



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4932



Introduced by Representative **ANTONINO B. ROMAN III**

EXPLANATORY NOTE

The right to health is enshrined in the 1987 Constitution, which mandates the State to adopt an integrated and comprehensive approach to health development that makes essential goods, health, and other social services available to all the people at affordable cost. In pursuit of this mandate, government hospitals play a central role in ensuring access to healthcare, particularly for indigent and underserved Filipinos.

Under current practice, the expansion of a government hospital's bed capacity requires a legislative act of Congress. While this has ensured accountability and transparency, it has also proven to be inflexible and slow in addressing urgent health service demands. As a result, hospitals often operate beyond their authorized capacity, straining both infrastructure and personnel, and compromising the quality of care.

This bill seeks to rationalize and modernize the process of adjusting the authorized bed capacity of government hospitals by empowering the Department of Health (DOH) to administratively increase bed capacity based on prescribed and objective criteria. Among these criteria are sustained high occupancy rates, population growth and demographic shifts, changes in disease burden and epidemiological patterns, and the outcomes of actuarial and health service studies. This shift will allow government to respond more swiftly to the dynamic needs of the health sector, without waiting for lengthy legislative action.

To ensure that such expansions are feasible and sustainable, the bill provides safeguards, including:

- A phased and needs-based approach to expansion, prioritizing disadvantaged and underserved areas;
- A mandatory assessment of infrastructure requirements, human resource needs, and funding availability, in coordination with the Department of Budget and Management (DBM), Civil Service Commission (CSC), Department of Public Works and Highways (DPWH), and concerned local government units (LGUs);
- Provisions for temporary surge capacity during public health emergencies;

- Consultation with stakeholders, including hospital management, LGUs, and communities; and
- Regular reporting by the DOH to Congress and the public to ensure transparency, accountability, and oversight.

This measure harmonizes responsiveness with prudence: it gives the DOH flexibility to address immediate hospital congestion and projected health demands, while requiring coordination, planning, and safeguards to prevent misallocation of resources.

The passage of this bill will not only decongest our overburdened hospitals but also ensure a more equitable distribution of health services across the country, in line with the State's constitutional duty to protect and promote the right to health of the Filipino people.

In view of the foregoing, the immediate passage of this measure is earnestly sought.



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AN ACT

AUTHORIZING THE DEPARTMENT OF HEALTH TO ADMINISTRATIVELY INCREASE THE AUTHORIZED BED CAPACITY OF GOVERNMENT HOSPITALS BASED ON POPULATION, UTILIZATION, AND OTHER HEALTH SERVICE DEMANDS, PROVIDING GUIDELINES, SAFEGUARDS, AND FOR OTHER PURPOSES

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 “Flexible Hospital Bed Capacity Act.”

SECTION 2. Declaration of Policy. -- It is the policy of the State to ensure equitable access to quality and timely health care services by authorizing the Department of Health (DOH) to administratively increase the authorized bed capacity of government hospitals in response to population growth, epidemiological trends, service utilization rates, and other relevant factors, subject to safeguards on staffing, infrastructure, and financing.

SECTION 3. Authority of the Department of Health. -- The DOH is hereby authorized to administratively increase the authorized bed capacity of all national and local government hospitals under its supervision, control, or oversight, without need of a separate legislative enactment for each facility, subject to the provisions of this Act.

SECTION 4. Bases for Bed Capacity Adjustment. -- The DOH may increase the bed capacity of a hospital if one or more of the following conditions are met:

- a. Average bed occupancy rate exceeds eighty-five percent (85%) for twelve (12) consecutive months;
- b. The population-to-bed ratio in the service area falls below World Health Organization (WHO) standards or other DOH-prescribed benchmarks;
- c. Significant changes in disease burden, health emergencies, or epidemiological

risks require additional hospital capacity; and

- d. Other conditions as may be identified in actuarial studies or health service demand assessments by the DOH exist.

SECTION 5. Phased Expansion. -- Bed capacity increases shall be implemented in phases, aligned with available resources, staffing, and infrastructure readiness, to prevent the creation of unfunded or non-operational capacity.

SECTION 6. Infrastructure and Staffing Requirements. -- No increase in bed capacity shall be implemented unless the following concurs:

- a. The DOH certifies that existing or planned infrastructure can safely accommodate the increase;
- b. The Department of Public Works and Highways (DPWH) provides technical concurrence where structural modification or construction is necessary; and
- c. The DOH ensures the creation of corresponding plantilla positions for health personnel, subject to the approval of the Department of Budget and Management (DBM) and the Civil Service Commission (CSC).

SECTION 7. Funding and Financial Safeguards. -- Bed capacity increases shall be supported by adequate budgetary allocation under the General Appropriations Act (GAA) or other available funding sources. No increase shall be authorized without prior certification of funding support from the DBM. Local government hospitals shall coordinate with their respective LGUs to ensure counterpart financing for infrastructure, equipment, and personnel.

SECTION 8. Prioritization of Disadvantaged Areas. -- In implementing this Act, priority shall be given to hospitals serving geographically isolated and disadvantaged areas (GIDAs) and hospitals catering predominantly to indigent and marginalized populations.

SECTION 9. Emergency and Temporary Surge Capacity. -- The DOH may authorize temporary increases in bed capacity during health emergencies, epidemics, disasters, or other situations requiring surge capacity. Such temporary increases shall be valid for a period not exceeding six (6) months, unless otherwise extended by the Secretary of Health upon justified necessity.

SECTION 10. Consultation with Stakeholders. -- Before approving any increase in bed capacity, the DOH shall consult with the concerned hospital management, local government units, and relevant stakeholders, including employees' associations and community representatives, to ensure alignment with local health needs.

SECTION 11. Monitoring, Reporting, and Oversight. -- The DOH shall establish a system for monitoring the utilization of newly authorized beds and the effectiveness of capacity expansions. ^{SEP}b. The DOH shall submit an annual report to Congress detailing hospitals whose bed capacities were increased; the bases for such increases; funding and staffing provided; and the status of implementation.

SECTION 12. Congressional Review. -- Every five (5) years, or earlier if necessary, Congress shall review the implementation of this Act based on the reports submitted by the DOH, with the view of further strengthening hospital capacity policies.

SECTION 13. Implementing Rules and Regulations. -- Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with the DBM, CSC, DPWH, LGUs, and other relevant stakeholders, shall promulgate the implementing rules and regulations (IRR) for the effective implementation of this Act.

SECTION 14. Separability Clause. -- If any provision of this Act is declared unconstitutional, the validity of the remaining provisions shall not be affected.

SECTION 15. Repealing Clause. -- All laws, decrees, orders, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 16. Effectivity. -- This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,