

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL No. 3649



Introduced by
ACT Teachers Party-List Rep. FRANCE L. CASTRO,
GABRIELA Women's Party Rep. ARLENE D. BROSAS,
and **KABATAAN Party-List Rep. RAOUL DANNIEL A. MANUEL**

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

EXPLANATORY NOTE

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

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

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

The devolution of the government's health care delivery system via Republic Act 7160, otherwise known as the Local Government Code of 1991, has given rise to various problems, especially in terms of access to quality healthcare.

A review of the Local Government Code in 2014 published by Health Perspectives Inc. has shown that devolution has resulted in a highly fragmented health system. The Department of Health (DOH) has no direct control over the local government units (LGUs), who are the implementers of health programs. On the other hand, LGUs develop health plans without regard for the larger health agenda. Local officials lack the capacity to manage health, while many health personnel could not adequately deal with local officials. Moreover, health is not a priority of most LGU officials and LGUs have unequal capacities to sustain health services. The gap between different classes of municipalities widened, as urbanized and developed municipalities tend to have more funds for health care than those in the 4th to 6th class municipalities.

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

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

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

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

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

This Bill has been filed since the 16th Congress by Bayan Muna Party-List. It was then refiled during the 17th and 18th Congress as House Bill Nos. 5083 and 3522.

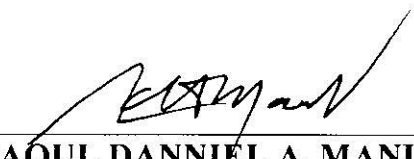
respectively. It is a major step to address the fatal flaws of the decentralization of health services. In order to have a comprehensive and integrated health care delivery system as mandated by the 1987 Constitution of the Republic of the Philippines, the urgent approval of this Bill is earnestly recommended.



Rep. FRANCE L. CASTRO
ACT Teachers Party-List



Rep. ARLENE D. BROSAS
GABRIELA Women's Party



Rep. RAOUL DANNIEL A. MANUEL
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Title.* – This Act shall be known as the “*Renationalization of Health Services and Facilities Act of 2022.*”

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

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

- a) to prevent the further deterioration of government health services and facilities and reverse the negative trend brought about by devolution;

- b) to provide all essential health services to the people, especially the sick, the poor and marginalized sectors of society; and
- c) to improve and uplift the morale, social, and economic well-being of health workers.

SECTION 4. *Renationalization.* – All health services and facilities devolved to the local government units are hereby renationalized or returned to the auspices of the national government. Renationalization for the purpose of this Act shall mean the reversion to the national government of the discharge of basic health services devolved to local government units (LGUs), which shall include the control, supervision, management and maintenance of health facilities, personnel and health services.

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

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

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

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

Section 105; and

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

TRANSITORY PROVISIONS

SECTION 5. *Appropriations.* – The amount of Sixty billion pesos (P60,000,000,000) shall be added to the appropriations of the Department of Health for the initial implementation of this Act.

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

FINAL PROVISIONS

SECTION 6. *Implementing Rules and Regulations.* – The Department of Health (DOH), in consultation with the representatives from local government units, relevant professional health associations and health sector organizations, shall promulgate the necessary implementing rules and regulations (IRR) for the effective implementation of this Act no later than 90 days upon the effectivity of this Act. Failure of the DOH to promulgate the IRR within the period required in this Act shall subject the Secretary of Health to administrative sanction.

SECTION 7. *Separability Clause.* – If any part or provision of this Act is held invalid, illegal or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SECTION 8. *Repealing Clause.* – All laws, decrees, executive orders, proclamations, rules and regulations, and other issuances, or parts thereof contrary to or inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

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

Approved,