

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **11355**



Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

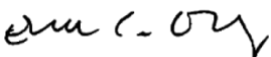
Access to basic healthcare remains a significant challenge for Filipinos living in Geographically Isolated and Disadvantaged Areas (GIDAs) and other underserved communities, where distance, inadequate health facilities, and shortages of healthcare personnel can prevent timely access to essential medical services.

This measure seeks to establish a Mobile Rural Health Clinic Program under the Department of Health (DOH) to provide regular, accessible, and community-based healthcare services in areas where permanent health facilities are limited or difficult to reach. The Program shall provide primary and preventive care, diagnostics, medicines, maternal and child health services, mental health services, emergency care, health education, and referral assistance, as appropriate to the needs of the communities served.

The measure likewise strengthens coordination among the DOH, local government units, PhilHealth, and other concerned agencies to ensure continuity of care and integration with existing health systems, while providing appropriate standards for mobile clinic operations, personnel, equipment, and digital health systems.

By bringing essential healthcare services closer to underserved Filipinos, this measure seeks to advance equitable access to healthcare and strengthen the delivery of primary health services in communities that need them most.

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


ERIC L. OLIVAREZ

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Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

**“AN ACT
MANDATING THE DEPLOYMENT OF MOBILE HEALTH CLINICS
TO GEOGRAPHICALLY ISOLATED AND DISADVANTAGED
AREAS (GIDAs) AND OTHER UNDERSERVED COMMUNITIES,
STRENGTHENING THE CAPACITY OF THE DEPARTMENT OF
HEALTH TO PROVIDE REGULAR MOBILE HEALTH SERVICES,
APPROPRIATING FUNDS THEREFOR, 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 “*Mobile Health Clinic Program Act.*”

SECTION 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 other existing public health laws, policies, and programs.

SECTION 3. Creation of the Mobile Rural Clinic Program. - There is hereby created a “*Mobile Health Clinic Program*” under the Department of Health (DOH) to deploy mobile health clinics and medical outreach units to underserved communities, particularly Geographically Isolated and Disadvantaged Areas (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.

The Program shall complement, and shall not diminish or replace, existing public health facilities, programs, and services of the national government and local government units (LGUs).

For purposes of this Act, “GIDAs” shall refer to areas classified as such under existing DOH policies, guidelines, and criteria.

SECTION 4. Objectives. - The Program shall pursue the following objectives:

- a) Ensure equitable access to primary healthcare, emergency services, and preventive and promotive health interventions in underserved communities;
- b) Provide regular and appropriate medical, dental, maternal and child health, nutrition, immunization, mental health, and preventive care services;
- c) Strengthen healthcare service delivery in rural and underserved communities 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; and
- f) Promote health education, sanitation, disease prevention, and community health awareness.

SECTION 5. Coverage and Priority Areas. - Priority deployment under the Program shall be given to:

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

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

SECTION 6. Composition and Operation. - The Program shall be implemented by the DOH in coordination with concerned national government agencies, local government units, and public and private healthcare institutions, including, but not limited to:

- 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; and
- f) Government hospitals and accredited healthcare institutions.

The participation of government personnel and healthcare workers in the Program shall be subject to existing laws, civil service rules, staffing requirements, compensation policies, professional regulations, and other applicable rules and regulations.

Each mobile clinic shall meet such minimum equipment, facility, safety, and operational standards as may be prescribed by the DOH, taking into account the healthcare needs and conditions of the areas to be served, and 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; and
- 6. Appropriate transportation, communication, and emergency response equipment.

SECTION 7. Powers and Functions of the Department of Health.- The DOH shall:

- a) Procure, maintain, operate, or otherwise provide for the deployment and operation of mobile health clinics and related equipment, subject to existing procurement, budgeting, accounting, and auditing laws, rules, and regulations;
- b) Deploy interdisciplinary healthcare teams composed of physicians, nurses, midwives, dentists, medical technologists, nutritionists, mental

health personnel, and other healthcare workers as necessary, subject to existing laws, staffing requirements, civil service rules, and applicable professional regulations;

- 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, applicable PhilHealth benefits, and Universal Health Care mechanisms;
- e) Establish and maintain interoperable digital health information systems consistent with Republic Act No. 10173, or the “Data Privacy Act of 2012,” Republic Act No. 11223, or the “Universal Health Care Act,” and other applicable laws, rules, and regulations;
- 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; and
- i) Maintain appropriate monitoring and reporting systems for the implementation of the Program and provide such reports as may be required under this Act.

SECTION 8. Responsibilities of Local Government Units. - LGUs, consistent with their respective powers, functions, and responsibilities under existing laws, shall:

- a) Assist in identifying priority communities and target beneficiaries;
- b) Provide logistical, transportation, security, and operational support when appropriate and subject to available resources;
- 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; and
- f) Maintain coordination with barangay health workers and local health boards.

LGUs may provide counterpart funding, facilities, personnel, equipment, or logistical assistance for the implementation of the Program, subject to existing laws, applicable budgeting, accounting, and auditing rules, and the availability of funds and other resources.

SECTION 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 through existing referral systems.

The DOH shall coordinate with PhilHealth and other concerned agencies to facilitate the access of qualified patients to applicable healthcare financing mechanisms and benefit packages under Republic Act No. 11223, or the “Universal Health Care Act,” and other applicable laws, rules, and regulations.

SECTION 10. Appropriations. - The amount necessary for the implementation of this Act shall be included in the annual appropriations of the DOH under the General Appropriations Act.

The Program may likewise be supported by PhilHealth reimbursements and other lawful funding sources, including grants, donations, and development assistance from domestic or foreign sources, subject to existing laws, rules, and regulations.

Funds appropriated for other programs shall not be realigned or utilized for the Program except in accordance with existing budgeting, accounting, auditing, and appropriations laws, rules, and regulations.

SECTION 11. Monitoring, Evaluation, and Transparency. - The DOH shall establish and maintain a monitoring and evaluation framework for the Program and shall submit an annual report 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 relevant health outcomes, subject to applicable data privacy laws;
- d) Budget utilization and operational status of mobile clinics; and
- e) Challenges, recommendations, and impact assessments.

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

SECTION 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.

SECTION 13. Repealing Clause. - All laws, decrees, executive orders, rules and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 14. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with concerned

national government agencies, LGUs, healthcare institutions, and other relevant stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

Such rules and regulations shall include standards for clinic operation and equipment, personnel deployment, service frequency, beneficiary prioritization, referral mechanisms, data management, monitoring and evaluation, and coordination with LGUs.

SECTION 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.