

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6395



Introduced by **HONORABLE STELLA LUZ A. QUIMBO**

**AN ACT AUTHORIZING LOCAL GOVERNMENT UNITS TO ESTABLISH
ADEQUATE PRIMARY CARE NETWORKS IN SUPPORT OF REPUBLIC
ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH
CARE ACT"**

EXPLANATORY NOTE

Republic Act No. 11223 or the Universal Health Care Act was signed into law with the aim of providing all Filipinos with access to quality, comprehensive, and affordable health care services. One of the landmark features in RA 11223 is the requirement for every Filipino to be registered to a primary care provider, who shall act as the initial and continuing point of contact and facilitate effective navigation through the health care delivery system.

According to studies by the World Health Organization (WHO), if primary care providers can effectively act as gatekeepers and facilitate referrals to various health care providers, patients can better manage their course of treatment and reduce costs. However, in its 2018 review, the WHO noted that such mechanisms are currently still insufficient in the Philippine health care system, and there are clear disparities in supply capacity across different areas of the country. Investments in infrastructure and human resources are needed to close these gaps and improve health outcomes.

This bill seeks to equip local government units (LGUs) in establishing adequate primary care provider networks in their respective jurisdictions, in support of the objective of universal health care. Although public funds may be made available for this purpose by RA 11223, LGUs are stifled by the limitation on personnel services spending provided in Republic Act No. 7160 or the Local Government Code of 1991. This bill proposes to exempt the remuneration and incentives of certified primary care providers from the ceiling on personnel services spending, in order to allow LGUs to allocate

sufficient funds for the deployment of qualified primary care providers in their respective jurisdictions.

In order to systematically evaluate supply gaps in the provision of primary care, this bill also mandates the DOH to develop standards for an adequate primary care provider network, in accordance with international best practices. An assessment of LGUs based on such standards will provide a clear roadmap for the government's roll out of primary care services. To help achieve network adequacy, this bill also provides for the development of capacity building programs that focus on competencies for primary care.

In view of the foregoing, the swift passage of this measure is earnestly sought.



STELLA LUZ A. QUIMBO

Representative

Second District, Marikina City

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1 **AN ACT AUTHORIZING LOCAL GOVERNMENT UNITS TO ESTABLISH**
2 **ADEQUATE PRIMARY CARE PROVIDER NETWORKS IN SUPPORT OF**
3 **REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL**
4 **HEALTH CARE ACT"**

5
6 *Be it enacted by the Senate and House of Representatives of the Philippines in*
7 *Congress assembled:*

8
9 SECTION 1. *Title.* – This Act shall be known as the "Primary Care Network
10 Adequacy Act."

11
12 SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State
13 that every Filipino be afforded a primary care provider. The State is to develop
14 and sustain an adequate primary care provider network that will fully support
15 the goals of Republic Act No. 11223, otherwise known as the "Universal Health
16 Care Act."

17
18 SECTION 3. *Definition of Terms.* – As used in this Act:

19
20 a. *Primary care providers* shall include the following:

- 21 i. *Primary care worker* refers to a health care worker, with defined
22 competencies, who may be a health professional or community
23 health worker/volunteer, certified by the Department of Health
24 (DOH) or any health institution that is licensed and certified by the
25 DOH, to provide primary care services in support of the Universal
26 Health Care Act.
27 ii. *Primary care facility* refers to the institution that primarily delivers
28 primary care services which shall be licensed or registered by the
29 DOH.
30

1 b. *Primary care provider network* refers to a coordinated group of public,
2 private, or mixed primary care providers within a health care system or
3 health care provider network.
4

5 c. *Primary care network adequacy* refers to the sufficient ability and capacity
6 of a primary care provider network to deliver essential primary care
7 services.
8

9 SECTION 4. *Targets for Primary Care Network Adequacy.* – The DOH shall
10 develop standards and targets for primary care network adequacy, at the
11 provider level and network level, in accordance with global standards and local
12 conditions.
13

14 In relation with these standards, the DOH, with the Civil Service Commission
15 (CSC), shall also formulate the appropriate job description and requirements for
16 each type of primary care provider. The DOH is hereby authorized to adjust the
17 functions of each type of primary care provider.
18

19 SECTION 5. *Comprehensive Plan for Primary Care Network Adequacy.* – All local
20 government units (LGUs) shall adopt the targets relating to primary care network
21 adequacy in all of their plans and programs, with technical assistance from the
22 DOH.
23

24 The LGUs shall regularly monitor data relevant to primary care network
25 adequacy for assessment by the DOH, and according to guidelines by the same.
26 The DOH shall provide Congress, through the House Committee on Health and
27 the Senate Committee on Health and Demography, an annual report detailing
28 all primary care network adequacy targets and the current status of each LGU,
29 including recommendations in cases of shortfalls on adequacy targets.
30

31 SECTION 6. *Capacity Building for Primary Care.* – The DOH, in cooperation with
32 the Commission on Higher Education, Technical Education and Skills
33 Development Authority, Professional Regulation Commission, LGUs, medical
34 associations and other health care professional organizations, shall develop and
35 plan the expansion of degree and training programs geared towards producing
36 competent primary care workers, especially for underserved areas.
37

38 SECTION 7. *Financing for Primary Care Network Adequacy.* – Authority is hereby
39 granted to heads of LGUs to finance the requirements for an adequate primary
40 care provider network, including but not limited to hiring, remuneration,
41 incentives, capacity building, and monitoring, through the Special Health Fund
42 in accordance with Republic Act No. 11223.
43

44 The remuneration and incentives of certified primary care providers that are
45 deployed for purposes of implementing the Universal Health Care Act shall be
46 determined by the CSC in accordance with relevant laws, and shall not be

1 subject to the ceiling on personnel services spending as provided in Republic Act
2 No. 7160 or the "Local Government Code of 1991." For purposes of this Act,
3 personnel services refers to the appropriations for the payment of salaries, wages
4 and other compensation of permanent, temporary, contractual, and casual
5 employees of the LGU.

6
7 LGUs shall endeavor to provide incentives to primary care providers on the basis
8 of performance-based and close-end targets.

9
10 SECTION 8. *Validity of the Special Health Fund.* - All monies in the Special Health
11 Fund, regardless of fund source, shall be available to the LGU for obligation and
12 disbursement until full expended.

13
14 SECTION 9. *Implementing Rules and Regulations.* - The DOH, in consultation
15 with the Department of Budget and Management, shall formulate the
16 implementing rules and regulations of this Act within ninety (90) days after its
17 approval.

18
19 SECTION 11. *Repealing Clause.* - All laws, decrees, executive orders, rules and
20 regulations, or parts thereof which are inconsistent with this Act are hereby
21 repealed, amended, or modified accordingly.

22
23 SECTION 12. *Separability Clause.* - If any provision of this Act is declared
24 unconstitutional or invalid, other parts or provision hereof not affected shall
25 continue in full force and effect.

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27 SECTION 13. *Effectivity.* - This Act shall take effect fifteen (15) days following its
28 publication in the Official Gazette or in a newspaper of general circulation.

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31 *Approved,*
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