

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

'22 JUL 14 AIO 58

SENATE

RECEIVED BY: 

S.B. No. 581

INTRODUCED BY SENATOR RISA HONTIVEROS

**AN ACT
AUTHORIZING THE DEPARTMENT OF HEALTH (DOH) TO SET AND APPROVE
THE BED CAPACITY AND SERVICE CAPABILITY OF ALL DOH HOSPITALS**

EXPLANATORY NOTE

With the devolution of health services, there are now only 77 DOH-retained public hospitals nationwide, of which 1 is a custodial care facility, 21 have Level 1 service capability, 7 have Level 2, 37 have Level 3 capability, 4 Specialty hospitals, 2 Extension Hospitals, 4 renationalized hospitals and 1 newly created. These DOH hospitals complement the devolved district and provincial hospitals, as well as private hospitals, in providing affordable and accessible quality health care services to millions of Filipinos, consistent with the Universal Health Care Act.

Often serving patients beyond their allowed bed capacity, these hospitals are constrained by lack of adequate manpower and resources to fully provide the quality of health care their patients deserve.

As a result of the mismatch between their authorized bed capacity and hospital bed occupancy rate, which according to a 2020 DOH publication averages at 131%, it is not surprising to hear stories of patients spilling over in public hospital hallways or of 2 patients sharing one bed.

Under current regulations, a DOH hospital can only increase its bed capacity via legislation. As such, adjusting the bed capacity of a public hospital to be able to serve patients better has to compete with thousands of proposed bills in Congress and more often than not, these do not get approved or once approved, the need has already changed.

This is what the bill seeks to address. It authorizes the Department of Health to increase the bed capacity of its retained hospitals and allows it to promulgate guidelines that will be used in evaluating and approving changes in bed capacity. While allowing it

to increase bed capacity, it also allows the Department to right-size the authorized bed capacity of DOH retained hospitals, as necessary.

By allowing the Department of Health to administratively set and approve the authorized bed capacity of its hospitals, we remove one barrier that impedes the efficient delivery of health service.

It is for these reasons that approval of this measure is earnestly sought.


RISA HONTIVEROS
Senator



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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 “DOH Hospital Bed
2 Capacity and Service Capability Rationalization Act.”

3 Sec. 2. *Purpose, Scope, and Coverage.* - This Act shall streamline the process for
4 approving changes in the authorized bed capacities and corresponding service
5 capabilities of all Department of Health (DOH) hospitals.

6 Sec. 3. *Authority to Approve.* – The DOH is hereby authorized to adjust and
7 approve the authorized bed capacities and corresponding service capabilities of
8 hospitals under its supervision and control, taking into consideration the development
9 plans of the hospitals, catchment population, burden of disease, availability of human
10 resources, health care provider network, and other standards to be determined by the
11 DOH. The DOH shall, through an administrative issuance, determine the bed capacities
12 and service capabilities of DOH hospitals, subject to specific guidelines that shall be
13 issued and promulgated, within three (3) months upon the effectivity of this Act.

14 Sec. 4. *Annual Report to Congress.* – The DOH shall provide Congress, through
15 the Committee on Health of the House of Representatives and the Committee on Health
16 and Demography of the Senate, an annual report on hospitals with approved bed
17 capacities, along with the necessary funding requirements.

18 Sec. 5. *Philippine Health Facility Development Plan (PHFDP).* – The DOH shall
19 develop the Philippine Health Facility Development Plan (PHFDP) to guide the
20 modernization and development plans of all government health facilities, and in order to
21 access capital outlay investment through the Health Facilities Enhancement Program
22 (HFEP) of the DOH and other national government capital outlay investment

1 mechanisms. The Secretary of Health shall include in the Department's programs the
2 funding requirements for the adjustment in bed capacity and service capability of each
3 DOH hospital in accordance with the PHFDP and the hospital's modernization and
4 development plan, the funding of which shall be included in the annual General
5 Appropriations Act.

6 Sec. 6. *Implementing Rules and Regulations (IRR)*. – The DOH shall formulate
7 the IRR of this Act within ninety (90) days upon its effectivity.

8 Sec. 7. *Separability Clause*. – If any provision or part of this act is declared
9 unconstitutional, the remaining parts or provisions not affected shall remain in full force
10 and effect.

11 Sec. 8. *Repealing Clause*. – All laws, decrees, executive orders, rules and
12 regulations, or parts thereof which are inconsistent with this Act are hereby repealed,
13 amended, or modified accordingly.

14 Sec. 9. *Effectivity Clause*. – This Act shall take effect fifteen (15) days after its
15 publication in the Official Gazette or in a newspaper of general circulation.

Approved,