



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

Twentieth Congress
Second Regular Session

HOUSE BILL NO. **10884**



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

AN ACT ESTABLISHING MOBILE REPRODUCTIVE HEALTH CLINICS FOR UNDERSERVED AND GEOGRAPHICALLY ISOLATED COMMUNITIES, PROVIDING ACCESS TO ESSENTIAL WOMEN'S HEALTH SERVICES, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

The Constitution recognizes the right to health of every Filipino and directs the State to adopt an integrated and comprehensive approach to health development that shall make essential goods, health services, and other social services available to all. Despite existing efforts to improve healthcare delivery, many women, particularly those living in geographically isolated and disadvantaged areas (GIDAs), rural communities, island barangays, Indigenous Peoples' communities, and disaster- or conflict-affected areas, continue to experience barriers in accessing timely, affordable, and quality reproductive, maternal, and preventive healthcare services.

Limited healthcare facilities, geographic distance, inadequate transportation, socioeconomic challenges, and shortages in health personnel often delay access to essential services and contribute to preventable maternal and reproductive health complications. These challenges highlight the need for innovative and community-

based healthcare delivery mechanisms that can bring critical services closer to women and families who need them most.

Thus, this bill seeks to establish the Mobile Reproductive Health Clinic Program under the Department of Health (DOH) to provide accessible, equitable, and quality reproductive, maternal, preventive, and women's healthcare services through mobile healthcare units deployed to underserved and hard-to-reach communities. By bringing healthcare services directly to communities, the measure aims to reduce disparities in health access, promote early detection and prevention of reproductive and maternal health conditions, and strengthen continuity of care through coordinated referrals with Rural Health Units, hospitals, and other appropriate healthcare facilities.

The proposed Mobile Reproductive Health Clinics shall provide essential services such as prenatal and postnatal care, maternal health monitoring, reproductive health counseling and education, family planning information consistent with existing laws, breast and cervical health screening, nutrition counseling, preventive health services, mental health support, and referral assistance.

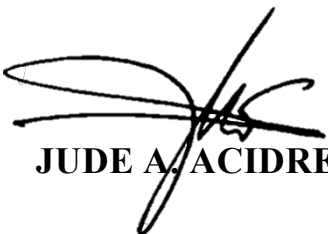
Through this measure, the State shall strengthen primary healthcare delivery and improve access to essential women's health services. This represents a proactive investment in equitable healthcare delivery and advances the State's commitment to ensuring that no woman is deprived of necessary health services because of geographic, economic, or social barriers.

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


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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 Women's Health Clinics Act".

SEC. 2. Declaration of Policy. - It is hereby declared the policy of the State, consistent with Article II, Section 15 and Article XIII of the 1987 Constitution, to protect and promote the right to health of the people by ensuring accessible,

affordable, equitable, and quality reproductive, maternal, and preventive healthcare services for all, particularly for women residing in geographically isolated and disadvantaged areas (GIDAs) and other underserved communities.

Towards this end, the State shall:

- a) Ensure equitable and timely access to reproductive, maternal, and women's healthcare services through community-based and mobile healthcare delivery systems;
- b) Strengthen the capacity of the public health system to provide preventive, promotive, curative, and referral services in underserved and hard-to-reach areas;
- c) Reduce maternal morbidity and mortality through early detection, timely intervention, and continuity of maternal healthcare services;
- d) Promote preventive healthcare, health education, and informed decision-making consistent with existing laws and public health policies;
- e) Enhance collaboration among national government agencies, local government units, public health institutions, and other stakeholders in the delivery of mobile healthcare services; and
- f) Ensure that all services provided under this Act are delivered in a manner that upholds the dignity, privacy, cultural sensitivity, and rights of all patients, consistent with existing laws.

SEC. 3. Definition of Terms. - For purposes of this Act:

(a) *Mobile Reproductive Health Clinic* refers to a mobile healthcare unit equipped to provide reproductive, maternal, preventive, and women's health services in geographically isolated and disadvantaged areas (GIDAs) and other underserved communities.

(b) *Geographically Isolated and Disadvantaged Areas (GIDAs)* refer to communities identified by the Department of Health as having limited access to healthcare facilities and services due to geographic, socioeconomic, security, or environmental barriers.

(c) *Essential Women's Health Services* refer to a comprehensive range of reproductive, maternal, preventive, and women's healthcare services, including but not limited to:

1. Prenatal, antenatal, and postnatal care;
2. Maternal health assessment and monitoring;
3. Reproductive health counseling and education;
4. Family planning information and counseling consistent with existing laws;
5. Breast and cervical health screening and other preventive screening services authorized by law;
6. Screening, counseling, and appropriate referral for sexually transmitted infections (STIs) and other reproductive tract infections, consistent with existing laws and Department of Health guidelines;
7. Nutrition counseling for women, pregnant individuals, lactating mothers, and infants;

8. Mental health screening and psychosocial support related to pregnancy, childbirth, and reproductive health, with referral to appropriate healthcare providers when necessary;
9. Health education on adolescent reproductive health, maternal health, responsible parenthood, and disease prevention, consistent with existing laws; and
10. Such other preventive, promotive, diagnostic, and referral services as may be authorized by law or prescribed by the Department of Health through its implementing rules and regulations.

SEC. 4. Establishment of the Mobile Reproductive Health Clinic Program. -

The Department of Health (DOH), in coordination with local government units and public health institutions, shall establish and implement a nationwide Mobile Reproductive Health Clinic Program.

The Program shall aim to:

- a) Improve access to reproductive, maternal, and preventive healthcare services for women, particularly those residing in geographically isolated and disadvantaged areas (GIDAs) and other underserved communities;
- b) Reduce preventable maternal and infant morbidity and mortality through timely and accessible healthcare interventions;
- c) Strengthen the delivery of primary healthcare services by providing regular mobile outreach, health education, screening, and referral services;

- d) Promote early detection, prevention, and management of reproductive and women's health conditions through community-based healthcare interventions;
- e) Enhance continuity of care by facilitating referrals, follow-up consultations, and coordination with Rural Health Units, hospitals, and other appropriate healthcare facilities; and
- f) Support the achievement of national public health goals by expanding equitable access to quality reproductive and maternal healthcare services.

The Program shall prioritize:

- a) Geographically isolated and disadvantaged areas;
- b) Rural municipalities;
- c) Island barangays;
- d) Indigenous Peoples' communities; and
- e) Disaster-affected and conflict-affected areas.

SEC. 5. Services Provided. - Mobile Reproductive Health Clinics may provide the following services:

- a) Prenatal and postnatal consultations;
- b) Maternal health monitoring;
- c) Family planning information and counseling consistent with existing laws;
- d) Breast and cervical health screening;
- e) Reproductive health education;
- f) Nutrition counseling for mothers and infants;

- g) Vaccination and preventive health services; and
- h) Referral services to hospitals and higher-level healthcare facilities.

All services shall be provided in accordance with existing laws, ethical standards, and public health guidelines.

SEC. 6. Minimum Standards and Equipment of Mobile Reproductive Health Clinics. - To ensure the safe, effective, and consistent delivery of healthcare services, each Mobile Reproductive Health Clinic shall, subject to the availability of funds and in accordance with standards prescribed by the Department of Health (DOH), be equipped with the necessary medical equipment, medicines, and support facilities appropriate to the services authorized under this Act.

At a minimum, each Mobile Reproductive Health Clinic shall, whenever practicable, include:

- a. A private consultation and examination area that ensures patient safety, dignity, and confidentiality;
- b. Basic diagnostic equipment, including blood pressure apparatus, fetal Doppler or equivalent fetal monitoring device, weighing scales, thermometers, glucometers, and other essential medical instruments as prescribed by the DOH;
- c. Equipment and supplies for maternal and reproductive healthcare, including examination tables, sterile instruments, emergency obstetric supplies, and infection prevention and control materials;

- d. Essential medicines, vaccines, family planning commodities authorized under existing laws, and other medical supplies included in the Philippine National Formulary or as prescribed by the DOH;
- e. Cold-chain storage facilities for vaccines and temperature-sensitive medicines, whenever applicable;
- f. Basic laboratory or point-of-care diagnostic equipment, where feasible and consistent with DOH standards;
- g. Reliable communication equipment to facilitate emergency coordination, teleconsultation where available, and referrals to appropriate healthcare facilities;
- h. Information and educational materials on reproductive health, maternal health, nutrition, preventive healthcare, and other health promotion programs; and
- i. Such other equipment, supplies, and facilities as the DOH may prescribe through the Implementing Rules and Regulations to ensure the effective delivery of healthcare services under this Act.

The DOH shall establish and periodically update the minimum operational standards, equipment specifications, maintenance requirements, and inventory guidelines for all Mobile Reproductive Health Clinics established under this Act.

SEC. 7. Procurement, Maintenance, and Management of Mobile Clinic Assets.

- The Department of Health (DOH), in coordination with concerned government agencies and local government units, shall establish appropriate systems for the procurement, acquisition, deployment, operation, maintenance, and replacement of

Mobile Reproductive Health Clinics, medical equipment, supplies, and other program assets necessary for the implementation of this Act.

All procurement activities undertaken pursuant to this Act shall comply with existing government procurement laws, rules, and regulations, including applicable principles of transparency, competitiveness, accountability, efficiency, and value for money.

The Department of Health shall ensure that:

- a. Mobile Reproductive Health Clinics and related equipment are procured according to applicable technical specifications, quality standards, and healthcare requirements;
- b. Regular inspection, preventive maintenance, repair, and replacement schedules are established to ensure the safe and continuous operation of mobile clinics;
- c. An inventory management system is maintained for all vehicles, medical equipment, medicines, supplies, and other assets acquired under the Program;
- d. Appropriate safeguards are established to prevent misuse, unauthorized disposal, diversion, or personal use of government-owned mobile clinics and program resources; and
- e. Records relating to procurement, maintenance, utilization, and disposition of program assets are properly maintained and made available for audit and monitoring in accordance with existing laws.

Any person who commits acts involving fraud, corruption, collusion, manipulation of procurement processes, unlawful intervention, misuse, diversion, or unauthorized benefit from the procurement, acquisition, maintenance, or management of assets under this Act shall be subject to administrative, civil, and criminal liability under existing laws, including but not limited to applicable provisions of procurement, auditing, anti-graft, and penal laws.

Nothing in this Act shall be construed to limit the authority of competent government agencies to investigate, prosecute, and impose appropriate penalties against individuals or entities found liable for violations involving the implementation of this Act.

SEC. 8. Composition of Mobile Health Teams. - Each Mobile Reproductive Health Clinic shall, whenever practicable, include:

- a. A physician or municipal health officer;
- b. A nurse;
- c. A midwife;
- d. A social worker or counselor; and
- e. Barangay health workers or community health volunteers.

SEC. 9. Training and Capacity Building. - The Department of Health (DOH) shall develop and implement a continuing training and capacity-building program for personnel assigned to Mobile Reproductive Health Clinics to ensure the effective, safe, and culturally responsive delivery of healthcare services under this Act.

The training program shall, at a minimum, cover the following:

- (a) Maternal, newborn, reproductive, and women's healthcare;
- (b) Preventive healthcare and health promotion;
- (c) Emergency obstetric care, patient stabilization, and referral protocols;
- (d) Infection prevention and control, patient safety, and quality assurance;
- (e) Gender sensitivity, patient rights, confidentiality, and ethical standards in healthcare delivery;
- (f) Cultural competence, including the delivery of healthcare services to Indigenous Peoples and other culturally diverse communities;
- (g) Mental health awareness and psychosocial support related to reproductive and maternal health;
- (h) Proper collection, management, and protection of patient information in accordance with applicable laws on data privacy and confidentiality;
- (i) Community engagement, health education, and effective communication strategies; and
- (j) Such other competencies as the Department of Health may determine necessary through the Implementing Rules and Regulations.

The Department of Health may collaborate with local government units, government hospitals, state universities and colleges, professional healthcare organizations, and other qualified institutions in the development and conduct of training programs under this Act.

Personnel assigned to Mobile Reproductive Health Clinics shall participate in periodic continuing professional development and competency enhancement activities, subject to existing laws, rules, and regulations.

SEC. 10. Emergency Care and Referral Protocols. - Mobile Reproductive Health Clinics shall provide immediate assessment and initial stabilization of patients requiring urgent or emergency reproductive, maternal, or women's healthcare within the capability of the mobile health team.

In cases requiring a higher level of medical care, the mobile health team shall promptly facilitate the referral and, whenever practicable, coordinate the safe transport of the patient to the nearest appropriate Rural Health Unit, municipal or city health office, government hospital, or other licensed healthcare facility capable of providing the necessary treatment.

The Department of Health (DOH), in coordination with local government units and appropriate healthcare facilities, shall establish standardized referral protocols to ensure the timely transfer, continuity of care, and follow-up of patients served under this Act.

Mobile Reproductive Health Clinics shall maintain updated directories of referral facilities and emergency contact information within their respective areas of operation and shall document all emergency cases and referrals in accordance with Department of Health guidelines and applicable laws on data privacy and patient confidentiality.

SEC. 11. Coordination and Responsibilities of Local Government Units. - Local government units (LGUs), through their respective Provincial, City, Municipal, and Barangay Health Offices, shall support the implementation of the Mobile Reproductive Health Clinic Program within their respective jurisdictions.

For this purpose, LGUs shall:

- a. Identify and prioritize geographically isolated and disadvantaged areas (GIDAs), underserved barangays, Indigenous Peoples' communities, and other communities in need of mobile reproductive and maternal healthcare services;
- b. Coordinate with the Department of Health (DOH) in the planning, scheduling, and deployment of Mobile Reproductive Health Clinics;
- c. Conduct community information and education activities to promote awareness of the Program and encourage community participation;
- d. Assist in the registration of beneficiaries, organization of outreach activities, and dissemination of schedules for mobile clinic visits;
- e. Designate and coordinate with Rural Health Units, government hospitals, or other appropriate healthcare facilities to facilitate referrals, follow-up consultations, and continuity of care;
- f. Provide, whenever practicable, logistical and administrative support, including suitable deployment sites, utilities, transportation assistance, security, and other resources necessary for the efficient operation of Mobile Reproductive Health Clinics;
- g. Facilitate coordination with Barangay Health Workers, community health volunteers, Indigenous Peoples' representatives, and other local

stakeholders to ensure culturally appropriate and accessible healthcare delivery;

- h. Maintain records and submit such reports as may be required by the Department of Health for monitoring and evaluation purposes; and
- i. Encourage the integration of the Mobile Reproductive Health Clinic Program into local health plans and investment programs and allocate available funds from local health appropriations, Gender and Development (GAD) funds, and other lawful sources, subject to existing laws, rules, and regulations.

SEC. 12. Health Education and Community Awareness. - The DOH and local government units shall conduct culturally sensitive community education campaigns regarding:

- a. Maternal health;
- b. Preventive healthcare;
- c. Nutrition and infant care;
- d. Reproductive health awareness; and
- e. Available healthcare services.

SEC. 13. Data Collection and Monitoring. - The DOH shall establish a monitoring and evaluation system to assess:

- a. Number of beneficiaries served;
- b. Maternal and reproductive health indicators;
- c. Service accessibility gaps; and

d. Program effectiveness.

All personal health information shall be protected in accordance with existing data privacy laws.

SEC. 14. Digital Health Records and Information Management. - The Department of Health (DOH), in coordination with local government units and relevant government agencies, shall establish and maintain an appropriate digital health records system for services provided through Mobile Reproductive Health Clinics, whenever practicable and consistent with existing government health information systems.

The digital health records system shall aim to:

- a. Ensure accurate and timely documentation of healthcare services provided to patients;
- b. Facilitate continuity of care, follow-up consultations, and referrals between Mobile Reproductive Health Clinics, Rural Health Units, hospitals, and other healthcare facilities;
- c. Support monitoring, evaluation, health planning, and policy development through reliable and timely health data;
- d. Reduce duplication of medical records and improve coordination among healthcare providers; and
- e. Strengthen the delivery of quality and accessible healthcare services in underserved communities.

The DOH shall establish standards and protocols for the collection, storage, access, sharing, retention, and protection of health information generated through the Program.

All digital health records and personal health information collected, processed, or maintained under this Act shall be protected in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012," its implementing rules and regulations, and other applicable laws, rules, and regulations.

Access to patient information shall be limited to authorized healthcare personnel and government officials who require such information for legitimate healthcare delivery, public health monitoring, or other lawful purposes.

The DOH shall ensure that appropriate safeguards, including cybersecurity measures, access controls, data security protocols, and regular system assessments, are implemented to protect patient confidentiality and prevent unauthorized access, disclosure, alteration, or misuse of health information.

SEC. 15. Annual Report to Congress. - The Department of Health (DOH) shall, not later than March 31 of each year, submit to the President of the Philippines, the Senate, and the House of Representatives an annual report on the implementation of this Act during the preceding calendar year.

The annual report shall include, but not be limited to, the following:

- a. The number and geographic distribution of Mobile Reproductive Health Clinics established and deployed;
- b. The number of communities, barangays, and beneficiaries served, disaggregated by sex, age group, and geographic location, where practicable and consistent with applicable laws;
- c. The types and volume of healthcare services provided;
- d. Maternal and reproductive health indicators relevant to the objectives of this Act, including service coverage and referral outcomes;
- e. Program accomplishments, implementation challenges, and corrective measures undertaken;
- f. Budget utilization, including expenditures and other sources of financial or technical assistance received for the Program; and
- g. Recommendations for legislative, policy, or administrative measures to further strengthen the implementation of this Act.

The Department of Health shall make the annual report publicly available through its official website, subject to existing laws on data privacy, confidentiality, and access to information.

SEC. 16. Appropriations. - The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the Department of Health (DOH). Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

The Department of Health shall include the funding requirements for the Mobile Reproductive Health Clinic Program in its annual budget proposal, taking into consideration the establishment, operation, maintenance, staffing, equipment, medicines, training, monitoring, and evaluation of the Program.

Local government units are encouraged to allocate funds from their respective local health budgets, Gender and Development (GAD) funds, and other lawful appropriations to supplement the implementation of the Program within their jurisdictions.

The Department of Health may likewise receive grants, donations, technical assistance, or financial support from government-owned or -controlled corporations, development partners, private sector entities, and other lawful sources, subject to existing budgeting, auditing, procurement, and other applicable laws, rules, and regulations.

SEC. 17. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the Department of Health, in coordination with the Department of the Interior and Local Government, Philippine Commission on Women, and relevant agencies, shall promulgate the rules and regulations necessary for the effective implementation of this Act.

SEC. 18. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

SEC. 19. Repealing Clause. - All laws, decrees, executive orders, rules and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 20. Effectivity. - This Act shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Approved,