

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

TWENTIETH CONGRESS

First Regular Session

House Bill No. 8525



Introduced by Representative BEVERLY ROSE A. DIMACUHA

EXPLANATORY NOTE

An ounce of prevention is better than a pound of cure. Nothing can be truer based on studies cited by the Department of Health (DOH) that says 34% of Filipinos who accessed hospitals had cases that could have avoided hospitalization had quality primary care services been provided promptly. Limiting factors contributing to these events include: availability, affordability, and acceptability of services offered, and geography (i.e., distance and terrain).¹

However, primary health care facilities are also scarce and not very accessible to communities. The national goal is for all Filipinos to have access to a primary health care (PHC) facility within 30 minutes. Currently, the Philippines has 2,600 rural health centers (RHUs). However, based on geospatial analysis, only half of the population has access to RHU within this time duration. A primary health care facility serves as the point of contact of individuals, families, and communities into the healthcare system. It also provides “greater access to early management of the disease through first contact, continuous, and integrated healthcare services.”²

The DOH introduced the Modernization for Health Equity framework which established facilities capable of providing primary, outpatient healthcare services, including population-based and individual-based health services, urgent care, and ambulatory services which came to be known as Bagong Urgent Care and Ambulatory Services (BUCAS) Centers. This is in line with Administrative Order (A.O.) No. 2023-0015, Adoption of the 8-Point Action Agenda as the Medium Term Strategy of the Health Sector for 2023-2028, specifically items No. 1: Bawat Pilipino, ramdam ang kalusugan and No. 2: Ligtas, kalidad, at mapagkalingang serbisyo.

¹ <https://sites.google.com/view/doh-hfdb/2025-q3-updates/ao-2025-0012>

² <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2132.pdf>

Through the BUCAS Centers, the services mentioned in the preceding paragraph can be made accessible, available and affordable especially for geographically isolated and disadvantaged areas (GIDAs) and thus, need to be replicated as many times and in as many locations as possible. This proposed measure seeks to institutionalize the BUCAS Center program of the DOH.

This measure was a concept proposed by a group of students during the recently concluded BRADkada Youth Parliament³ when asked about their inputs on health issues. With such a very sound concept, this Representation could only agree with what former US President Barrack Obama stated, "The future belongs to young people with an education and the imagination to create" and decided to file this proposed measure.

The immediate passage of this bill is earnestly sought.


BEVERLEY ROSE DIMACUHA

³ Montalbo, VSR, Barro, EE, Alvarez, PV, Como, F, Eje, G (2026), Hatid Kalinga On-The-Go, BRADkada Yoth Parliament

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AN ACT
INSTITUTIONALIZING THE BAGONG URGENT CARE AND AMBULATORY
SERVICES (BUCAS) CENTER PROGRAM OF THE DEPARTMENT OF
HEALTH

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 known as the “The BUCAS Center Act”

SECTION 2. *Declaration of Policy.* It shall be the policy of the State to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, protected against financial risk and to bridge critical gaps in the delivery of primary care to underserved populations.

SECTION 3. *Definition of Terms.* The following terms shall be defined as follows:

- A. **Ambulatory Care** - refers to medical services performed on an outpatient basis, without the need for admission to a hospital or any other healthcare facility.
- B. **Ambulatory Surgical Services** - refer to services that include elective (non-emergency) surgical procedures ranging from minor to major operations, whether requiring local, regional, or general anesthesia, where patients are safely sent home within the same day for continuing post-operative care.
- C. **Ambulatory Surgical Clinic** - refers to a government or privately-owned institution primarily organized, constructed, renovated, or otherwise established to provide elective surgical treatment of

outpatients whose recovery, under normal and routine circumstances, will not require inpatient care.

- D. **Bagong Urgent Care and Ambulatory Services (BUCAS) Center** - refers to a health facility that is operated and managed by a DOH hospital, whether working with or without a partner institution or stakeholder, that is capable of providing a comprehensive array of primary and ambulatory care services, including population-based and individual-based health, ambulatory and urgent care, and ambulatory surgical services.
- E. **Emergency Care** - refers to care for life-threatening conditions requiring immediate medical attention.
- F. **Health Care Provider Network (HCPN)** - refers to a group of primary to tertiary care providers, whether public, private, or mixed, offering people-centered and comprehensive care in an integrated and coordinated manner, with the primary care provider acting as the navigator and coordinator of health care within the network.
- G. **Individual-based Health Services** - refer to services that can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient. have limited effect at a population level, and do not alter the underlying cause or illness such as ambulatory and inpatient care, medicines, laboratory tests. and procedures, among others.
- I. **Population-based Health Services** - refer to interventions such as health promotion. disease surveillance. and vector control, that have population groups as recipients.
- J. **Primary Care** - refers to the initial contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need, including a range of services for all presenting conditions, and the ability to coordinate referrals to other healthcare providers in the healthcare delivery system, when necessary.
- K. **Telemedicine** - refers to the delivery of health care services, especially where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.
- L. **Urgent Care** - refers to healthcare that is needed for a condition that requires prompt attention but is not a life-threatening emergency. These services are designed to assess and manage unscheduled conditions, which often arise outside core office hours.

SECTION 4. Objectives. - This Act seeks to attain the following objectives:

- a. Equitably establish Bagong Urgent Care and Ambulatory Services (BUCAS) Centers across the country to improve access to healthcare

services, including urgent care services for individuals in need of immediate medical intervention for non-life-threatening conditions, and ambulatory surgical services.

- b. Provide free and accessible primary health care services, outpatient healthcare services, including population-based and individual-based health services, urgent care, and ambulatory services particularly to geographically isolated and disadvantaged areas.
- c. Strengthen the local health system by collaborating with other stakeholders such as, but not limited to, state universities or colleges (SUCs), local government units (LGUs), and private partners.

SECTION 5. Bagong Urgent Care and Ambulatory Services (BUCAS) Centers Program. The Bagong Urgent Care and Ambulatory Services (BUCAS) Center Program of the Department of Health (DOH) is hereby institutionalized. The BUCAS Centers shall be managed and operated by Department of Health (DOH) hospitals.

SECTION 6. Services. The BUCAS Centers shall provide primary care services, urgent care, and ambulatory surgical services, among other outpatient services, at the discretion of the DOH hospitals and their partner stakeholders. These services shall include:

- a. **Population-based health services**, e.g., health promotion, disease surveillance, and vector control.
- b. **Individual-based health services**
 - 1. Primary-care-level counseling, screening and diagnostics, and treatment;
 - 2. Multispecialty clinics, such as family medicine, internal medicine, general surgery, obstetrics and gynecology, and pediatrics;
 - 3. Urgent care, i.e., triage, management of common, non-life-threatening illnesses;
 - 4. Initial emergency care, i.e., the initial resuscitation or stabilization of emergent cases, patient transport services to a hospital for further care;
 - 5. Outpatient and/or ambulatory surgery; and
 - 6. Telemedicine services, if applicable.
- c. **Ancillary services**
 - 1. Specialized clinics and services, of which inclusion shall be based on the local burden of disease and capacity of the BUCAS Center such as orthopedics, ophthalmology, otorhinolaryngology, rehabilitation medicine, and psychiatry among others.
 - 2. Diagnostic services, i.e., radiology (radiography, ultrasonography, and mammography), 12-Lead

electrocardiography, and a clinical laboratory of at least primary level, depending on the capacity of the BUCAS Center.

SECTION 7. BUCAS Center Organization and Operations

1. The DOH hospital shall determine the organizational structure of its BUCAS Center. At the minimum, it shall be headed by a Medical Specialist from the parent DOH hospital, among others, who shall report to the Medical Center Chief/ Chief of Hospital of its parent DOH hospital. The parent DOH hospital shall endeavor to provide a health human resource complement, including, but not limited to, medical specialists, nurses, medical technologists, radiologic technologists, pharmacists, psychologists, dentists, and administrative staff. The DOH Central Office may also provide augmentation through the *Espesyalista para sa Bayan* program.
2. The BUCAS Centers shall develop its health facility development plan, and incorporate it into the parent DOH hospital's development plan, which outlines its strategic planning process, goals and objectives, strategies, and action plan for its investments.
3. The BUCAS Centers shall be part of the Health Care Provider Network (HCPN). They shall be capable of directly referring and transporting patients to the hospitals within the HCP, for cases requiring highly specialized, emergency, or inpatient care.
4. To enhance patient accessibility, the BUCAS Centers shall adopt a flexible work arrangement to accommodate extended operating hours beyond the usual working days and hours, with additional duration at the discretion of the DOH hospital.
5. BUCAS Center personnel shall convey the values of the Filipino Brand of Service Excellence in dealing with its clients.
6. The BUCAS Centers shall process, share, exchange, and/or submit Electronic Medical Records (EMR) using the EMR System implemented and maintained by its parent DOH hospital, subject to compliance with existing rules and regulations on data privacy, cybersecurity, and national health data reporting requirements, relevant protocols and guidelines on cybersecurity measures, patient consent processes and data breach and security incident management.
7. In the interim, BUCAS Centers shall be licensed as ambulatory surgical clinics. It shall also comply, as applicable, with other licensing guidelines such as, but not limited to, laboratories, birthing facilities, and radiology facilities.

SECTION 8. Philhealth Coverage. Services to be provided in the BUCAS Centers shall be covered by payment mechanisms and benefit packages of PhilHealth. The BUCAS Centers shall apply for accreditation with Phil Health

or notify Phil Health if the services are additional to the parent DOH hospital's offerings. Medical assistance may also be provided to patients through the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program.

SECTION 9. *Appropriations.* The amount necessary for the operation and maintenance of the BUCAS Center shall be included in the annual hospital budget in the General Appropriations Act.

SECTION 10. *Implementing Rules and Regulations.* Within ninety (90) days from the effectivity of this Act, the Department of Health shall promulgate the necessary Implementing Rules and Regulations (IRR) for the effective implementation of this Act.

SECTION 11. *Suppletory Clause.* The provisions of this Act and its IRR shall be consistent with DOH Administrative Order No. 2025-0012 dated July 1, 2025.

SECTION 12. *Separability Clause.* - If any provision of this Act is held invalid, the remaining provisions shall continue in full force and effect.

SECTION 13. *Repealing Clause.* - All laws, orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 14. *Effectivity.* - This Act shall take effect fifteen (15) days after publication in the Official Gazette or in at least two (2) newspapers of general circulation.