



HOUSE OF REPRESENTATIVES

H. No. 7751

BY REPRESENTATIVES GATO, BARBA, VERZOSA, ROMUALDEZ (F.M.), DALIPE, ADVINCULA, TUTOR, PANCHO, EMANO, BOSITA, LAZATIN, HERNANDEZ, GARCIA (D.), LAGON (D.), MANQUIZ, BULUT-BEGTANG, NOEL, ROBES, LUISTRO, DY (I.P.), CASTRO (J.), GARIN, NISAY, TULFO (J.), CUARESMA, CO-PILAR, ZAMORA (M.C.), AUMENTADO, MAGSINO, GO (M.), ORDANES, ARENAS, GUTIERREZ, ARROGANCIA, CRUZ (R.), SINGSON (R.), MARIANO-HERNANDEZ, PLEYTO, SOLON, GOLEZ, CO (A.N.), MARQUEZ, CHATTO, LARA, CO (E.), MENDOZA, ALBANO, PRIMICIAS-AGABAS, PUMAREN, QUIMBO, ABANTE, ALONTE, ALVAREZ (J.), AQUINO, BAUTISTA-LIM, BERNOS, BONGALON, CABREDO, CAJAYON-UY, CAMPOS, CARI, CUA, DEL MAR, DY (F.), ESPINA, FUENTEBELLA, GONZAGA, HARESCO, LOYOLA, MOMO, NAVA, SALIMBANGON, SINGSON (R.V.), UMALI, VARGAS-ALFONSO, VIOLAGO, YAP (ERIC), ZUBIRI, ABALOS, ADIONG, ATAYDE, BASCUG, CRUZ (A.), DIONISIO, DY (F.M.C.), EUDELA, FORTES, FRESNEDI, GARCIA (M.A.), GARDIOLA, KHONGHUN, MACEDA, MASTURA, MATIBAG, MERCADO, NOGRALES (M.I.), OUANO-DIZON, PADUANO, PANALIGAN, PLAZA, REYES, REVILLA (R.J.), RODRIGUEZ (E.), SALI, TALLADO, TAN (J.), VARGAS, VERGARA, YAP (C.), ALBA, ECLEO, FERNANDEZ, GUINTU, KHO (R.), OAMINAL AND ROMULO, PER COMMITTEE REPORT NO. 470

AN ACT
ESTABLISHING SPECIALTY CENTERS IN HOSPITALS UNDER THE DIRECT
SUPERVISION AND CONTROL OF THE DEPARTMENT OF HEALTH, AND
APPROPRIATING FUNDS THEREFOR

*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 “Department of Health Specialty
2 Centers Act.”
3

4 SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to
5 health of the people and instill health consciousness among them by making health services
6 available, accessible, and affordable for all.
7

8 To this end, the State shall adopt an integrated and comprehensive approach to health
9 development by providing specialized health services to the general public through the
10 establishment and institutionalization of specialty health care centers in all regions of the
11 Philippines.
12

13 SEC. 3. *Definition of Terms.* – As used in this Act:
14

15 (a) *Advanced Comprehensive Specialty Center (ACSC)* refers to a Level 3 specialty or
16 general hospital which serves as apex or end-referral facility at the subnational level
17 with advanced comprehensive clinical services and with the capacity of conducting
18 multi-specialty, multi-center clinical, public health, and operations research. It also
19 serves as a facility for specialty and subspecialty trainings;
20

21 (b) *Basic Comprehensive Specialty Center (BCSC)* refers to a Level 3 specialty or general
22 hospital which generally serves as apex or end-referral facility at the regional level that
23 is capable of managing complex cases. The BCSC has the capacity of conducting
24 clinical, operational, and public health research. It also serves as a facility for specialty
25 training.
26

27 SEC. 4. *Specialty Centers.* – The Department of Health (DOH) shall establish specialty centers
28 in select hospitals under its direct supervision and control which offer specialized care
29 addressing particular conditions and provides specific procedures and management of cases
30 requiring specialized training and equipment: *Provided,* That the DOH shall prioritize the
31 establishment of specialty centers for seventeen (17) specialty care including cancer care,
32 cardiovascular care, lung care, renal care and kidney transplant, brain and spine care, trauma
33 care, burn care, orthopedic care, physical rehabilitation medicine, infectious disease and
34 tropical medicine, toxicology, mental health, geriatric care, neonatal care, dermatology care,
35 ear, nose and throat care and eye care.
36

37 Selected DOH hospitals shall be designated as National Specialty Centers (NSCs), ACSCs and
38 BCSCs for each of the specialties in accordance with the Philippine Health Facility
39 Development Plan: *Provided,* That the Philippine Heart Center, National Kidney and
40 Transplant Institute, Lung Center of the Philippines, Philippine Children's Medical Center,

1 Philippine Cancer Center, and other national specialty centers that may be established and
2 designated by the DOH as such in the future, shall lead in the development of policies,
3 protocols, and standards for the particular specialty and provide specialty trainings and
4 technical assistance.

5
6 The DOH shall determine the organizational structure and staffing pattern of the DOH specialty
7 centers, subject to the evaluation and approval of the Department of Budget and Management
8 and in accordance with the civil service laws, rules and regulations.

9
10 **SEC. 5. *National Specialty Centers.*** – NSCs are Level 3 specialty or general hospitals with the
11 highest level of expertise in clinical services, teaching and training, and research in a given
12 specialty. It is the country’s apex or end referral facility for a given specialty.

13
14 The NSCs shall have the following roles and responsibilities:

- 15
16 a) Serve as the information hub for the specializations and diseases they cover, in
17 coordination with concerned DOH offices;
18
19 b) Lead in the development of policies, protocols, and standards for specific specialties;
20
21 c) Provide scientific leadership in research by conducting specialized clinical, public
22 health, and operations research with a multidisciplinary or multi-center clinical
23 approach;
24
25 d) Provide support in establishing specialty centers through specialty trainings and
26 technical assistance in collaboration with the DOH and relevant professional
27 organizations; and
28
29 e) Assist the ACSCs and BCSCs in strengthening the network of care for the specific
30 specialties across the country to ensure delivery of quality services.
31

32 **SEC. 6. *Criteria for the Establishment of Specialty Centers.*** – The establishment of specialty
33 centers shall adhere to guidelines set by the DOH on planning and prioritizing health facilities
34 based on the following criteria:

- 35
36 (a) Upgrading of hospitals based on the Resource Stratified Framework developed by the
37 DOH for each specialty care;
38
39 (b) Evidence of the health needs and demands, including disease burdens, in the catchment
40 populations of the DOH facilities;
41
42 (c) Service capability of hospitals and geographic or physical access;
43
44 (d) Appropriate level of specialized healthcare provider role in the continuum of care,
45 including roles of the DOH hospitals as referral facilities for province-wide and city-wide
46 healthcare provider networks;
47
48 (e) Availability of competent health human resources for specialized healthcare; and

1 (f) Operational and financial performance of the DOH facilities, including accreditation, to
2 avail of specialized healthcare packages from the Philippine Health Insurance Corporation.
3

4 SEC. 7. *Philippine Health Facility Development Plan (PHFDP)*. – The DOH shall include the
5 establishment of specialty centers in the PHFDP, which serves as a guide for investments
6 funded by the national government to rationalize the distribution of capacity and capability of
7 health facilities: *Provided*, That at least one (1) specialty center shall be established in every
8 region within five (5) years upon the effectivity of this Act based on the top burden of disease
9 and special needs in the area.
10

11 SEC. 8. *Report to Congress*. – The DOH shall provide Congress, through the Committee on
12 Health of the House of Representatives and the Committee on Health and Demography of the
13 Senate, an annual report of its activities, accomplishments, and operational plan of the specialty
14 centers.
15

16 SEC. 9. *Implementation*. – The DOH shall, in consultation with the heads of NCSCs, ACSCs,
17 and BCSCs, and other concerned agencies, formulate the implementing guidelines to carry out
18 the purposes of this Act.
19

20 SEC. 10. *Appropriations*. – The amount necessary for the initial implementation of this Act
21 shall be charged against the current year's appropriation of the DOH. Thereafter, the funding
22 of which shall be included in the annual General Appropriations Act.
23

24 SEC. 11. *Separability Clause*. – If any provision of this Act shall be declared unconstitutional,
25 the provisions not affected thereby shall remain in full force and effect.
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27 SEC. 12. *Repealing Clause*. – All laws, decrees, executive orders, rules and regulations contrary
28 to or inconsistent with the provisions of this Act are hereby repealed or amended accordingly.
29

30 SEC. 13. *Effectivity*. – This Act shall take effect fifteen (15) days after its publication in the
31 *Official Gazette* or in a newspaper of general circulation.

Approved,