

Republika ng Pilipinas  
Lungsod ng Dagupan  
**TANGGAPAN NG SANGGUNIANG PANLUNGSOD**

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**EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANGLUNGSOD, DAGUPAN CITY, HELD AT THE SP SESSION HALL ON MAY 23, 2023.**

PRESENT:

Hon. Dean Bryan L. Kua	City Vice Mayor & Presiding Officer
Hon. Maria Librada Fe. Reyna	Majority Floor Leader, Member
Hon. Alvin T. Coquia	First Deputy Majority Floor Leader, Member
Hon. Redford Christian P. Erfe-Mejia	Second Deputy Majority Floor Leader, Member
Hon. Michael B. Fernandez	Minority Floor Leader, Member
Hon. Jeslito C. Seen	Deputy Minority Floor Leader, Member
Hon. Celia C. Lim	City Councilor, Member
Hon. Marilou Maria Lourdes S. Fernandez, DMD	City Councilor, Member
Hon. Dennis C. Canto	City Councilor, Member
Hon. Victoria Czarinna C. Lim-Acosta	City Councilor, Member
Hon. Marcelino D. Fernandez	Liga ng mga Barangay President, Ex-Officio Member
Hon. Joshua Bon Bon F. Bugayong	Pederasyon ng mga Sangguniang Kabataan President, Ex-Officio Member

ABSENT:

Hon. Alipio Serafin D. Fernandez	Presiding Officer Pro Tempore, Member
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**ORDINANCE NO. 2262-2023**

**ORDINANCE ESTABLISHING THE CITY-WIDE HEALTH SYSTEMS (CWHS) OF DAGUPAN CITY AND OPERATIONALIZATION OF THE CITY HEALTH CARE PROVIDERS NETWORK (HCPN).**

**WHEREAS**, Republic Act 7160 otherwise known as the 1991 Local Government Code mandated the devolution of the delivery of health services and facilities as one of the basic functions and responsibilities of all Local Government Units (LGUs) at all levels;

**WHEREAS**, Republic Act 11223, or the Universal Health Care (UHC) Act, mandates the Integration of Local Health Systems into City-Wide Health System, with the City Health Board as the oversight and coordinating body for the integration of health services for city-wide health systems;

**WHEREAS**, the City of Dagupan, is committed to guarantee its citizens, particularly the poorest of the poor are ensured with the services that provide care for all life stages and address the triple burden of diseases, and ensure that its constituents can access a continuum of services to meet their health care needs --- from primary to tertiary, guaranteeing that there is no break in the health system, and engaging both public and private sector providers to expand the supply side and maximize implantation of the referral system;

**WHEREAS**, the City of Dagupan, cognizant of the goals of Universal Health Care law of the Philippines, which includes the provision of quality access to health services, financial risk protection and improving health outcomes, believes that such can effectively be achieved if an operationally functioning service delivery network exist — a network of health facilities and providers within the city-wide health systems, offering a core package of health care services in an integrated, coordinated and sustainable manner;

**WHEREAS**, the City of Dagupan that the HCPN implementation, arrangement, and referral systems play a key role in ensuring the availability of comprehensive services, considering that not all services are provided by one particular type of facility. The City of Dagupan is cognizant of the fact that the benefits of an HCPN is the timely identification and safe transfer of patients across the public-private three tiers, which decreases the incidence of preventable maternal, neonatal, and child mortality. The effectiveness of the three-tiered health system significantly depends on the strength

OFFICE OF COUNCILOR  
RED P. ERFE-MEJIA  
2ND FLR, SANGGUNIANG PANLUNGSOD BLDG.  
DAGUPAN CITY HALL COMPLEX, DAGUPAN CITY



COUNCILOR MICHAEL B. FERNANDEZ

**NOW, THEREFORE**, on joint motion of Councilors Michael B. Fernandez, Jeslito C. Seen, Dennis D. Canto, Marcelino D. Fernandez, and Joshua Bon Bon F. Bugayong, duly and jointly seconded by Councilors Maria Librada Fe M. Reyna, Alvin T. Coquia, Redford Christian P. Erfe-Mejia, Celia C. Lim, Marilou Maria Lourdes S. Fernandez, and Victoria Czarinna C. Lim-Acosta, be it ordained by the Sangguniang Panlungsod in its regular session assembled that:

### **ARTICLE 1 DEFINITION OF TERMS**

The implementation of this Ordinance shall be guided by the following definition of terms

- 1.1 **Individual-based services** — refers to services which can be accessed within a health facility or remotely that can be definitely traced back to one recipient, has limited effect at population level and does not alter the underlying cause of illness such as ambulatory and inpatient care, medicines, laboratory tests and procedures, among others.
- 1.2 **Population-based services** — refers to interventions such as health promotion, disease surveillance, and vector control, which have population groups as recipients.
- 1.3 **Health care provider network (HCPN)** — refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.
- 1.4 **Primary Care Provider** — refers to a health care worker, with defined competencies, who has received certification in primary care as determined by DOH or any health institution that is licensed and certified by DOH.
- 1.5 **Special Health Fund** — is a separate health fund that shall be maintained and managed by the city intended to finance population and individual-based health services, health systems operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers.

### **ARTICLE 2 POLICY**

It shall be the policy of the City of Dagupan to ensure availability of comprehensive and continuous services, through a functional HCPN referral system, and to ensure the timely identification, safe transfer, and management of patients across all levels of health care.

### **ARTICLE 3**

#### **COMPONENTS OF A FUNCTIONAL HEALTH CARE PROVIDER NETWORK (HCPN)**

**The HCPN shall have the following components:**

- 3.1 A primary care provider network linked to a secondary and/or tertiary care providers;
- 3.2 Available individual-based health services from the initial point of contact to higher or lower levels of care;
- 3.3 A patient navigation and coordination system that ensures a continuum of coordinated care from primary to tertiary services, as well as custodial care, mental health, and transitions of care, which shall refer to the various points where, for the purposes of receiving health care, a patient moves to or returns from a physical location or contacts a healthcare professional;
- 3.4 A back referral system that ensures patients are referred back to their assigned primary care providers, once transition back is possible where the primary care providers are informed of the clinical diagnosis or impression, diagnostics administered, medications and treatments provided, referrals made to other facilities, and management plans.
- 3.5 Patient records management system that ensures records are accessible by all facilities or providers within the HCPN;
- 3.6 Provider payment mechanism following the guidelines of PhilHealth, ensuring at the same time that there shall be adequate and sustainable funding to complement shortages and/or stock-outs of drugs and supplies among others, within the network.

**ARTICLE 4**  
**RESPONSIBILITIES OF THE CITY & INDIVIDUAL HEALTH CARE PROVIDERS WITHIN THE NETWORK**

- 4.1 **Responsibilities of the City.** This LGU shall institute effective strategic planning mechanisms through the regular formulation of LIPH and AOP.
- 4.1.1. The LGU through the local health board shall: a) oversee and coordinate the integration and delivery of health services across the healthcare continuum for city-wide health systems, (b) manage the Special Health Fund; and (c) exercise administrative and technical supervision over health facilities and health human resources within their respective territorial jurisdiction.
- 4.1.2. The LGU shall utilize the Special Health Fund to finance population-based and individual-based services, health system operating costs, health research, capital investments, remunerations of additional health workers and incentives for all health workers" subject to the guidelines that will be set by the DOH and PhilHealth.
- 4.1.3 The LGU shall coordinate with the DOH and PhilHealth in establishing and setting up electronic medical health records in the facilities, consistent with DOH standards, which shall be electronically uploaded on a regular basis through interoperable systems.
- 4.1.4 The LGU shall conduct master listing of the household population and follow the DOH guideline on population registration to a primary care provider for purposes of health profiling.
- 4.1.5 The LGU shall support facilities within the network in securing DOH certification.

**Responsibilities of the Individual Health Care Providers within the Network**

- 4.2.1. Each facility must have a valid license or certification from the DOH to operate as a health care facility;
- 4.2.2. Each facility must have a valid contract with PhilHealth and has executed or signed a performance commitment indicating that they abide by the standards on service quality, co-payment/co-insurance policies, and data submission requirements prescribed by PhilHealth;
- 4.2.3. Primary care providers shall serve as initial contact and navigator to guide patients' decision making for cost-efficient and appropriate levels of care, and coordinate patients to facilitate two-way referrals and remove burners to health services;
- 4.2.3. Each facility must ensure that patient records are securely stored and accessible throughout the HCPN to which it belongs, consistent with the provisions of the Data Privacy Act.



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**ARTICLE 5**  
**ESTABLISHING THE LOCAL HEALTH BOARD TO MANAGE CITY-WIDE HEALTH SYSTEMS**

**5.1 Members of the Local Health Board.** The City Health Board shall be comprised of the following members:

- 5.1.1. City Mayor as Chairperson
- 5.1.2. City Health Officer as Vice Chairperson
- 5.1.3. Chairperson of the Committee on Health of the Sangguniang Panlungsod
- 5.1.4. Representative of the Department of Health in the City
- 5.1.5. Representative of PhilHealth
- 5.1.6. Representative from accredited people's organizations, non-governmental organizations or private sector involved in health, as nominated by the DOH through the CHD
- 5.1.7. Representative of the indigenous cultural communities or indigenous peoples (as applicable)

**5.2 Functions of the Local Health Board.** The City Health Board shall have the following functions:

- 5.2.1. Set the overall health policy directions and strategic thrusts;
- 5.2.2. Propose to the Sanggunian concerned, in accordance with the standards and criteria set by the DOH, DBM and DILG, annual budgetary allocations for the operation and maintenance of health facilities and services;
- 5.2.3. Serve as an advisory committee to the Sanggunian on health matters such as, but not limited to, the necessity for and application of local appropriations for health operations
- 5.2.4. Create committees, as necessary, to assist the health board on the execution of its roles and responsibilities such as but not limited to, performance audit, budget review, health systems operations review, planning or expansion of health services and facilities, and similar functions;
- 5.2.5. Oversee and coordinate the integration and delivery of health services across the health care continuum
- 5.2.6. Manage the Special Health Fund; and
- 5.2.6. Exercise administrative and technical supervision over health facilities and health human resources within their respective territorial jurisdiction

**5.3 Meetings.** The City Health Board shall conduct its meetings in accordance to the following:

- 5.3.1. Shall meet at least once a month or as often as may be necessary
- 5.3.2. A majority of the members of the board constitute a quorum for the purpose of conducting ordinary business but the chairperson or the vice chairperson must be present during meetings where local investment plan for health (LIPH), annual operational plan (AOP) and annual budgetary proposals are being prepared or considered.
- 5.3.3. The affirmative vote of a majority of the members' present is necessary to approve proposals relating to ordinary business, but the affirmative vote of a majority of all members of the board is necessary to approve budgetary proposals

**5.4. Compensation**

- 5.4.1. The chairperson, vice-chairperson and members of the board shall perform their duties as such without compensation or remuneration
- 5.4.2. Members of the board who are not government officials or employees shall be entitled to necessary travelling. Expenses and allowances chargeable against the Special Health Fund subject to existing budgeting, accounting and auditing rules and regulations.

**ARTICLE 6**  
**FINANCING THE HCPN**

**6.1. Special Health Fund.** The City of the Dagupan shall maintain a Special Health Fund by pooling all resources required to provide the health services.

**6.2. Sources of the Special Health Fund.** shall include the following:

- 6.2.1. LGU budgets for health
- 6.2.2. Income from PhilHealth payment
- 6.2.3. Financial grants and subsidy from national governments
- 6.2.4. Other sources such as but not limited to financial grants and subsidy from national governments

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6.4. **Fund Allocation.** The Special Health Fund shall be allocated for the following in accordance with the guidelines that us set by the DOH for the purpose. in consultation with the DBM and the City,

- 6.4.1. Population-based services and individual-based services
- 6.4.2. Capital investment such as, but not limited to, infrastructure, equipment, and information technology;
- 6.4.3. Health research
- 6.4.4. Health systems operating costs
- 6.4.5. Remuneration of additional health workers; and
- 6.4.6. Incentives for all health workers, including volunteer health workers, in accordance to RA 7305 and RA 7883

6.5. All income derived from PhilHealth payments shall accrue to the Special Health Fund to be allocated exclusively for the improvement of the city-wide health systems

6.6 The City Health Board shall assume full responsibility for the management of the Special Health Fund

#### ARTICLE 7

### MISCELLANEOUS AND FINAL PROVISIONS

**Repealing Clause.** All ordinances, resolutions, and other issuances that are inconsistent with the provisions of this Ordinance are hereby amended, repealed or modified accordingly.

**Separability Clause.** If, for any reason, any part or section of this Ordinance is declared invalid, no other part or sections of this Ordinance shall be affected thereby.

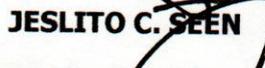
**Effectivity.** This Ordinance shall take effect immediately upon its approval. Copies of this Ordinance shall be sent to the City Health Office, City Local Financial Committee, Offices of the Barangay Captains, and Barangay Health Offices concerned, for information, reference, and appropriate action. This Ordinance shall be posted in conspicuous places.

**ENACTED UNANIMOUSLY.**

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AUTHORS:

  
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**JESLITO C. SEEN**

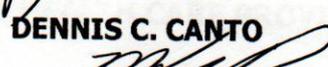
  
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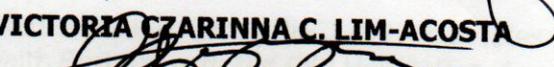
  
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**DEAN BRYAN L. KUA**

City Vice Mayor & Presiding Officer

ATTESTED:

  
**RYAN C. RAVANZO**  
City Secretary

APPROVED:  
  
**BELEN T. FERNANDEZ**  
City Mayor

Date: \_\_\_\_\_