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HOUSE OF REPRESENTATIVES

Introduced by Representative Rufus B. Rodriguez

House Bill No. 10923

EXPLANATORY NOTE

The World Health Organization recognizes the critical role of nutrition in health outcomes. Nutrition affects health at all ages, strengthens immune systems, reduces mortality rates in pregnancy, decreases the risk of lifestyle diseases such as diabetes and cardiovascular disease, improves outcomes in education and enhances economic productivity. In hospitals, malnutrition is linked to greater risk of complications, longer convalescence, and higher mortality.

However, despite the provisions of Republic Act No. 11223, the Universal Health Care Act, which sought to provide an integrated and comprehensive approach to protect Filipinos from hazards and risks to their health, a health care model which gives access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services, a framework that fosters a whole-of-nation approach to the development and implementation of health policy, and for the delivery of health services that is centered on people's needs and well-being, there is no national policy which mandates an emphasis on nutrition for hospitalized Filipinos. In addition, while Republic Act No. 10862, or the Nutrition and Dietetics Law of 2016, recognizes the important role of nutritionist-dietitians, together with the multi-disciplinary team in nutrition, in nation-building and human development, it has been silent on the promotion of their role in the hospital setting.

This bill aims to enhance current laws by mandating the implementation of the Nutrition Care Process, an internationally recognized standard approach for practitioners in nutrition and dietetics. With this measure, Filipinos will gain access to effective tools for recovering from illnesses and significantly improving their quality of life, all in a cost-efficient manner

In view of the foregoing, the immediate passage of this bill is earnestly sought.

RUFUS B. RODRIGUEZ

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AN ACT
INSTITUTIONALIZING THE NUTRITION CARE PROCESS AS PART OF MEDICAL CARE IN THE PHILIPPINES

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

SECTION 1. *Short Title*. – This Act shall be referred to as the "Wastong Nutrisyon sa Ospital Act."

SEC. 2. *Declaration of Policy.* – The State recognizes the essential role of proper nutrition in health and well-being, preventing the spread of disease, strengthening the immune system, and improving patient outcomes in cases of hospitalization. To this end, the State shall promote and institutionalize the use of the Nutrition Care Process, an internationally developed and accepted standard of screening and assessing the nutritional status of patients, nutrition intervention, as part of the minimum requirements of in-patient medical care in Philippine health facilities, and a means of monitoring patients' nutritional status after discharge.

The State further recognizes the critical role of nutritionist-dieticians together with the nutrition support team, in administering the Nutrition Care Process. To this end, as provided for in Republic Act No. 10862, or the Nutrition and Dietetics Law of 2016, the State shall promote their expertise, professionalism, and competence in this field and uphold their status as the primary providers of nutrition care in the country.

SEC. 3. *Definition of Terms*. – For purposes of this Act, the following terms shall be defined as follows:

(a) *Hospital* means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from illness, disease, injury or deformity, or in need of obstetrical or other medical and nursing care. The term "hospital" shall also be construed as any institution, building or place where there are installed beds, or cribs, or bassinets for twenty-four-hour use or longer by patients in the treatment of diseases, diseased-conditions, injuries, deformities, or abnormal physical and mental states, maternity cases, and all institutions such as those for convalescence, sanitaria or sanitarial care, infirmities, nurseries, dispensaries and such other names by which they may designated.

(b) *Malnutrition* is defined as the deficiencies, excesses, or imbalances in the intake of energy and/or nutrients of a person. The term malnutrition addresses three broad groups of conditions:
    1) Undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age);
    2) Micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and

3) Overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers);

(c) Medical Nutrition Therapy (MNT) refers to a nutritional diagnostic, therapy and counselling services for the purpose of disease management; services are furnished by a registered nutritionist-dietitian. It involves the assessment of the nutritional status of patients with a condition, illness or injury that puts them at risk. Based on the nutritional assessment, modalities most appropriate to manage the condition or treat the illness or injury are chosen.

(d) *Multidisciplinary Team in Nutrition Care* or *Nutrition Support Team* refers to attending physicians, registered nutritionist-dietitians, registered nurses, registered pharmacists/ clinical pharmacists, registered social workers, and other healthcare professions that may deemed necessary in the conduct of proper nutrition care;

(e) Nutritionally-at-risk patients is defined as patients who have any of the following:

1) Actual or potential for developing malnutrition (involuntary loss or gain greater than ten percent (10%) of usual body weight within 6 months, or greater than five percent (5%) of usual body weight in 1 month, a weight of twenty percent (20%) over or under ideal body weight); presence of chronic disease or increased metabolic requirements.
2) Altered diets or diet schedules (receiving total parenteral or enteral nutrition, recent surgery, illness, or trauma);
3) Inadequate nutrition intake including those not receiving food or nutrition products (impaired ability to ingest or absorb food adequately) for greater than seven (7) days; and
4) Any patient whose condition does not match the criteria above but has been determined to be nutritionally-at-risk by the latest standards approved by the Department of Health (DOH).

(f) *Nutrition Care* is defined as an organized group of activities allowing the identification of nutritional needs and provision of care to meet those needs.

(g) *Nutrition Care Process (NCP)* is the systemic problem-solving method that dietetics professionals utilize to critically think and make decisions to address nutrition-related problems and provide safe and effective quality nutrition care. It includes four steps: assessment, diagnosis, intervention, monitoring and evaluation;

(h) *Nutrition Screening* as the prerequisite to the implementation of nutrition care process in identifying nutritionally-at-risk patients through certain parameters (i.e., anthropometric measures, dietary intake, and clinical condition), is accomplished by staff nurses using validated nutrition screening tools for adults and pediatric patients. Hospitals using electronic health record (EHR) shall create an automatic referral system to the RND when screening criteria are met.

(i) *Nutrition Assessment* as a comprehensive approach to defining nutritional status that uses medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. It provides a basis for the development of nutrition care plans.

(j) *Registered Nutritionist-Dietitian (RND)* is defined as a person who holds a valid certificate of registration and a valid professional identification card, which is renewed every three years and issued by the Board of Nutrition and Dietetics of the Professional Regulation Commission, in accordance with Republic Act No. 10862, or the Nutrition and Dietetics Act of 2016.

SEC. 4**.** *Mandatory nutrition screening and assessment*. – All patients admitted into hospitals shall be screened to identify those who are nutritionally-at-risk using a nutrition screening and assessment tool approved by the Department of Health. Identified not-at-risk patients shall undergo periodic re-screening to determine as totally not-at-risk or at-risk. Furthermore, a post-assessment and nutrition care plan will be develop for patients upon discharge.

SEC. 5. *Responsibilities of the hospital* -The hospital shall have a Nutrition and Dietetics Service or Department, headed by an RND, which shall assure the effective delivery of NCP. Furthermore, they shall ensure that all necessary support in terms of staff and resources, both medical and administrative, is provided for the accomplishment of the NCP and the reporting requirements of this Act.

SEC. 6. Responsibilities of the Multidisciplinary Team in Nutrition Care or Nutrition Support Team – The members of the team shall ensure the timely and effective delivery of NCP based on sound and updated evidence, as approved by the Department of Health:

1. *Attending Physician* **-** shall (i) refer all cases of MNT to RNDs, (ii) conform and duly sign the NCP recommendations developed by the RND, (iii) lead in the administration of care plan provided by the RNDs, nurses, pharmacists, and other allied health professionals, (iv) conduct nutrition support access, and (v) actively convene interdisciplinary conferences to present results of managed cases;

2. *Registered Nutritionist-Dietitian* **-** shall (i) develop nutrition care plan for nutritionally-at-risk and critically-ill patients, (ii) implement the nutrition care plan, (iii) monitor, evaluate, and document the nutrition care plan to determine progress and nutrition outcome of the interventions, (iv) prepare bi-annual accomplishment report and submit such report to the hospital health information management worker and to DOH through the Health Facility Development Bureau, and (v) actively participate in case conferences, e.g. ward rounds and interdisciplinary health care planning;

3. *Registered Nurse* **-** shall (i) complete nutrition screening upon admission, (ii) carry-out the prescribed medications, diet and fluid requirements, and diagnostic tests related to nutrition care, (iii) prepare and update diet list for submission to the Nutrition and Dietetics Service/Department, and (iv) document changes in eating/drinking patterns in the patient's chart and tolerance/intolerance to certain foods, and discuss such matters with the RND;

4. *Registered Pharmacist or Registered Clinical Pharmacist* **-** shall (i) discuss with RND for food/nutrient and drug interaction, and (ii) participate in case conferences and interdisciplinary planning of healthcare team;

5. *Registered Social Worker* **-** shall (i) provide psychosocial interventions to patients and families, and (ii) facilitate referral of patients needing financial assistance relative to health and nutrition care needs;

6. *Other healthcare professionals* that will be identified as necessary shall coordinate with the team in the conduct of proper nutrition care of patients.

SEC. 8. *Development of NCP Guidelines*. – The DOH shall be responsible for approving the NCP guidelines to be complied with by all the relevant stakeholders based on the latest internationally-approved standards. The DOH shall also be responsible for updating these guidelines whenever necessary to ensure that the NCP provided to patients are consistent with internationally accepted standards.

SEC. 9. *Seal of Nutrition Care Compliance*. The Seal is an award, incentive, honor, and recognition-based program to ensure and motivate effective delivery of the NCP. The DOH shall award a "Seal" to hospitals that will very satisfactorily comply with the NCP consistent with monitoring guidelines that the DOH is hereby mandated to develop.

SEC. 10. *NCP Incentive Fund*. There is hereby created a special account under the General Appropriations Act (GAA) lodged with the DOH called the "NCP Fund". The Fund shall be utilized only to pay out the incentives granted to hospitals which qualify for the Seal of NCP Compliance.

The DOH team tasked to ensure compliance to the NCP shall have the authority to determine the monetary incentives for hospitals based on the number of awardees. It shall also have the authority to re-evaluate and increase the amount of the incentive to be awarded: Provided, That, the increase shall be subject to the sufficiency of the Fund at the time the increment is implemented.

SEC. 11. *Implementing Rules and Regulations.* – The DOH, in cooperation and consultation with relevant government agencies and stakeholders, shall promulgate the rules and regulations for the proper implementation of this Act within ninety (90) days from its effectivity.

SEC. 12. *Separability Clause.* – If any provision of this Act shall be deemed unconstitutional or invalid, the other provisions not affected there shall remain in force and effect.

SEC. 13. *Repealing Clause.* – All Acts, Presidential Decrees, Executive Orders and Administrative Orders, Rules and Regulations and other such issuances or parts thereof which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Approved,