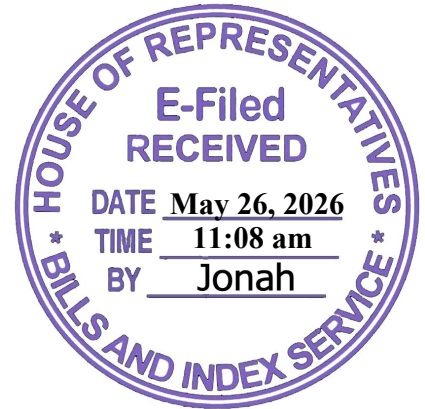


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. 9424



Introduced by Representative JEFFREY SORIANO

EXPLANATORY NOTE

This bill seeks to institutionalize a nationally integrated patient navigation and referral mechanism that enhances coordination among health facilities, improves access to health care, and optimizes the use of limited available health resources in the country, consistent with Republic Act No. 11223 or the "Universal Health Care (UHC) Act".

However, despite the gains under the UHC Act, many Filipinos, particularly the poor, those in remote communities, and patients requiring urgent or specialized care, continue to face serious barriers in navigating the health system, securing referrals, accessing available facilities, and obtaining financial assistance. Through improved referral pathways, real-time coordination, and stronger linkages across provider networks, the measure seeks to decongest health facilities, reduce delays in treatment, improve continuity of care, and enhance the responsiveness of the health system, especially during emergencies and for underserved populations.

Equally important, the measure reinforces the implementation of UHC Act by strengthening the role of primary care, supporting efficient health systems management, and integrating patient assistance with financial protection mechanisms. In a healthcare system where access often depends on a patient's ability to navigate complex and disconnected institutions, this bill offers a practical and compassionate reform that places the patient at the center of care and advances a more equitable, coordinated, and resilient health system.

In view of the foregoing, the approval of the proposed bill is earnestly sought.

A handwritten signature in black ink, appearing to read "Jeffrey Soriano", written over a horizontal line.

HON. JEFFREY SORIANO

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AN ACT
ESTABLISHING A NATIONAL PATIENT NAVIGATION AND REFERRAL
SYSTEM TO STRENGTHEN HEALTH CARE DELIVERY AND DELIVERY
SYSTEMS, AND APPROPRIATING FUNDS THEREFOR

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 “*National Patient Navigation and Referral System Act*”.

SEC. 2. *Declaration of Policies.* – It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos and ensure equitable, efficient, and coordinated access to quality health services. It is likewise the policy of the State to improve the delivery of health care services to the people, and to ensure efficiency in the process of accessing quality health services and availing medical and financial assistance to fund health services.

Towards this end, the State shall establish an integrated patient navigation and referral system that ensures seamless linkages among relevant health facilities, government agencies, and other stakeholders throughout the country.

SEC. 3. *Scope.* – This Act shall apply to all public and private health facilities, including hospitals, infirmaries, primary care facilities, diagnostic and therapeutic centers, custodial care institutions, telehealth service providers, and relevant national and local government agencies throughout the country.

SEC. 4. *Definition of Terms.* – As used in this Act:

- a. Gatekeeping refers to the process by which primary care providers, acting as the navigator, coordinator, and initial and continuing point of contact in the health care delivery system, authorizes access to specialty care, hospital care, and diagnostic tests.

b. Health care refers to the maintenance, improvement, or restoration of the health of individuals or a population through the prevention, diagnosis, treatment, rehabilitation and chronic care of disease, illness, injury and other physical and mental ailments or impairments.

c. Health facilities refers to Department of Health (DOH)-accredited institutions engaged in the delivery of health services.

d. Patient navigation refers to directing and assisting an individual to obtain health care services and overcome barriers for timely, cost-effective, and appropriate medical care.

e. Referral mechanism refers to the process of coordination in which a health worker at one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of a patient.

f. Telehealth refers to delivery of health services through information and communication technologies when provider and patient are geographically separated.

SEC. 5. *Establishment of a National Patient Navigation and Referral System.* – There is hereby established the National Patient Navigation and Referral System (NPNRS) to strengthen and facilitate coordination among health care provider networks and support services of primary care providers acting as the navigator, coordinator, and initial and continuing point of contact in the health care delivery system pursuant to Republic Act (RA) No. 11223 otherwise known as the “*Universal Health Care (UHC) Act*”.

SEC. 6. *Purposes.* – The NPNRS shall:

a. Strengthen province-wide and city-wide health care provider networks throughout the country;

b. Facilitate vertical and horizontal linkages and coordination among local government units (LGUs), hospitals, infirmaries, other health facilities, telehealth service providers, local and national government agencies to maximize the use of limited health resources and improve access to quality health services for patients;

c. Develop and maintain an inventory of existing health services and human resources of both public and private health facilities that shall serve as a guide in directing patients and in ensuring rational and efficient use of existing health resources;

d. Interconnect and facilitate communication among hospitals, infirmaries, other health facilities, telehealth service providers, local and

national government agencies to improve access to quality health services for patients;

e. Develop and implement patient navigation services and referral mechanisms that shall assist patients to identify and reach the appropriate health facility and receive quality health service in a timely manner and consistent with the role of primary care providers in the health systems gatekeeping mechanism;

f. Include patient navigation and referral services to Malasakit Centers and other government and non-government organizations that can provide financial health assistance to ensure a full range of support services from identifying and reaching appropriate facility to ensuring financial health protection of patients; and

g. Ensure patient privacy and confidentiality and that only those involved in the patient's care shall have access to his/her information in compliance with RA No. 10173, otherwise known as the "*Data Privacy Act of 2012*".

SEC. 7. *Establishment of a National Patient Navigation and Referral Center.* – A National Patient Navigation and Referral Center (NPNRC) shall hereby be established. The existing One Hospital Command Center shall be expanded to perform the functions of the NPNRC, which shall be created as a unit under the DOH.

SEC. 8. *Functions and Responsibilities.* – The NPNRC shall:

a. Serve as the implementing arm of the NPNRS, which shall provide patient navigation assistance services, facilitate coordination and referral within or across health care provider networks, conduct data analytics to ensure efficient utilization of health services, and improve access to healthcare in alignment with the UHC Act;

b. Access to health facility information, which may include, but are not limited to, current bed allocation and utilization, current Health Human Resources, and others as may be deemed necessary by the Secretary of Health;

c. Link patients and health facilities to LGUs ambulance and patient transport vehicles as necessary;

d. Guide patients needing financial assistance to cover the cost of medical expenses beyond what is covered by the Philippine Health Insurance Corporation (PhilHealth) by referring them to the Malasakit Centers and other agencies with such mandate;

e. Work in close coordination with government and private hospitals, infirmaries, other health facilities, telehealth service providers, local and national government agencies;

f. Provide oversight to Regional Patient Navigation and Referral Centers;

g. Coordinate with the Department of Information and Communication Technology (DICT) for connectivity support; and

h. Call upon any government office or instrumentality, including government-owned or controlled corporations, government financial institutions, LGUs, non-government organizations, and the private sector for assistance or as the circumstances may require.

The NPNRC shall be provided a base of operations and the necessary resources, which shall include but are not limited to infrastructure, equipment, and human resources, to fulfill its functions, subject to compliance with the usual government auditing and budget rules. It shall also house the Malasakit Program Office for close coordination.

SEC. 9. *Establishment of Regional Patient Navigation and Referral Centers.* – Regional Patient Navigation and Referral Centers (RPNRCs) shall hereby be established in all administrative regions of the country. The existing Regional One Hospital Command Centers in each region and in the Bangsamoro Autonomous Region of Muslim Mindanao shall be expanded to become the RPNRCs, which shall be lodged under the Center for Health Development (CHD) of the respective regions.

SEC. 10. *Functions and Responsibilities of the RPNRCs.* – The RPNRCs shall:

a. Serve as the implementing arm of the NPNRC at the regional level to improve access to healthcare in alignment with UHC;

b. Perform the roles and functions of the NPNRC as stipulated in Section 8 of this Act within their respective jurisdiction; and

c. Work in close coordination with NPNRC and other RPNRCs for timely reporting and coordination of inter-regional referrals.

The RPNRC shall be provided a base of operations and the necessary resources, including but are not limited to, infrastructure, equipment, and human resources to fulfill its functions through the CHDs.

SEC. 11. *Organization.* – The Secretary of Health, in coordination with the Civil Service Commission shall determine the organizational structure and staffing modifications of the NPNRC and the RPNRCs, subject to the approval of the Department of Budget and Management (DBM) in accordance with the existing laws, rules, and regulations.

SEC. 12. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 13. *Implementing Rules and Regulations.* – The Secretary of Health, in consultation with the appropriate government and private agencies, shall promulgate the necessary implementing rules and regulations within ninety days (90) from effectivity of this Act.

SEC. 14. *Penal Provision.* – Any person who, by means of fraudulent, false, hoax or imaginary pretenses or other similar deceits makes a call to NPNRC's phone lines made solely to cause mischief or disrupt the performance of its public functions shall be punished by imprisonment ranging from one (1) month and one (1) day to six (6) months or a fine of not less than Ten thousand pesos (P10,000.00) but not more than Fifty thousand pesos (P50,000.00) or both, at the discretion of the court.

Any official, medical practitioner or employee of any health facility who refuses to accept a patient referred by NPNRC/RPNRC without a just and reasonable ground shall be punished by imprisonment of not less than six (6) months and one (1) day but not more than two (2) years and four (4) months, or a fine of not less than Twenty thousand pesos (P20,000.00), but not more than One hundred thousand pesos (P100,000.00), or both, at the discretion of the court:

Provided, however, That if such violation was committed pursuant to an established policy of the hospital or clinic or upon instruction of its management, the director or officer of such hospital or clinic responsible for the formulation and implementation of such policy shall, upon conviction by final judgment, suffer imprisonment of four (4) to six (6) years, or a fine of not less than One hundred thousand pesos (P100,000.00), but not more than Five hundred thousand pesos (P500,000.00), or both, at the discretion of the court.

SEC. 15. *Separability Clause.* – If any provision of this Act shall be declared unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

SEC. 16. *Repealing Clause.* – All laws, decrees, orders, issuances, orders and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 17. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,