large disparities in health outcomes between the rich and poor, resulting from economic and geographic barriers to health services. Hence, this representation perceives the need to undertake critical reforms in improving the efficiency, effectiveness and equity of the Philippine health care delivery such that every Filipinos across the country can avail a comprehensive universal health care for all.

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<sup>1</sup> Health Service Delivery Profile, Philippines 2012 compiled by the World Health Organization and The Department of Health, accessed through [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile/philippines.pdf](http://www.wpro.who.int/health_services/service_delivery_profile/philippines.pdf)

This Bill aims to address the persistent inequality and inequity in health care delivery and access across the country. Specifically, the objective of this legislative measure is to close the capacity gaps among of Regional Hospitals in terms of providing quality, efficient and extensive medical diagnostic, treatment, rehabilitation as well as prevention by providing an upgrade of the physical and management infrastructure to create and institutionalize a Regional Center of Excellence for Health Care that provides world class quality medical services and international standards accreditations across regions.

With the foregoing considerations, this representation earnestly seek the approval of this measure.



**MICHAEL EDGAR Y. AGLIPAY**  
Representative, DIWA Party-list





Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**SEVENTEENTH CONGRESS**

**Third Regular Session**

**269**

House Bill No. \_\_\_\_

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Introduced by **DIWA Party-list Representative Michael Edgar Y. Aglipay**

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**AN ACT**

**TO INSTITUTIONALIZE A STANDARD UPGRADE AND MODERNIZATION OF  
REGIONAL HOSPITALS TO CREATE AND ESTABLISH REGIONAL CENTER  
OF EXCELLENCE FOR HEALTH CARE**

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

**SECTION 1. *Short Title.*** This Act shall be known as "Institution of Regional Center of Excellence for Health Care Act."

**SEC. 2. *Declaration of Policy.*** It is the policy of the state shall to adopt an integrated and comprehensive approach to health development, which shall be available and accessible to all the people at affordable cost. Towards this end, reforms shall be introduced and implemented within the Philippine health delivery system that must be available, accessible and affordable in order to achieve the common objective of universal health care for Filipinos.

**SEC. 3. *Definition of Terms.*** As used in this Act, the terms enumerated below shall have the following meaning:

- (a) *Anatomic and Clinical Pathology Laboratory System* – shall refer to a laboratory facility that provides the diagnosis of disease using laboratory testing of blood and other bodily fluids, tissues, and microscopic evaluation of individual cells. The laboratory testing shall cover the following areas:
- 1) Anatomic pathology, which includes histopathology, cytopathology, and electron microscopy; and
  - 2) Clinical pathology, which typically includes – Clinical Microbiology, Clinical Chemistry, Hematology, Blood Bank, and Molecular diagnostics or DNA testing

- (b) *Angiogram* – refers to a diagnostic procedure that outlines blood vessels, usually arteries, in various areas in the body that is used to identify narrowing or blockages in the arteries in the body.
- (c) *Computed Tomography (CT) Scan* – refers to an X-ray image made using a form of tomography in which a computer controls the motion of the X-ray source and detectors, processes the data, and produces the image. The detailed images of internal organs are obtained by this type of sophisticated X-ray device can reveal anatomic details of internal organs that cannot be seen in conventional X-rays.
- (d) *Dialysis* – refers to the process of removing waste products and excess fluid from the body. Dialysis is necessary when the kidneys are not able to adequately filter the blood.
- (e) *Dialysis Facility System* – refers to a facility that provides treatment for chronic kidney disease.
- (f) *High Risk Pregnancy Unit (HRPU)* – a unit in the hospital where women are confined, with complications arising from pregnancy, whose treatment requires constant supervision or further investigation and assessment. The unit is operated by a staff of experts such as, but not limited to, perinatologists, obstetricians, pediatricians, with the assistance, as needed, of other specialists. It is a fully equipped obstetric ICU that can handle high risk cases and with a corresponding high risk neonatal ICU (NICU) to handle high risk neonates.
- (g) *Intensive Care unit (ICU)* – a hospital unit in which patients requiring close monitoring, continuous attention and intensive/critical care are kept. An ICU contains highly technical monitoring devices and equipment and is staffed by personnel trained to deliver critical care.
- (h) *Mammogram* – refers to an X-ray test that produces an image of breast tissue on film. This technique, called mammography, is used to visualize normal and abnormal structures within the breasts.
- (i) *Magnetic Resonance Imaging (MRI)* – refers to a procedure that uses a strong magnetic field and radio waves to create detailed images of the organs and tissues within the body.
- (j) *Medical Specialist* – refers to a doctor of medicine that practices a specific branch of medicine.
- (k) *Neonatal Intensive Care Unit (NICU)* – a hospital unit containing a variety of mechanical devices and special equipment for management and care of premature/preterm and seriously ill newborns. The unit is staffed by a team of neonatologists, other pediatric subspecialists, and nurses who are highly trained in the management of medical and surgical conditions of the newborn.



- (l) *Rehabilitation Care Facility System* – refers to hospital facility that provides a specialized medical care and/or rehabilitation services to injured, sick or disabled patients, which includes speech therapy and physical rehabilitation.
- (m) *Regional Government Hospital* – refers to a hospital operated and maintained either partially or wholly by the national government or by any department, division, board or other agency thereof.

SEC. 4. *Coverage*. The provisions of this Act shall apply specifically and exclusively to Regional Hospitals with service mandate of a general hospital and at least five hundred (500) authorized bed capacity and identified by the Department of Health to have full operational potential to maintain and operate as a Center for Excellence on Health Care Facility that provides affordable, quality, accessible and efficient hospital services and health care to the general population throughout their respective regions.

SEC. 5. *Regional Hospital Modernization Program*. Within five (5) years from the effectivity of this Act, all the DOH identified Regional Hospitals under Section 4 of this Act shall be upgraded to have a minimum functional capacity of a Regional Center of Excellence for Health Care that is comparable to health care institution with a world class quality medical services and international standards accreditations, such as but not limited to, Joint Commission International, and the likes. In order to achieve this goal there shall be a Regional Hospital Modernization Program to facilitate improvement and enhancement of the physical facilities, equipment and instruments, and service delivery of all the DOH identified Regional Hospitals, specifically—

- a) *Physical Facilities and Equipment and Instruments*. At the minimum, all DOH identified Regional Hospitals shall establish, operate and maintain the following physical facilities, complete with the necessary equipment and instruments, including but not limited to:
  - 1. Isolation facilities;
  - 2. General Intensive Care Unit;
  - 3. Neonatal Intensive Care Unit;
  - 4. Surgical Facility/Maternal Facility;
  - 5. High Risk Pregnancy Unit;
  - 6. Ambulatory Surgical Clinic;
  - 7. Anatomic and Clinical Laboratory;
  - 8. Blood Station;
  - 9. Dialysis Facility;
  - 10. Physical Medicine and Rehabilitation Facility;
  - 11. Radiologic Facilities, such as, X-Ray, CT Scan, Mammogram, MRI, ECG, Angiogram, Ultrasound and others;
  - 12. Psychiatry Facility
  - 13. Nuclear Medicine Facility; and

14. Other necessary medical facilities as may be identified by the Department of Health.

- b) Support Staff. All the facilities enumerated in Section 5 (a) must have competent and trained staff, nurses, therapists, medical technicians and/or other ancillary and support staff that can perform the highly specialized procedures required in the above mentioned facilities. Required plantilla positions for the said professional health care services for the respective regional hospitals are hereby created to conform and to be commensurate to the requirements of the facilities and services offered of the Regional Hospital.
- c) Service Delivery. All DOH identified Regional Hospitals shall offer the services for all kind of illnesses, diseases, injuries or deformities. It shall have certified/eligible medical specialists, to facilitate timely, efficient, affordable and accessible, diagnosis and treatment. Plantilla positions for the required medical specialists are hereby created for the following areas:
  - 1. Clinical Services
    - a. Family Medicine;
    - b. Pediatrics;
    - c. Internal Medicine;
    - d. Obstetrics and Gynecology; and
    - e. Surgery;
  - 2. Emergency Services;
  - 3. At least one Medical specialist on the following areas:
    - a. Pulmonology;
    - b. Cardiology;
    - c. Urology;
    - d. Pulmonology;
    - e. Neurology;
    - f. Pathology;
    - g. Oncology;
    - h. Psychiatry
    - i. Rehabilitation Medicine; and
    - j. Other specialists as recommended by the Department of Health.
- d) Teaching and/or training hospital. Within three (3) years from the effectivity of this Act all the DOH identified Regional Hospitals must be expanded to be Teaching and/or training hospital a with accredited residency training program for physicians in the four (4) major specialties namely: Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery.



SEC. 6. *Creation of Regional Hospital Modernization Commission.* There is hereby created a Regional Hospital Modernization Commission, hereinafter referred to as the Commission, which shall be attached to the Department of health (DOH), which shall function as the implementing body for the proper execution and for policy and coordination of the Regional Hospital Modernization Program.

The Commission shall be composed of (7) members, to wit: the Secretary of the Department of Health as ex officio chairman, a vice-chairman to be appointed by the President of the Philippines; a representative from the Philippine Medical Association (PMA); two (2) representatives from other health professionals; a representative from the Private Hospitals Association of the Philippines (PHAP) and the Executive Director of the Commission Secretariat, all to be appointed by the President of the Philippines upon recommendation of the Secretary of the Department of Health to be made on the basis of the list of nominees submitted of their respective organizations and who shall serve for a term of five [5] years. The Executive Director of the Commission Secretariat shall also be a member of the Commission.

The Commission shall be assisted by a Secretariat to be headed by an Executive Director and two [2] Deputy Directors, who shall be appointed by the President of the Philippines, upon recommendation of the Secretary of the Department of Health.

The Executive Director shall have the same rank, salary, benefits and other emoluments as that of a Department Assistant Secretary, while the Deputy Directors shall have the same rank, salary, benefits and other emoluments as that of a Bureau Director. The members of the Commission representing the PMA, other health professionals and PHAP shall have the same rank, emoluments, allowances and other benefits as those of a Regional Hospital Director."

SEC. 7. *Powers and Functions of the Commission.* - The Commission shall have the following powers and functions:

- (a) To act as the national consultative and advisory body to the Department of Health on matters relating to the Regional Hospital Modernization Program;
- (c) To prescribe rules and criterion for the determination of the regional hospitals that will be included in the program;
- (b) To formulate policies and guidelines on the required upgrade and modernization of the physical facilities, procurement of equipment and instruments, hiring and training medical specialists, nurses, therapist, technicians and other ancillary and support staff;
- (d) To study the upgrading and modernization plan and to determine if these are in accordance with the objective to create a health care facility with a world class quality medical services and international standards accreditations;
- (e) To undertake studies, researches and surveys necessary for the attainment of its functions and objectives, and to collect and compile data on the latest developments in the health care industry;
- (g) To exercise technical and administrative supervision over the DOH identified Regional Hospital during the upgrade and modernization program and until the Regional Hospital becomes self-sufficient and self-sustaining;
- (i) To exercise such powers and functions as may be necessary to implement this Act.

SEC. 8. *Inventory/Audit of Regional Hospitals.* An inventory/audit of the physical facilities, equipment and instruments as well as the personnel of the Regional Hospitals shall be conducted within Six (6) months from the promulgation of the implementing rules and regulations of this Act, to determine the present classification of the respective regional hospitals based on their functional capacity. The result of the audit and inventory shall be the basis of the respective upgrade and modernization plan for each DOH identified Regional Hospitals. Priority shall be given to the regional hospital that requires the most upgrade.

SEC. 8. *Appropriations.* The Secretary of Health shall immediately include in the Department of Health's priority the Regional Hospital Modernization Program, the funding of which shall be included in the annual General Appropriations Act.

SEC. 9. *Implementing Rules and Regulations.* The Department of Health (DOH) shall promulgate the implementing rules and regulations as may be necessary to carry out the provisions of this Act.

SEC. 10. *Separability Clause.* If any provision of this Act shall be held unconstitutional or invalid, the remaining provisions which are not affected thereby shall continue to be full force and effect.

SEC. 11. *Repealing Clause.* All laws, decrees, executive orders, rules and regulations, and other issuances, or parts thereof, contrary to or inconsistent with this Act are hereby modified, amended or repealed accordingly.

SEC. 12. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,