

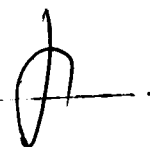
NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Third Regular Session)

24 SEP 18 P 4:52

SENATE

S. No. 2832

RECEIVED BY



Introduced by Senator Joseph Victor G. Ejercito

**AN ACT
INSTITUTIONALIZING THE NUTRITION CARE PROCESS AS PART OF
MEDICAL CARE IN THE PHILIPPINES**

EXPLANATORY NOTE

The World Health Organization recognizes the critical role of nutrition in health outcomes. Nutrition affects health at all ages, strengthens immune systems, reduces mortality rates in pregnancy, decreases the risk of lifestyle diseases such as diabetes and cardiovascular disease, improves outcomes in education and enhances economic productivity. In hospitals, malnutrition is linked to greater risk of complications, longer convalescence, and higher mortality.

However, despite the provisions of Republic Act No. 11223, the Universal Health Care Act, which sought to provide an integrated and comprehensive approach to protect Filipinos from hazards and risks to their health, a health care model which gives access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services, a framework that fosters a whole-of-nation approach to the development and implementation of health policy, and for the delivery of health services that is centered on people's needs and well-being, there is no national policy which mandates an emphasis on nutrition for hospitalized Filipinos. In addition, while Republic Act No. 10862, or the Nutrition and Dietetics Law of 2016, recognizes the important role of nutritionist-dietitians, together with the multi-disciplinary team in nutrition, in nation-building and human development, it has been silent on the promotion of their role in the hospital setting.

This bill aims to enhance current laws by mandating the implementation of the Nutrition Care Process, an internationally recognized standard approach for practitioners in nutrition and dietetics. With this measure, Filipinos will gain access to effective tools for recovering from illnesses and significantly improving their quality of life, all in a cost-efficient manner

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



JOSEPH VICTOR G. EJERCITO

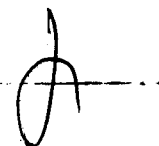
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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 SECTION 1. *Short Title.* – This Act shall be referred to as the "Wastong Nutrisyon
2 sa Ospital Act."

3 SEC. 2. *Declaration of Policy.* – The State recognizes the essential role of proper
4 nutrition in health and well-being, preventing the spread of disease, strengthening the
5 immune system, and improving patient outcomes in cases of hospitalization. To this
6 end, the State shall promote and institutionalize the use of the Nutrition Care Process,
7 an internationally developed and accepted standard of screening and assessing the
8 nutritional status of patients, nutrition intervention, as part of the minimum
9 requirements of in-patient medical care in Philippine health facilities, and a means of
10 monitoring patients' nutritional status after discharge.

11 The State further recognizes the critical role of nutritionist-dieticians together
12 with the nutrition support team, in administering the Nutrition Care Process. To this
13 end, as provided for in Republic Act No. 10862, or the Nutrition and Dietetics Law of
14 2016, the State shall promote their expertise, professionalism, and competence in this
15 field and uphold their status as the primary providers of nutrition care in the country.

16

1 SEC. 3. *Definition of Terms.* – For purposes of this Act, the following terms shall
2 be defined as follows:

3 (a) *Hospital* means a place devoted primarily to the maintenance and
4 operation of facilities for the diagnosis, treatment and care of individuals
5 suffering from illness, disease, injury or deformity, or in need of
6 obstetrical or other medical and nursing care. The term “hospital” shall
7 also be construed as any institution, building or place where there are
8 installed beds, or cribs, or bassinets for twenty-four-hour use or longer
9 by patients in the treatment of diseases, diseased-conditions, injuries,
10 deformities, or abnormal physical and mental states, maternity cases,
11 and all institutions such as those for convalescence, sanatoria or sanitarial
12 care, infirmities, nurseries, dispensaries and such other names by which
13 they may designated.

14 (b) *Malnutrition* is defined as the deficiencies, excesses, or imbalances in the
15 intake of energy and/or nutrients of a person. The term malnutrition
16 addresses three broad groups of conditions:

- 17 1) Undernutrition, which includes wasting (low weight-for-height),
18 stunting (low height-for-age) and underweight (low weight-for-
19 age);
- 20 2) Micronutrient-related malnutrition, which includes micronutrient
21 deficiencies (a lack of important vitamins and minerals) or
22 micronutrient excess; and
- 23 3) Overweight, obesity and diet-related noncommunicable diseases
24 (such as heart disease, stroke, diabetes and some cancers);

25 (c) *Medical Nutrition Therapy (MNT)* refers to a nutritional diagnostic,
26 therapy and counselling services for the purpose of disease
27 management; services are furnished by a registered nutritionist-
28 dietitian. It involves the assessment of the nutritional status of patients
29 with a condition, illness or injury that puts them at risk. Based on the
30 nutritional assessment, modalities most appropriate to manage the
31 condition or treat the illness or injury are chosen.

32

1 (d) *Multidisciplinary Team in Nutrition Care* or *Nutrition Support Team* refers
2 to attending physicians, registered nutritionist-dietitians, registered
3 nurses, registered pharmacists/ clinical pharmacists, registered social
4 workers, and other healthcare professions that may deemed necessary
5 in the conduct of proper nutrition care;

6 (e) *Nutritionally-at-risk patients* is defined as patients who have any of the
7 following:

8 1) Actual or potential for developing malnutrition (involuntary loss
9 or gain greater than ten percent (10%) of usual body weight
10 within 6 months, or greater than five percent (5%) of usual body
11 weight in 1 month, a weight of twenty percent (20%) over or
12 under ideal body weight); presence of chronic disease or
13 increased metabolic requirements.

14 2) Altered diets or diet schedules (receiving total parenteral or
15 enteral nutrition, recent surgery, illness, or trauma);

16 3) Inadequate nutrition intake including those not receiving food or
17 nutrition products (impaired ability to ingest or absorb food
18 adequately) for greater than seven (7) days; and

19 4) Any patient whose condition does not match the criteria above
20 but has been determined to be nutritionally-at-risk by the latest
21 standards approved by the Department of Health (DOH).

22 (f) *Nutrition Care* is defined as an organized group of activities allowing the
23 identification of nutritional needs and provision of care to meet those
24 needs.

25 (g) *Nutrition Care Process (NCP)* is the systemic problem-solving method
26 that dietetics professionals utilize to critically think and make decisions
27 to address nutrition-related problems and provide safe and effective
28 quality nutrition care. It includes four steps: assessment, diagnosis,
29 intervention, monitoring and evaluation;

30 (h) *Nutrition Screening* as the prerequisite to the implementation of nutrition
31 care process in identifying nutritionally-at-risk patients through certain
32 parameters (i.e., anthropometric measures, dietary intake, and clinical

1 condition), is accomplished by staff nurses using validated nutrition
2 screening tools for adults and pediatric patients. Hospitals using
3 electronic health record (EHR) shall create an automatic referral system
4 to the RND when screening criteria are met.

5 (i) *Nutrition Assessment* as a comprehensive approach to defining
6 nutritional status that uses medical, nutrition, and medication histories;
7 physical examination; anthropometric measurements; and laboratory
8 data. It provides a basis for the development of nutrition care plans.

9 (j) *Registered Nutritionist-Dietitian (RND)* is defined as a person who holds
10 a valid certificate of registration and a valid professional identification
11 card, which is renewed every three years and issued by the Board of
12 Nutrition and Dietetics of the Professional Regulation Commission, in
13 accordance with Republic Act No. 10862, or the Nutrition and Dietetics
14 Act of 2016.

15 **SEC. 4. *Mandatory nutrition screening and assessment.*** – All patients admitted
16 into hospitals shall be screened to identify those who are nutritionally-at-risk using a
17 nutrition screening and assessment tool approved by the Department of Health.
18 Identified not-at-risk patients shall undergo periodic re-screening to determine as
19 totally not-at-risk or at-risk. Furthermore, a post-assessment and nutrition care plan
20 will be develop for patients upon discharge.

21 **SEC. 5. *Responsibilities of the hospital.*** – The hospital shall have a Nutrition and
22 Dietetics Service or Department, headed by an RND, which shall assure the effective
23 delivery of NCP. Furthermore, they shall ensure that all necessary support in terms of
24 staff and resources, both medical and administrative, is provided for the
25 accomplishment of the NCP and the reporting requirements of this Act.

26 **SEC. 6. *Responsibilities of the Multidisciplinary Team in Nutrition Care or***
27 ***Nutrition Support Team.*** – The members of the team shall ensure the timely and
28 effective delivery of NCP based on sound and updated evidence, as approved by the
29 Department of Health:

- 30 1. *Attending Physician* - shall (i) refer all cases of MNT to RNDs, (ii) conform
31 and duly sign the NCP recommendations developed by the RND, (iii) lead in
32 the administration of care plan provided by the RNDs, nurses, pharmacists,

1 and other allied health professionals, (iv) conduct nutrition support access,
2 and (v) actively convene interdisciplinary conferences to present results of
3 managed cases;

4 2. *Registered Nutritionist-Dietitian* - shall (i) develop nutrition care plan for
5 nutritionally-at-risk and critically-ill patients, (ii) implement the nutrition care
6 plan, (iii) monitor, evaluate, and document the nutrition care plan to
7 determine progress and nutrition outcome of the interventions, (iv) prepare
8 bi-annual accomplishment report and submit such report to the hospital
9 health information management worker and to DOH through the Health
10 Facility Development Bureau, and (v) actively participate in case
11 conferences, e.g. ward rounds and interdisciplinary health care planning;

12 3. *Registered Nurse* - shall (i) complete nutrition screening upon admission,
13 (ii) carry-out the prescribed medications, diet and fluid requirements, and
14 diagnostic tests related to nutrition care, (iii) prepare and update diet list
15 for submission to the Nutrition and Dietetics Service/Department, and (iv)
16 document changes in eating/drinking patterns in the patient's chart and
17 tolerance/intolerance to certain foods, and discuss such matters with the
18 RND;

19 4. *Registered Pharmacist or Registered Clinical Pharmacist* - shall (i) discuss
20 with RND for food/nutrient and drug interaction, and (ii) participate in case
21 conferences and interdisciplinary planning of healthcare team;

22 5. *Registered Social Worker* - shall (i) provide psychosocial interventions to
23 patients and families, and (ii) facilitate referral of patients needing financial
24 assistance relative to health and nutrition care needs;

25 6. *Other healthcare professionals* that will be identified as necessary shall
26 coordinate with the team in the conduct of proper nutrition care of patients.

27 **SEC. 7. *Development of NCP Guidelines.*** – The DOH shall be responsible for
28 approving the NCP guidelines to be complied with by all the relevant stakeholders
29 based on the latest internationally-approved standards. The DOH shall also be
30 responsible for updating these guidelines whenever necessary to ensure that the NCP
31 provided to patients are consistent with internationally accepted standards.

1 SEC. 8. *Seal of Nutrition Care Compliance.* – The Seal is an award, incentive,
2 honor, and recognition-based program to ensure and motivate effective delivery of
3 the NCP. The DOH shall award a "Seal" to hospitals that will very satisfactorily comply
4 with the NCP consistent with monitoring guidelines that the DOH is hereby mandated
5 to develop.

6 SEC. 9. *NCP Incentive Fund.* – There is hereby created a special account under
7 the General Appropriations Act (GAA) lodged with the DOH called the "NCP Fund".
8 The Fund shall be utilized only to pay out the incentives granted to hospitals which
9 qualify for the Seal of NCP Compliance.

10 The DOH team tasked to ensure compliance to the NCP shall have the authority
11 to determine the monetary incentives for hospitals based on the number of awardees.
12 It shall also have the authority to re-evaluate and increase the amount of the incentive
13 to be awarded: Provided, That, the increase shall be subject to the sufficiency of the
14 Fund at the time the increment is implemented.

15 SEC. 10. *Implementing Rules and Regulations.* – The DOH, in cooperation and
16 consultation with relevant government agencies and stakeholders, shall promulgate
17 the rules and regulations for the proper implementation of this Act within ninety (90)
18 days from its effectivity.

19 SEC. 11. *Separability Clause.* – If any provision of this Act shall be deemed
20 unconstitutional or invalid, the other provisions not affected there shall remain in force
21 and effect.

22 SEC. 12. *Repealing Clause.* – All Acts, Presidential Decrees, Executive Orders and
23 Administrative Orders, Rules and Regulations and other such issuances or parts
24 thereof which are inconsistent with the provisions of this Act are hereby repealed or
25 modified accordingly.

26 *Approved,*