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Senate
Office of the Secretary

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

'22 JUL 14 P3:42

RECEIVED BY 

SENATE
S. B. No. 635

Introduced by Senator SONNY ANGARA

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

EXPLANATORY NOTE

Health services must be distributed equitably to the whole population in terms of modern equipment, upgraded facilities and medical professionals to ensure access and availability of hospital services to the Filipinos. As provided in Section 11, Article XIII of the Constitution, "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 people at affordable cost." It is imperative that public health care must be affordable, effective and convenient. In fact, Republic Act No. 11223 or the Universal Health Care (UHC) Act – which this Representation was one of the authors in the Senate – led to all Filipinos having quality access to healthcare as they are now covered by the National Health Insurance Program (NHIP) regardless of their financial stature. We have also pushed legislations for both treatment and prevention of illnesses.

Unfortunately, with the increase in population, it is common for residents from far-flung provinces to travel for medical treatment purposes because of limited health services in their areas. The influx of patients leads to longer waiting time due to lack of available space in the hospital thus delaying the treatment. The patient needs to carry additional burden of sustaining the travel expenses which should be intended for his medical, surgical or therapeutic interventions.

According to data gathered by the Philippine Statistics Authority (PSA) released in January 2022, more than a third of all registered deaths in 2020 were not medically attended or with an uncertain status. Out of the 613,936 registered deaths, 343,471 (56%) were attended by a health care provider, while the remaining 270,465 (44%) deaths were either unattended or its status not reported. Furthermore, in the 2017 National Demographic and Health Survey, only 8 percent of the country's household population visited a health facility or provider for advice or treatment (30 days preceding the survey). The maldistribution of hospital beds in the regions resulted to inaccessibility, particularly longer than average travel times for those seeking health care in certain areas of the country, with some requiring a trip of more than an hour as against the national average of 46 to 47 minutes.

Of the 66 DOH retained public hospitals, 38 are located in Luzon, 12 in Visayas, and 16 in Mindanao. According to the DOH Hospitals Profile in 2019, the same public hospitals admit 30,309 patients and discharges a tenth of its total inpatients daily. Hence, it was recorded in 2019 that the average bed occupancy rate of all DOH Hospitals is 131 percent, or equivalent to three (3) out of four (4) hospitals having a bed occupancy rate beyond the licensed authorized bed capacity.

Presently, a DOH hospital can only increase its bed capacity and upgrade its service capability through legislation. The average duration of legislation process for this purpose is ranging from eight months to three years. The mismatch in bed occupancy compounded by lack of sufficient manpower and health services hinders the quality health care for patients and, if not very far, inadequate to sustain the growing health needs of the populace.

Cognizant of the above considerations, there is a need to expedite the process for providing quality health services to the Filipino people. This bill seeks to authorize the Department of Health to administratively determine and approve the bed capacity and service capability of all DOH hospitals as necessary. The DOH has the capacity and expertise to assess gaps in service delivery. By putting these government hospitals under the jurisdiction of the DOH, which manages these hospitals in the first place, shall increase the efficiency in the delivery of health services to sustain the increasing demands of patients.

In upholding the constitutional mandate to adopt an integrated and comprehensive approach to health development, approval of this bill is earnestly sought.



SONNY ANGARA





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

1 **SECTION 1.** *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
4 process of approving changes in the authorized bed capacities and corresponding
5 service 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
9 development plans of the hospitals, catchment population, burden of disease,
10 availability of human resources, health care provider network, and other standards
11 to be determined by the DOH. The DOH shall, through an administrative issuance,
12 determine the bed capacities and service capabilities of DOH hospitals, subject to

1 specific guidelines that shall be issued and promulgated, within three (3) months
2 upon the effectivity of this Act.

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

7 **SEC. 5. *Philippine Health Facility Development Plan (PHFDP).*** – The DOH
8 shall develop the Philippine Health Facility Development Plan (PHFDP) to guide the
9 modernization and development plans of all government health facilities, and in
10 order to access capital outlay investment through the Health Facilities Enhancement
11 Program (HFEP) of the DOH and other national government capital outlay
12 investment mechanisms.

13 The Secretary of Health shall include in the Department's programs the
14 funding requirements for the adjustment in bed capacity and service capability of
15 each DOH hospital in accordance with the PHFDP and the hospital's modernization
16 and development plan, the funding of which shall be included in the annual General
17 Appropriations Act (GAA).

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

20 **SEC. 7. *Separability Clause.*** – If any portion or provision of this Act is
21 subsequently declared invalid or unconstitutional, other provisions hereof which are
22 not affected thereby shall remain in full force and effect.

23 **SEC. 8. *Repealing Clause.*** – All other laws, acts, presidential decrees,
24 executive orders, presidential proclamations, issuances, rules and regulations, or

1 parts thereof which are contrary to or inconsistent with any of the provisions of this
2 Act are hereby repealed, amended, or modified accordingly.

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

Approved,