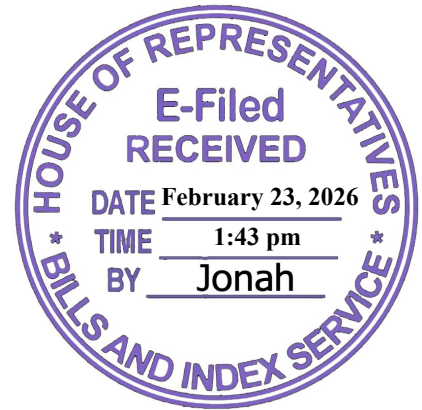




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session



HOUSE BILL NO. 7943

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

AN ACT
INSTITUTIONALIZING THE ROLE AND FUNCTION OF COMMUNITY-BASED HEALTH NAVIGATORS IN THE PROVISION OF INTEGRATED HEALTH CARE, THROUGH THE ESTABLISHMENT OF A DEDICATED DEPARTMENT, DEPLOYMENT, AND APPROPRIATION OF FUNDS THEREFOR

EXPLANATORY NOTE

The healthcare system in the Philippines is complex and fragmented, forcing patients to seek medical and social services from different providers. This burden often falls on the patients themselves, particularly those from marginalized groups who may lack the resources or knowledge to navigate the system. As a result, many suffer from medical errors, higher costs, and failure to continue treatment, which worsen existing health inequalities.

This bill aims to improve healthcare access by strengthening the current regulatory framework and introducing measures to promote integrated care and equitable services.

Specifically, it proposes the institutionalization of the Community-Based Health Navigator as a key figure in the referral system, ensuring better coordination between healthcare and social services. By localizing these services in communities,

patients can access care and information more easily. The measure also prioritizes support for vulnerable groups with specific needs, thereby reducing inequalities.

The role of the Community-Based Health Navigator has been proven effective in other countries and in small-scale initiatives in the Philippines led by non-government organizations. These efforts have shown positive results in improving patient experiences and advancing integrated care. However, their sustainability has been limited due to lack of formal recognition and funding. This bill addresses these gaps by formally establishing and supporting the Community-Based Health Navigator system nationwide.

Thus, the proposed measures seek to;

1. To formalize the Community-Based Health Navigator and its function in the provision of integrated healthcare in the Philippines, and strengthen its role, scope, and program implementation.
2. To establish a Patient Navigation Department for each municipal/city health office.
3. To deploy a Community-Based Health Navigator to each barangay health center and strengthen access to primary healthcare services.
4. To enact a shared health IT system storing all health care institutions and social services nationally and locally to mainstream all health aids and programs.
5. To maximize the potential of the workforce by instituting standard guidelines, training curriculum, and certification pathways.
6. To evaluate the effectiveness of its function and implementation through a sunset review.

In the interest of safeguarding the well-being of our people, immediate passage of this bill is earnestly sought.



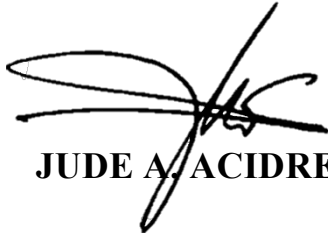
FERDINAND MARTIN G. ROMUALDEZ



ANDREW JULIAN K. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



JUDE A. ACIDRE



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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 “*Community-Based Health Navigator Act.*”

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State, in accordance with Article II, Section 15 of the 1987 Constitution, “to protect and promote the right to health of the people and instill health consciousness among

them”. To attain this, the State affirms its duty to uphold accessible, equitable, and people-centered healthcare experienced at the local level.

Considering this, it is asserted that the role of the community-based health navigator in addressing the complex and fragmented healthcare system is crucial. Correspondingly, it will facilitate integrated and equitable care among vulnerable populations. Through front-lining the referral care system and bridging the community to clinical and social services, it affirms the provision of integrated healthcare. Aligned with the purpose of RA 11223, otherwise known as the “Universal Health Care Act,” the establishment of community-based health navigators shall reinforce the primary health care and service delivery networks.

The purpose of this Act is as follows:

- A. To formalize the Community-Based Health Navigator and its function in the provision of integrated healthcare in the Philippines, and strengthen its role, scope, and program implementation.
- B. To improve timely access to health and reinforce the care continuum from prevention, early detection, diagnosis, treatment, and survivorship.
- C. To promote an efficient and effective referral system and personalized care among patients in the community, especially the chronic-ill and multimorbidity patients in need of continuum care.
- D. To address the fragmented healthcare system and the complexity of transitional care among patients.
- E. To minimize health inequalities and barriers by assisting marginalized populations, commonly with low socio-economic status.

SECTION 3. *Definition of Terms.* – For the purposes of this Act, the following definitions shall apply:

- a. ***Community-based Health Navigator*** is a trained frontline worker responsible for assisting and guiding patients in accessing primary health care services, social services, and other appropriate referrals, with the end view of ensuring quality and integrated health care
- b. ***Integrated Care*** refers to a person-centered care carried through multidisciplinary care by coordinating care providers.
- c. ***Person-Centered Care*** refers to the transcending disease-focused care and encompasses the quality of life of patients among the major considerations.
- d. ***Primary Health Care (PHC)*** refers to the health care institution accessible in the community.
- e. ***Referral System*** refers to the structured process of directing patients to higher-level facilities and care.

SECTION 4. *Establishment of Patient Navigation Unit*– There is hereby established, under the administration of DOH, a Patient Navigation Unit/Division as a standalone and formal unit within the municipality/city health office. It shall:

- a) Address the fragmented healthcare systems by being a frontline of care transition and referral, health education, and patient follow-up.
- b) Registered patients with chronic illness and identification of vulnerable populations and health determinants in the community.

- c) Established a shared health IT system and data restoring all health care institutions and social services locally and nationally to be mainstreamed to all deployed health navigators in the barangay.
- d) A sufficient number of Community-Based Health Navigator positions shall be created in consideration of their deployment to barangay health centers and their population size. Minimum standard shall be determined by the Department of Health (DOH) and the Local Government Unit (LGU) in coordination with the Civil Service Commission (CSC) and the Department of Budget and Management (DBM).
- e) The Patient Navigation Unit shall be headed by a qualified Healthcare Professional.

SECTION 5. *Function and Organizational Placement of Community-Based Health Navigators.* – Subject to the guidelines set by the Department of Health (DOH), generally community health navigators (CHNs) shall be at the frontline of care in assisting patients in accessing transitional care and social services through a systematic referral system, particularly among vulnerable populations such patients with chronic and comorbid conditions, low socioeconomic status, PWD, elderly, pregnant women, etc. They too shall facilitate coordination to link patients to resources, assist home visitation and medical adherence and commitment to medication, and champion outreach and health information campaigns. This duty shall be executed through tight coordination with barangay health workers (BHWs), nurses, doctors, and social services institutions.

The health navigation department in each city/municipality shall be an authorized body, in coordination with the Department of Health (DOH) and the Local

Government Unit (LGU), to determine the number of deployed health navigators in each barangay, mainly considering the population size. The deployed health navigator shall be stationed at the barangay health center to assist with telecommuting referrals and rotate to the home visitation program if needed.

SECTION 6. *Recruitment and Training.* – The Department of Health (DOH), together with the Civil Service Commission (CSC), TESDA, academic institutions, and other related agencies, shall adopt a comprehensive national standard for Patient Navigation. It shall institute its core function, ethical principles, and scope of responsibilities that are aligned with global best practices and contextualized in the Philippine health system. Sequentially, the mentioned bodies shall constitute standard guidelines, training curriculum, and certification pathways to ensure that all navigators, both clinical and non-clinical, meet the minimum competency.

Generally, Health Navigators shall be recruited from the local barangay where they will be deployed, with a minimum residency requirement of two (2) years to ensure community trust and familiarity. Candidates must have completed at least two years of college education and demonstrate functional literacy and basic computer proficiency. Priority shall be given to applicants with educational or professional backgrounds in health, social work, or community organizing, but not limited to.

The DOH, in coordination with academic institutions, civil society organizations, and LGUs, shall establish volunteer programs and community-based internships to train individuals as lay Health Navigators. Such pathways shall serve both as community service opportunities and as preparatory experience for formal engagement in the health workforce.

The Civil Service Commission (CSC) shall issue guidelines on the grant of special civil service eligibility to accredited community-based health navigators. In which way, this eligibility shall give them preference in applying for first-level health-related positions in government agencies, subject to applicable qualification standards.

SECTION 7. *Salary Scale* – The Department of Health (DOH), in coordination with the Civil Service Commission (CSC), shall establish a career progression and corresponding salary scale for Community-based Health Navigators assigned in cities and municipalities, subject to the position classification and compensation system under Republic Act No. 6758, otherwise known as the “Position Classification and Compensation Act of 1989.” The minimum entry level for Health Navigators shall not be lower than Salary Grade 7 to 9, to ensure proper classification and prevent undercompensation.

SECTION 8. *Appropriations* — The amount necessary for the implementation of this Act shall be included in the Department of Health budget in the annual General Appropriations Act.

SECTION 9. *Sunset Review* – Within three (3) years after the effectiveness of this Act, or as the need arises, the House Committee on Health, Senate Committee on Health and Demography shall conduct a sunset review. For purposes of this Act, the term “sunset review” shall mean a systematic evaluation by the House Committee on Health, Senate Committee on Health and Demography on implementing

agencies' performance and accomplishment, including the impact of this Act, for purposes of determining remedial legislation.

SECTION 10. *Implementing Rules and Regulation (IRR)* – Within ninety (90) days from the approval of this Act, the Department of Health (DOH), in consultation with the DBM, CSC, LGU, and other concerned stakeholders, shall formulate and issue the rules and regulations implementing the provisions of this Act.

SECTION 11. *Separability Clause*. – If, for any reason, any part or provision of this Act shall be held unconstitutional or invalid, other parts of provisions thereof not affected shall thereby continue to be in full force and effect.

SECTION 12. *Repealing Clause*. - All laws, decrees, executive orders, proclamations, rules and regulations, and other issuances or parts thereof contrary to or inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 13. *Effectivity*. - This Act shall take fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,