



NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

22 OCT -4 P1 :09

SENATE
S. No. 1361

RECEIVED BY

Introduced by Senator Robinhood Padilla

AN ACT
CREATING A REGIONAL HEART CENTER IN EACH OF THE ADMINISTRATIVE
REGIONS, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The World Health Organization (WHO) tags cardiovascular diseases as the number one cause of death in the world. The annual global death toll from such diseases reaches around 17.9 million, which is equivalent to three for every ten deaths reported.¹

The Philippine Statistics Authority (PSA) reported that despite the health risks brought about by the coronavirus pandemic in 2020, heart diseases are still the leading cause of death in the country. During the said year, around 150,000 died of heart diseases translating to 17 deaths every hour.² Furthermore, according to the Philippine Heart Center, the incidence of cardiovascular disease in the country has remained the same for many years – 47.5% per 100,000 population die because of a heart attack while 25% die of hypertension and other forms of heart disease.³ Cardiovascular diseases were also number five on the list of deadly diseases affecting Filipino children.⁴

¹ World Health Organization. 11 June 2021. Cardiovascular diseases. [https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)).

² Philippine Council for Health Research and Development. <http://www.pchrd.dost.gov.ph/index.php/news/library-health-news/4123-cardiovascular-disease-is-still-the-country-s-top-killer-read-more-http-llfestyle-inquirer-net-178609-cardiovascular-disease-is-still-the-countrys-top-killer-ixzz3khgjk4zu-follow-us-Inquirerdotnet-on-twitter-inquirerdotnet-on-facebook>.

³ Philippine Heart Center. Our Transformation Pathway. <http://www.phc.gov.ph/igg/index.php?p=commitment&s=pathway>.

⁴ Ibid.

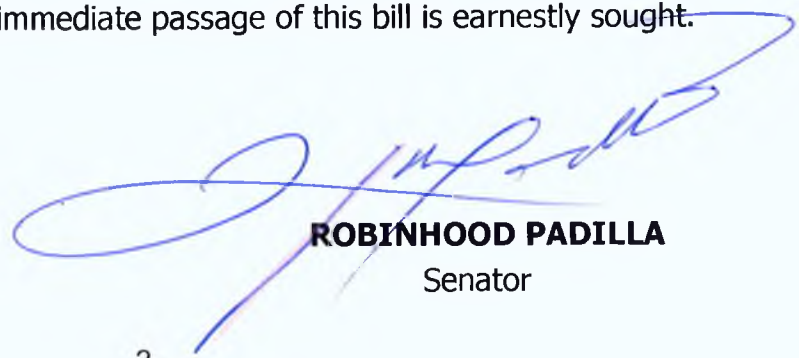
The vulnerability of the human heart requires specialized cardiac care that is performed only by professional and trained heart specialists, in a facility that is equipped with state-of-the-art cardiac equipment, and with the necessary medical supplies. This specialized cardiac care more often than not is costly and not accessible to many Filipinos living outside of the greater Metro Manila. For instance, the PHC, which is the country's specialty hospital for heart diseases, reported around 15,000 admissions every year. Fifty-five percent (55%) of which came from the greater Metro Manila area while the forty-five percent (45%) were from the rest of the country.

The above data would indicate that Filipinos living near the metropolis have a greater advantage in accessing specialized care from the Philippine Heart Center. Meanwhile, patients coming from rural provinces are to some extent deprived of the same quality of cardiac care that the specialty hospital provides. They also have to spend a fortune to travel to Manila for the treatment of complex cardiovascular cases.

It is in this regard that this bill aims to create one Regional Heart Center in each of the administrative regions in the country to ensure that equal access and privilege to avail of specialized and quality cardiac care is extended to a larger population of Filipinos. The Regional Heart Centers shall be administered by the Department of Health (DOH) and may be created within the existing DOH Regional Hospitals and Medical Centers. The Centers shall be equipped with essential cardiac care equipment and necessary medical supplies and shall tap the services of professional heart specialists and other professionals who shall render services at a subsidized cost.

The creation of these Regional Heart Centers will not only unburden the Philippine Heart Center located in the National Capital Region but will also improve the access of patients from provinces to avail of immediate and affordable cardiac care. This is to achieve our ultimate goal of lowering the deaths associated with heart diseases in the long run.

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



ROBINHOOD PADILLA
Senator

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Office of the Secretary

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REGIONS, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

1 Section 1. *Short Title.* — This Act shall be known as the "Regional Heart Centers
2 Act".

3 Sec. 2. *Declaration of Policy.* — It is hereby declared the policy of the State to
4 secure the well-being of its people by providing them with specialized health services
5 and to address the increasing incidences of deadly diseases like cardiovascular illness
6 in the country. It is also the policy of the State to ensure that every region in the
7 country shall have an equal opportunity to benefit from public specialty healthcare
8 services.

9 Sec. 3. *Regional Heart Centers.* — There is hereby created a Regional Heart
10 Center (RHC) specialized in cardiac care services for Filipinos suffering from
11 cardiovascular diseases in each of the administrative regions in the country, as follows:

- 12 a) Region I - Ilocos Region;
13 b) Region II - Cagayan Valley;
14 c) Region III - Central Luzon;
15 d) National Capital Region;

- 1 e) Region IV A - Cavite, Laguna, Batangas, Rizal, and Quezon
- 2 (CALABARZON);
- 3 f) Region IV B - Mindoro Occidental, Mindoro Oriental, Marinduque,
- 4 Romblon, and Palawan (MIMAROPA);
- 5 g) Region V - Bicol Region;
- 6 h) Region VI - Western Visayas;
- 7 i) Region VII - Central Visayas;
- 8 j) Region VIII - Eastern Visayas
- 9 k) Region IX - Zamboanga Peninsula;
- 10 l) Region X - Northern Mindanao;
- 11 m) Region XI - Davao Region;
- 12 n) Region XII - (South Cotabato, Cotabato, Sarangani, Sultan Kudarat, and
- 13 General Santos (SOCCSKSARGEN));
- 14 o) Region XIII - Caraga Region;
- 15 p) Cordillera Administrative Region; and
- 16 q) Bangsamoro Autonomous Region in Muslim Mindanao.

17 Sec. 4. *Functions of the RHC.* — Within its respective region, every RHC shall
18 have the following powers and functions:

- 19 a) To promote, encourage and engage in scientific research on the
- 20 prevention of cardiovascular diseases;
- 21 b) To organize sponsorship and conduct of relevant congresses, conventions,
- 22 seminars, and conferences related to the care and treatment of heart
- 23 patients and related activities;
- 24 c) To pursue scientific researches on the biological, demographic, social,
- 25 economic, eugenic, and physiological aspects of cardiovascular disorders
- 26 and abnormalities and their control and, thereafter, gather, compile, and
- 27 publish the findings of such researches for public dissemination;
- 28 d) To facilitate and encourage the dissemination and exchange of ideas and
- 29 information on the prevention, treatment, and control of heart diseases;

- 1 e) To conduct public awareness on heart disease, general health, and
2 physical fitness, especially on human cardiovascular requirements and
3 other relevant or related fields;
- 4 f) To undertake the training of physicians, nurses, medical technicians,
5 health officers, and social workers on the practical and scientific conduct
6 and implementation of cardiac services, and related activities;
- 7 g) To assist universities, hospitals, and research institutions in their studies
8 of cardiovascular anomalies, to encourage advanced training on matters
9 of, or affecting the heart, and related fields and to support educational
10 programs of value to general health;
- 11 h) To encourage the formation of other organizations on the national,
12 provincial, city, municipal, or barangay level and to coordinate their
13 various efforts and activities for the purpose of achieving a more effective
14 programmatic approach to the common problems relative to the
15 objectives herein enumerated; and
- 16 i) To extend medical and cardiological services to the general public, to help
17 prevent, relieve or alleviate the innumerable cardiovascular afflictions and
18 maladies of the people especially the poor and less fortunate in life,
19 without regard to race, creed, color, or political belief.

20 *Sec. 5. Accessibility to Marginalized and Indigent Patients.* — The RHC shall be
21 accessible to indigent patients and promulgate rules in providing free medical services
22 to indigent patients.

23 *Sec. 6. Establishment of RHC.* — The Department of Health (DOH) shall
24 establish, operate, and maintain RHC in every region. The RHC may be created within
25 the existing DOH Regional Hospitals and Medical Centers as deemed feasible by the
26 DOH.

27 In consultation with the Department of Budget and Management (DBM), the
28 DOH shall determine the organizational structure, necessary position qualifications,
29 and standards for its personnel following civil service laws, rules, and regulations.

1 *Sec. 7. Excellence in Service.* — The Regional Heart Centers shall pursue
2 excellence in developing and establishing the highest level of cardiovascular-related
3 training and research for physician and paramedical personnel.

4 *Sec. 8. Appropriations.* — The amount necessary for the implementation of this
5 Act and the initial operation and maintenance of the Regional Heart Centers shall be
6 charged against the Contingent Fund. Thereafter, such sums as may be necessary
7 shall be included in the subsequent annual General Appropriations Act under the
8 budget of the DOH.

9 *Sec. 9. Implementing Rules and Regulations.* — Within ninety days (90) after
10 the effectivity of this Act, the DOH and the Department of Budget and Management
11 shall promulgate the necessary rules and regulations for the proper implementation
12 of this Act.

13 *Sec. 10. Separability Clause.* — If any portion or provision of this Act is declared
14 unconstitutional, the remainder of this Act or any provisions not affected thereby shall
15 remain in force and effect.

16 *Sec. 11. Repealing Clause.* — Any law, presidential decree or issuance,
17 executive order, letter of instruction, rule or regulation inconsistent with the provisions
18 of this Act is hereby repealed or modified accordingly.

19 *Sec. 12. Effectivity.* — This Act shall take effect after fifteen (15) days following
20 its complete publication in the Official Gazette or a newspaper of general circulation.

Approved,