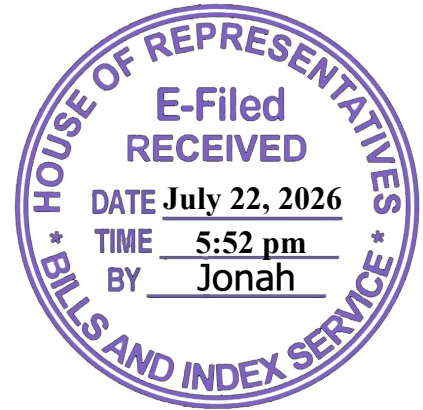




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 10197



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

AN ACT
MANDATING THE DEPLOYMENT OF MOBILE CLINICS TO
GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS
(GIDAs), STRENGTHENING THE CAPACITY OF THE DEPARTMENT
OF HEALTH TO PROVIDE REGULAR MEDICAL MISSIONS,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Many rural and geographically isolated communities in the Philippines continue to face serious barriers in accessing basic healthcare services due to inadequate health facilities, limited medical personnel, transportation difficulties, and geographic isolation. These gaps contribute to delayed treatment, preventable illnesses, and poor health outcomes among underserved populations.

This bill seeks to establish a Mobile Rural Health Clinic Program under the Department of Health to deliver accessible and community-based healthcare services to Geographically Isolated and Disadvantaged Areas (GIDAs) and other medically underserved communities. Through mobile clinics equipped with diagnostic, emergency, telemedicine, and primary healthcare capabilities, the Program aims to strengthen preventive care, maternal and child health services, immunization, mental health support, and emergency response in remote areas.

The measure likewise strengthens coordination among national agencies, local government units, PhilHealth, and local health systems to ensure continuity of care, effective referrals, and integration with the Universal Health Care Act. It

further promotes the use of digital health systems, mobile diagnostics, and community health outreach to improve healthcare accessibility and service delivery.

By bringing essential healthcare services directly to underserved communities, this measure seeks to reduce health inequities, strengthen rural healthcare systems, and uphold the constitutional right to health of every Filipino.

In view of the foregoing, approval of this bill is earnestly requested.



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 “Mobile Rural Health Clinic Program Act.”

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and ensure equitable, accessible, affordable, and quality healthcare services for all Filipinos, particularly those residing in Geographically Isolated and Disadvantaged Areas (GIDAs) and underserved communities.

Toward this end, the State shall strengthen community-based and primary healthcare systems through the establishment of mobile health services capable of delivering preventive, promotive, curative, diagnostic, emergency, and referral healthcare services consistent with Republic Act No. 11223 or the Universal Health Care Act and existing public health policies.

SEC. 3. *Creation of the Mobile Rural Health Clinic Program.* – There is hereby created a Mobile Rural Health Clinic Program under the Department of Health (DOH) to deploy mobile health clinics and medical outreach units to underserved communities, particularly GIDAs.

The Program shall serve as a supplemental and community-based healthcare delivery mechanism intended to bridge healthcare service gaps in areas with limited or inadequate access to permanent healthcare facilities.

SEC. 4. *Objectives.* – The Program shall pursue the following objectives:

- a) Ensure equitable access to primary healthcare, emergency services, and preventive health interventions in underserved communities;
- b) Provide regular medical, dental, maternal, child health, nutrition, immunization, mental health, and preventive care services;
- c) Strengthen rural healthcare responsiveness through mobile diagnostic, laboratory, pharmacy, and telemedicine services;
- d) Support early disease detection, referral systems, and continuity of care for vulnerable populations;
- e) Enhance disaster preparedness and emergency medical response capacity in remote and disaster-prone communities;
- f) Promote health education, sanitation, disease prevention, and community health awareness.

SEC. 5. *Coverage and Priority Areas.* – Priority deployment areas shall include:

- a) Geographically Isolated and Disadvantaged Areas (GIDAs);
- b) Indigenous Peoples (IP) communities;
- c) Disaster-affected, conflict-affected, and medically underserved communities;
- d) Areas identified by the Department of Health and local government units as having limited healthcare access or shortages of healthcare personnel and facilities.

The DOH shall periodically review and update deployment priorities based on public health indicators, accessibility, and healthcare service gaps.

SEC. 6. *Composition and Operation.* – The Program shall be implemented by the Department of Health in coordination with:

- a) Department of the Interior and Local Government (DILG);
- b) Philippine Health Insurance Corporation (PhilHealth);
- c) Department of Social Welfare and Development (DSWD);
- d) Local Government Units (LGUs);
- e) Provincial, City, and Municipal Health Offices;
- f) Government hospitals and accredited healthcare institutions.

Each mobile clinic may include:

1. Primary care and emergency medical equipment;
2. Basic laboratory and diagnostic facilities;
3. Essential medicines, vaccines, and medical supplies;
4. Telemedicine and digital health systems;
5. Electronic medical record capabilities;

6. Appropriate transportation, communication, and emergency response equipment.

SEC. 7. *Powers and Functions of the Department of Health.* – The Department of Health shall:

- a) Procure, maintain, and operate mobile rural health clinics and related equipment;
- b) Deploy interdisciplinary healthcare teams composed of physicians, nurses, midwives, dentists, medical technologists, nutritionists, mental health personnel, and other healthcare workers as necessary;
- c) Develop standards, operational protocols, deployment schedules, and service guidelines for the Program;
- d) Ensure integration of the Program with existing primary healthcare systems, referral networks, PhilHealth benefits, and Universal Health Care mechanisms;
- e) Establish interoperable digital health information systems consistent with Republic Act No. 10173 or the Data Privacy Act of 2012 and Republic Act No. 11223 or the Universal Health Care Act;
- f) Coordinate with LGUs and local health boards in identifying priority areas and ensuring continuity of care for patients requiring further treatment;
- g) Provide training and capacity-building programs for healthcare workers involved in the Program;
- h) Conduct public health education and awareness campaigns in beneficiary communities;
- i) Submit annual reports to Congress and the Office of the President on implementation, deployment coverage, budget utilization, and health outcomes.

SEC. 8. *Responsibilities of Local Government Units.* – Local government units shall:

- a) Assist in identifying priority communities and target beneficiaries;
- b) Provide logistical, transportation, security, and operational support where feasible;
- c) Coordinate community mobilization, scheduling, and follow-up care services;
- d) Facilitate patient referrals and integration with local healthcare systems;
- e) Support health promotion, sanitation, and community awareness activities;
- f) Maintain coordination with barangay health workers and local health boards.

LGUs may allocate counterpart funding, facilities, personnel, equipment, or logistical assistance for the implementation of the Program.

SEC. 9. *Referral System and Continuity of Care.* – Patients requiring specialized treatment, hospitalization, long-term management, or emergency intervention shall be referred to appropriate healthcare facilities under existing referral systems.

The DOH and PhilHealth shall ensure that qualified patients are linked to applicable healthcare financing mechanisms and benefit packages under Republic Act No. 11223 or the Universal Health Care Act and related laws.

SEC. 10. *Appropriations.* – The amount necessary for the implementation of this Act shall be included in the annual appropriations of the Department of Health under the General Appropriations Act.

Additional funding support may be sourced from

- a) PhilHealth reimbursements;
- b) Health Facilities Enhancement Program (HFEP);
- c) Local Government Support Fund (LGSF);
- d) Grants, donations, and development assistance from lawful domestic or international sources, subject to existing laws, rules, and regulations.

SEC. 11. *Monitoring, Evaluation, and Transparency.* – The DOH shall develop a monitoring and evaluation framework for the Program and shall submit annual reports to Congress and the Office of the President containing:

- a) Number of communities and individuals served;
- b) Frequency and geographic coverage of deployments;
- c) Health services delivered and health outcomes;
- d) Budget utilization and operational status of mobile clinics;
- e) Challenges, recommendations, and impact assessments.

Periodic independent evaluations may be conducted to assess the effectiveness, efficiency, and sustainability of the Program.

SEC. 12. *Separability Clause.* – If any provision or part of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

SEC. 13. *Repealing Clause.* – All laws, decrees, executive orders, rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 14. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with concerned agencies and stakeholders, shall promulgate the necessary implementing rules and regulations for the effective implementation of this Act.

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

Approved,