

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 3522



Introduced by
**BAYAN MUNA Party-List Representatives FERDINAND R. GAITE,
CARLOS ISAGANI T. ZARATE, and EUFEMIA C. CULLAMAT**

AN ACT
REVERTING TO THE NATIONAL GOVERNMENT THE DISCHARGE OF BASIC
HEALTH SERVICES DEVOLVED TO LOCAL GOVERNMENT UNITS (LGUs),
AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7160, OTHERWISE
KNOWN AS THE LOCAL GOVERNMENT CODE OF 1991, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

This Bill seeks to bolster the government's delivery of health services to the Filipino people and improve access to quality healthcare by returning to the national government the health care delivery system currently devolved to the local government units (LGUs)..

Article II. Section 15 of the 1987 Constitution states clearly that the State shall protect and promote the right to health of the people and instill health consciousness among them. The collective health of the people affects and hyper-extends the success or failure of government in attaining human and socio-economic development.

Further, the World Health Organization (WHO) Alma Ata Declaration in 1978, of which the Philippine government is a signatory, reiterates that health is a fundamental human right and explicitly states that "the attainment of the highest possible level of health is a most important world-wide social goal".

The devolution of government's health care delivery system via Republic Act No. 7160, otherwise known Local Government Code of 1991, has given rise to various problems, especially in terms of access to quality healthcare.

A review of the Local Government Code in 2014 published by Health Perspectives Inc have shown that devolution have resulted to a highly fragmented health system. The DOH has no direct control over the LGUs who are the implementers of health program, the LGUs on the other hand develop health plans without regard for the larger health agenda.

Local officials also lack the capacity to effectively manage the health services, while many health personnel could not adequately deal with local officials. Health is not a priority of most LGU officials, LGUs have unequal capacities to sustain health services. The gap between different class of municipalities widened, as urbanized and developed municipalities tend to have more funds for health care than those in the 4th - 6th class municipalities.

Independent research group IBON Foundation, in its paper Devolution of Health Services in 2010, documented further deterioration of public health facilities, lack of health personnel and demoralization of devolved health personnel due to low salaries and benefits compared to their national counterparts.

Based on the data from IBON, the budget for health, nutrition and population control have alarmingly decreased since devolution. In provinces, the share of the said item in 2001 stood at 20% of their total income and expenditures but went to 14% of total income and 16% of total expenditures in 2008. In municipalities, the share of the said item in total income and expenditures went down by 23% and 15%, respectively.

Even the Department of Health recognized the problems created by devolution of health care, as former DOH Secretary Enrique Ona in 2014 proposed that the Local Government Code be amended to revert the direct supervision of provincial officers and municipal health officers to the DOH.

There is an urgent need to address the problems created by devolution of health services. Health care must be made accessible, affordable, and appropriate to the needs of the people especially at the grassroots level. The public health care delivery system must be strengthened down to the barangay level. Preventive health care and public health must be given emphasis.

Ultimately, collective action and political will remain vital in bringing about meaningful social changes that will redound to the people's benefit. Your earnest support to this endeavor can, in a very literal sense, save lives.

This bill has been filed since the 15th Congress by Bayan Muna Party-List. It is a major step to address the fatal flaws of the decentralization of health services. In order to have a comprehensive and integrated health care delivery system as mandated by the Constitution of the Republic of the Philippines the urgent approval of this bill is earnestly recommended.


Approved,



REP. FERDINAND R. GAITE
BAYAN MUNA Partylist



REP. CARLOS ISAGANI ZARATE
BAYAN MUNA Partylist



REP. EUFEMIA C. CULLAMAT
BAYAN MUNA Partylist

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REVERTING TO THE NATIONAL GOVERNMENT THE DISCHARGE OF BASIC
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Title. This act shall be known as the “Renationalization of Health Services and Facilities Act of 2019”.

SECTION 2. Declaration of Policy. It is the declared policy of the State that it shall protect and promote the right to health of the people and instill health consciousness among them. Further, the State shall endeavor to make essential goods, health and other services available to all the people at affordable cost.

SECTION 3. Objectives. The objectives of this Act are:

- a) to prevent the further deterioration of government health services and facilities and reverse the negative trend brought about by devolution;
- b) to provide all essential health services to the people, especially the sick, the poor and marginalized sectors of society; and
- c) to improve and uplift the morale, social, and economic well-being of health workers.

SECTION 4. Renationalization. All health services and facilities devolved to the local government units are hereby renationalized or returned to the auspices of the national

government. Renationalization for the purpose of this Act shall mean the reversion to the national government of the discharge of basic health services devolved to local government units (LGUs), which shall include the control, supervision, management and maintenance of health facilities, personnel and health services.

For this purpose, the following provision of the Local Government Code of 1991 (RA7160), are hereby deleted, repealed and declared no longer enforceable and effective:

Section 17 (b) paragraph (1) (ii), paragraph (2) (iii), paragraph (3) (iv), and (4) for health services only:

Section 102 (a) (1), (2), (3), (b) (1), (2), and (3);

Section 103 (a) and (b); Section 104;

Section 105; and

Other related provisions of the Local Government Code that pertain to devolved health services and facilities.

TRANSITORY PROVISIONS

SECTION 5. Appropriations. - The amount necessary for the initial implementation of this Act shall be Php 60 billion and added to the appropriations of the Department of Health.

Thereafter, such sums as may be needed for its continued implementation shall be included in the Annual General Appropriations Act, specifically five (5) percent of the country's projected Gross National Product (GNP), as recommended by the World Health Organization (WHO), are allocated for the continued operation and maintenance of all the government hospitals at the national, regional, provincial, district, city, and municipality levels and shall be included in the annual budget of the Department of the Health in the General Appropriations Act of every year.

FINAL PROVISIONS

SECTION 6. Separability Clause. The provisions of this Act are hereby declared to be separable and, in the event of any such provisions are declared unconstitutional, the other provisions which are not affected thereby shall remain in force and effect.

SECTION 7. Repealing Clause. All provisions in laws, decrees, memoranda, circulars, orders and other rules and regulations inconsistent with this Act shall be deemed amended or repealed if the inconsistency is irreconcilable.

SECTION 8. Implementing Rules and Regulations. The implementing rules and regulations (IRR) of this Act shall be promulgated by the Department of Health (DOH) with representatives from the local government units, the relevant professional health associations and health sector organizations and shall be drawn up within three months after the approval of this Act. Failure of the DOH to promulgate the IRR within the period required in this Act shall subject the Secretary of Health to administrative sanction.

SECTION 9. Effectivity. This Act shall take effect fifteen days (15) days after publication in the Official Gazette or in a national newspaper of general circulation.

Approved,