

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

FIFTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1083

Introduced by Rep. BERNADETTE HERRERA-DY

EXPLANATORY NOTE

The primary importance of health care in the country cannot be over emphasized. No less than the Constitution, clearly emphasized under Section 15, Article II that:

"The State shall protect and promote the right to health of the people and instill health consciousness among them."

It is likewise mandated under Section 11, Article XIII of the 1987 Constitution 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. x x x"

Health services and care should therefore, be made universally applicable to all people, regardless of their economic / social status in life. Moreover, it is imperative that the Government focus on providing holistic health care, giving emphasis on health promotion and disease prevention.

There are a number of health legislations in the country. It is however, unfortunate that these laws remain to be legal mandates that are not implemented, either because the provisions are already obsolete and no longer applicable to the needs of the times, or remain to be unfunded due to the scarcity of Government resources. It is in the light of this dilemma that a thorough review of the existing health laws must be done in order to be responsive to the health needs of the people.

With the passage of this universal health care bill, access to affordable, quality health care is not just a dream to be fulfilled. It is well within the reach of everyone.

Hence, the immediate passage of this bill is earnestly requested.


BERNADETTE HERRERA-DY

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Introduced by Rep. BERNADETTE HERRERA-DY

AN ACT INSTITUTING A UNIVERSAL HEALTH CARE, AMENDING FOR THIS PURPOSE REPUBLIC ACT 7875, OR THE NATIONAL HEALTH INSURANCE ACT OF 1995, REPUBLIC ACT 7392 OR THE MIDWIFERY ACT, REPUBLIC ACT 7600 OR THE ROOMING IN AND BREASTFEEDING ACT, AND FOR OTHER PURPOSES

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

CHAPTER 1

GENERAL PROVISIONS

Section 1. Title. – This Act shall be known as the “The Universal Health Care Act of 2010”.

Section 2. Declaration of Policy. The State shall promote the right to health of the people, and shall pursue an integrated, comprehensive health system. Pursuant to this, the State shall endeavor to make health services available to every sector of the society, and shall provide holistic health care, focusing on health promotion and disease prevention.

Section 3. Definition of Terms. As used in this Act, the following definitions are adopted:

1. Donor Milk – human milk from a non-biological mother.
2. Health Facilities – refer to physical structures, equipment, spaces and vehicles that are utilized in the delivery of health care services, both in-patient and out-patient services. This includes, but not limited to, hospital, laboratories, health centers, clinics and other similar facilities.
3. Human Milk Bank – a service established for the purpose of collecting, screening, processing, storing and distributing donor human milk to meet the specific medical and nutritional needs of individuals for whom human milk is prescribed.

4. Locally-administered health facilities refer to both devolved and locally-created facilities whose functions, operations, personnel and administration are under the management and supervision of local government units.
5. Pasteurization – (Holder method) – the process of subjecting milk to an accurate temperature of 62.5 degrees Celsius for 25 minutes.
6. PhilHealth – refers to the Philippine Health Insurance Corporation, created under Republic Act 7875.
7. Secretary – refers to the Secretary of the Department of Health.

Chapter II

Basic Principles

Section 4. Basic and essential health service packages. Basic and essential health service packages will be made available to all people in all localities while specific and specialized health services will be made available by designated providers in strategic locations. In line with this goal, the Department of Health shall undertake the following responsibilities:

1. Provide technical assistance to define the package of minimum health care for the Local Government Units;
2. Strengthen technical and managerial capability at the local level to improve Local Government Units' performance;
3. Facilitate compliance to accreditation requirements of health facilities, products and services;
4. Provide venues for inter-agency coordination, including other players in the health sector in a given locality;
5. Monitor and evaluate the Local Government Units' performance through the LGU scorecard;
6. Develop incentive mechanisms for Local Government Units towards better performance in the delivery of health care; and
7. Rationalize the role of DOH hospitals to complement health care services provided by the LGUs and the private sector.

Section 5. Health Strategies. The Department of Health shall intensify its efforts to reduce public health threats by taking on the following strategies:

1. Undertaking disease-free zones initiative areas where diseases such as malaria, filariasis, schistosomiasis, rabies, leprosy and vaccine-preventable diseases are major health problems will be identified and targeted for intensive campaigns to eliminate these diseases as public health threats.
2. Implementing intensified disease prevention and control strategy for other priority diseases such as tuberculosis, HIV-AIDS and other

communicable diseases will be undertaken in intensified disease control zones where the greatest impact from health investments could be derived.

3. Enhancing health promotion and disease surveillance to ensure that the targets for disease elimination, prevention and control are attained. Furthermore, Health promotion interventions will be directed at the prevention and control of health hazards and health risk-taking behaviors, particularly those associated with lifestyle related diseases such as cardiovascular diseases, cancer, diabetes mellitus and chronic obstructive pulmonary disease, among others.

Section 6. Community-Based Health Units. In areas where there are no facility-based units, which provide curative, treatment and diagnostic services to the people, the community-based health units which conduct promotive and preventive work must be strengthened. The community-based health units consist of rural health units (municipal health centers and rural health stations) of the municipal or village level of local governments.

CHAPTER 3

AMENDMENTS TO REPUBLIC ACT 7875 OTHERWISE KNOWN AS NATIONAL HEALTH INSURANCE ACT OF 1995

Section 7. Section 2, paragraph o of RA 7875 is hereby amended to read as follows:

o) *Public Health Services* - The Government shall be responsible for providing **HOLISTIC HEALTH CARE WITH HEALTH PROMOTION AND DISEASE PREVENTION** (public health services) for all groups such as women, children, indigenous people, displaced communities in environmentally endangered areas, while the Program shall focus on the provision of personal health services. Preventive, **ALTERNATIVE** and promotive public health services are essential for reducing the need and spending for personal health services;

Section 8. Section 10 of RA 7875 is hereby amended to read as follows:

Section 10. *Benefit Package*. - Subject to the limitations specified in this Act and as may be determined by the Corporation, the following categories of personal health services granted to the member or his dependents as medically necessary or appropriate, shall include:

x x x x x

b) *Outpatient care:*

- 1) services of health care professionals;
- 2) diagnostic, laboratory, and other medical examination services;
- 3) personal preventive services; and
- 4) prescription drugs and biologicals, subject to the limitations described in Section 37 of this Act;

5) SPECIALIZED TREATMENT SUCH AS THOSE FOR HEMODIALYSIS, CHEMOTHERAPY, RADIOTHERAPY AND THE LIKE.

Section 9. Section 11 of RA 7875 is hereby amended by **deleting** letters a, b, e, f and g, to read as follows:

Section 11. *Excluded Personal Health Service.* - The benefits granted under this Act shall not cover expenses for the services enumerated hereunder except when the Corporation, after actuarial studies, recommend their inclusion subject to the approval of the Board:

- (a) non-prescription drugs and devices;
- b) out-patient psychotherapy and counseling for mental disorders;)
- c) drug and alcohol abuse or dependency treatment;
- d) cosmetic surgery;
- (e) home and rehabilitation services;
- f) optometric services;
- g) normal obstetrical delivery;) and
- h) cost ineffective procedures which shall be defined by the Corporation.

Section 10. Section 23 of RA 7875 is hereby amended to read as follows:

SECTION 23. *Functions.* - Each **LOCAL HEALTH INSURANCE** Office shall have the following powers and functions:

X X X X

c) to collect and receive premiums and other payment contributions to the Program(;). **HOWEVER, IN CASE OF SELF-EMPLOYED MEMBERS IN AREAS WHERE THERE ARE NO LOCAL HEALTH INSURANCE OFFICES, CONTRIBUTIONS MAY BE COLLECTED BY COOPERATIVES LOCATED IN THE SAID LOCALITY, DULY REGISTERED WITH THE COOPERATIVE DEVELOPMENT AUTHORITY;**

X X X X

p) to tap community-based volunteer health workers, **COOPERATIVE OFFICERS** and barangay officials, if necessary, for member recruitment, premium collection and similar activities, and to grant such workers incentives according to the guidelines set by the Corporation and in accordance with the applicable laws. However, the incentives for the barangay officials shall accrue to the barangay and not to the said officials;

q) to participate in information and education activities that are consistent with the government's priority programs on disease prevention and health promotion(;) and **OTHER ALTERNATIVE METHODS OF HEALTH CARE; AND**

X X X X

Section 11. Section 24 of RA 7875 is hereby amended to read as follows:

Sec. 24. Creation of the National Health Insurance Fund. -
There is hereby created a National Health Insurance Fund, hereinafter referred to as the Fund, that shall consist of:

X X X X

c) other appropriations earmarked by the national and local governments purposely for the implementation of the Program(;). **FOR THIS PURPOSE, THE NATIONAL GOVERNMENT, THROUGH THE OFFICE OF THE PRESIDENT, SHALL ALLOCATE NO LESS THAN TWENTY (20%) PERCENT OF ITS SOCIAL FUND FOR THE NATIONAL HEALTH INSURANCE FUND, WHILE THE LOCAL GOVERNMENT UNITS SHALL ALLOCATE FOR THE SAME PURPOSE, NO LESS THAN TWENTY (20%) PERCENT OF THEIR RESPECTIVE ANNUAL INTERNAL REVENUE ALLOTMENTS (IRA).**

Section 12. Section 27 of RA 7875 is hereby amended to read as follows:

Section 27. *Reserve Funds.* - The Corporation shall set aside a portion of its accumulated revenues not needed to meet the cost of the current year's expenditures as reserve funds: *Provided*, That the total amount of reserves shall not exceed a ceiling equivalent to the amount actuarially estimated for two years' projected Program expenditures: *Provided, further*, That whenever actual reserves exceed the required ceiling at the end of the Corporation's fiscal year, the Program's benefits shall be increased or member-contributions decreased prospectively in order to adjust expenditures or revenues to meet the required ceiling for reserve funds. **PORION OF THE CORPORATION'S RESERVE FUND SHALL BE ALLOCATED FOR INFORMATION CAMPAIGN ON HEALTH PROMOTION AND DISEASE PREVENTION** Such **REMAINING** portions of the reserve fund as are not needed to meet the current expenditure obligations shall be invested in short-term investments to earn an average annual income at prevailing rates of interest and shall be known as the "*Investment Reserve Fund*" which shall be invested in any or all of the following:

x x x x

Section 13. Section 29 of RA 7875 is hereby amended to read as follows:

Section 29. *Payment for Indigent Contributions.* - Contributions for indigent members shall be subsidized partially by the local government unit where the member resides. The Corporation shall provide counterpart financing equal to the LGU's subsidy for indigents: *Provided*, That in the case of fourth, fifth and sixth class LGU's, the National Government shall provide up to ninety percent (90%) of the subsidy for indigents (for a period not exceeding five (5) years.) The share of the LGU's shall be (progressively increased until such time that its share becomes equal to that of the National Government.) **NO LESS THAN TWENTY (20%) PERCENT OF THE RESPECTIVE INTERNAL REVENUE ALLOTMENTS (IRA).**

Section 14. Section 40 of RA 7875 is hereby amended to read as follows:

SEC. 40. Grounds for Grievances. - The following acts shall constitute valid grounds for grievance action:

a) any violation of the rights of the patients;

b) a willful neglect of duties of Program implementors that results in the loss or non-enjoyment of benefits of members or their dependents;

c) unjustifiable delay in actions on claims;

d) delay in processing of claims that extends beyond the period agreed upon; (and)

E) SPURIOUS CLAIMS FOR PHILHEALTH REIMBURSEMENTS BY HEALTH PROVIDERS; AND

F(e) any other act or neglect that tends to undermine or defeat the purposes of this Act.

CHAPTER 4

**AMENDMENTS TO REPUBLIC ACT 7600 OTHERWISE KNOWN AS
ROOMING-IN AND BREASTFEEDING ACT OF 1992**

Section 15. Section 3 of RA 7600 is hereby amended by adding the following phrases:

I) HUMAN MILK BANK – A SERVICE ESTABLISHED FOR THE PURPOSE OF COLLECTING, SCREENING, PROCESSING, STORING AND DISTRIBUTING DONOR HUMAN MILK TO MEET THE SPECIFIC MEDICAL AND NUTRITIONAL NEEDS OF INDIVIDUALS FOR WHOM HUMAN MILK IS PRESCRIBED.

X X X X

N) POST PARTUM LACTATION MANAGEMENT - MONITORING OF BREASTFEEDING MOTHERS BY PRIVATE DOCTORS FOR PRIVATE PATIENTS AND BY LACTATION COUNSELORS FOR SERVICE PATIENTS TO ENSURE COMPLIANCE WITH WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) ON THE IMPLEMENTATION OF BREASTFEEDING POLICIES.

Section 16. Chapter II of RA 7600 is hereby amended by adding the following sub-sections:

SECTION 10-A. PRIORITY FOR DONATED HUMAN MILK SHALL BE GIVEN TO INFANTS WITH THE FOLLOWING MEDICAL CONDITION: A) PREMATUREITY; B) NECROTIZING ENTEROCOLITIS; C) FEEDING INTOLERANCE; D) MALABSORPTION SYNDROME; E) POST-OPERATIVE NUTRITION; F) IMMUNOLOGIC DEFICIENCIES

SECTION 10-B. PRIORITY FOR DONATED HUMAN MILK SHALL BE GIVEN TO MOTHERS WITH THE FOLLOWING MEDICAL CONDITION: A) MATERNAL ILLNESS LEADING TO TEMPORARY INTERRUPTION OF BREASTFEEDING; B) HEALTH RISK TO THE INFANT FROM THE MILK OF THE BIOLOGICAL MOTHER.

SECTION 10-C. HOSPITAL MILK BANK. A MILK BANK SHOULD HAVE A SPACE FOR INTERVIEWING/SCREENING DONORS, RECORD-KEEPING, COLLECTING, STORING AND PROCESSING MILK.

THE FOLLOWING ARE THE MINIMUM EQUIPMENT REQUIREMENT FOR A MILK BANK TO OPERATE:

1. MEDICAL-GRADE FREEZER (AT LEAST NEGATIVE 20 DEGREES CELSIUS)
2. REFRIGERATOR (FOR THAWING PURPOSES)
3. PASTEURIZER
4. LAVATORY
5. BREAST PUMPS
6. STERILIZER

SECTION 10-D. ENSURING SAFETY OF HUMAN MILK. THE FOLLOWING ARE THE BASIC GUIDELINES IN ENSURING SAFETY OF HUMAN MILK:

1. DONOR MOTHERS ARE TAUGHT PROPERLY BY HEALTH CARE WORKERS OR LACTATION COUNSELORS ON THE CORRECT WAY OF EXPRESSING BREAST MILK USING SANITARY COLLECTING METHODS.
2. ALL DESIGNATED HUMAN MILK COLLECTING STATIONS FOR PROPER STORAGE OF EXPRESSED HUMAN MILK SHALL HAVE WELL-VENTILATED SPACE, WITH SEATS, REFRIGERATOR/FREEZERS, SINK/LAVATORY.

3. TRANSPORT OF HUMAN MILK IN ITS FROZEN STATE, FROM COLLECTING STATIONS TO MILK BANKS, SHALL USE INSULATED COOLERS/CONTAINERS.
4. ENSURING SAFETY OF HUMAN MILK – DESIGNATED HUMAN MILK BANKS MUST CONDUCT A) DONOR SCREENING THROUGH INTERVIEW AND PHYSICAL EXAMINATION; B) LABORATORY SCREENING FOR DONORS AND C) PASTEURIZATION.
5. RANDOM MICROBIOLOGICAL ANALYSIS OF PRE AND POST-PASTEURIZED HUMAN MILK.
6. THE DEPARTMENT OF HEALTH SHALL CONDUCT REGULAR INSPECTION AND MONITORING OF MILK BANKS TO IN ORDER TO ENSURE SAFETY AND QUALITY OF DONOR HUMAN MILK.

SECTION 10-E. DONOR MILK BANKS AS A LACTATION SERVICE.

1. ALL WOMEN, CHILDREN, AND FAMILIES SHOULD BE ASSURED ACCESS TO COMPREHENSIVE, CURRENT, AND CULTURALLY APPROPRIATE LACTATION CARE AND SERVICES.
2. THE MILK BANKS SHOULD PROVIDE LACTATION SUPPORT THROUGH COUNSELING OF LACTATING MOTHERS AND INTERESTED DONORS.
3. THE MILK BANK SHOULD ALSO EDUCATE PHYSICIANS, MEDICAL STUDENTS AND NURSES THROUGH LECTURES AND PERSONAL INTERVIEWS.

Section 17. Section 12 of RA 7600 is hereby amended to read as follows:

SEC. 12. Information Dissemination to Pregnant Women.- During the prenatal, perinatal and postnatal consultations and/or confinements of the mothers or pregnant women in a health institution, it shall be the obligation of the health institution and the health personnel to immediately and continuously teach, train, and support the women on current and updated lactation management, **OPTIONS FOR HUMAN MILK BANK**, and infant care, through participatory strategies such as organization of mothers' clubs and breastfeeding support groups and to distribute written information materials on such matters free of charge.

Section 18. The second paragraph of Section 13 of RA 7600 is hereby amended to read as follows:

Government health institutions shall receive an additional appropriation equivalent to the savings they may derive as a result of adopting rooming-in and breastfeeding **AND IN INSTITUTING HUMAN MILK BANKS**. The additional appropriation shall be included in their budget for the fiscal year.

CHAPTER 5

AMENDMENTS TO REPUBLIC ACT 7392, OTHERWISE KNOWN AS PHILIPPINE MIDWIFERY ACT OF 1992

Section 19. The second paragraph of Section 13 of RA 7600 is hereby amended to read as follows:

Sec. 23. Practice of Midwifery Defined. — The practice of midwifery consist in performing or rendering, or offering to perform or render, for a fee, salary, or other reward or compensation, services requiring an understanding of the principles and application of procedures and techniques in the supervision and care of women during pregnancy, labor and puerperium management of normal deliveries, including the performance of internal examination during labor except when patient is with antenatal bleeding; health education of the patient, family and community; primary health care services in the community, including nutrition and family planning in carrying out the written order of physicians with regard to antenatal, intra-natal and post-natal care of the normal pregnant mother in giving immunization, including oral and parenteral dispensing of oxytocic drug after delivery of placenta, suturing parietal lacerations to control bleeding, to give intravenous fluid during obstetrical emergencies provided they have been trained for that purpose; and may inject Vitamin K to the newborn: Provided, however, That this provision shall not apply to students in midwifery schools who perform midwifery service under the supervision of their instructors, nor to emergency cases.

REGISTERED MIDWIVES AND STUDENTS IN MIDWIFERY SCHOOLS SHALL UNDERGO EXTENSIVE BASIC EMERGENCY TRAINING, SO THAT THEY CAN COMPLEMENT HEALTH SERVICES IN UNDER-SERVED AREAS BY OTHER HEALTH PROFESSIONALS.

AMENDMENTS TO REPUBLIC ACT 7160, OTHERWISE KNOWN AS LOCAL
GOVERNMENT CODE OF 1991

SEC. 102. *Creation and Composition.* - (a) There shall be established a local health board in every province, city or municipality. The composition of the local health boards shall be as follows:

(b) The functions of the local health board shall be:

CHAPTER 7

Section 21. Congressional Oversight Committee. For the effective implementation of this Act, there shall be created a Congressional Oversight Committee, hereinafter referred to as the Universal Health Care Oversight Committee, to be composed of five (5) members from the Senate, which shall include the Chairpersons of the Senate Committees on Health and Demography and Local Government, and five (5) members of the House of Representatives, which shall include the Chairpersons of the House of Representatives Committees on Health and Local Government. The Universal Health Care Oversight Committee shall be jointly chaired by the Chairpersons of the Senate Committee on Health and Demography and the House of Representatives Committee on Health. The Vice Chair of the oversight committee shall be jointly held by the Chairpersons of the Senate and House of Representatives Committees on Local Government.

Section 22. Implementing Rules and Regulations. The Department of Health shall, within one hundred twenty (120) days from the effectivity of this Act, promulgate the rules and regulations necessary to effectively implement its provisions.

Section 23. Appropriations. For the initial implementation of this Act, the amount of Twenty Five million pesos (Php25,000,000.00), in addition to the budget of the Department of Health, shall be provided for the operations of the Office of the Secretary of the Department of Health. The Universal Health Care Oversight Committee shall be provided an initial budget of Five Million pesos (Php5,000,000.00) to perform its functions as mandated under this Act. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

Section 24. Separability Clause. – Any portion or provision of this Act that may be declared unconstitutional or invalid shall not have the effect of nullifying other portions and provisions hereof as long as such remaining portion or provisions can still subsist and be given effect in their entirety.

Section 25. Repealing Clause. - All existing laws, orders, decrees, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 26. Effectivity. - This Act shall take effect after fifteen (15) days from its publication in at least two (2) national newspapers of general circulation.

Approved,