



REPUBLIC OF THE PHILIPPINES  
HOUSE OF REPRESENTATIVES  
Quezon City, Manila

FIFTEENTH CONGRESS  
FIRST REGULAR SESSION

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COMMITTEE REPORT NO. 536

Submitted by the Committee on Health on 31 JAN 2011

Re : House Bill No. 4076

Recommending its approval in substitution of House Bill Nos. 610 and 2846

Sponsors : Reps. Alfredo D. Marañon III, Juan Edgardo M. Angara and Joseph Victor G. Ejercito

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*Mr. Speaker:*

The Committee on Health to which were referred House Bill No. 610, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT REGULATING THE USE OF GOVERNMENT AMBULANCES, PROVIDING  
PENALTIES THEREFOR AND FOR OTHER PURPOSES; and

House Bill No. 2846, introduced by Rep. Joseph Victor G. Ejercito, entitled:

AN ACT REGULATING THE USE OF GOVERNMENT AMBULANCES, PROVIDING  
PENALTIES THEREFOR AND FOR OTHER PURPOSES

has considered the same and recommends that the attached House Bill No. 4076, entitled:

AN ACT REGULATING THE USE OF GOVERNMENT AMBULANCES, PROVIDING  
PENALTIES THEREFOR AND FOR OTHER PURPOSES

be approved in substitution of House Bill Nos. 610 and 2846 with Reps. Juan Edgardo M. Angara, Joseph Victor G. Ejercito, Alfredo D. Marañon III, Cesar V. Sarmiento and Bernadette Herrera-Dy as authors thereof.

Respectfully submitted,

  
**HON. ALFREDO D. MARAÑON III**  
Chairman  
Committee on Health

**THE HONORABLE SPEAKER**  
House of Representatives  
Quezon City

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City

FIFTEENTH CONGRESS  
First Regular Session

House Bill No. 4076  
(In substitution of House Bill Nos. 610 and 2846)

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Introduced by Representatives Juan Edgardo "Sonny" M. Angara, Joseph Victor G. Ejercito, Alfredo D. Maraño III, Cesar V. Sarmiento and Bernadette R. Herrera-Dy

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AN ACT  
REGULATING THE USE OF GOVERNMENT  
AMBULANCES, PROVIDING PENALTIES THEREFOR AND FOR  
OTHER PURPOSES

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

1       **SECTION 1. Declaration of Policy.** It is hereby declared the policy of the State that  
2 the right of the people to health shall be protected and promoted. In this regard, the State shall  
3 extend such assistance in the most expeditious manner where there is immediate danger to the  
4 lives of the people.  
5

6       **SEC. 2. Definition of Terms.** As used in this Act, the following terms shall mean:

7  
8       (a) Government ambulance - refers to a vehicle equipped with emergency life-  
9 saving devices and equipment and properly designated as such, used to carry or  
10 transport seriously sick or injured persons or patients in emergency situations  
11 requiring immediate medical treatment to a medical facility or from one medical  
12 facility to another; or for diagnostic or therapeutic treatment where, by the nature  
13 of the patient's sickness or injury, conveyance by ambulance is necessary. These  
14 vehicles are acquired using government funds or donated and regardless of the  
15 source, should be for public use.  
16

17       (b) Emergency - refers to a condition or state of patient wherein based on the  
18 objective findings of a prudent medical officer on duty for the day, there is  
19 immediate danger to the life of the patient where delay in initial support and  
20 treatment may cause loss of life or permanent disability to the patient.  
21

22       **SEC. 3. Joint custody of government ambulances assigned or donated to local**  
23 **government units.** Any government ambulance assigned or donated to local government  
24 units shall be under the joint custody of the local chief executive and the health officer

1 concerned. Each shall be jointly liable for any violation of the provisions of this Act  
2 committed by the other.

3  
4 Upon the end of the local chief executive's term of office or in case he is  
5 disqualified or removed from office for whatever cause, he shall turn over the custody of the  
6 ambulance to the proper authority within fifteen (15) days from his last day in office. In the  
7 same manner, in case the health officer of the local government unit retires, is separated or  
8 disqualified from office, he shall turn over the said custody to the proper authority within  
9 fifteen (15) days from his last day in office.

10  
11 **SEC. 4. Duties of Local Chief Executives.**

- 12 a) It shall be the duty of any local chief executive having temporary custody of  
13 any government ambulance, donated or otherwise, to deliver or cause the  
14 delivery of the same to the intended beneficiary without unnecessary delay.  
15 b) It shall also be the duty of local chief executives assigned with any  
16 government ambulance to appoint at least one (1) regular driver for each  
17 ambulance and to ensure that a sufficient amount for gasoline and the  
18 maintenance of their ambulance is appropriated every year.  
19

20 **SEC. 5. Prohibited Acts.** The following acts are hereby prohibited:

- 21 a) It shall be unlawful for any public official or employee to use any government  
22 ambulance as office service vehicle, for recreation or for personal use or for  
23 any other purpose whatsoever inconsistent with the purposes of a government  
24 ambulance as defined in Section 1 of this Act;  
25 b) It shall be unlawful for any public official or employee to use any government  
26 ambulance in the transportation of patients not in emergency situation unless  
27 another ambulance is available to respond to any emergency; or when no other  
28 means of transportation is available which non-availability is jointly certified  
29 under oath by the patient or any of his/her relatives or guardians and the  
30 responsible officer in charge of the ambulance other than the driver; or when  
31 the nature of the patient's sickness or injury, though not life threatening, makes  
32 necessary his/her transportation by ambulance;  
33 c) It shall be unlawful for any public officer or employee to allow the use of any  
34 government ambulance by individuals or entities for private use, whether\_ for  
35 a fee or not;  
36 d) It shall be unlawful for any public officer or employee to refuse the use of any  
37 government ambulance by any patient entitled to the use of the same as  
38 provided in this Act due to the patient's inability to pay any fee collected for  
39 its use; or discriminate in its use on account of religious beliefs, gender,  
40 economic status, political affiliations or whatever cause contrary to law, public  
41 policy or good customs; and  
42 e) It shall be unlawful for any public officer or employee to paint over or allow  
43 the painting over of any government ambulance to circumvent the provisions  
44 of this Act.  
45

46 **SEC. 6. Exceptions to the Prohibited Acts.** The provisions of Section 5  
47 notwithstanding, the following use of any government ambulance in non-emergency cases  
48 may be allowed:  
49

- 50 a) Medical outreach missions;  
51 b) Emergency disaster; and

- 1 c) Other related hospital operations as may be determined by the health officer or  
2 hospital director. *Provided*, That another ambulance is available to respond to  
3 any emergency.  
4

5 **SEC.7. *Penalty Clause.*** Violation of second paragraph of Section 3 hereof shall be  
6 punished by perpetual disqualification from public service with forfeiture of retirement  
7 benefits.

8 Violations of Section 4 and any of the prohibited acts enumerated in Section 5  
9 hereof shall constitute the offense of Conduct Prejudicial to the Best Interest of the Service  
10 penalized in the following manner:  
11

- 12 a) 1st offense – Suspension for six (6) months and one (1) day to one (1) year.  
13  
14 b) 2<sup>nd</sup> offense – Dismissal from the service with the accessory penalties of  
15 cancellation of eligibility, perpetual disqualification from reemployment in the  
16 government service, forfeiture of retirement benefits, and bar from taking civil  
17 service examinations in the future.  
18

19 If the violation of any of the prohibited acts be committed with the knowledge or  
20 participation of the local chief executive and/or the responsible health officer in case of local  
21 government units or the head of hospital in case of government hospitals, the said officials  
22 shall also be penalized with the same penalty provided in this Act.  
23

24 **SEC. 8. *Implementing Rules and Regulations.*** The Secretary of the Department of  
25 the Interior and Local Government, in consultation with the Secretaries of the Department of  
26 Health and the Department of Transportation and Communications and concerned sectors  
27 shall issue such guidelines, orders or rules and regulations as may be necessary to carry out  
28 the provisions of this Act.  
29

30 **SEC. 9. *Separability Clause.*** If any provision of this Act or the application of such  
31 provision to any person or circumstance is declared unconstitutional, the remainder of this  
32 Act or the application of such provision to other persons or circumstances shall not be  
33 affected by such declaration.  
34

35 **SEC. 10. *Repealing Clause.*** All laws, orders, decrees, proclamations, rules and  
36 regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or  
37 modified accordingly.  
38

39 **SEC. 11. *Effectivity Clause.*** This Act shall take effect after fifteen (15) days  
40 following the completion of its publication in the *Official Gazette*, or in any newspaper of  
41 general circulation in the Philippines.  
42

43 Approved,

## FACT SHEET

### House Bill No.

(In substitution of House Bill Nos 610 and 2846)

(As Approved by the Committee on Health on December 14, 2010)

### **AN ACT REGULATING THE USE OF GOVERNMENT AMBULANCES, PROVIDING PENALTIES THEREFOR AND FOR OTHER PURPOSES**

Introduced by: *REPS. EDGARDO "SONNY" M. ANGARA, JOSEPH VICTOR G. EJERCITO, ALFREDO D. MARAÑON III, CESAR V. SARMIENTO AND BERNADETTE R. HERRERA-DY*

Committee Referral: *COMMITTEE ON HEALTH*

Committee Chairperson: *HON. ALFREDO D. MARAÑON III*

#### **OBJECTIVE:**

- To prevent abuses in the use of government ambulances and to ensure its availability to respond to emergencies at any time without discrimination.

#### **KEY PROVISIONS:**

- Provides for ambulances assigned or donated to local government units to be under the joint custody of the local Chief Executive and the health officer
- Mandates the local Chief Executive and the health officer to be jointly liable for any violation of the provisions of this Act
- Identifies the duties of the local Chief Executive in ensuring the proper use of government ambulance to intended beneficiary and in providing for the necessary funds for its maintenance
- Identifies prohibited Acts and their corresponding penalties

#### **RELATED LAWS:**

None

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City

FIFTEENTH CONGRESS  
First Regular Session

H. B. No. 610

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Introduced by HONORABLE JUAN EDGARDO "SONNY" M. ANGARA

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EXPLANATORY NOTE

An ambulance is a vehicle basically intended to transport seriously sick or injured patients requiring immediate medical treatment to a medical facility or from a medical facility to another and is sufficiently equipped for this purpose and designated as such. In emergency cases, this vehicle plays a vital role in saving lives.

Owing to its importance, the government has been trying very hard to provide enough number of ambulances despite its chronic budgetary constraints and other pressing problems requiring prompt action and response.

However, it is observed that government ambulances are often misused, to the detriment of the public. The sight of government ambulances in recreation areas and other places where they are not supposed to be is becoming usual and tolerated. Worse, there are instances where fees are collected for their use, or their use is refused for political considerations or other reasons that defeat the very purpose of their acquisition.

By devoting government *ambulances to other purpose*, sick constituents are deprived of their use as they are often unavailable when needs arise. More deplorable, the denial of their use by patients requiring immediate medical attention for whatever reason is contrary to law and public policy, hence, must be penalized. It is on these premises that the importance of this measure is underscored. This not only aims to prevent abuses in the use of government ambulances but also to ensure that these emergency vehicles are available to respond to emergencies at any time without discrimination.

Approval of this bill is earnestly sought.



JUAN EDGARDO "SONNY" M. ANGARA  
Representative  
Lone District, Province of Aurora

H. B. No. 610

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Introduced by Honorable JUAN EDGARDO "SONNY" M. ANGARA

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**AN ACT  
REGULATING THE USE OF GOVERNMENT  
AMBULANCES, PROVIDING PENALTIES THEREFOR AND FOR  
OTHER PURPOSES**

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

**SECTION 1. Declaration of Policy.** It is hereby declared the policy of the State that the right of the people to health shall be protected and promoted. In this regard, the State shall extend such assistance in the most expeditious manner where there is immediate danger on the life of the people.

**SEC. 2. Definition of Terms.** As used in this Act, the following terms shall mean:

(a) "Government ambulance" refers to a vehicle equipped with emergency life-saving devices and equipment and properly designated as such, use to carry or transport seriously sick or injured persons or patients in emergency situations requiring immediate medical treatment to a medical facility or from one medical facility to another; or for diagnostic or therapeutic treatment where, by the nature of the patient's sickness or injury, conveyance by ambulance is necessary. These vehicles are acquired using government funds or donated for government use, regardless of source.

(b) "Emergency " refers to 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 on the life of the patient where delay in initial support and treatment may cause loss of life or permanent disability to the patient.

**SEC. 3. Joint custody of government ambulances assigned or donated to local government units.** Any government ambulance assigned or donated to local government units shall be under the joint custody of the local chief executive and the health officer concerned. Each shall be jointly liable for any violation of the provisions of this Act committed by the other.

Upon the end of the local chief executive's term of office or in case he is disqualified or removed from office for whatever cause, he shall turn over the custody of the ambulance to the

proper authority within fifteen days from his last day in office. In the same manner, in case the health officer of the local government unit retires, is separated or disqualified from office, he shall turn over the said custody to the proper authority within fifteen days from his last day in office.

**SEC. 4. Duties of local chief executives.**

- a) It shall be the duty of any local chief executive having temporary custody of any government ambulance, donated or otherwise, to deliver or cause the delivery of the same to the intended beneficiary without unnecessary delay.
- b) It shall also be the duty of local chief executives assigned with any government ambulance to appoint at least one regular driver for each ambulance and ensure that a sufficient amount for gasoline and the maintenance of their ambulance is appropriated every year.

**SEC. 5. Prohibited Acts.** The following acts are hereby prohibited:

- a) It shall be unlawful for any public official or employee to use any government ambulance as office service vehicle, for recreation or for personal use or for any other purpose whatsoever inconsistent with the purposes of a government ambulance as defined in Section 1 of this Act;
- b) It shall be unlawful for any public official or employee to use any government ambulance in the transportation of patients not in emergency situation unless another ambulance is available to respond to any emergency; or when no other means of transportation is available which non-availability is jointly certified under oath by the patient or any of his/her relatives or guardians and the responsible officer in charge of the ambulance other than the driver; or when the nature of the patient's sickness or injury, though not life threatening, makes necessary his/her transportation by ambulance;
- c) It shall be unlawful for any public officer or employee to allow the use of any government ambulance by individuals or entities for private use, for a fee or not;
- d) It shall be unlawful for any public officer or employee to refuse the use of any government ambulance by any patient entitled to the use of the same as provided in this Act due to the patient's inability to pay any fee collected for its use; or discriminate in its use on account of religious beliefs, gender, economic status, political affiliations or whatever cause contrary to law, public policy or good customs;

- e) It shall be unlawful for any public officer or employee to paint over or allow the painting over of any government ambulance to circumvent the provisions of this Act.

**SEC. 6. *Exceptions to the Prohibited Acts.*** The provisions of Section 5 notwithstanding, the following use of any government ambulance in non-emergency cases may be allowed:

- a) Medical outreach missions; and
- b) Other related hospital operations

**SEC.7. *Penalty Clause.*** Violations of second paragraph of Section 3 hereof shall be punished by perpetual disqualification from public service with forfeiture of retirement benefits.

Violations of Section 4 and any of the prohibited acts enumerated in Section 5 hereof shall be penalized by suspension from office for thirty days for the first offense; suspension for six months for the second offense; and termination from service with forfeiture of retirement benefits and perpetual disqualification from public service for the third offense.

If the violation of any of the prohibited acts be committed with the knowledge or participation of the local chief executive and/or the responsible health officer in case of local government units or the head of hospital in case of government hospitals, the said officials shall also be penalized with the same penalty provided in this Act.

**SEC. 8. *Implementing Rules and Regulations.*** The Secretary of the Department of the Interior and Local Government, in consultation with the Secretaries of the Department of Health and the Department of Transportation and Communications and concerned sectors shall issue such guidelines, orders or rules and regulations as may be necessary to carry out the provisions of this Act.

**SEC. 9. *Separability Clause.*** If any provision of this Act or the application of such provision to any person or circumstance is declared unconstitutional, the remainder of this Act or the application of such provision to other persons or circumstances shall not be affected by such declaration.

**SEC. 10. *Repealing Clause.*** All laws, orders, decrees, proclamations, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

**SEC. 11. *Effectivity Clause.*** This Act shall take effect after fifteen days following the completion of its publication in the *Official Gazette*, or in a newspaper of general circulation in the Philippines.

Approved,

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Batasang Pambansa, Quezon City

**FIFTEENTH CONGRESS**  
*First Regular Session*

**HOUSE BILL NO. 2846**

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**INTRODUCED BY REP. JOSEPH VICTOR G. EJERCITO**

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**EXPLANATORY NOTE**

An ambulance is a vehicle basically intended to transport seriously sick or injured patients requiring immediate medical treatment to a medical facility or from a medical facility to another and is sufficiently equipped for this purpose and designated as such. In emergency cases, this vehicle plays a vital role in saving lives.

Owing to its importance, the government has been trying very hard to provide enough number of ambulances despite its chronic budgetary constraints and other pressing problems requiring prompt action and response.

However, it is observed that government ambulances are often misused, to the detriment of the public. The sight of government ambulances in recreation areas and other places where they are not supposed to be is becoming usual and tolerated. Worse, there are instances where fees are collected for their use, or their use is refused for political considerations or other reasons that defeat the very purpose of their acquisition.

By devoting government ambulances to other purpose, sick constituents are deprived of their use as they are often unavailable when needs arise. More deplorable, the denial of their use by patients requiring immediate medical attention for whatever reason is contrary to law and public policy, hence, must be penalized.

It is on these premises that the importance of this measure is underscored. This not only aims to prevent abuses in the use of government ambulances but also to ensure that these emergency vehicles are available to respond to emergencies at any time without discrimination.

In view thereof, the immediate approval of this bill is requested.



**JOSEPH VICTOR G. EJERCITO**

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Batasang Pambansa, Quezon City

**FIFTEENTH CONGRESS**  
*First Regular Session*  
2846  
**HOUSE BILL NO.** \_\_\_\_\_

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INTRODUCED BY **REP. JOSEPH VICTOR G. EJERCITO**

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**AN ACT**  
**REGULATING THE USE OF GOVERNMENT AMBULANCES,**  
**PROVIDING PENALTIES THEREFOR AND FOR OTHER PURPOSES**

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

**SECTION 1. Declaration of Policy.** - It is hereby declared the policy of the State that the right of the people to health shall be protected and promoted. In this regard, the State shall extend such assistance in the most expeditious manner where there is immediate danger on the life of the people.

**SEC 2. Definition of Terms.** - As used in this Act, the following terms shall mean:

- (a) "*Government ambulance*" refers to a vehicle equipped with emergency life-saving devices and equipment and properly designated as such, used to carry or transport seriously sick or injured persons or patients in emergency situations requiring immediate medical treatment to a medical facility or from one medical facility to another; or for diagnostic or therapeutic treatment where, by the nature of the patient's sickness or injury, conveyance by ambulance is necessary. These vehicles are acquired using government funds or donated for government use, regardless of source.
- (b) "*Emergency* " refers to 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 on the life of the patient where delay in initial support and treatment may cause loss of life or permanent disability to the patient.

**SEC 3. *Joint Custody of Government Ambulances Assigned or Donated to Local Government Units.*** – Any government ambulance assigned or donated to local government units shall be under the joint custody of the local chief executive and the health officer concerned. Each shall be jointly liable for any violation of the provisions of this Act committed by the other.

Upon the end of the local chief executive's term of office or in case he is disqualified or removed from office for whatever cause, he shall turn over the custody of the ambulance to the proper authority within fifteen (15) days from his last day in office. In the same manner, in case the health officer of the local government unit retires, is separated or disqualified from office, he shall turn over the said custody to the proper authority within fifteen (15) days from his last day in office.

**SEC 4. *Duties of Local Chief Executives.*** –

- (a) It shall be the duty of any local chief executive having temporary custody of any government ambulance, donated or otherwise, to deliver or cause the delivery of the same to the intended beneficiary without unnecessary delay.
- (b) It shall also be the duty of local chief executives assigned with any government ambulance to appoint at least one regular driver for each ambulance and ensure that a sufficient amount for gasoline and the maintenance of their ambulance is appropriated every year.

**SEC 5. *Prohibited Acts.*** – The following acts are hereby prohibited:

- (a) It shall be unlawful for any public official or employee to use any government ambulance as office service vehicle, for recreation or for personal use or for any other purpose whatsoever inconsistent with the purposes of a government ambulance as defined in Section 1 of this Act;
- (b) It shall be unlawful for any public official or employee to use any government ambulance in the transportation of patients not in emergency situation unless another ambulance is available to respond to any emergency; or when no other means of transportation is available which non-availability is jointly certified under oath by the patient or any of his / her relatives or guardians and the responsible officer in charge of the ambulance other than the driver; or when the nature of the patient's sickness or injury, though not life threatening, makes necessary his / her transportation by ambulance;
- (c) It shall be unlawful for any public officer or employee to allow the use of any government ambulance by individuals or entities for private use, for a fee or not;

- (d) It shall be unlawful for any public officer or employee to refuse the use of any government ambulance by any patient entitled to the use of the same as provided in this Act due to the patient's inability to pay any fee collected for its use; or discriminate in its use on account of religious beliefs, gender, economic status, political affiliations or whatever cause contrary to law, public policy or good customs;
- (e) It shall be unlawful for any public officer or employee to paint over or allow the painting over of any government ambulance to circumvent the provisions of this Act.

**SEC 6. *Exceptions to the Prohibited Acts.*** – The provisions of Section 5 notwithstanding, the following use of any government ambulance in non-emergency cases may be allowed:

- (a) Medical outreach missions; and,
- (b) Other related hospital operations.

**SEC 7. *Penalty Clause.*** – Violations of second paragraph of Section 3 hereof shall be punished by perpetual disqualification from public service with forfeiture of retirement benefits.

Violations of Section 4 and any of the prohibited acts enumerated in Section 5 hereof shall be penalized by suspension from office for thirty (30) days for the first offense; suspension for six (6) months for the second offense; and termination from service with forfeiture of retirement benefits and perpetual disqualification from public service for the third offense.

If the violation of any of the prohibited acts be committed with the knowledge or participation of the local chief executive and / or the responsible health officer in case of local government units or the head of hospital in case of government hospitals, the said officials shall also be penalized with the same penalty provided in this Act.

**SEC 8. *Implementing Rules and Regulations.*** – The Secretary of the Department of the Interior and Local Government, in consultation with the Secretaries of the Department of Health and the Department of Transportation and Communications and concerned sectors shall issue such guidelines, orders or rules and regulations as may be necessary to carry out the provisions of this Act.

**SEC 9. *Separability Clause.*** – If any provision of this Act or the application of such provision to any person or circumstance is declared unconstitutional, the remainder of this Act or the application of such provision to other persons or circumstances shall not be affected by such declaration.

**SEC 10.** *Repealing Clause.* – All laws, orders, decrees, proclamations, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

**SEC 11.** *Effectivity Clause.* – This Act shall take effect after fifteen (15) days following the completion of its publication in the *Official Gazette*, or in a newspaper of general circulation in the Philippines.

*Approved,*



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

MINUTES OF MEETING OF THE COMMITTEE ON HEALTH HELD ON DECEMBER 14, 2010 AT 9:00 A.M, CONFERENCE ROOMS 14 AND 15 AT THE RAMON V. MITRA BLDG, HOUSE OF REPRESENTATIVES, BATASAN, QUEZON CITY.

GUESTS/RESOURCE PERSONS IN ATTENDANCE:

- |                                 |                                                                                            |
|---------------------------------|--------------------------------------------------------------------------------------------|
| 1. Dr. Juanito D. Taleon        | Regional Director for Region IV-A, Department of Health                                    |
| 2. Dr. Anthony P. Calibo        | National Center for Disease Prevention and Control, DOH                                    |
| 3. Dr. Ernie Vera               | Medical Officer VII, Degenerative Office, DOH                                              |
| 4. Atty. Anabelle de Veyra      | Center for Health Development Region 8, DOH                                                |
| 5. Dr. Irma L. Asuncion         | OIC Regional Director, DOH                                                                 |
| 6. Dr. Juliana M Reyes          | DOH                                                                                        |
| 7. Engr. Ana Trinidad Rivera    | DOH                                                                                        |
| 8. Dr. Isauro N. Garcia         | Acting City Health Officer, City Health Department, Malabon City                           |
| 9. Engr. Benjamin N. Villacorta | City Administrator, City Health Department, Malabon City                                   |
| 10. Dr. Venancio Banzon         | Medical Director, Jose B. Lingad Hospital                                                  |
| 11. Ms. Flordelina R. Ilagan    | Representative, Jose B. Lingad General Hospital                                            |
| 12. Dr. Romeo Y. Enriquez       | Secretary, Philippine Psychiatric Association                                              |
| 13. Dr. Santiago A. del Rosario | Commisioner, Philippine Medical Association                                                |
| 14. Dr. Jaime C. Balingit       | Vice President, Philippine Urological Association                                          |
| 15. Mr. Alex D. Asuncion        | Representative, Philippine Cancer Society                                                  |
| 16. Dr. Hilarion Henares Jr.    | President, HEAL Philippines Foundation                                                     |
| 17. Ms. Nona O. Andaya-Castillo | Representative, Nurturers of Earth, Inc.                                                   |
| 18. Dr. Elvira Henares-Esguerra | Representative, Children for Breastfeeding, Inc.                                           |
| 19. Ms. Corazon Del Mundo       | Chairperson, Women Involved in Nation Building                                             |
| 20. Joel Maleon                 | Representative, Department of Environment and Natural Resources                            |
| 21. Mr. Alex Castro III         | Executive Director, Infant and Pediatrics Nutrition Association of the Philippines (IPNAP) |
| 22. Dr. Lourdes L. Ignacio      | Representative, World Association for Psychological Rehabilitation                         |

I. CALL TO ORDER/ ROLL CALL

Rep. Alfredo D. Marañon III, Chairperson of the Committee on Health, called the meeting to order at 9:26 a.m. Upon motion, duly seconded and there being no objections, the calling of the roll was dispensed with.

## II. APPROVAL OF MINUTES OF THE PREVIOUS MEETING

Upon motion of Rep. Eriguel, duly seconded and there being no objections, the reading of the minutes of November 10, 2010 meeting was dispensed with.

## III. PRELIMINARY REMARKS OF THE CHAIRMAN

In keeping with the holiday atmosphere, the Chair extended the season's greetings to everyone. He then acknowledged the Members and authors present and welcomed the invited guests and resource persons. He informed the Body that most of the national bills calendared for deliberation had been approved on 3<sup>rd</sup> Reading in the previous Congress.

## IV. INITIAL DELIBERATION ON THE FOLLOWING LOCAL MEASURES:

**House Bill No. 1999**, entitled, An Act Establishing a Thirty (30)-Bed Hospital in the Second District of Antipolo City, to be known as the Antipolo 2nd District Hospital, and Appropriating Funds Therefor, authored by Rep. Romeo Acop

Having been recognized by the Chair, Rep. Acop, author of HB No. 1999, expounded on his measure by stating the need to establish a new hospital in the 2<sup>nd</sup> District of Antipolo. He informed the Body that Antipolo has two (2) existing private hospitals in the area. However, indigent patients of his district cannot afford to avail of the health services provided by these private hospitals. Citing a constitutional provision on the right of the people to health, he urged the Members to support the passage of his bill.

In response, Dr. Juanito D. Taleon, Regional Director for Region IV-A (CALABARZON), acknowledged the noble intent of the author. However, he cited the Department of Health's (DOH) current policy that discourages the establishment of new hospitals when there are already existing hospitals in the area. Instead of the establishment of a new hospital, he suggested strengthening the existing health facilities and health centers in Antipolo.

Rep. Acop questioned the DOH policy as contrary to the mandate of the Constitution. He expressed the common sentiments of his constituents in the remote areas who complained that their relatives and loved ones are dying without even the services of a doctor. He said that there are barangays in Antipolo which have no "botika" at all and are about 40 minutes away from the nearest clinic.

At this point, Rep. Eufanio Eriguel inquired from Dr. Taleon the estimated amount necessary to put up a 30-bed hospital as requested in the bill of Rep. Acop. In response, Dr. Taleon gave an estimated amount of 90 to 100 million pesos, inclusive of

infrastructure, equipment, personnel and others. Rep. Eriguel then shared the practice in his district which has helped defray the cost of hospitalization of their indigent patients. He said that if a 30-bed hospital is not possible at the moment, at least a smaller bed capacity health unit could be put up for a start. He added that indigents can be made to pay for health services in view of the universal PhilHealth coverage of the present administration.

Chairman Marañon inquired from Dr. Taleon the number of existing public hospitals in Antipolo and whether they are enough to cater to 800,000 people in said area. Replying to the query of the Chair, Dr. Taleon admitted that with only two (2) public and two (2) private hospitals in Antipolo City, said health facilities will not suffice to cover the population. Dr. Taleon stressed that establishment of hospitals would be based on the plan of the province which has the objective of optimizing and rationalizing the health facilities in said area. It must be based on health needs, consensus and planning workshops. The workshop conducted and participated in by the health workers and health providers in said district resulted in the need to strengthen their preventive health services and repairing RHU's and putting up barangay health centers in San Jose, San Roque and Cupang in order to provide the necessary care. Dr. Taleon added that at present, the city of Antipolo is operating a 10-bed community city hospital and there is a plan to expand this health facility. The DOH has a national program on Health Facility Enhancement to address such concern. Among its thrust is to develop local health facilities by creating a basic emergency maternal, obstetric and neonatal care at the health centers and in the barangay health stations and providing equipment and repair of facilities necessary for maternal, neonatal and child health services. Dr. Taleon assured the author that DOH will study the proposal and coordinate with his office to consider various ways of responding to the health needs of Antipolo.

At this juncture, Rep. Randolph Ting pointed out that since Antipolo is a highly urbanized city, it should have a separate hospital different from that of the province of Rizal. He even compared Antipolo's case with other provinces with the same or even less population but with existing national hospitals.

Having exhausted the discussion on the subject, Rep. Karlo Alexei Nograles moved for the approval of HB 1999. Upon motion duly seconded by Rep. Herminia Roman, and there being no objections, HB 1999 was approved.

**House Bill No. 2071**, entitled, An Act Establishing a Twenty-Five (25) Bed-Capacity General Hospital in the City of Malabon, Metro Manila, to be known as the Malabon City General Hospital, and Appropriating Funds Therefor, authored by Rep. Josephine Veronique Lacson-Noel

Having been recognized by the Chair, Rep. Lacson-Noel explained that Malabon City, which is part of the Metropolitan Manila, is one of the few highly urbanized cities without a public hospital. Her constituents clamoured for a public hospital to be located in the city to save them from the hassle of going to hospitals of neighbouring cities or

municipalities for proper treatment. The existing Pagamutang Bayan of the city can no longer cater to the needs of the people of Malabon.

Dr. Isauro Garcia, the Acting City Health Officer of Malabon and Engr. Benjamin Villacorta, the City Administrator expressed their full support to said proposal. Dir. Irma Asuncion, OIC Regional Director of the DOH, also expressed her appreciation of the noble intent of the author but informed Rep. Lacson-Noel of the existence of the San Lorenzo Women's hospital, a DOH "operated" secondary hospital which has a 10-bed capacity but is actually operating on a 20-bed capacity. Dir. Asuncion suggested that instead of establishing a new hospital, the existing San Lorenzo Women's hospital should be upgraded with the help of Rep. Lacson-Noel to which the latter gladly accepted.

Upon the motion of Rep. Karlo Alexei Nograles, duly seconded by Rep. Herminia Roman, and there being no objections, HB 2071 was approved subject to style and amendment.

Thereafter, the Chair called on Rep. Anna York Bondoc to expound on her bill.

**House Bill No. 3331**, entitled, An Act Increasing the Bed Capacity of Jose B. Lingad Memorial General Hospital in San Fernando, Pampanga from Two Hundred Fifty (250) to Five Hundred (500), Upgrading its Services and Facilities and Professional Health Care, Authorizing the Increase of Its Medical Personnel and Appropriating Funds Therefor, authored by Rep. Anna York Bondoc

Rep. Bondoc, author of HB No. 3331, informed the Body of her vision for Jose B. Lingad (JBL) Memorial General Hospital to be a major tertiary medical care in Metro Manila. She verbalized her hopes for JBL to be the catch basin of patients coming from the North and Central Luzon and consequently, to lessen the grossly overcrowded hospitals of Metro Manila. In addition, she cited JBL's accessibility as it is reachable through NLEX and SCTXT. She also envisions JBL to be the premiere government hospital for cancer in the country with enough facilities to address cancer diseases. And finally, since most of the medical specialists are practicing in Metro Manila due to lack of adequate facilities in the province for their specialties, the expansion of JBL will pave the way for the specialists to be able to practice in Metro Manila and still commute to Pampanga to share their specialties on cancer or cardiac care. She described the present state of the hospital as being overcrowded with patients. The hospital is actually a 250-bed hospital but is operating more than 100% of its capacity. Rep. Bondoc discloses JBL's dire situation saying that it doesn't even have a CT scan to operate and that patients are now crowding the corridor, hence, the request for expansion

Dr. Venancio Banzon, medical director of JBL hospital, expressed his full support for the passage of HB 3331. He shared the views of the author that JBL became the end-referral hospital of their neighbouring provinces. Since the hospital's bed occupancy rate has increased, he emphasized the need to expand the facilities of said hospital to accommodate indigent patients from the nearby provinces. Dr. Juliana Reyes, DOH Director-CHD for Region III also expressed her support of said bill. Rep. Herminia Roman of Bataan shared that her constituents are also beneficiaries of JBL. She disclosed the fact that she has put a portion of her Priority Development Assistance Fund (PDAF) in said hospital.

Thereafter, Rep. Herminia Roman moved for the approval of HB 3331. With the motion duly seconded and there being no objections, HB 3331 was approved.

**House Bill No. 3660**, entitled, An Act Converting the Northern Samar Provincial Hospital in Catarman, Northern Samar, Into Eastern Visayas Regional Hospital under the Supervision, Control and Management of the Department of Health, authored by Rep. Raul Daza.

Rep. Daza informed the Body that HB No. 3660 is a re-filed measure and that the same was approved in the House of Representatives during the 13<sup>th</sup> Congress. But due to time lack of time the Senate was not able to act on it. He narrated that when he was governor of Samar, the DOH tried to upgrade the Northern Samar Provincial Hospital from secondary to tertiary level hospital, as an alternative. However, in the span of 9 years, he observed that the upgrading according to the proposed alternative by the DOH was not encouraging. He added that even with the assistance of DOH, the hospital could not secure a tertiary level license. He reported that before he left his office as governor he lobbied with the DOH until the hospital was able to procure one (1) CT scan and two (2) dialysis machines through the help of the national government. These machines were delivered six (6) months ago. Unfortunately, the machines cannot be used due to the failure of both the DOH Regional Office and the provincial hospital to meet the requirements of pre-audit.

With the mandate of the President in alleviating the poor through a better health care service delivery, Rep. R. Daza expressed anew his hopes that the DOH would support the bill.

In response, Atty. Annabelle de Veyra, DOH Center for Health Development (CHD), Region 8 concurred with the statement of Rep. Daza on the past efforts undertaken to upgrade the Northern Samar Provincial Hospital from secondary to tertiary level hospital. She affirmed that the DOH had been working with Rep. Daza on the ground and that they are fully aware of the many issues and concerns that surround the health

needs in Northern Samar. She reported to the Body that when they conducted a health needs assessment in said province, the province wide rationalization plan incorporated a recommendation to increase the bed capacity of said hospital from 100 to 150 beds by the end of 2014. She expressed the view that despite the policy of the DOH under AO 2006-0029 which discourages any proposal that seeks to establish or upgrade any hospital, the CHD Regional office maintains its stance to recommend that the Northern Samar Provincial hospital be renationalized from level 2 to level 3 hospital but not to convert it to a regional hospital. She added that if said hospital be renationalized, the CHD suggests that source of funds and logistics support should be included in the provision of the bill so that the hospital can adequately operate under a renationalized set up of level 3 category.

Considering the urgency of the proposed measure, Rep. Nograles moved for the approval of HB No. 3660. With the motion duly seconded, the same was approved. Thereafter, the Chair called on Rep. Bondoc to expound on her measure.

#### **V. INITIAL DELIBERATION ON THE FOLLOWING NATIONAL MEASURES:**

**HB No. 3088**, entitled, "An Act to Promote and Support Breastfeeding as an Essential Component of Family Planning and Responsible Parenthood, And For Other Purposes", authored by Anna York Bondoc

Rep. Bondoc, author of HB No. 3088, explained that the very intention of the bill is to incorporate breastfeeding as an essential part of the Family Planning seminar. She averted that since the said seminar is a legal requirement prior to marriage, the subject on breastfeeding may well be included as a form of natural family planning. The seminar, according to Rep. Bondoc, also serves as the last chance for the government to educate the couple before marriage on the merit of natural family planning, child and maternal health, ways to nourish and protect their growing family. She assured the Body that her proposal entails no cost on the part of anyone.

Ms. Corazon Del Mundo, Chairperson of Women Involved in Nation-Building (WIN) believes that promotion of breastfeeding will alleviate the problem of malnutrition in the country. Other stakeholders present, namely, Dr. Hilarion M. Henares Jr. of Heal Philippines Foundation, Dr. Elvira Henares-Esguera of Children for Breastfeeding, Mr. Alex Castro of Infant Pediatric Nutrition Association of the Philippines, Ms. Nona Andaya-Castillo from the Nurturers of the Earth, and Dr. Santiago del Rosario of the Philippine Medical Association expressed their positive views on the importance of breastfeeding.

Dr. Anthony Calibo of the DOH recommended the updating of the seminar contents to include essential intra partum and essential new born care in the bill. In response, Rep.

Bondoc welcomed Dr. Calibo's suggestion and said that it can be discussed thoroughly during the drafting of the IRR.

Upon motion duly seconded and there being no objections, HB 3088 was approved subject to style.

At this point, the Chair relinquished his post temporarily to Rep. Nograles. Thereafter, the presiding Officer called on Rep. H. Roman to expound on her measure.

**House Bill No. 230**, entitled, An Act Granting Free Hospitalization Benefits in Government Hospitals to All Retired Public School Teachers Who Have Rendered a Minimum of Twenty (20) Years in Service and Providing Funds Therefor, authored by Rep. Herminia Roman.

Rep. Roman explained that HB No. 230 seeks to provide free hospitalization benefits in government hospitals for all retired public school teachers who have rendered a minimum of twenty (20) years of service. She underscored the fact that the sacrifices and devotions of teachers in carrying out their duties and responsibilities in moulding the youth should be amply rewarded even after their retirement from the service. Subsequently, she sought approval of HB No. 230.

Dr. Taleon articulated the DOH's appreciation of the noble intention of the proposed measure. However, he pointed out that retired public school teachers are already covered by the benefits for senior citizens mandated under Republic Act No. 9994 which includes free hospital in the government hospitals. Also, retired teachers are also covered by PhilHealth. Based on the abovementioned premises, Dr. Taleon said the Department recommends the following alternative strategies: a) increase the coverage of PhilHealth benefits for retired government employees; b) strengthen public health programs at all levels of health care facilities; c) intensify health promotion campaigns to increase awareness of public school teachers on health issues and practices; and d) DOH and Department of Education (DepED) should promote, encourage and engage in scientific research on the prevention, care and treatment of common and recurring cases of sickness among public school teachers.

Having heard the stand presented by the DOH representative, Rep. Roman opined that not all retired teachers are senior citizens because some of them availed of the early retirement privilege even before reaching the required senior citizen age. Rep. Pichay, at this point, inquired whether the Philhealth coverage to non senior citizen retired public school has been put into law. Dr. Taleon replied that it is still a proposal from the DOH as one of the alternative strategies.

Upon motion duly seconded and there being no objections, HB No. 230 was approved subject to style.

**House Bill Nos. 1419, 2704 and 3390**, entitled, An Act Providing for a National Mental Health Care Delivery System, Establishing for the Purpose the Philippine Council for Mental Health and Appropriating Funds Therefor, authored by Reps. Susan Yap, Karlo Alexei Nograles and Rufus and Maximo Rodriguez Jr.

Rep. Maximo Rodriguez Jr., one of the authors of the three measures informed the Body that HB No. 3390 is a refiled bill and the same had been approved by the Committee during the 14<sup>th</sup> Congress. He noticed that HB Nos. 1419, 2704 and 3390 are almost identical in content. At this point, he moved for the consolidation and approval of the same. Prior to acting on the motion of Rep. Rodriguez, Jr., Rep. Nograles suggested hearing the opinions of the invited resource persons.

Dr. Lourdes Ladrido-Ignacio, President of the World Association for Psychological Rehabilitation Philippines (WAPR-Philippines) expressed gratitude to the authors for sponsoring the bills. She then appealed for the passage of the aforementioned mental health measures because many people have already been at risk at not only of mental disorder per se but of illnesses associated with killer diseases such as; cancer, cardiovascular, renal diseases, among others and other adverse experiences. In UP-PGH, she reported that they conducted a survey in Western Visayas where they found out that 1 out of 3 household members is positive to have a mental disorder. Likewise, in their studies in Metro Manila and Bulacan, they found out that 20 to 25% consulting primary health services have shown a diagnosable mental disorder in both children and adult and only 5% are detected by health workers. Given these facts, Dr. Ignacio believes that the proposal under consideration is much needed. In conclusion, she offered the services of their organization to DOH and Congress in the refinement of the said bill.

At this point, Rep. Bondoc inquired on the need to establish another Council specifically on mental health. She opined that it is the concern of the DOH to take care of the mental health services. He also cited that adding another layer of bureaucracy could add to government cost. She then suggested creating an adhoc body to formulate their policies and delineate the duties and responsibilities on the matter.

Dr. Ernie Vera, Medical Officer VII, Degenerative Office of the DOH said that they appreciate the intent of the bill. He said they are aware that the bill would strengthen implementation of DOH Administrative Order 2007-009 entitled, "The Operational Framework for the Sustainable Establishment on Mental Health Program." However, the DOH cannot support the establishment of a Philippine Council for Mental Health as

proposed in the bill since there is already an existing National Program Management Committee within the organizational structure of the Department. He also reported that the DOH conducted a consultative meeting relative to the refinement of the bill among stakeholders for mental health prior to the meeting of the Committee on Health. Dr. Vera shared the group's output in refining the bill to include a new provision in Section 5 and the agreement among the stakeholders to maintain the existing structure under the DOH instead of creating a new Council for this purpose.

The Chair then requested Dr. Vera to submit the pertinent documents on the output of their consultative meeting to the Committee.

Dr. Romeo Enriquez, Secretary of the Philippine Psychiatric Association Society (PPA) strongly supports the approval of a mental health law as long as the proposed bill will incorporate the following amendments: a) to institutionalize and prioritize the national mental health program thru DOH; b) assure the development and implementation of national standard in the delivery of mental health care services and education; c) prioritize mental health research and information sharing that can serve as basis for further legislation; d) advocacy for the rights of persons with mental illness and disability to include the promotion of de-stigmatization.

Dr. R. Enriquez reiterated to the Body that the National Management Committee for Mental Health under the DOH would replace the national mental health council as originally proposed in the bill. He said the PPA commends the approval of the three (3) mental health bills to include the proposed amendments.

Upon hearing the explanations of Dr. Enriquez Romeo, Rep. Bondoc expressed her satisfaction that the existing National Management Committee for Mental Health under the DOH would serve the purposes of the bill without additional cost to the government.. With this, she manifested her intention to be a co-author of HB Nos. 1419, 2704 and 3390. In conclusion, Rep. Nograles reiterated his earlier request for Dr. Romeo to submit their position paper to the Committee.

On the part of the Philippine Medical Association, Dr. Santiago Del Rosario informed the Committee that there are one hundred twenty (120) civilized countries who have mental health laws and it is sad to note that the Philippines is not one of them. He added that among the 10 highly populous countries, the Philippines ranks number 10. That means, he said, there is a high incidence of mental health problems among Filipinos. Further, he apprised the Body that there are 88 cases per 100 Filipinos with mental health problems. In the year 2020, a study projected that depression will be the dominant single cause of disability in both the developing and non-developing countries. He stressed that depression is one of the underlying conditions that lead to suicide. With this information, the Philippine Medical Association expressed their full support for the passage of the proposed mental health bill.

Having heard the positions of the stakeholders, Rep. Nograles reminded the Body of the standing motion of Rep. Maximo Rodriguez Jr. to consolidate and approve the said measures.

With the motion duly seconded by Rep. Pichay and there being no objections, the consolidation and approval of HB Nos. 1419, 2704 and 3390 subject to amendment and style was carried. Rep. Lacson-Noel manifested that all members present will be made co-authors of the three house bills.

At this point, Chairman Marañon resumed his post as presiding officer.

Prior to the consideration of other measures, Rep. Eriguel made a manifestation to reconsider the position paper of DOH amending HB No. 988, entitled, "An Act Declaring the Month of February of Every Year as 'Liver Cancer and Hepatitis-B Awareness and Prevention Month', which the Committee approved in the previous meeting dated November 10, 2010. Said position paper was received by the Committee a day after the bill was approved at the Committee level. In said paper, the DOH seeks to amend the month of February, as originally proposed, to January of every year considering that January is earmarked for the observance the National Cancer Consciousness Week

Rep. Eriguel then moved for the reconsideration of the approval of HB No. 988 considering that the Committee secretariat has yet to finalize the Committee Report on the same.

Upon motion duly seconded and there being no objections, the motion for reconsideration of HB 988 was approved.

Rep. Eriguel further moved for the approval of the amendment as proposed by the DOH to transfer the celebration of the Liver Cancer Month from the month of February to January,

With the motion duly seconded and there being no objections, the motion was approved.

**House Bill Nos. 590 and 870**, entitled, An Act Establishing A Program for Public Education on Prostate Cancer, authored by Reps. Rufus and Maximo Jr. Rodriguez and Augusto Syjuco Jr.

Rep. M. Rodriguez moved for the approval of HB Nos. 590 and 870 in view of the fact that the same were already thoroughly discussed during the 14<sup>th</sup> Congress.

The Chair deferred action on the motion until the views of the resource persons have been heard.

Dr. Jaime Balingit of the Philippine Urological Association suggested that aside from educating the public on prostate cancer, efforts should be made in identifying chemical carcinogens and removing them from the food chain. He further proposed to mandate all hospitals to report to DOH all identified cases so as to have a collective data of persons suffering from prostate cancer.

Rep. Carlos Padilla inquired which, from among the various cancer diseases, ranks as number one killer. In response, Dr. Alex Asuncion of the Philippine Cancer Society said that breast cancer is the top killer cancer based on their 2010 survey. Rep. Padilla expressed his apprehension on the passage of said bill for it might confine DOH and other advocates to focus only on prostate cancer at the expense and sacrifice of all other cancer diseases. He stressed the duty of the Department of Health to ensure that there are programs for public education to raise awareness on the matter.

Dr. Ernie Vera stressed that the DOH has formulated a very comprehensive Cancer Control Program where control interventions are within the continuum of public health care. He cited that Primary prevention focuses on eliminating the causes of cancer, while Secondary Prevention focuses on early detection coupled by definitive diagnosis and treatment, supportive, palliative care and rehabilitation. Furthermore, he informed the Body that the Philippine Cancer Control Program was implemented in 1995 with the five (5) most common sites such as Lung, Breast, Liver, Cervix and prostate Cancer. For several years of implementation, it was noted that there was a gap in the level of Primary Prevention and definitive diagnosis and treatment due to limited funds.

In view of the aforementioned reasons, the Department recommends that funding support be augmented and increased, with provisions for continuous yearly increment to improve diagnostic capabilities and upgrade treatment modalities rather than establish another cancer program specific to a single site like the prostate.

Rep. Rodriguez opined that 25% of males are afflicted of prostate cancer and ultimately die because there is no cure for prostate cancer. To this effect, he emphasized that the bill seeks to establish a program to educate the public and increase its awareness on how to prevent prostate cancer. However, he stressed that he is amenable not to limit the program to prostate cancer alone but also to other types of diseases causing cancer.

Rep. Acop inquired whether the causes of prostate cancer are so divergent than any other diseases causing cancer. If not, he suggested lumping said program with other types of cancer. Mr. Asuncion replied that cancer is not a disease per se but a generic term for a group of diseases. He explained that you can differentiate them from each other through its treatment protocols, causes and symptoms and risk factors.

Rep. Eriguel inquired about the most definitive procedure to diagnose a prostate cancer. Dr. Balingit said the prostate biopsy is the most definitive procedure but screening test by means of Prostatic Specific Antigen (PSA) will do.

At this point, Mr. Asuncion enlightened the Body that the Philippine Cancer Society, Inc. (PCSI), in partnership with the DOH, published the 2010 Philippine Cancer Facts and Estimates, which reports the incidence, mortality and survival statistics on cancer. These data, he said, serve as basis for most cancer control programs in the Philippines. According to the report, prostate cancer is the fourth leading cancer site among Filipino males. It was reported that in 2010, there were 2,712 new cases and 1,410 deaths due to prostate cancer. In 2008, the estimated age standardized national incidence rate was 10.1 per 100, 000 while the mortality rate was 5.3 per 100,000 population. He added that increasing age is the most important risk factor and the increasing number of Filipino males who are 55 years and older is the main reason for the significant increase and expected continuing increases in the number of cases. It is said that early prostate cancer is asymptomatic. He added that early detection of prostate cancer is curable. In view of this information Filipino males who are 50 years old or older are advised to undergo annual digital rectal examination (DRE), prostate ultrasound or prostatic specific antigen (PSA).

The Chair requested Mr. Asuncion to submit to the Committee the data and statistics he shared with the Body. The Chair then raised the pending motion of Rep. Rodriguez to approve the bills.

Upon motion duly seconded and there being no objections, HB Nos. 590 and 870 were approved subject to style and amendments.

**House Bill Nos. 592 and 1028**, entitled, An Act to Provide for a National Folic Acid Education Program to Prevent Birth Defects, authored by Reps. Rufus and Maximo Jr. Rodriguez and Augusto Syjuco Jr.

Rep. Rodriguez informed the Body that HB No. 592 had been approved in the House of Representatives last Congress and transmitted to the Senate but was not acted upon due to lack of time. He stated that the bill seeks to provide a national folic acid education campaign to prevent neural tube defects considering that thousands of infants are born each year with serious birth defect of the brain and spine, called the neural tube defect. In view of the fact that this bill had undergone extensive discussion during the 14<sup>th</sup> Congress, he moved for the approval of the same.

The Chair deferred action on the motion until the views of the invited resource persons have been heard.

Dr. Calibo stated that the DOH appreciates the noble intention of the proposed measures to provide for a national folic acid education program. However, the DOH also believes that before embarking on the said program, they need to conduct further research on folic acid deficiency and its effect in preventing birth defects among

Filipinos. He reported of incidental findings of the Department that Rubella virus, German measles, metabolic and other environmental factors can also cause birth defects. He stated that the DOH is supportive of the need for a stronger Folic acid awareness program but thinks that the enactment of both bills may not be necessary at this time.

Considering that HB Nos, 592 and 1028 had been approved during the 14<sup>th</sup> Congress, Rep. Pichay moved for the approval of the same subject to amendments and style. With the motion duly seconded and there being no objection, the motion was carried.

**House Bill Nos. 2984 and 3285,** entitled, An Act Providing the Public with Adequate Notice and Education on the Effects of Exposure to Mercury Through the Development of Health Advisories and by Requiring that such Appropriate Advisories be Posted, or Made Readily Available, at All Businesses that Sell Fresh, Frozen, And Canned Fish and Seafood where the Potential for Mercury Exposure Exists, authored by Reps. Joseph Victor Ejercito, Rufus and Maximo Jr. Rodriguez

Rep. M. Rodriguez explained that mercury discharges into the atmosphere and surface oceans have increased two-to-five fold since the beginning of industrialized period due to human activities. He claims that substantial evidences are accumulating that exposure to methyl-mercury is now widespread. It is for this reason that this bill was filed to address the problem by providing the public with adequate notice and education on the effects of exposure to mercury.

Engr. Ana Trinidad-Rivera of DOH stated that the DOH fully agrees with the basic intent of the proposed bill. She informed the Committee that based on the existing mandates, the regulations and monitoring of fresh fish fall within the purview of the Department of Agriculture, Bureau of Fisheries and Aquatic Resources while canned and processed fish is regulated by the Food and Drugs Administration, an attached agency of the DOH.

She cited that Mercury (Hg) poisoning, both acute and chronic, involves the central nervous system (CNS) and kidneys which could be fatal. Intake of the contaminated marine and aquatic living organisms secondary to pollution of biota could be a source of exposure to Monomethylmercury (MeHg).

In view of the above information, the DOH recommends the following:

- a) that a comprehensive environment assessment, risk management, and health surveillance program should be undertaken in the identified areas with possible Hg emissions;
- b.) that programs, policies and strategies should be institutionalized to strengthen capacity of concerned government agencies;

- c) that funding and logistical resource should be provided to the concerned agency to upgrade and strengthen the services.

Joel Maleon of the Department of Environment and Natural Resources (DENR) stated that DENR is fully aware of the dangers posed by mercury to human health and the environment. He said this proposed legislation would help strengthen their program on the information and dissemination of the harmful effects of mercury. Hence, the DENR fully supports the passage of the bill.

Rep. Pichay inquired on the possibility of including cyanide substance in the bill. Rep. Rodriguez posed no objection to the suggestion. Rep. Pichay further inquired whether mercury is banned as a product. Mr. Maleon replied that mercury is not banned as a product but it is regulated under Republic Act No. 6969 specifically under DENR Administrative Order No. 38 on Chemical Control for Mercury and Mercury compounds.

Rep. Padilla manifested his support for the approval of HB Nos. 2984 and 3285.

Thereafter, Rep Pichay moved for the consolidation and approval of HB Nos. 2984 and 3285 subject to amendment and style. Upon motion duly seconded by Rep. Acop, and there being no objections, the motion was carried.

Other measures calendared for deliberation such as HB No. 606 - An Act Establishing a Special Hospital for Overseas Filipino Workers (Ofws) and their Dependents, Appropriating Funds Therefor and for other Purposes authored by Rep. Juan Edgardo Angara and HB No.1555 - An Act to Establish Wards in Government Hospitals for the Health Care Needs of Overseas Filipino Workers (OFWs) authored by Rep. Roman Romulo were not discussed due to the absence of the authors.

## **VI. CONSIDERATION OF THE FOLLOWING MEASURES:**

1. Approval of the draft substitute bill to HB Nos. 505, 907 and 974, entitled "An Act Requiring All Government-Issued Identification Cards, Certificates And Licenses To Include A Portion Indicating The Blood Type Of The Holder Thereof And Providing Penalties For Violations Thereof," authored by Reps. Angara, J.E., Yap,S., and Syjuco,  
Upon motion of Rep. Pichay, duly seconded by Rep. Acop and there being no objections, the Committee Report on the draft substitute bill to HB Nos. 505, 907 and 974 was approved.
2. Approval of the draft substitute bill to HB Nos. 83, 107, 1029, and 3472, entitled "An Act Providing For Mandatory Hepatitis B Vaccination Of All Infants Within A

Reasonable Period Of Time After Birth, And Other Vaccine-Preventable Diseases," authored by Reps. Abaya, J., Syjuco, A., Yap, S. and Cajayon, M. Upon motion of Rep. Pichay, duly seconded by Rep. Eriguel and there being no objections noted, the Committee Report on the draft substitute bill to HB Nos. 83, 107, 1029, and 3472 was approved.

3. Approval of the draft substitute bill to HB No. 950, entitled "An Act Mandating Ocular Prophylaxis on Newborns," authored by Rep. Pichay, P. Upon motion of Rep. Eriguel, duly seconded by Rep. Acop and there being no objections, the Committee Report on the draft substitute bill to HB No. 950 was approved.
4. Approval of the draft substitute bill to HB Nos. 610 and 2846, entitled "An Act Regulating The Use Of Government Ambulances, Providing Penalties Therefor And For Other Purposes," authored by Reps. Angara, J.E. and Ejercito, J. Upon motion of Rep. Pichay, duly seconded by Rep. Acop and there being no objection, the Committee Report on the draft substitute bill to HB Nos. 610 and 2846 was approved.

## VII. ADJOURNMENT

Upon motion duly seconded and there being no objection, the meeting was adjourned at 12:39 P.M.

I hereby certify to the correctness of the foregoing minutes.

  
**MA. LOURDES M. SANCHEZ**  
Acting Committee Secretary

Approved by:

  
**REP. ALFREDO D. MARAÑON III**  
Chairperson  
Committee on Health