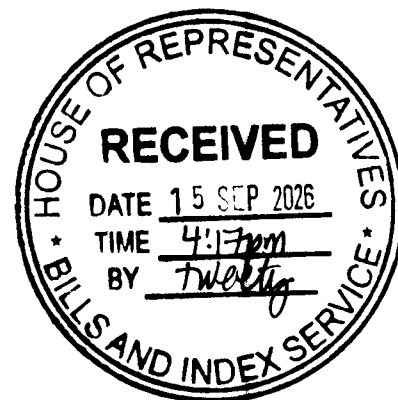




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
Second Regular Session

House Bill No: **11349**



Introduced by Representatives **MARCELINO C. LIBANAN, CHRISTOPHER SHEEN P. GONZALES, ALBERT S. GARCIA, MARIA ANGELA S. GARCIA, and JERNIE JETT V. NISAY**

AN ACT
MANDATING THE ESTABLISHMENT OF AT LEAST ONE (1)
TERTIARY HOSPITAL UNDER THE DIRECT SUPERVISION AND
CONTROL OF THE DEPARTMENT OF HEALTH IN EVERY
PROVINCE AND QUALIFIED LEGISLATIVE DISTRICTS, AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

The Constitution mandates the State to protect and promote the right to health and ensure that essential health services are made accessible to all Filipinos. This commitment is further reinforced by Republic Act No. 11223, or the Universal Health Care Act, which seeks to establish an integrated and responsive health care system.

Despite these policies, access to higher-level government hospital services remains uneven across the country. Patients in provinces without adequate tertiary-level facilities are often compelled to travel outside their province to obtain specialized treatment and critical care, imposing additional burdens on patients and their families.

This measure seeks to address this disparity by requiring the establishment and maintenance of at least one tertiary hospital, licensed at not lower than Level 2 and under the direct supervision and control of the Department of Health, in every province. Additional hospitals may likewise be established in qualified legislative districts where warranted by population, distance, available hospital beds, and other relevant considerations.

Compliance may be achieved through the upgrading of an existing Department hospital, the establishment of a new hospital, or, with the consent of the concerned local government unit, the conversion and upgrading of an existing local government hospital. The measure also allows satellite or annex facilities for island provinces and geographically dispersed areas to improve accessibility.

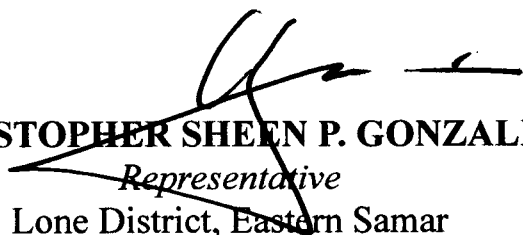
The bill preserves local autonomy, safeguards the rights of affected hospital personnel, and integrates the hospitals established under the measure into the province-wide health system as end-referral facilities.

Ultimately, this measure seeks to promote a more equitable distribution of tertiary health services and bring critical and specialized medical care closer to Filipinos in every province.

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



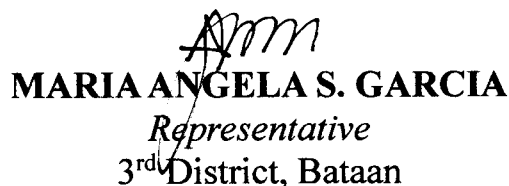
MARCELINO C. LIBANAN
Representative
4Ps Partylist



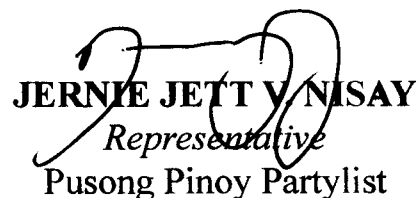
CHRISTOPHER SHEEN P. GONZALES
Representative
Lone District, Eastern Samar



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2nd District, Bataan



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Representative
3rd District, Bataan



JERNIE JETT V. NISAY
Representative
Pusong Pinoy Partylist



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¹ House Bill No. **11349**

Introduced by Representatives **MARCELINO C. LIBANAN, CHRISTOPHER SHEEN P. GONZALES, ALBERT S. GARCIA, MARIA ANGELA S. GARCIA, and JERNIE JETT V. NISAY**

AN ACT
MANDATING THE ESTABLISHMENT OF AT LEAST ONE (1) TERTIARY HOSPITAL UNDER THE DIRECT SUPERVISION AND CONTROL OF THE DEPARTMENT OF HEALTH IN EVERY PROVINCE AND QUALIFIED LEGISLATIVE DISTRICTS, 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 “Tertiary Hospital in Every Province 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 to adopt an integrated and comprehensive approach to health development that makes essential health services available to all Filipinos at affordable cost, with priority for the needs of the underprivileged, sick, elderly, persons with disabilities, women and children, pursuant to Section 15, Article II and Section 11, Article XIII of the Constitution. Toward this end, and in furtherance of Republic Act No. 11223, otherwise known as the “Universal Health Care Act,” the State shall ensure the equitable geographic distribution of government hospitals by guaranteeing that every province is served by at least one (1) tertiary hospital licensed at not lower than Level 2, being a general hospital with departmentalized clinical services and critical care capability, owned and operated by the National Government through

the Department of Health, and that within every province the population of each legislative district has reasonable access to a Department general hospital.

SEC. 3. Definition of Terms. — As used in this Act:

(a) Conversion refers to the transfer of ownership, administration, supervision and control of a hospital owned and operated by a local government unit to the Department, in accordance with Section 8 of this Act;

(b) Department refers to the Department of Health;

(c) Department Hospital refers to a hospital under the direct supervision and control of the Department, whose personnel are national government employees and whose operations are funded out of the appropriations of the Department under the General Appropriations Act, and includes hospitals commonly referred to as “DOH-retained hospitals,” as well as the satellite and annex facilities established under this Act;

(d) Highly Urbanized City and Independent Component City refer to cities so classified under Sections 451 and 452 of Republic Act No. 7160, otherwise known as the “Local Government Code of 1991”;

(e) Legislative District refers to a legislative district of a province as apportioned under the Constitution or existing law, excluding any legislative district composed solely of a highly urbanized city or independent component city;

(f) Level 1 General Hospital refers to a general hospital licensed as such by the Department under Administrative Order No. 2012-0012, as amended, or under such subsequent issuance as may govern the classification and licensure of hospitals, possessing at the minimum consulting specialists in medicine, pediatrics, obstetrics and gynecology and surgery, emergency and outpatient services, isolation facilities, surgical and maternity facilities, a dental clinic, a secondary clinical laboratory, a blood station, a pharmacy, and Level 1 imaging capability;

(g) Level 2 General Hospital refers to a general hospital licensed as such by the Department under Administrative Order No. 2012-0012, as amended, or under such subsequent issuance as may govern the classification and licensure of hospitals, possessing at the minimum the service capabilities of a Level 1 general hospital together with departmentalized clinical services headed by board-certified specialists, a general intensive care unit, a neonatal intensive care unit, a high risk pregnancy unit, respiratory therapy services, a tertiary clinical laboratory, and Level 2 imaging capability;

(h) Territorial Jurisdiction of a Province refers to the geographic area over which the province exercises corporate and governmental powers under Republic Act No. 7160, and shall exclude the territory of any highly urbanized city or independent component city situated therein; and

(i) Tertiary Hospital refers to a Department hospital that provides tertiary care within the health care provider network of a province, as contemplated in Republic Act No. 11223, serves as the end-referral facility of that network, and is licensed by the Department as a general hospital at not lower than Level 2: Provided, That licensure at Level 3 or accreditation as a teaching or training hospital, while not required, shall not be precluded.

SEC. 4. Establishment of Hospital. — There shall be established and maintained, in every province, at least one (1) tertiary hospital, licensed at not lower than Level 2, under the direct supervision and control of the Department, physically located within the territorial jurisdiction of that province.

A Department hospital located within the territory of a highly urbanized city or an independent component city shall not be deemed compliant with this Section as to the province within which such city is geographically situated.

In the case of an island province, or of a province whose geography is such that a single facility cannot reasonably serve its population, the Department may establish satellite or annex facilities of the tertiary hospital under the charter and plantilla of that hospital: Provided, That the principal facility shall be licensed at not lower than Level 2.

In any legislative district of a province other than the district in which the tertiary hospital of the province is physically located, the Department shall establish and maintain a tertiary hospital licensed at not lower than Level 2 where the Secretary of Health determines the necessity thereof by considering factors including, but not limited to, population, distance, and the number of hospital beds in government hospitals, if any, situated within the legislative district.

SEC. 5. Modes of Compliance. — The Department shall comply with Section 4 of this Act through any of the following modes:

- (a) The upgrading of the service capability, physical plant, equipment, staffing complement and authorized bed capacity of an existing Department hospital located within the territorial jurisdiction of the province, to Level 2;
- (b) The establishment and construction of a new Department hospital within the territorial jurisdiction of the province; or

(c) The conversion, in accordance with Section 8 of this Act, of an existing provincial, district, city or municipal hospital located within the territorial jurisdiction of the province into a Department hospital, and its subsequent upgrading to Level 2.

The Department shall adopt, for each province, the mode that will achieve compliance at the earliest practicable time and at the least cost to the National Government, consistent with equitable access: Provided, That where a hospital owned by a local government unit within the province is already licensed at Level 1 or higher and the local government unit consents, the mode under paragraph (c) shall be preferred.

SEC. 6. Phasing and Prioritization. — Compliance with Section 4 of this Act shall be achieved in accordance with the following schedule:

(a) Within three (3) years from the effectivity of this Act, every province that has no Department hospital within its territorial jurisdiction upon such effectivity shall be served by a Department hospital that is fully operational and licensed at not lower than Level 2;

(b) Within (5) years from the effectivity of this Act, every province, and qualified legislative district, shall be served by a tertiary hospital licensed at not lower than Level 2, in accordance with Section 4; and

SEC. 7. Minimum Standards; Bed Capacity. — Every tertiary hospital established, converted or upgraded under this Act shall comply with the standards prescribed by the Department for Level 2 general hospitals, and every satellite or annex facility established under Section 4 of this Act shall comply with the standards prescribed by the Department for hospitals of not lower than Level 1. The initial authorized bed capacity of each hospital established, converted or upgraded under this Act, other than a satellite or annex facility, shall not be less than one hundred (100) beds, and shall thereafter be determined and periodically adjusted by the Secretary of Health, upon the recommendation of the Health Facility Development Bureau and subject to the availability of funds, taking into account the population of the province, its hospital bed-to-population ratio, bed occupancy rate, and case mix:

Where a province has a population below two hundred thousand (200,000) inhabitants, or where its geographic configuration consists of small, isolated islands, the Department may adjust the minimum initial authorized bed capacity of the tertiary hospital to not fewer than fifty (50) beds: Provided, That the facility maintains full licensure at Level 2 under Department standards, including its intensive care, neonatal intensive care, high risk pregnancy, imaging, laboratory and surgical service capabilities.

Nothing in this Act shall preclude the Department from establishing, maintaining or upgrading any hospital to Level 3 where the population, case load and referral requirements of the province so warrant, subject to the availability of funds.

SEC. 8. Conversion of Hospitals Owned by Local Government Units. — The conversion of a hospital owned and operated by a local government unit into a Department hospital under Section 5(c) of this Act shall be effected only upon compliance with the following requirements:

- (a) A resolution of the sanggunian of the local government unit concerned, expressly consenting to the conversion and authorizing its local chief executive to execute the necessary instruments;
- (b) The execution of a deed of donation, transfer or conveyance in favor of the National Government, through the Department, covering the hospital site, buildings, improvements, equipment and records: Provided, That in lieu of a transfer of ownership of the land, the local government unit may grant to the Department a usufruct over the site for a period of not less than fifty (50) years, renewable, free from liens and encumbrances;
- (c) The issuance by the Secretary of Health of a department order declaring the effectivity of the conversion, and the release by the Department of Budget and Management of the corresponding funds and plantilla positions; and
- (d) The settlement or assumption of the outstanding obligations of the hospital, which shall remain with the local government unit unless expressly assumed by the Department with the concurrence of the Department of Budget and Management.

No local government unit shall be compelled to convert any hospital it owns. Where the local government unit withholds its consent, the Department shall proceed under Section 5(b) of this Act.

Any local government-owned hospital converted into a Department hospital by any mode prior to the effectivity of this Act is hereby recognized as a Department hospital and shall enjoy all rights, funding, and support provided under this Act.

SEC. 9. Security of Tenure; Absorption of Personnel. — Officials and employees of a hospital converted under this Act shall be given preference and priority in the filling up of the plantilla positions of the resulting Department hospital, subject to the qualification standards and eligibility requirements prescribed by the Civil Service Commission. No official or employee so absorbed shall suffer any diminution in rank, salary, tenure or benefits. Services rendered with the local government unit shall be credited in full for purposes of retirement, leave credits and length-of-service benefits. Those who are not absorbed shall be retained by the local government unit concerned, or shall be entitled to such

separation, retirement or other benefits as may be provided under existing laws, rules and regulations. The Department of Budget and Management shall create the positions necessary to carry out this Section.

SEC. 10. Integration into Province-Wide Health Systems. — Every hospital established, converted or upgraded under this Act shall be integrated into the province-wide health system and the health care provider network of the province concerned in accordance with Republic Act No. 11223 and its implementing rules and regulations, and shall serve as an end-referral facility therein: Provided, That the satellite and annex facilities established under Section 4 of this Act shall form part of the same network and shall refer to the tertiary hospital of the province as their end-referral facility. The Department shall ensure that the operation of such hospital complements, and does not displace or duplicate, the health facilities of the local government units within the province.

SEC. 11. Non-Diminution of Local Autonomy. — Nothing in this Act shall be construed to diminish, impair or supplant the powers, functions and responsibilities of local government units under Republic Act No. 7160, including their authority to establish, own, operate and maintain their own health facilities. No cost incurred in the implementation of this Act shall be charged against the national tax allotment or other shares of any local government unit in national taxes, nor shall it be made a condition for the release thereof.

SEC. 12. Baseline Inventory and Reports to Congress. — Within six (6) months from the effectivity of this Act, the Department shall submit to the President of the Senate and the Speaker of the House of Representatives, and cause to be published on its official website, a baseline inventory setting out, for each province: the Department hospitals located within its territorial jurisdiction, if any; the licensed service capability level, authorized bed capacity and implemented bed capacity of each; a categorical statement of whether the province is compliant with the first paragraph of Section 4 of this Act; for each legislative district of the province, whether it is served by a Department general hospital or by a satellite or annex facility in accordance with the fourth paragraph of Section 4 of this Act; and, for each legislative district, the conditions under the fifth paragraph of Section 4 of this Act which it satisfies, together with the data supporting that determination. Thereafter, and not later than the thirtieth (30th) day of September of each year, the Department shall submit to the Committee on Health and the Committee on Appropriations of the House of Representatives, and to the Committee on Health and Demography and the Committee on Finance of the Senate, an annual report on the status of implementation of this Act, including obligations incurred, disbursements made, and the reasons for any delay.

SEC. 13. Congressional Oversight Committee. — There is hereby constituted a Congressional Oversight Committee on Provincial Hospital Development, composed of seven (7) Members of the Senate and seven (7) Members of the House of Representatives, to be appointed by the Senate President and the Speaker, respectively, with the Chairpersons of the Senate Committee on Health and Demography and the House Committee on Health as Co-Chairpersons. The Committee shall monitor and oversee the implementation of this Act for a period of ten (10) years from its effectivity, and may thereafter be continued by concurrent resolution. The Committee shall be provided with a secretariat drawn from the existing personnel of the Senate and the House of Representatives.

SEC. 14. Appropriations. — The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the Department, including those under the Health Facilities Enhancement Program. 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 may likewise accept donations, grants, bequests and official development assistance for the purposes of this Act, subject to existing laws, rules and regulations.

SEC. 15. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, the Secretary of Health, in consultation with the Secretary of Budget and Management, the Secretary of the Interior and Local Government, the Chairperson of the Civil Service Commission, the President and Chief Executive Officer of the Philippine Health Insurance Corporation, the Director-General of the National Economic and Development Authority, the League of Provinces of the Philippines and the Union of Local Authorities of the Philippines, shall promulgate the rules and regulations necessary to implement this Act. A copy of the rules and regulations shall be furnished the Congressional Oversight Committee constituted under Section 13 hereof.

SEC. 16. Suppletory Application. — The charters of existing Department hospitals shall remain in force, and this Act shall be applied suppletorily thereto. Nothing herein shall be construed to reduce the authorized bed capacity or service capability level of any existing hospital.

SEC. 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.

SEC. 18. Repealing Clause. — All laws, presidential decrees, executive orders, letters of instruction, rules and regulations, or parts thereof which are inconsistent

with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 19. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,