



Senate  
Office of the Secretary

CONGRESS OF THE PHILIPPINES )

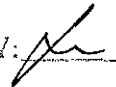
Fifteenth Congress )

First Regular Session )

10 DEC 15 AIO :39

**SENATE**

Senate Bill No. 2629

APPROVED BY: 

**Introduced by Senator Edgardo J. Angara**

**EXPLANATORY NOTE**

The 1987 Constitution specifically declares that the "State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost"<sup>1</sup>. The Constitution also provides that the State shall "undertake appropriate health, manpower development, and research, responsive to the country's health needs and problems."<sup>2</sup>

Presently, neither of these two objectives has been attained by the State. Primary health services remain elusive or inaccessible to majority of our population, especially those living in the rural and poor areas of the country. As for our health care practitioners, particularly those in the nursing profession, a good number of them are denied employment opportunities to practice their trade and, consequently, the training to further improve their skills.

The relationship of these twin objectives is unique in the sense that one can be achieved by means of the other. A program that aims to improve the accessibility and delivery of primary health services will inevitably create employment for our health care practitioners and hone their skills in the process. Conversely, increasing jobs and skill level in the health sector will render primary health services more available to the public.


The proposed Community Health Delivery and Health Team Placement Act intends to take advantage of this unique relationship. But instead on focusing on one of the objectives and expecting the efforts to result in the accomplishment of the other, the proposed Act shall simultaneously tackle both objectives. The end goal is that the efforts to attain both objectives feed off each other and eventually initiate a virtuous cycle that shall elevate the availability of primary health care in the Philippines and the competence of Philippine health care practitioners to unprecedented heights.

Playing a key role are the Local Government Units (LGUs) whose functions include the delivery of primary health services at the grass roots level and the Department of Health that shall ensure overall program coordination between the LGUs and the relevant national agencies.

<sup>1</sup> Article XIII, Section 11.

<sup>2</sup> Article XIII, Section 12.

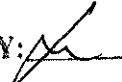
In view of the benefits that will be gained in both having a more effective healthcare delivery system and an efficient and more responsive healthcare personnel, the immediate passage of this bill is earnestly requested.

  
**EDGARDO J. ANGARA**

10 DEC 15 A10:39

SENATE

Senate Bill No. **2629**

RECEIVED BY: 

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Introduced by Senator Edgardo J. Angara

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AN ACT

**ESTABLISHING A RESPONSIVE LOCAL HEALTH UNIT IN EACH CITY AND MUNICIPALITY TO ENSURE DELIVERY OF PRIMARY HEALTH SERVICES AND TO PROVIDE A MECHANISM TO ENSURE THE PLACEMENT OF REQUIRED HEALTH PERSONNEL IN THESE LOCAL HEALTH UNITS AND OTHER GOVERNMENT OPERATED HEALTH FACILITIES**

1 **SECTION 1. Short Title.** This Act shall be known as the "*Community Health*  
2 *Delivery and Health Team Placement Act*"  
3

4 **SEC. 2. Declaration of Policy,** It is hereby declared the policy of the State  
5 to protect and promote the right to health of the people through improved  
6 delivery and availability of primary health services across the nation,  
7 particularly in the rural and poorest areas of the country. It is also the policy  
8 of the State to promote employment opportunities in all sectors of society,  
9 including the health sector and the health personnel who form part thereof.  
10 The State recognizes the vital role of local governments in providing health care  
11 and employment opportunities for health professionals. Towards this end, the  
12 State ensures health care delivery by providing accessible adequately staffed  
13 and equipped health care units at the local level and endeavors to provide  
14 employment opportunities for our health professionals in the Philippines.  
15

16 **SEC. 3. Establishment and Maintenance of City and Municipal Health**  
17 **Units.** All cities and municipalities shall establish and maintain at least one (1)  
18 Local Health Unit (LHU) which shall be under the supervision of the City or  
19 Municipal Health Officer.  
20

21 For cities or municipalities with populations of more than twenty thousand  
22 (20,000), there shall be one LHU for each succeeding twenty thousand (20,000)  
23 population.  
24

25 Existing Rural Health Units shall be converted to LHUs.  
26

27 **SEC. 4. Local Health Unit Health Personnel.**  
28

29 4.1. The LHU shall have at least the following health personnel:  
30

31 a. a duly licensed physician as Head of Unit

- 1 b. a registered nurse for every 5,000 population but no less than two (2) in
- 2 each LHU, one of whom shall be a roving nurse
- 3 c. a midwife
- 4 d. a medical technologist

5  
6 For 4<sup>th</sup> to 6<sup>th</sup> class municipalities with population of less than 5,000, the Head  
7 of the LHU may be a nurse practitioner instead of a physician provided that -  
8

- 9 a. The Municipality shall ensure coordination with a physician who will be  
10 required to conduct periodic visits to the LHU and should be readily  
11 available and accessible for consultation, either personally or by remote  
12 communication. In this regard, the municipality shall (a) establish Inter-  
13 LGU coordination with contiguous or adjacent municipalities, as well as  
14 coordinate with the Provincial Health Office and with the Department of  
15 Health (DOH) to ensure the LHU's access to a physician at all times, and  
16 (b) shall provide the LHU with the facilities for remote communication  
17 and ready means of transport.
- 18
- 19 b. The Nurse Practitioner shall be a registered nurse with at least five (5)  
20 years practice and with post-graduate nursing education.

21  
22 A nurse-led LHU may qualify for accreditation as a health care provider under  
23 the *Medicare Para sa Masa Program* of the Philhealth Insurance Corporation  
24 ("Philhealth"), subject to such terms and conditions as may be provided by  
25 Philhealth.  
26

27 4.2. The city or municipality shall add health personnel to the LHU's plantilla  
28 to avoid understaffing or overloading based on the patient-health worker ratios  
29 determined by the DOH, and as said city or municipality may deem necessary  
30 to ensure the delivery of complete health services.  
31

32 "Health personnel" for purposes of this Act shall mean medical and allied  
33 health professionals such as doctors of medicine, nurses, midwives, dentists,  
34 medical technologists, pharmacists, physical and occupational therapists and  
35 nutritionist-dieticians.  
36

37 4.3. The city or municipality shall ensure that the compensation and benefits  
38 under the Magna Carta for Public Health Workers or Republic Act No. 7305 will  
39 be provided to the health personnel of LHUs regardless of their status.  
40

41 4.4. Qualified health personnel who reside in the city or municipality shall be  
42 given priority in recruitment to the LHU.  
43

44 **SEC. 5. Local Health Unit Facilities and Equipment.** The LHU should  
45 have facilities and equipment as may be required by the Philhealth to qualify  
46 for accreditation as a health care provider under Philhealth's *Medicare Para Sa*  
47 *Masa Program*.  
48

49 Furthermore, the LHU must have equipment to be able to record health care  
50 services and data through an electronic medical records system.  
51

52 **SEC. 6. Heath Personnel Register.**  
53

54 6.1. The DOH shall maintain a database of all health personnel positions in  
55 health facilities and health related establishments operated by Local

1 Government Units (LGUs), the National Government, its departments, agencies  
2 and offices, and Government Owned and Controlled Corporations (GOCCs).

3  
4 “Health facilities” refer to LHUs, hospitals, sanitarium, health infirmaries, health  
5 centers, rural health units, barangay health stations, clinics, other  
6 institutional forms which similarly perform health delivery functions like  
7 clinical laboratories, treatment and rehabilitation centers, x-ray facilities and  
8 other similar activities involving rendering of health services to the public and  
9 health-related establishments.

10  
11 “Health-related establishment” is a health service facility or unit which  
12 performs health service delivery functions within an agency whose legal  
13 mandate is not primarily the delivery of health services. This applies to, among  
14 others, clinics and medical departments of government corporations, medical  
15 corps and hospitals of the AFP, and the specific health service section, division,  
16 bureau or any type of organizational subdivision of a government agency.

17  
18 LGUs, the National Government, its departments, agencies and offices, and  
19 GOCCs operating health facilities or health-related establishments shall notify  
20 the DOH of -

- 21  
22 a. newly created health personnel positions;  
23 b. vacancies in the health personnel positions within five (5) days from  
24 occurrence thereof;  
25 c. newly appointed health personnel within five (5) days from appointment.

26  
27 6.2. Health personnel positions shall not be allowed to remain vacant for  
28 more than three (3) months.

29  
30 **SEC. 7. Health Team Placement Program.** A Health Team Placement  
31 Program is hereby established to be implemented by the DOH.

32  
33 7.1. The DOH may deploy health personnel in health facilities or health-  
34 related establishments operated by LGUs, the National Government, its  
35 departments, agencies and offices and GOCCs.

- 36  
37 a. Deployment by the DOH under this Section will be on a temporary or  
38 contractual basis in an aggregate period not exceeding two (2) years.  
39 Health personnel deployed by DOH shall be given preference in  
40 appointments to vacancies in health personnel positions in health  
41 facilities and health-related establishments operated by LGUs, the  
42 National Government, its departments, agencies and offices, and GOCCs.

43  
44 DOH may provide the health personnel requirements in LHUs in the  
45 following instances.

- 46  
47 i. For newly constituted LHUs in depressed, unserved/undeserved,  
48 hard to reach and critical 5<sup>th</sup> and 6<sup>th</sup> class municipalities;  
49 ii. In case of depressed, unserved/underserved, or hard to reach and  
50 critical 5<sup>th</sup> to 6<sup>th</sup> class municipalities which are unable to fill their  
51 LHUs health personnel positions;  
52 iii. In case of municipalities whose LHU health personnel is on study  
53 leave;  
54 iv. In case of municipalities who require allied health personnel in  
55 their LHUs on a temporary basis;  
56 v. Other instances as the DOH may provide.

1  
2 b. Health personnel deployed by DOH shall be entitled to the same  
3 compensation and benefits provided to health workers under the Magna  
4 Carta for Public Health Workers.  
5

6 7.2. Health personnel who require training for further competency or work  
7 experience may apply to the DOH as a health-trainee. The DOH, in  
8 coordination with the Department of Labor and Employment (DOLE), the  
9 Department of Interior and Local Government (DILG), the Department of  
10 Education (DEPED) and the Commission on Higher Education (CHED), shall  
11 deploy health-trainees to health facilities or health related establishments  
12 operated by LGUs, the National Government, its departments, agencies and  
13 offices, and GOCCs.  
14

15 Health-trainees are not entitled to salaries and benefits under the Magna Carta  
16 for Public Health Workers. However, they shall be entitled to a stipend and  
17 such other benefits as the DOH may so determine. The concerned LGU shall  
18 provide the health-trainees free accommodations, daily meal allowance,  
19 allowance for travelling expenses, hazard pay, overtime pay, and additional  
20 stipend in an amounts to be set by the DILG in coordination with the League of  
21 Municipalities.  
22

23 **SEC. 8. Health Personnel in the Private Sector and in Educations**  
24 **Institutions.** The DOLE shall ensure that the health personnel requirements  
25 for private establishment under the Labor Code are complied with. The DEP  
26 ED and CHED shall ensure that the health personnel requirements for public  
27 and private educational institutions are complied with.  
28

29 **SEC. 9. Electronic Documentation of Health Services.** A duly  
30 designated nurse in each Health Facility or Health Establishment shall be  
31 responsible for the electronic documentation of patient care and patient care  
32 outcome to facilitate quality health management and patient safety.  
33

34 **SEC. 10. Funding for Establishment and Maintenance of Local Health**  
35 **Units and Health Team Placement Programs.**  
36

37 10.1. For the first three (3) years upon effectivity of this Act, the amount of  
38 \_\_\_\_\_ per annum shall be used for the establishment or upgrading  
39 of LHUs in 4<sup>th</sup> to 6<sup>th</sup> class municipalities. These annual amounts shall be  
40 sourced from net earnings from the Value Added Tax.  
41

42 10.2. The budget for personnel, maintenance and operating expenses of the  
43 LHU, as proposed by its Local Health Board in consultation with the DOH,  
44 shall be automatically appropriated from the city's or municipality's Internal  
45 Revenue Allotment.  
46

47 10.3. The Secretary of Health shall prepare an annual budget to fund the  
48 Health Team Placement Program. Funding for the Program shall be sourced  
49 from the Philippine Amusement and Gaming Corporation.  
50

51 10.4. As a means to support the operations of the LHUs, cities and  
52 municipalities shall enroll their indigent population in the *Medicare Para Sa*  
53 *Masa* Program through the Philhealth Capitation Fund in such number as may  
54 be proposed by their Local Health Boards after prior consultation with  
55 Philhealth. There shall be annual incremental increase in indigent enrollment.  
56

1 **SEC. 11. *Transitory Provisions.*** Upon the effectivity of this Act, all LGUs,  
2 National Government departments, agencies and offices, and GOCCs operating  
3 health facilities and health-related establishments shall notify the DOH of all  
4 health personnel positions in said facilities and establishments.

5  
6 Cities and municipalities are given two (2) years from effectivity of this Act  
7 within which to establish or upgrade their LHUs and have these accredited  
8 with Philhealth.

9  
10 **SEC. 12. *Implementing Rules and Regulations.*** Within ninety (90) days  
11 from the date of effectivity of this Act, the DOH and the DILG shall, in  
12 coordination with the League of Provinces, promulgate rules and regulations for  
13 the implementation of this Act.

14  
15 **SEC. 13. *Separability Clause.*** If, for any reason, any part or provision of  
16 this Act is held by competent court to be unconstitutional or invalid, other  
17 parts hereof which are not affected thereby shall continue to be in full force  
18 and effect.

19  
20 **SEC. 14. *Repealing Clause.*** All laws, decrees, executive orders, rules and  
21 regulations, or parts thereof which are inconsistent with this Act are hereby  
22 repealed, amended or modified accordingly.

23  
24 **SEC. 15. *Effectivity.*** This Act shall take effect fifteen (15) days after its  
25 complete publication in two (2) newspapers of general circulation and  
26 submission with the University of the Philippines Law Center.

27  
28 Approved,