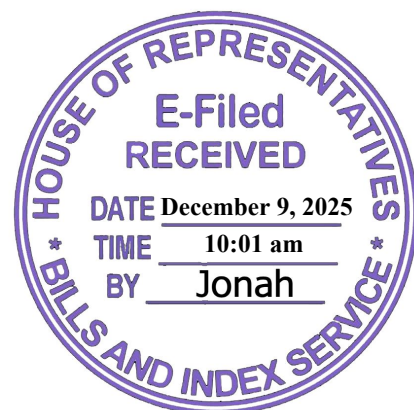




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 6688



**Introduced by Representatives Ferdinand Martin G. Romualdez,
Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A.
Acidre**

AN ACT
INSTITUTIONALIZING A NATIONAL TYPOLOGY OF UNIVERSITY
TEACHING HOSPITALS, STRENGTHENING MEDICAL AND
HEALTH PROFESSIONS EDUCATION THROUGH INTEGRATED
ACADEMIC HEALTH SYSTEMS, SUPPORTING THE PRODUCTION
OF UHC-READY PHYSICIANS, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The Philippine health system continues to face persistent challenges in producing a sufficient number of well-trained, community-responsive, and service-oriented health professionals. As the country fully implements Republic Act No. 11223, or the Universal Health Care (UHC) Act, the demand for high-quality and adequately prepared health workers—particularly physicians—has significantly increased. This calls for a medical education system that is not only academically rigorous but also firmly embedded within an integrated health service delivery environment.

It is hereby declared the policy of the State to ensure that medical and health professions education is of the highest quality, socially accountable, and aligned with the objectives of the UHC Law. High-quality physician and health worker training depends on an integrated academic–service ecosystem composed of hospitals, primary care facilities, and community-based networks operating within the Health Care Provider Networks (HCPNs) mandated under UHC. Such alignment ensures that future health professionals are exposed to real-world service settings, particularly in primary care and community health, where national health needs are most urgent.

Furthermore, the State recognizes the need to rationalize the expansion of medical schools in State Universities and Colleges (SUCs) as envisioned under Republic Act No. 11509, or the Doktor Para sa Bayan Act. While expanding opportunities for medical education is essential for addressing the country’s physician shortage, such expansion must be grounded on adequate and appropriate clinical training platforms. Ensuring the readiness and suitability of training hospitals and service environments is crucial to safeguarding both educational quality and patient safety.

In pursuit of these objectives, this measure establishes a National Typology of University Teaching Hospitals (UTHs) and mandates the integration of SUC medical schools into appropriate health service platforms. By setting clear standards for training environments and strengthening collaboration between academic institutions and the health service delivery system, this Act aims to guarantee safe, equitable, efficient, and UHC-aligned medical education across the country.

In view of the foregoing, approval of this bill is earnestly requested.



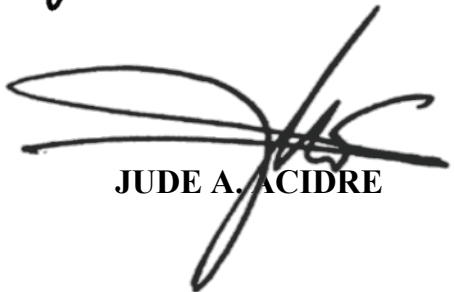
FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



ANDREW JULIAN K. ROMUALDEZ



JUDE A. ACIDRE



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 6688

**Introduced by Representatives Ferdinand Martin G. Romualdez,
Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A.
Acidre**

AN ACT
INSTITUTIONALIZING A NATIONAL TYPOLOGY OF UNIVERSITY
TEACHING HOSPITALS, STRENGTHENING MEDICAL AND
HEALTH PROFESSIONS EDUCATION THROUGH INTEGRATED
ACADEMIC HEALTH SYSTEMS, SUPPORTING THE PRODUCTION
OF UHC-READY PHYSICIANS, AND FOR OTHER PURPOSES

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

SECTION 1. *Short Title.* – This Act shall be known as the “University Teaching Hospitals for UHC Act.”

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to ensure that medical and health professions education is of the highest quality, socially accountable, and aligned with the goals of the Universal Health Care (UHC) Law or Republic Act No. 11223. The State recognizes that high-quality physician and health worker training requires an integrated academic–service ecosystem composed of hospitals, primary care facilities, and community-based

networks functioning within the Health Care Provider Networks (HCPNs) mandated by UHC.

The State further recognizes the need to rationalize the expansion of medical schools in State Universities and Colleges (SUCs) as part of the national goal of the ***Doktor Para sa Bayan Act*** (RA 11509), ensuring that such expansion is grounded on adequate and appropriate clinical training platforms.

To this end, this Act establishes a **National Typology of University Teaching Hospitals (UTHs)** and mandates the integration of SUC medical schools into appropriate health service platforms to guarantee safe, equitable, efficient, and UHC-aligned medical education.

SEC. 3. Definition of Terms. – For the purpose of this Act, the following terms are hereby defined:

- a. *Academic Health System (AHS)* – the integrated system consisting of a university/SUC, its affiliated UTHs, research units, and community-based training platforms.
- b. *Health Care Provider Network (HCPN)* – a province- or city-wide network of primary, secondary, and tertiary care facilities providing coordinated and continuous care.
- c. *SUC-Affiliated Medical School* – any medical education program established or operated by a State University or College.
- d. *University Teaching Hospital (UTH)* – a hospital or network of facilities formally affiliated with a university or SUC to serve as a platform for clinical education, research, and service, integrated within the HCPN.
- e. *Universal Health Care (UHC)* – the system established under RA 11223 to ensure all Filipinos have access to integrated, people-centered, primary care-oriented health services.

- f. *UHC-Ready Physician* – a physician trained in systems-based practice, primary care, continuity and coordination of care, population health, and interprofessional collaboration.

SEC. 4. National Typology of University Teaching Hospitals. – The following types of University Teaching Hospitals shall be recognized:

a. Apex University Hospital (AUH)

A Level 3 or specialty hospital serving as a national center for quaternary care, subspecialty training, simulation-based education, and health systems research affiliated with a State University. Current examples include the Philippine General Hospital (PGH) and the West Visayas State University Medical Center.

b. Regional University Teaching Hospital (RUTH)

A Level 2 or Level 3 DOH or LGU hospital serving as a regional referral center and hosting major clinical specialty (and sub-specialty) residency programs.

c. Provincial University-Affiliated Training Hospital (PUTH)

A Level 2 or Level 3 LGU hospital serving as the main clinical training site for generalist residency programs (i.e., Internal Medicine, Pediatrics, General Surgery, and OB-Gyne), clerkships, internships, and primary care-oriented training in the province/city-wide health system.

d. Community Teaching and Learning Network (CTLN)

A network of Rural Health Units (RHUs), Barangay Health Stations (BHS), Konsulta providers, and primary care facilities serving as longitudinal

platforms for community-based, primary care-centered, and population health training.

e. Specialized University Institutes (SUI)

Centers of excellence embedded within an AUH or RUTH focusing on specialized fields such as cancer, trauma, infectious disease, mental health, or CBRN health security.

SEC. 5. *Mandates of University Teaching Hospitals.* – All UTHs shall:

- a. Provide UHC-aligned training platforms across primary, secondary, and tertiary levels.
- b. Support medical and health professions programs of SUCs;
- c. Integrate academic and service functions to create learning health systems;
- d. Conduct research that advances public health and health equity; and
- e. Participate as functional units of the HCPN where they are geographically located.

SEC. 6. *Special Provisions for Apex University Hospitals.* – Apex University Hospitals shall:

- a. Serve as national centers for quaternary care, subspecialty clinical services, simulation, and biomedical research;
- b. Lead national curriculum development, simulation training, and faculty development programs;
- c. Provide structured mentoring and technical support to RUTHs, PUTHs, CTLNs, and SUC medical schools;
- d. Host national centers for health systems science, pandemic preparedness, precision medicine, and strategic health priorities;

- e. Serve as national hubs for DOH, CHED, PhilHealth, and LGU capacity-building programs;
- f. Lead in developing national clinical guidelines and systems-based quality improvement frameworks; and
- g. Receive priority and dedicated national funding to support their national mandates.

SEC. 7. Status of DOH and Provincial Hospitals as University Teaching Hospitals.

- a. DOH-retained hospitals (Level 2 and Level 3) may be designated as Apex or Regional UTHs.
- b. Provincial and district hospitals (Level 1 or Level 2) may be designated as PUTHs.
- c. RHUs, BHS, and Konsulta providers shall serve as CTLNs under this Act.
- d. SUCs shall integrate into these existing hospitals and networks rather than construct new hospitals, except in exceptional cases where no appropriate training platform exists or where national policy requires a SUC-operated hospital.

SEC. 8. Integration with SUC-Affiliated Medical Schools.

- a. No SUC medical school shall operate without an approved Academic Health System Integration Plan, demonstrating adequate clinical exposure through UTHs and CTLNs.
- b. CHED and DOH shall jointly evaluate the service–training alignment of SUC medical schools.
- c. Distributed and community-based training models shall be prioritized to strengthen rural retention and community-based practice.

- d. SUCs shall enter formal partnerships with appropriate UTHs for clerkships, internships, residencies, and research.

SEC. 9. *Integration with the HCPN and Local Health System.*

- a. Every UTH shall be embedded in the HCPN of its province or city.
- b. UTHs shall participate in referral systems, capitation arrangements, telehealth, clinical pathways, and multidisciplinary teams mandated under UHC.
- c. UTHs shall assist LGUs in quality assurance, clinical governance, and UHC implementation.

SEC. 10. *Governance Structure.* – Each UTH shall be governed by a Governing Board composed of:

- 1. Secretary of Health or representative (Chair);
- 2. Chairperson of CHED or representative (Co-Chair);
- 3. University/SUC President;
- 4. Medical Center Chief or Hospital Director;
- 5. Representative from the Provincial or City Health Board;
- 6. Community representative; and
- 7. Representative of the SUC-Affiliated Medical School.

Apex hospitals may include additional members reflective of their national functions.

SEC. 11. *Financing.* – UTHs shall be funded through:

- a. Annual appropriations under the General Appropriations Act;
- b. PhilHealth reimbursements and UHC-related financing mechanisms;
- c. Research grants, special centers funding, and innovation funds;
- d. Public–private partnerships aligned with public mandate; and

- e. Donor contributions, endowments, and other fund sources.

Apex University Hospitals shall receive dedicated and prioritized national funding.

SEC. 12. *Capacity-Building and Faculty Development.* – The DOH, CHED, and SUCs shall jointly establish programs for:

- a. Faculty deployment and academic service partnerships;
- b. Distributed and ladderized residency training;
- c. Visiting faculty programs among AUHs, RUTHs, and PUTHs; and
- d. Continuing professional development aligned with UHC principles.

SEC. 13. *Monitoring, Evaluation, and Quality Assurance.*

- a. DOH and CHED shall jointly conduct annual evaluations of all UTHs.
- b. Indicators include:
 - Graduate outcomes;
 - UHC readiness;
 - integration within the HCPN;
 - quality and safety indicators;
 - research productivity;
 - community health impact.
- c. CHED may suspend or revoke approval of medical schools lacking adequate training platforms.

SEC. 14. *Implementing Rules and Regulations.* – DOH and CHED, in consultation with SUCs, LGUs, and stakeholders, shall issue the IRR within six (6) months of effectivity.

SEC. 15. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be drawn from the current appropriations of concerned agencies.

Thereafter, annual funding requirements shall be included in the General Appropriations Act.

SEC. 16. *Separability Clause.* – If any provision of this Act shall be held unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

SEC. 17. *Repealing Clause.* – All laws, executive orders or issuances or any part thereof, which are inconsistent herewith, are hereby repealed or amended accordingly.

SEC. 18. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,