

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 10123

Introduced by Representative CIRIACO B. GATO, JR., M.D., FPSO-HNS

EXPLANATORY NOTE

The right to health is enshrined in Article II, Section 15 of the 1987 Constitution, which mandates the State to “protect and promote the right to health of the people and instill health consciousness among them.” Despite this constitutional guarantee, preventable medical harm remains a significant cause of death, disability, and financial loss in the Philippines.

Globally, the World Health Organization (WHO) estimates that one in ten patients is harmed while receiving hospital care, with nearly half of these incidents being preventable. The WHO’s Global Patient Safety Action Plan 2021–2030 calls on member states to institutionalize systems-based approaches to patient safety, comparable to those applied in high-risk industries such as aviation.

In the Philippines, existing laws such as Republic Act No. 11223 (Universal Health Care Act), Republic Act No. 7305 (Magna Carta of Public Health Workers), and Republic Act No. 7875 (National Health Insurance Act, as amended) provide frameworks for access, worker protection, and financing. However, none establish a unified authority dedicated solely to patient safety governance. Current Department of Health (DOH) licensing standards and PhilHealth accreditation requirements address aspects of quality, but enforcement remains fragmented and inconsistent.

This bill seeks to fill that gap by creating a National Healthcare Safety and Reliability System thereby establishing the National Healthcare Safety Authority (NHSA). The NHSA shall ensure that patient safety standards are mandatory, measurable, and enforceable across all healthcare facilities, whether public or private.

The proposed measure mandates:

- Minimum national patient safety standards, including accurate patient identification, medication safety, infection control, safe surgery protocols, and digital health safeguards;
- A confidential, non-punitive reporting system for adverse events and near misses;
- A national safety rating system, publicly accessible, and integrated into PhilHealth accreditation and reimbursement;
- Regular patient safety training for healthcare workers and integration of safety competencies into professional curricula and licensure examinations; and

By institutionalizing a culture of safety, transparency, and accountability, this Act will protect patient's life and dignity, strengthen public trust in the health system, and align the Philippines with global best practices in patient safety.

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



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**AN ACT ESTABLISHING A NATIONAL HEALTHCARE SAFETY AND RELIABILITY
SYSTEM, THEREBY CREATING THE NATIONAL HEALTHCARE SAFETY
AUTHORITY (NHS), 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 "National Healthcare Safety and Reliability Act of 2026."

SECTION 2. Declaration of Policy.

It is hereby declared the policy of the State to ensure the protection and promotion of the health of all Filipinos through an integrated, comprehensive, and sustainable healthcare system that guarantees safe, reliable, and high-quality health services. The State shall prioritize equitable access to medical care, promote patient safety and health literacy, support continuous improvement in healthcare standards, and foster inter-agency coordination and public accountability."

The State recognizes that preventable medical harm constitutes a significant threat to public health, patient welfare, workforce productivity, and national development.

Accordingly, the State shall:

- (a) establish a national system for healthcare safety and reliability;
- (b) institutionalize a culture of safety, transparency, accountability, and continuous learning throughout the healthcare system;
- (c) ensure that all healthcare facilities comply with evidence-based patient safety standards;
- (d) encourage the reporting, analysis, and prevention of healthcare-related harm;

- (e) strengthen public confidence in healthcare institutions through transparency and accountability; and
- (f) adopt internationally recognized best practices in patient safety and healthcare quality improvement.

SECTION 4. Definition of Terms

For purposes of this Act:

- (a) **Adverse Event** – an incident that results in harm to a patient.
- (b) **Near Miss** – an incident that could have caused harm but did not, either by chance or timely intervention.
- (c) **Sentinel Event** – unexpected occurrence resulting in death or serious harm.
- (d) **Healthcare Facility** – includes hospitals, clinics, ambulatory centers, diagnostic facilities, and other institutions providing health services, whether public or private.
- (e) **Healthcare Worker** – any licensed or authorized health professional or worker.
- (f) **Just Culture** – refers to a work environment that encourages reporting of errors while maintaining accountability for reckless or willful misconduct.
- (g) **Patient Safety** refers to the prevention of errors and adverse effects associated with healthcare.
- (h) **Preventable Medical Harm** refers to injury, disability, or death resulting from healthcare management rather than the patient's underlying condition and which could reasonably be avoided through existing evidence-based practices.

SECTION 5. Mandatory National Patient Safety Standards.

All healthcare facilities operating in the Philippines shall be required to implement and maintain minimum quality and patient safety standards, including but not limited to:

- a) Accurate patient identification systems;
- b) Medication safety and error prevention systems;
- c) Safe surgery and invasive procedure protocols;
- d) Infection prevention and control measures;
- e) Standardized clinical communication and handover processes;
- f) Emergency response and escalation protocols;
- g) Prevention of common inpatient harms such as falls, pressure injuries, and treatment delays.

The Department of Health (DOH), in coordination with the National Healthcare Safety Authority (NHTSA) created under this Act, shall issue implementing standards consistent with international best practices.

SECTION 6. Creation of the National Healthcare Safety Authority (NHSA)

There is hereby created a National Healthcare Safety Authority (NHSA), attached to the Department of Health (DOH) for policy coordination. The NHSA shall exercise technical and operational autonomy in the performance of its functions.

Nothing in this Act shall be construed to diminish or transfer the licensing, permitting, inspection, or regulatory authority of the Department of Health and other agencies under existing laws.

The NHSA may recommend regulatory actions and corrective measures to the appropriate authorities based on its findings and evaluations.

SECTION 7. Governing Policy Board

The NHSA shall be governed by a Policy Board composed of:

- (a) Secretary of Health as Chairperson, ex-officio;
- (b) President and CEO of PhilHealth as Vice-Chairperson, ex officio
- (c) NHSA Director-General
- (d) PRC Chairperson as member;
- (e) Representative from healthcare professional organizations; and
- (f) Representative from patient advocacy groups.

The Board may constitute Technical Advisory Committees composed of recognized experts in medicine, nursing, health economics, patient safety, and other relevant fields, whose membership shall be determined by the Board in consultation with stakeholders.

SECTION 8. Director-General

The NHSA shall be headed by a Director-General appointed by the President for a fixed term of five (5) years unless removed for cause.

The Director-General shall:

- (a) implement Board policies;
- (b) manage daily operations;
- (c) oversee national programs and enforcement; and
- (d) supervise NHSA offices and personnel.

SECTION 9. Organizational Structure and Staffing

The organizational structure, staffing pattern, and personnel requirements of the NHSA shall be determined by the DOH, in consultation with the Director-General, subject to the evaluation and

approval of the DBM and in accordance with Civil Service Commission (CSC) rules and regulations and existing laws on position classification and compensation.

SECTION 10. Powers and Functions

The NHSA shall:

- (a) Develop, recommend, monitor compliance with, and evaluate implementation of national patient safety standards.
- (b) Conduct safety audits and system reviews of healthcare facilities;
- (c) Establish a mandatory national incident reporting system;
- (d) Analyze safety data to identify systemic risks and recommend corrective actions;
- (f) Publish annual safety reports;
- (g) Conduct patient safety reviews, root-cause analyses, and investigations of major healthcare safety incidents for the purpose of systems improvement and prevention of future harm; and
- (h) Advise Congress, DOH, and other agencies on patient safety policy reforms;

SECTION 11. Mandatory Reporting and Protection of Reporters

A Just Culture framework shall be adopted in the reporting of adverse events and near misses to the NHSA, in accordance with prescribe guidelines.

No healthcare worker shall be subjected to disciplinary, civil, or criminal liability solely by reason of the good-faith reporting of an adverse event, near miss, or patient safety concern under this Act.

Reporting under this Act shall be:

- a) Confidential and non-punitive;
- b) Protected from use for disciplinary or criminal action, except in cases of gross negligence, willful misconduct, or criminal intent;
- c) Intended solely for system improvement and harm prevention.

SECTION 12. Healthcare Safety Rating System

The NHSA shall establish a public safety rating system based on:

- (a) compliance with standards;
- (b) patient safety outcomes;
- (c) reporting performance;
- (d) workforce safety indicators; and

(e) corrective action compliance.

SECTION 13. Integration with PhilHealth

The integration of patient safety indicators into accreditation and reimbursement systems shall be undertaken by PhilHealth in coordination with the NHSA and the DOH

SECTION 14. Workforce Development

All healthcare facilities shall ensure regular patient safety training for healthcare workers, including orientation, continuing education, and leadership training.

Patient safety principles shall be integrated into health professional education curricula in coordination with relevant regulatory bodies.

SECTION 15. Funding.

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

The NHSA may also receive grants, donations, and technical assistance, subject to existing laws and auditing rules.

SECTION 16. Implementing Rules and Regulations

Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with the NHSA and relevant stakeholders, shall promulgate the necessary Implementing Rules and Regulations.

SECTION 17. Separability Clause.

If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

SECTION 18. Repealing Clause.

All laws, decrees, orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 19. Effectivity.

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