

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

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 493



Introduced by Representative Stella Luz A. Quimbo

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

EXPLANATORY NOTE

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

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

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

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

provides for the development of capacity building programs that focus on competencies for primary care.

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

A handwritten signature in black ink, appearing to read 'Stella' with a stylized flourish at the end.

STELLA LUZ A. QUIMBO, PhD
Representative
Second District, Marikina City

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

1 SECTION 1. *Title.* – This Act shall be known as the "Primary Care for All Act."

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

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

- 7 a. *Primary care* refers to initial-contact, accessible, continuous, comprehensive
8 and coordinated care that is accessible at the time of need including a range of
9 services for all presenting conditions, and the ability to coordinate referrals to
10 other health care providers in the health care delivery system, when necessary.
11 b. *Primary care providers* shall include the following:
12 i. *Primary care worker* refers to a health care worker, with defined
13 competencies, who may be a health professional or community health
14 worker/volunteer, certified by the Department of Health (DOH) or any
15 health institution that is licensed and certified by the DOH, to provide
16 primary care services in support of the Universal Health Care Act.
17 ii. *Primary care facility* refers to the institution that primarily delivers primary
18 care services which shall be licensed or registered by the DOH.
19 c. *Primary care provider network* refers to a coordinated group of public, private,
20 or mixed primary care providers within a health care system or health care
21 provider network.
22 d. *Primary care network adequacy* refers to the sufficient ability and capacity of a
23 primary care provider network to deliver essential primary care services.

1 SECTION 4. *Duties and Responsibilities of the Department of Health (DOH).* – The
2 DOH shall oversee the implementation of the Act, particularly in ensuring the creation
3 of an adequate primary care network that shall provide accessible, continuous, and
4 comprehensive health services responsive to the needs of the Filipino people. The
5 SOH shall:

6 (a) Develop and periodically update a framework for ensuring the provision of
7 adequate primary care that further operationalizes the objectives of this Act
8 which shall include the following:

9 (1) The country's target and strategies in providing adequate and
10 effective primary healthcare services for Filipinos, as provided in this Act;

11 (2) The government's plan in establishing a rational, unified and
12 integrated service delivery network for primary care services including
13 the human resources and information system for primary care; and

14 (3) The budgetary requirements and a corollary investment plan that
15 shall identify the sources of funds for its implementation;

16 (b) Monitor the implementation of the rules and regulations of this Act and the strategic
17 plan for primary care, undertake mid-term assessments and evaluations of the impact
18 of the interventions in achieving the objectives of this Act;

19 (c) Ensure the implementation of the policies provided in this Act, and issue or cause
20 issuance of orders, or make recommendations to the implementing agencies as
21 appropriate;

22 (d) Perform other duties and functions necessary to carry out the purpose of this Act.

23 SECTION 5. *Targets for Primary Care Network Adequacy.* – The DOH shall develop
24 standards and targets for primary care network adequacy, at the provider level and
25 network level, in accordance with global standards and local conditions.

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

30 SECTION 6. *Comprehensive Plan for Primary Care Network Adequacy.* – All local
31 government units (LGUs) shall adopt the targets relating to primary care network
32 adequacy in all of their plans and programs, with technical assistance from the DOH.

33 The LGUs shall regularly monitor data relevant to primary care network adequacy for
34 assessment by the DOH, and according to guidelines by the same. The DOH shall
35 provide Congress, through the House Committee on Health and Senate Committee
36 on Health and Demography, an annual report detailing all primary care network
37 adequacy targets and the current status of each LGU, including recommendations in
38 cases of shortfalls on adequacy targets.

39 SECTION 7. *Capacity Building for Primary Care.* – The DOH, in cooperation with the
40 Commission on Higher Education, Technical Education and Skills Development

1 Authority, Professional Regulation Commission, LGUs, medical associations and
2 other health care professional organizations, shall develop and plan the expansion of
3 degree and training programs geared towards producing competent primary care
4 workers, especially for underserved areas.

5 SECTION 8. *Financing for Primary Care Network Adequacy.* – Authority is hereby
6 granted to heads of LGUs to finance the requirements for an adequate primary care
7 provider network, including but not limited to hiring, remuneration, incentives, capacity
8 building, and monitoring, through the Special Health Fund in accordance with Republic
9 Act no. 11223.

10 The remuneration and incentives of certified primary care providers that are deployed
11 for purposes of implementing the Universal Health Care Act shall be determined by
12 the CSC in accordance with relevant laws, and shall not be subject to the ceiling on
13 personnel services spending as provided in Republic Act No. 7160 or the “Local
14 Government Code of 1991.” For purposes of this Act, personnel services refers to the
15 appropriations for the payment of salaries, wages and other compensation of
16 permanent, temporary, contractual, and casual employees of the LGU.

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

19 SECTION 9. *Validity of the Special Health Fund.* – All monies in the Special Health
20 Fund, regardless of fund source, shall be available to the LGU for obligation and
21 disbursement until full expended.

22 SECTION 10. *Implementing Rules and Regulations.* – The DOH, in consultation with
23 the Department of Budget and Management, shall formulate the implementing rules
24 and regulations of this Act within ninety (90) days after its approval.

25 SECTION 11. *Repealing Clause.* – All laws, decrees, executive orders, rules and
26 regulations, or parts thereof which are inconsistent with this Act are hereby repealed,
27 amended, or modified accordingly.

28 SECTION 12. *Separability Clause.* – If any provision of this Act is declared
29 unconstitutional or invalid, other parts or provision hereof not affected shall continue
30 in full force and effect.

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

33 *Approved,*