



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



TWENTIETH CONGRESS
First Regular Session

House Bill No. 4804

Introduced by **Representative KATRINA REIKO CHUA - TAI**
1st District, Zamboanga City

EXPLANATORY NOTE

The 1987 Philippine Constitution enshrines the right of every Filipino to quality and accessible health care. Article II, Section 15 affirms that the State shall protect and promote the right to health of the people, while Article XIII, Section 11 mandates the adoption of a comprehensive and integrated approach to health development, one that guarantees access to essential health services for all. However, despite these constitutional guarantees, many communities, particularly those in geographically isolated and disadvantaged areas (GIDAs), remain critically underserved.

As of May 2025, the Philippines has over 1,500 hospitals, with only about 591 being public facilities. Most are located in urban centers, leaving rural provinces and island municipalities underserved. Regions such as Palawan, Agusan del Sur, Surigao del Sur, Cagayan, Isabela, and Aurora have limited or no access to nearby hospitals. In these areas, the hospital bed-to-population ratio is often below 1 bed per 1,000 people, which is significantly lower than the World Health Organization's minimum standard, compared to Metro Manila, which is at 2.2 beds per 1,000. Maternal mortality rates remain high due to limited access to prenatal care, skilled birth attendants, and emergency obstetric services. In some barangays, expectant mothers must travel for hours over difficult terrain to receive basic medical care.

In Zamboanga City, particularly in District 1, these challenges are deeply felt. Many barangays and island communities remain physically and economically isolated, with limited access to hospitals, diagnostic services, and dental care. This health care vacuum contributes to worsening social and economic problems, such as a decline in workforce productivity, the spread of preventable diseases, and an increasing number of out-of-school youth due to untreated health conditions. For countless residents, accessing medical services means enduring long, expensive, and dangerous journeys, conditions that often result in delayed or forgone treatment and worsened health outcomes, especially among vulnerable populations such as children, the elderly, pregnant women, and those with chronic illnesses.

The Bagong Pilipinas Mobile Primary Care Facility (PCF) Program under the Department of Health (DOH) addresses these urgent needs by deploying fully equipped mobile clinics to remote and underserved communities. This initiative delivers essential health services, including primary consultations, maternal and child care, diagnostics, laboratory testing, dental care, and health education, directly to those most in need. Piloting the program in Zamboanga City's

District 1 will create a localized, data-driven model for inclusive health delivery that can be replicated in other GIDA areas nationwide.

This initiative is fully aligned with key national policies and development frameworks. It upholds the goals of the Universal Health Care Act (RA 11223) by promoting equitable access to health services across all sectors; it empowers Local Government Units in accordance with the Local Government Code (RA 7160); and it advances the objectives of the Philippine Development Plan, which emphasizes health equity, poverty reduction, and inclusive growth. Furthermore, it embodies the core principles of “Bagong Pilipinas,” a whole-of-nation approach that seeks to bring transformative services to the grassroots level.

By providing timely, accessible, and community-centered medical care through mobile clinics staffed by skilled professionals, this measure will save lives, restore dignity, empower communities, and help break the cycle of poverty and illness.

This proposed measure strongly urges the immediate and favorable passage of this bill to ensure that all Filipinos, regardless of location or income, have access to their fundamental right to health and a better quality of life.

IN VIEW OF THE FOREGOING, immediate passage of this bill is earnestly sought.



KATRINA REIKO CHUA - TAI



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AN ACT

INSTITUTIONALIZING THE BAGONG PILIPINAS MOBILE PRIMARY CARE FACILITY (PCF) OF THE DEPARTMENT OF HEALTH (DOH) TO PROVIDE PRIMARY HEALTH CARE, DIAGNOSTIC, AND DENTAL SERVICES IN REMOTE BARANGAYS AND ISLAND COMMUNITIES, ESTABLISHING A PILOT PROGRAM IN THE FIRST LEGISLATIVE DISTRICT OF ZAMBOANGA CITY, WITH PROVISIONS FOR NATIONWIDE EXPANSION, AND APPROPRIATING FUNDS THEREFOR

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 "Bagong Pilipinas Mobile Primary Care Facility Act."

SECTION 2. Declaration of Policy. - It is hereby declared the policy of the State to promote and protect the right to health of all citizens, particularly those in remote, underserved, and geographically isolated and disadvantaged areas (GIDAs). Toward this end, the State shall institutionalize mobile medical services to ensure universal access to primary, diagnostic, and dental care under the Bagong Pilipinas framework.

SECTION 3. Definition of Terms. - For purposes of this Act, the following terms are defined as follows:

"Mobile Primary Care Facility (PCF)" shall refer to a vehicle or transportable structure that serves as a health unit, equipped with medical, diagnostic, and dental equipment, and staffed with health personnel, capable of delivering essential health services in remote areas.

"Primary Health Care Services" shall include general consultations, maternal and child care, immunizations, disease treatment, diagnostics, dental services, health education, and preventive care.

"Remote Barangays and Island Communities" shall refer to areas classified by the Department of Health (DOH) and the Department of the Interior and Local Government (DILG) as isolated, underserved, or difficult to access.

"GIDAs" shall refer to geographically Isolated and Disadvantaged Areas identified based on physical, socio-economic, and health indicators.

SECTION 4. *Establishment of a Program.* - There is hereby established a Mobile Medical Services Program under the Department of Health (DOH), in coordination with the Department of the Interior and Local Government (DILG), local government units (LGUs), and other stakeholders.

The Program shall deploy mobile clinics to provide primary health care, diagnostics, dental, and emergency response services in remote and underserved communities.

SECTION 5. *Pilot Implementation in Zamboanga City.* - The Program shall initially be implemented as a pilot site in District 1, Zamboanga City, in close coordination with the City Government of Zamboanga and concerned barangays. Each mobile unit deployed in the pilot area shall be equipped to provide the following services:

- a. Primary health care, including maternal, child, and elderly care;
- b. Diagnostic services, including laboratory tests and imaging;
- c. Dental services, including preventive and emergency care;
- d. Emergency response and first aid;
- e. Health education and preventive health campaigns; and
- f. Referral of patients to higher-level facilities when necessary.

SECTION 6. *Staffing and Deployment.* – Each mobile unit shall be staffed by a core team consisting of:

- a. One (1) licensed physician;
- b. One (1) nurse;
- c. One (1) midwife;
- d. One (1) dentist;
- e. One (1) medical technologist; and
- f. Barangay health workers or trained volunteers as support staff.

The DOH may collaborate with medical schools, professional associations, and volunteer groups to augment human resources.

SECTION 7. *Nationwide Expansion.* – Within three (3) years from the effectivity of this Act, the DOH shall evaluate the pilot program and, based on measurable outcomes and availability of funds, recommend its phased expansion nationwide, prioritizing other GIDAs. The expanded implementation shall be integrated with existing national health programs, including the Universal Health Care (UHC) Law.

SECTION 8 *Monitoring and Evaluation.* – The DOH, in collaboration with LGUs, shall establish a system for monitoring, evaluation, and reporting, including the number of patients served, services rendered, communities covered, health outcome improvements, and recommendations for policy refinement and expansion. An annual report shall be submitted to the House of Representatives and the Senate Committees on Health and Appropriations.

SECTION 9. *Appropriations.* – The amount necessary for the initial implementation shall be charged against the current appropriations of the DOH and the City Government of Zamboanga. Thereafter, such amounts as may be necessary for continued operation, development, and nationwide expansion shall be included in the annual General Appropriations Act (GAA). Additional funding may be sourced from the LGU counterpart funds, grants from the Philippine Charity Sweepstakes Office (PCSO), and the Philippine Amusement and Gaming Corporation (PAGCOR).

1 **SECTION 10. *Implementing Rules and Regulations (IRR)*.** – Within ninety (90) days
2 from the effectivity of this Act, the DOH, in coordination with the DILG, and the Local
3 Government Unit concerned, and relevant agencies, shall formulate the necessary IRR for its
4 effective implementation.

5 **SECTION 11. *Separability Clause*.** – If any of the sections or provisions of this Act is
6 held invalid, all other provisions not affected thereby shall remain valid.

7 **SECTION 12. *Repealing Clause*.** – All laws, decrees, issuances, rules and regulations
8 inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

9 **SECTION 13. *Effectivity Clause*.** – This Act shall take effect fifteen (15) days after its
10 complete publication in at least two (2) newspapers of general circulation.

11 *Approved,*