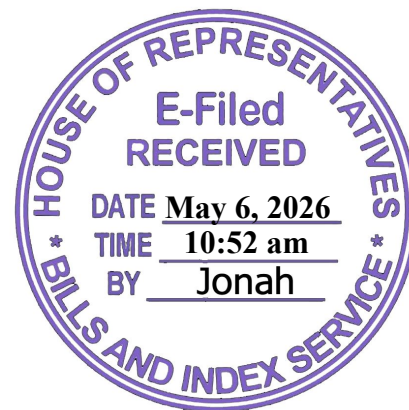




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session



HOUSE BILL NO. 9125

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

AN ACT
UPGRADING ALL PROVINCIAL AND DISTRICT HOSPITALS BY
PROVIDING MODERN MEDICAL EQUIPMENT, AMBULANCE
SERVICES, AND ESTABLISHING SPECIALTY UNITS, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

At present, many provincial and district hospitals lack adequate medical equipment, infrastructure, and specialized services, resulting in limited capacity to respond to emergencies and address complex medical conditions. Thus, there is a need to address these gaps through an upgrade of hospital facilities, including the provision of modern diagnostic equipment, ambulances, and the establishment of specialty units where it is needed most.

The “Universal Health Facilities Enhancement Act” seeks to strengthen the Philippine public health system by modernizing and upgrading provincial and district hospitals across the country. It recognizes the State’s constitutional duty to protect and promote the right to health of all citizens and aims to ensure that quality healthcare services are accessible, efficient, and equitable, especially in underserved and geographically isolated areas.

To ensure effective implementation, the bill creates the Hospital Upgrade Commission (HUC), a multi-sectoral body composed of key government agencies, legislative representatives, and local government units. The HUC will be tasked with conducting a nationwide assessment of existing hospital facilities, developing a National Hospital Upgrade Agenda, and overseeing the prioritization, procurement, and implementation of hospital improvements.

Overall, this measure seeks to build a more resilient, efficient, and equitable healthcare system by ensuring that all Filipinos—regardless of location—have access to modern, well-equipped, and responsive hospital services.

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



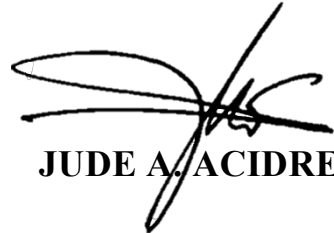
FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



ANDREW JULIAN 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 “Universal Health Facilities Enhancement Act”.

SEC. 2. Declaration of Policy. - It is hereby declared the policy of the State to promote and protect the right to health of the people and instill health consciousness among them. Towards this end, the State shall take appropriate measures to

modernize and upgrade the capacity of provincial and district hospitals, enhance their capability to respond to medical emergencies, and ensure access to quality health services nationwide.

SEC. 3. Objectives. - The objectives of this Act are:

1. To upgrade all provincial and district hospitals with modern medical and diagnostic equipment;
2. To provide adequate and well-equipped ambulance services for efficient patient transport and emergency response;
3. To establish specialty units, including but not limited to trauma care, intensive care, maternal and neonatal care, and infectious disease units; and
4. To ensure the equitable distribution of upgraded facilities and services across regions to improve health outcomes.

SEC. 4. Creation of the Hospital Upgrade Commission (HUC). - To implement this Act, there is hereby created the Hospital Upgrade Commission (HUC), which shall oversee and coordinate the upgrading of provincial and district hospitals in cooperation with the Department of Health (DOH), local government units (LGUs), and relevant stakeholders.

SEC. 5. Composition of HUC. - The HUC shall be composed of:

As Co-Chairpersons:

1. Secretary of the Department of Health;
2. Chairperson of the Senate Committee on Health and Demography;
3. Chairperson of the House Committee on Health.

As Commissioners:

1. Secretary of the Department of Budget and Management (DBM);
2. Secretary of the Department of the Interior and Local Government (DILG);
3. President of the Philippine Health Insurance Corporation (PhilHealth);
4. Representative from the League of Provinces of the Philippines;
5. Representative from the League of Cities of the Philippines;
6. Representative from the League of Municipalities of the Philippines.

SEC. 6. Powers and Functions of HUC. - The HUC shall have the following powers and functions:

- a. Conduct a nationwide assessment of existing provincial and district hospital facilities;
- b. Formulate and implement a roadmap for hospital upgrades, including procurement of equipment and ambulances;
- c. Maintain and regularly update a baseline criteria in identifying and prioritizing provincial and district hospitals for upgrading;
- d. Coordinate with LGUs and health agencies to establish specialty units in strategic locations;
- e. Monitor and evaluate the implementation of this Act, ensuring transparency and accountability;
- f. Submit annual reports to Congress on the status and impact of the upgrades.

SEC. 7. National Hospital Upgrade Agenda. - The HUC shall formulate, implement, and update a National Hospital Upgrade Agenda to guide the modernization and establishment of specialty units, subject to regular evaluation and consultation with stakeholders. The Upgrade Agenda shall provide a baseline criteria in identifying and prioritizing provincial and district hospitals for upgrading. Such criteria shall include, but not be limited to, the following:

- a. Service Capability and Gaps — Hospital classification, range of services offered, and identified deficiencies relative to the health needs of the catchment population;
- b. Population Coverage and Demand — Population size, growth rate, and utilization rates of the hospital, including patient load and bed occupancy;
- c. Health Indicators and Burden of Disease — Prevalence of priority diseases and conditions within the hospital's service area;
- d. Geographic Accessibility — Location of the hospital, including its accessibility to underserved, remote, or geographically isolated and disadvantaged areas (GIDAs);
- e. Infrastructure and Equipment — Structural integrity, safety, and adequacy of existing facilities, utilities, and medical equipment;
- f. Human Resources for Health — Availability, capacity, and distribution of medical, nursing, and allied health personnel;

- g. Local Government Capacity and Commitment — Demonstrated support of the concerned local government unit, including financial counter-parting and sustainability plans;
- h. Emergency Preparedness and Referral Role — Capacity of the hospital to respond to emergencies and its function within local and regional referral networks; and
- i. Equity Considerations — Prioritization of facilities serving vulnerable and underserved populations.

The Commission may refine, expand, and operationalize these criteria through the Implementing Rules and Regulations (IRR), including the adoption of a scoring, weighting, or tiered prioritization system, consistent with national health policies and standards.

SEC. 8. Audit, Inspection, and Accountability for Procured Facilities and Equipment. - All facilities, infrastructure, medical equipment, and other assets procured, constructed, or upgraded under this Act shall be subject to regular audit, inspection, and post-procurement evaluation to ensure transparency, efficiency, and intended utilization.

- a. Mandatory Audit. — The use of funds and the procurement, delivery, installation, and maintenance of facilities and equipment shall be subject to

audit by the Commission on Audit (COA) in accordance with existing laws, rules, and regulations.

- b. Inventory and Asset Registry. — All recipient hospitals and implementing entities shall maintain an updated inventory and asset registry of all procured items, indicating their condition, location, utilization status, and maintenance history, in accordance with COA and applicable government accounting and property management rules.
- c. Inspection and Acceptance. — No facility or equipment shall be deemed accepted unless it has undergone proper inspection, testing, and certification by qualified personnel to ensure compliance with technical specifications and safety standards prescribed by the Department of Health (DOH) and other relevant agencies.
- d. Post-Procurement Evaluation. — The Hospital Upgrade Commission, in coordination with the DOH and concerned local government units, shall conduct periodic evaluations to determine whether procured facilities and equipment are functional, properly maintained, and effectively utilized for their intended purpose.
- e. Transparency and Reporting. — The Commission shall require implementing entities to submit regular reports on procurement, delivery status, utilization, and maintenance of facilities and equipment, which shall be made available to oversight agencies and, subject to applicable laws, to the public.

- f. **Implementing Guidelines.** — The Commission, in consultation with the COA, DOH, and other relevant agencies, shall prescribe detailed guidelines under the Implementing Rules and Regulations (IRR), including audit protocols, inspection standards, reporting formats, and performance indicators.

SEC. 9. Accountability and Liability. — All officials, personnel, and entities involved in the planning, procurement, delivery, installation, operation, and maintenance of facilities and equipment under this Act shall be held to the highest standards of accountability, transparency, and diligence.

Any public official or employee who, through act or omission, is found to have caused undue injury to the government or to have given unwarranted benefits, advantage, or preference to any party in the implementation of this Act shall be subject to administrative, civil, and/or criminal liability in accordance with existing laws, including but not limited to Republic Act No. 3019, otherwise known as the Anti-Graft and Corrupt Practices Act, and other applicable statutes.

The Implementing Rules and Regulations (IRR) shall provide detailed procedures for reporting, investigation, adjudication, and enforcement of accountability measures, including due process safeguards and grievance mechanisms.

SEC. 10. Whistleblower Protection. - The State shall ensure the protection of individuals who, in good faith, report, disclose, or provide information on any act of corrupt practices, misuse of funds, irregular procurement, or improper utilization of facilities and equipment under this Act.

Protected disclosures shall include reports on fraud, corruption, collusion, gross mismanagement, conflict of interest, violations of procurement laws and standards, delivery of substandard or defective equipment, ghost deliveries, overpricing, or any analogous acts prejudicial to the government.

Protection shall be afforded to any public officer or employee, contractor, supplier, consultant, or private individual who makes a disclosure in good faith, whether anonymously or otherwise, through authorized reporting channels.

Protection under this Section shall apply only to disclosures made in good faith and with reasonable belief in the truth of the information provided. Any person who knowingly makes false or malicious allegations shall not be entitled to protection and may be subject to appropriate administrative, civil, or criminal liability.

SEC. 11. Standing Committees. - The HUC may establish standing committees composed of members and experts to provide technical advice on infrastructure, equipment standards, specialty units, training programs and other matters as may be necessary to further implement this Act.

SEC. 12. Advisory Support Council. - An Advisory Support Council (ASC) shall be created, composed of recognized experts from the health sector, academe, business, civil society, and patient advocacy groups, to provide technical and strategic advice to the HUC.

SEC. 13. Technical Secretariat and Executive Director. - A Technical Secretariat, headed by an Executive Director (ED) with expertise in health systems management and infrastructure development, shall support the HUC.

SEC. 14. Appropriations. - The amount necessary to implement this Act shall be included in the annual General Appropriations Act. Additional funds may be sourced from government health programs, official development assistance, and other allowable funding sources.

SEC. 15. Implementing Rules and Regulations. - The DOH shall, in coordination with the relevant agencies, promulgate the rules and regulations to implement the provisions of this Act within sixty (60) days after its effectivity.

SEC. 16. Separability Clause. - If any part or provision of this Act is held invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SEC. 17. Repealing Clause. - All laws, executive orders, issuances, decrees, rules and regulations inconsistent with or contrary to the provisions of this Act are deemed amended, modified or repealed 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,