

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
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H. B. No. 4364

Introduced by HONORABLE JUAN EDGARDO "SONNY" M. ANGARA

EXPLANATORY NOTE

The 1987 Constitution specifically declares 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"¹. The Constitution also provides that the State shall "undertake appropriate health, manpower development, and research, responsive to the country's health needs and problems."²

Presently, neither of these two objectives has been attained by the State. Primary health services remain elusive or inaccessible to majority of our population, especially those living in the rural and poor areas of the country. As for our health care practitioners, particularly those in the nursing profession, a good number of them are denied employment opportunities to practice their trade and, consequently, the training to further improve their skills.

The relationship of these twin objectives is unique in the sense that one can be achieved by means of the other. A program that aims to improve the accessibility and delivery of primary health services will inevitably create employment for our health care practitioners and hone their skills in the process. Conversely, increasing jobs and skill level in the health sector will render primary health services more available to the public.

The proposed Community Health Delivery and Health Team Placement Act intends to take advantage of this unique relationship. But instead on focusing on one of the objectives and expecting the efforts to result in the accomplishment of the other, the proposed Act shall simultaneously tackle both objectives. The end goal is that the efforts to attain both objectives feed off each other and eventually initiate a virtuous cycle that shall elevate the availability of primary health care in the Philippines and the competence of Philippine health care practitioners to unprecedented heights.

¹ Article XIII, Section 11.

² Article XIII, Section 12.

Playing a key role are the Local Government Units (LGUs) whose functions include the delivery of primary health services at the grass roots level and the Department of Health that shall ensure overall program coordination between the LGUs and the relevant national agencies.

In view of the benefits that will be gained in both having a more effective healthcare delivery system and an efficient and more responsive healthcare personnel, the immediate passage of this bill is earnestly requested.



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

Introduced by Honorable JUAN EDGARDO "SONNY" M. ANGARA

AN ACT
ESTABLISHING A RESPONSIVE LOCAL HEALTH UNIT IN EACH CITY AND
MUNICIPALITY TO ENSURE DELIVERY OF PRIMARY HEALTH SERVICES AND
TO PROVIDE A MECHANISM TO ENSURE THE PLACEMENT OF REQUIRED
HEALTH PERSONNEL IN THESE LOCAL HEALTH UNITS AND OTHER
GOVERNMENT OPERATED HEATH FACILITIES

SECTION 1. *Short Title.* This Act shall be known as the "*Community Health Delivery and Health Team Placement Act*"

SEC. 2. *Declaration of Policy.* It is hereby declared the policy of the State to protect and promote the right to health of the people through improved delivery and availability of primary health services across the nation, particularly in the rural and poorest areas of the country. It is also the policy of the State to promote employment opportunities in all sectors of society, including the health sector and the health personnel who form part thereof. The State recognizes the vital role of local governments in providing health care and employment opportunities for health professionals. Towards this end, the State ensures health care delivery by providing accessible adequately staffed and equipped health care units at the local level and endeavors to provide employment opportunities for our health professionals in the Philippines.

SEC. 3. *Establishment and Maintenance of City and Municipal Health Units.* All cities and municipalities shall establish and maintain at least one (1) Local Health Unit (LHU) which shall be under the supervision of the City or Municipal Health Officer.

For cities or municipalities with populations of more than twenty thousand (20,000), there shall be one LHU for each succeeding twenty thousand (20,000) population.

Existing Rural Health Units shall be converted to LHUs.

SEC. 4. *Local Health Unit Health Personnel.*

4.1. The LHU shall have at least the following health personnel:

- a. a duly licensed physician as Head of Unit
- b. a registered nurse for every 5,000 population but no less than two (2) in each LHU, one of whom shall be a roving nurse
- c. a midwife
- d. a medical technologist

For 4th to 6th class municipalities with population of less than 5,000, the Head of the LHU may be a nurse practitioner instead of a physician provided that -

- a. The Municipality shall ensure coordination with a physician who will be required to conduct periodic visits to the LHU and should be readily available and accessible for consultation, either personally or by remote communication. In this regard, the municipality shall (a) establish Inter-LGU coordination with contiguous or adjacent municipalities, as well as coordinate with the Provincial Health Office and with the Department of Health (DOH) to ensure the LHU's access to a physician at all times, and (b) shall provide the LHU with the facilities for remote communication and ready means of transport.
- b. The Nurse Practitioner shall be a registered nurse with at least five (5) years practice and with post-graduate nursing education.

A nurse-led LHU may qualify for accreditation as a health care provider under the *Medicare Para sa Masa Program* of the Philhealth Insurance Corporation ("Philhealth"), subject to such terms and conditions as may be provided by Philhealth.

4.2. The city or municipality shall add health personnel to the LHU's plantilla to avoid understaffing or overloading based on the patient-health worker ratios determined by the DOH, and as said city or municipality may deem necessary to ensure the delivery of complete health services.

"Health personnel" for purposes of this Act shall mean medical and allied health professionals such as doctors of medicine, nurses, midwives, dentists, medical technologists, pharmacists, physical and occupational therapists and nutritionist-dietitians.

4.3. The city or municipality shall ensure that the compensation and benefits under the Magna Carta for Public Health Workers or Republic Act No. 7305 will be provided to the health personnel of LHUs regardless of their status.

4.4. Qualified health personnel who reside in the city or municipality shall be given priority in recruitment to the LHU.

SEC. 5. Local Health Unit Facilities and Equipment. The LHU should have facilities and equipment as may be required by the Philhealth to qualify for accreditation as a health care provider under Philhealth's *Medicare Para Sa Masa Program*.

Furthermore, the LHU must have equipment to be able to record health care services and data through an electronic medical records system.

SEC. 6. Health Personnel Register.

6.1. The DOH shall maintain a database of all health personnel positions in health facilities and health related establishments operated by Local Government Units (LGUs), the National Government, its departments, agencies and offices, and Government Owned and Controlled Corporations (GOCCs).

"Health facilities" refer to LHUs, hospitals, sanitarium, health infirmaries, health centers, rural health units, barangay health stations, clinics, other institutional forms which

similarly perform health delivery functions like clinical laboratories, treatment and rehabilitation centers, x-ray facilities and other similar activities involving rendering of health services to the public and health-related establishments.

"Health-related establishment" is a health service facility or unit which performs health service delivery functions within an agency whose legal mandate is not primarily the delivery of health services. This applies to, among others, clinics and medical departments of government corporations, medical corps and hospitals of the AFP, and the specific health service section, division, bureau or any type of organizational subdivision of a government agency.

LGUs, the National Government, its departments, agencies and offices, and GOCCs operating health facilities or health-related establishments shall notify the DOH of -

- a. newly created health personnel positions;
- b. vacancies in the health personnel positions within five (5) days from occurrence thereof;
- c. newly appointed health personnel within five (5) days from appointment.

6.2. Health personnel positions shall not be allowed to remain vacant for more than three (3) months.

SEC. 7. *Health Team Placement Program.* *A Health Team Placement Program is hereby established to be implemented by the DOH.*

7.1. The DOH may deploy health personnel in health facilities or health-related establishments operated by LGUs, the National Government, its departments, agencies and offices and GOCCs.

- a. Deployment by the DOH under this Section will be on a temporary or contractual basis in an aggregate period not exceeding two (2) years. Health personnel deployed by DOH shall be given preference in appointments to vacancies in health personnel positions in health facilities and health-related establishments operated by LGUs, the National Government, its departments, agencies and offices, and GOCCs.

DOH may provide the health personnel requirements in LHUs in the following instances.

- i. For newly constituted LHUs in depressed, unserved/underserved, hard to reach and critical 5th and 6th class municipalities;
 - ii. In case of depressed, unserved/underserved, or hard to reach and critical 5th to 6th class municipalities which are unable to fill their LHUs health personnel positions;
 - iii. In case of municipalities whose LHU health personnel is on study leave;
 - iv. In case of municipalities who require allied health personnel in their LHUs on a temporary basis;
 - v. Other instances as the DOH may provide.
- b. Health personnel deployed by DOH shall be entitled to the same compensation and benefits provided to health workers under the Magna Carta for Public Health Workers.

7.2. Health personnel who require training for further competency or work experience may apply to the DOH as a health-trainee. The DOH, in coordination with the Department of Labor and Employment (DOLE), the Department of Interior and Local Government (DILG), the Department of Education (DEPED) and the Commission on Higher Education (CHED), shall deploy health-trainees to health facilities or health related establishments operated by LGUs, the National Government, its departments, agencies and offices, and GOCCs.

Health-trainees are not entitled to salaries and benefits under the Magna Carta for Public Health Workers. However, they shall be entitled to a stipend and such other benefits as the DOH may so determine. The concerned LGU shall provide the health-trainees free accommodations, daily meal allowance, allowance for travelling expenses, hazard pay, overtime pay, and additional stipend in an amounts to be set by the DILG in coordination with the League of Municipalities.

SEC. 8. *Health Personnel in the Private Sector and in Educations Institutions.* The DOLE shall ensure that the health personnel requirements for private establishment under the Labor Code are complied with. The DEP ED and CHED shall ensure that the health personnel requirements for public and private educational institutions are complied with.

SEC. 9. *Electronic Documentation of Health Services.* A duly designated nurse in each Health Facility or Health Establishment shall be responsible for the electronic documentation of patient care and patient care outcome to facilitate quality health management and patient safety.

SEC. 10. *Funding for Establishment and Maintenance of Local Health Units and Health Team Placement Programs.*

10.1. For the first three (3) years upon effectivity of this Act, the amount of _____ per annum shall be used for the establishment or upgrading of LHUs in 4th to 6th class municipalities. These annual amounts shall be sourced from net earnings from the Value Added Tax.

10.2. The budget for personnel, maintenance and operating expenses of the LHU, as proposed by its Local Health Board in consultation with the DOH, shall be automatically appropriated from the city's or municipality's Internal Revenue Allotment.

10.3. The Secretary of Health shall prepare an annual budget to fund the Health Team Placement Program. Funding for the Program shall be sourced from the Philippine Amusement and Gaming Corporation.

10.4. As a means to support the operations of the LHUs, cities and municipalities shall enroll their indigent population in the *Medicare Para Sa Masa* Program through the Philhealth Capitation Fund in such number as may be proposed by their Local Health Boards after prior consultation with Philhealth. There shall be annual incremental increase in indigent enrollment.

SEC. 11. *Transitory Provisions.* Upon the effectivity of this Act, all LGUs, National Government departments, agencies and offices, and GOCCs operating health facilities and health-related establishments shall notify the DOH of all health personnel positions in said facilities and establishments.

Cities and municipalities are given two (2) years from effectivity of this Act within which to establish or upgrade their LHUs and have these accredited with Philhealth.

SEC. 12. *Implementing Rules and Regulations.* Within ninety (90) days from the date of effectivity of this Act, the DOH and the DILG shall, in coordination with the League of Provinces, promulgate rules and regulations for the implementation of this Act.

SEC. 13. *Separability Clause.* If, for any reason, any part or provision of this Act is held by competent court to be unconstitutional or invalid, other parts hereof which are

SEC. 14. *Repealing Clause.* All laws, decrees, executive orders, rules and regulations, or parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SEC. 15. *Effectivity.* This Act shall take effect fifteen (15) days after its complete publication in two (2) newspapers of general circulation and submission with the University of the Philippines Law Center.

Approved,