Republic of the Philippines Congress of the Philippines Metro Manila

Nineteenth Congress

First Regular Session

Begun and held in Metro Manila, on Monday, the twenty-fifth day of July, two thousand twenty-two.

[REPUBLIC ACT NO. 11959]

AN ACT ESTABLISHING SPECIALTY CENTERS IN DEPARTMENT OF HEALTH HOSPITALS IN EVERY REGION AND IN GOVERNMENT-OWNED OR -CONTROLLED CORPORATION SPECIALTY HOSPITALS 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 "Regional Specialty Centers Act".

SEC. 2. Declaration of Policy. – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them by making health services available, accessible, and affordable for all. Towards this end, the State shall adopt an integrated and comprehensive approach to health development by providing specialized health services to the general public through the establishment and institutionalization of specialty healthcare centers in all regions of the Philippines.

SEC. 3. Definition of Terms. - For purposes of this Act, the following terms are defined as follows:

(a) Advanced Comprehensive Specialty Center (ACSC) refers to a specialty center that serves a full range of specialty and subspecialty clinical services at the subnational level, and has the capacity to conduct and provide specialty and subspecialty clinical, public health, and operations research, and training;

(b) Basic Comprehensive Specialty Center (BCSC) refers to a specialty center that serves a full range of specialty clinical services at the regional level, and has the capacity to conduct and provide specialty clinical, operational, and public health research, and training;

(c) DOH Hospitals refer to hospitals under the direct supervision and control of the Department of Health (DOH);

(d) Government-Owned or -Controlled Corporation (GOCC) Specialty Hospitals refer to hospitals that specialize in a particular organ or group of organs, or type of patients, as mandated under their respective charters, and are attached to the DOH, specifically pertaining, but not limited, to the Philippine Heart Center, the National Kidney and Transplant Institute, the Lung Center of the Philippines, and the Philippine Children's Medical Center;

(e) National Specialty Center (NSC) refers to a specialty center with the highest level of expertise in clinical services, teaching, training, and research. The term shall also refer to the designation by the DOH to specialty centers, DOH hospitals mandated by law to provide specialized care in a certain specialty, and GOCC Specialty Hospitals; and

(f) Specialty Center refers to a unit or department in a hospital that offers specialized care addressing particular conditions and providing specific procedures and management of cases requiring specialized training and equipment on a specific specialty.

SEC. 4. Specialty Centers. – The DOH shall establish specialty centers in DOH hospitals in every region of the country and in GOCC specialty hospitals pursuant to their respective mandates: *Provided*, That the following specialties shall be prioritized: cancer care, cardiovascular care, lung care, renal care and kidney transplant, brain and spine care, trauma care, burn care, orthopedic care, physical rehabilitation medicine, infectious disease and tropical medicine, toxicology, mental health, geriatric care, neonatal care, dermatology, eye care, and ear, nose and throat care.

The DOH shall categorize the level of service capability of the specialty centers to be established as NSCs, ACSCs and BCSCs, in accordance with the Philippine Health Facility Development Plan.

The DOH shall provide appropriate specialist equipment and prioritize funding for capital outlay investment for specialty centers through the Health Facilities Enhancement Program and other fund sources.

The establishment of Specialty Centers or any part thereof, in separate premises and operated under the same management of a DOH hospital, shall not require a separate license.

The DOH, in collaboration with the NSCs, DOH hospitals, the Professional Regulation Commission, the Department of Budget and Management (DBM), the Civil Service Commission, the concerned accredited professional organization and specialty and subspecialty associations, and other relevant government agencies and stakeholders, shall ensure the sustainability of the staffing of the specialty centers by developing and implementing plans, policies, strategies, and programs concerning the production, recruitment, training, and retention of medical specialists and expert personnel.

The DOH shall determine the organizational structure and staffing pattern of specialty centers, subject to the evaluation and approval of the DBM and in accordance with civil service laws, rules and regulations.

SEC. 5. Criteria for the Establishment of Specialty Centers. – The establishment of specialty centers shall adhere to guidelines set by the DOH on planning and prioritizing health facilities based on the following criteria:

(a) Upgrading of hospitals based on the Resource Stratified Framework developed by the DOH for each specialty care;

(b) Evidence of the health needs and demands, including disease burden, in the catchment populations of the DOH facilities;

(c) Service capability of hospitals and geographic or physical access;

(d) Appropriate level of specialized healthcare provider role in the continuum of care, including roles of the DOH hospitals as referral facilities for province-wide and city-wide healthcare provider networks;

(e) Availability of competent health human resources for specialized healthcare; and

(f) Operational and financial performance of the DOH facilities, including accreditation, to avail of specialized healthcare packages from the Philippine Health Insurance Corporation.

SEC. 6. Philippine Health Facility Development Plan (PHFDP). – The DOH shall include the establishment of specialty centers in the PHFDP, which serves as a guide for investments funded by the national government to rationalize the distribution of capacity and capability of health facilities: *Provided*, That at least one (1) specialty center shall be established in every region, within five (5) years upon the effectivity of this Act, based on the top burden of disease and special needs in the area. SEC. 7. National Specialty Centers. – The NSCs shall have the following roles and responsibilities:

(a) Serve as the core information hub for the specializations and diseases they cover, in coordination with concerned DOH offices;

(b) Lead in the development of policies, protocols, and standards for the particular specialty and shall have the highest level of clinical services and training capability;

(c) Provide scientific leadership by conducting specialized clinical, public health, and operations research with a multidisciplinary or multi-center approach;

(d) Provide specialty training and technical assistance to specialty centers to ensure the delivery of quality services and strengthen the network of care across the country for a particular specialty; and

(e) Conduct capacity and capability assessment of the services provided by ACSCs and BCSCs for a particular specialty.

SEC. 8. Medical Specialists and Experts. – The NSCs, and DOH hospitals with ACSCs and BCSCs, are hereby authorized to contract the services of medical specialists or experts to provide specialty training and technical assistance. DOH hospitals with ACSCs and BCSCs may also send medical, allied medical and other necessary personnel to the NSCs for training and capacity development.

SEC. 9. Report to Congress. - The DOH shall provide Congress, through the Committee on Health of the House of Representatives and the Committee on Health and Demography of the Senate, an annual report of the activities, accomplishments, and operational plans of the specialty centers.

Five (5) years after the start of the effectivity of this Act, the Committee on Health of the House of Representatives and the Committee on Health and Demography of the Senate shall conduct a systematic evaluation of the implementation, accomplishments, and impact of this Act, as well as the performance of established specialty centers, for purposes of determining remedial legislation.

SEC. 10. Implementing Rules and Regulations. – Within sixty (60) days from the effectivity of this Act, the DOH, in consultation with the NSCs, DOH hospitals, and other concerned agencies, shall promulgate the implementing rules and regulations necessary to carry out the purposes of this Act.

SEC. 11. Appropriations. – The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriation of the DOH. Thereafter, the DOH shall include in the Department's program the establishment and operationalization of the specialty centers in DOH hospitals, the funding of which shall be included in the budget of the DOH under the annual General Appropriations Act.

SEC. 12. Separability Clause. – If any provision herein shall be declared unconstitutional or invalid, the other provisions hereof that are not affected thereby shall continue to be in full force and effect.

SEC. 13. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations or other issuances or parts inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 14. *Effectivity.* – This Act shall take effect after fifteen (15) days from its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

MIGUEL F. ZUBIRI

Speaker of the House of Representatives

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This Act, which is a consolidation of Senate Bill No. 2212 and House Bill No. 7751, was passed by the Senate of the Philippines and the House of Representatives on May 31, 2023.

REGINALD S. VELASCO Secretary General House of Representatives



Approved: 2 4 AUG 2023

FERDINAND ROMUALDEZ MARCOS JR. President of the Philippines

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