



Republic of the Philippines
Cordillera Administrative Region
PROVINCE OF ABRA
MUNICIPALITY OF PEÑARRUBIA
OFFICE OF THE SANGGUNIANG BAYAN

MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN OF THE MUNICIPALITY OF PEÑARRUBIA, ABRA HELD ON MARCH 25, 2013 AT 9:00 AM AT THE SESSION HALL.

PRESENT:

HON. CARMELO LYNDON A. ATMOSFERA
Municipal Vice Mayor/Presiding Officer

HON. HELEN L. VIADO
HON. DELFIN B. BUMOGAS
HON. PERLITA G. VALENCIA
HON. JOVITO B. ESMILLA
HON. PACITA L. CUSTODIO
HON. GRACE B. MASAOAY
HON. MELVA R. HACUTINA
HON. JANE M. CECILIA

SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
SANGGUNIANG BAYAN MEMBER
LIGA PRESIDENT

ABSENT:

HON. ALVARO B. MAMSAANG
HON. DIANNE M. BALBUENA

SANGGUNIANG BAYAN MEMBER
S. K. FED. PRESIDENT

MUNICIPAL ORINANCE NO. 02
Series of 2013

ADOPTING MUNICIPAL RULES AND REGULATIONS IMPLEMENTING REPUBLIC ACT NUMBER 9288 OTHERWISE KNOWN AS THE "NEWBORN SCREENING OF 2004" IN THE MUNICIPALITY OF PEÑARRUBIA, ABRA.

WHEREAS, it is the policy of the State to protect and promote the right to health of the people, including the rights of children to survival and healthy development as normal individuals;

WHEREAS, in pursuit of the above-stated policy, the State shall institutionalize a National Newborn Screening System that is comprehensive, integrative and sustainable, and will facilitate at the national and local levels, collaboration among government and non-government agencies, the private sector, families and communities, professional health organizations, academic institutions, and non-governmental organizations;

WHEREAS, the national Comprehensive Newborn Screening System shall ensure that every baby born in the Philippines is offered the opportunity to undergo newborn screening and thus be spared from heritable conditions that can lead to mental retardation and death if undetected and untreated;

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WHEREAS, the purpose of the foregoing local rules and regulations shall provide the local government of Peñarrubia, Abra, other public institutions, non-government organizations, people's organizations and private institutions with guidelines for the implementation of a comprehensive local policy institutionalizing the newborn screening system to ensure that every baby born is offered the opportunity to undergo newborn screening;

NOWHEREFORE, BE IT ORDAINED BY THE SANGGUNIANG BAYAN ASSEMBLED THE FOLLOWING RULES AND REGULATIONS IMPLEMENTING REPUBLIC ACT NO. 9288 OTHERWISE KNOWN AS THE "NEWBORN SCREENING ACT OF 2004"

RULE I. POLICY AND APPLICATION

Sec. 1. Short Title.

This Ordinance shall be known as **"NEWBORN SCREENING ORDINANCE OF 2013"**

Sec. 2. Definition of Terms

For the Purposes of this Ordinance

- a. **Accreditation** – a formal authorization issued by the DOH to an individual, partnership, corporation or association and to the Newborn Screening Center/Room complying with the mandatory requirements as prescribed in the Manual of Operations for Newborn Screening Center/Room.
- b. **DILG** – refers to the Department of the Interior and Local Government
- c. **DOH** – refers to the Department of Health, lead agency in implementing R.A. No. 9288.
- d. **MOH** – refers to the Municipal Health Office implementing this Ordinance.
- e. **Follow-up** – refers to the monitoring of a newborn with a heritable condition for the purpose of ensuring that the newborn patient receives the appropriate medicine or dietary prescriptions.
- f. **Health Institutions** – refer to hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and pediatric services, whether public or private.
- g. **Healthcare Practitioner** – refers to physicians, nurses, midwives, nursing aides and traditional birth attendants.
- h. **Health professional societies** – refers to the national organizations of recognized health societies in the country.
- i. **Heritable Condition** – any condition that can result in mental retardation, physical deformity or death if left undetected and untreated which is usually inherited from genes of either or both biological parents of the newborn.
- j. **IRR** – refers to the Implementing Rules and Regulations
- k. **LGU** - refers to Local Government Unit.
- l. **National Comprehensive Newborn Screening System – Treatment Network** – refers to the tertiary hospitals equipped to diagnose and manage the confirmed cases.
- m. **NIHP** – refers to the National Institute of Health, Philippines.
- n. **Newborn** – a child from the time of complete delivery to thirty (30) days old.
- o. **Newborn screening (NBS)** – the process of collecting few drops of blood from the newborn onto an appropriate collection card and performing biochemical testing for determining if the newborn has a heritable condition.

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- p. **Newborn Screening Centers (NSC)** – a facility equipped with a newborn screening laboratory that complies with the standards established by the NIHP, and provides all required laboratory tests and recall/follow-up programs for newborns with heritable conditions.
- q. **Newborn Screening Reference Centers (NSRC)** – central facility at the NIHP that defines testing and follow-up protocols, maintains and external laboratory proficiency testing program, oversees the national testing database and case registries, assists in train in activities in all aspects of the NBS program, oversees content of the educational materials, recommends establishment of NSCs and acts as the Secretariat of the Advisory Committee on Newborn Screening.
- r. **Newborn Screening Specimen Collection Kit** – materials needed in collecting NBS samples namely, filter collection card, lancet, information materials, etc. which can be procured at the NSC.
- s. **Parent Education** – the various means of providing parents or legal guardians information about NBS.
- t. **Participating Health Institutions** – health institutions offering newborn screening services such as, but not limited to, motivation of parents, collection of blood sample and recall.
- u. **PHIC** – refers to the Philippine Health Insurance Corporation.
- v. **Recall** – a procedure for locating a newborn with positive screening results from a possible heritable condition for purposes of providing that newborn with appropriate laboratory testing to confirm the diagnosis and, as appropriate, to provide treatment.
- w. **Treatment** – provision of prompt, appropriate and adequate medicine, medical and surgical management or dietary prescription to a newborn for purposes of treating or mitigating the adverse health consequences of a heritable condition.
- x. **UP** – refers to the University of the Philippines.

RULE II.

COMPREHENSIVE NEWBORN SCREENING SYSTEM

Sec. 3. Comprehensive Newborn Screening System (CNBSS)

Comprehensive Newborn Screening System (CNBSS) shall refer to a NBS system that includes, but not limited to:

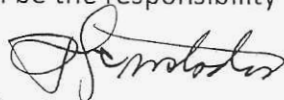
- a. Education of relevant stakeholders;
- b. Collection, transport, biochemical screening, and reporting on result of blood samples taken from network;
- c. Tracking and confirmatory testing to ensure the accuracy of screening result;
- d. Clinical evaluation and biochemical/medical confirmation follow-up test result;
- e. Administration of drugs and/or medical surgical management and/or dietary supplementation to counter adverse effects of the heritable conditions; and
- f. Monitoring and evaluation of the CNBSS.

Sec. 4. Obligation to Inform -

Any practitioner who delivers, or assists in the delivery, of a newborn in the Municipality of Peñarrubia, Abra shall, prior to delivery, inform the parents or legal guardian of the newborn of the availability, nature and benefits of newborn screening. Appropriate notification and education regarding this obligation shall be the responsibility of the Municipal Health Office and DOH. (RA No. 9288, Art. 3, Sec. 5)



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Sec. 5. Performance of Newborn Screening. –

Newborn screening shall be performed after twenty-four (24) hours of life but not later than three (3) days from complete delivery of the newborn. A newborn that must be placed in intensive care in order to ensure survival may be exempted from the three (3) day requirement but must be tested by seven (7) days age.

- a) It shall be the joint responsibility of the parent(s), legal guardians and health practitioner or other person delivering the newborn to ensure that NBS is performed;
- b) Health practitioner shall fully inform their patient's parents, or legal guardians about the availability, nature and benefits of NBS;
- c) Collection of samples maybe performed by any trained health worker as physicians, medical technologists, nurses and midwives;
- d) NBS specimens shall be properly transported to the accredited NSCs by courier or any other fast and timely mode of transport within twenty four (24) hours following collection of the sample;
- e) NBS laboratory testing shall be performed by DOH-accredited NSCs.

Any laboratory results indicating an increased risk of a heritable disorder (i.e. positive testing result) shall be immediately released, within twenty four (24) hours, so that confirmatory testing can be performed as provided in Section 5.

Negative screens shall be released seven (7) working days after receipt at the NSC.

Sec. 5. Recall.

A newborn with positive result shall be located and recalled for confirmatory testing as soon as possible.

- a) A newborn identified at high risk (positive)screening result) for a heritable disorder shall be recalled immediately to confirm the diagnosis. The Municipal Health Office and Provincial Health Office shall be involved in the recall process;
- b) The NSC shall notify the participating health institution about the immediate recall of the newborn with positive screening result. Every collecting health facility shall designate a person or office responsible in the recall of the newborn;
- c) The NSC likewise shall inform the designated person of the CHD or its equivalent to assist in the immediate recall of the newborn with positive screen;
- d) The attending health practitioner shall assist the participating health institution in locating and recalling the patient;
- e) Once located, the newborn with confirmed diagnosis shall be referred for treatment and management to a duly licensed physician or medical specialist such as but not limited to, neotalogist, pediatric endocrinologist and geneticist. Prompt management of newborn with positive screen is essential to prevent the debilitating consequences or death of the newborn;
- f) Once contacted, the parents with assistance of the LGU-Peñarrubia, Abra shall have the primary responsibility to ensure that their newborn receive appropriate confirmatory testing as soon as possible.

Sec. 6. Referral and Management of Positive Cases.

- a) The total management of patient with confirmed diagnosis shall be referred to the NCNBSS Treatment Network;

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- b) All NCNBSS Treatment Network shall follow the DOH-approved Clinical protocol in the management of patients diagnosed in any of the disorders included in the newborn screening panel.

Sec. 7. *Monitoring of Patients.*

Monitoring and follow-up of patients confirmed to have the disorders shall be done regularly by the attending physician, appropriate subspecialist or Rural Health Unit (RHU).

Report forms about the status of the patients shall be accomplished by the attending physicians to be submitted to the NSCs.

Sec. 8. *Refusal to be Tested.*

A parent or legal guardian may refuse testing on the grounds or religious beliefs, but shall acknowledge in writing their understanding that refusal for testing places their newborn at risk for undiagnosed heritable conditions. A copy of this refusal documentation shall be made part of the newborn's medical record and refusal be indicated in the national newborn screening database.

Sec. 9. *Continuing Education, Re-education and Training Health Personnel –*

To ensure awareness of all health personnel, DOH, MHO and the academe with assistance of other government agencies, professional societies and non-government organizations, shall

- a) Conduct continuing information, education, re-education and training programs for health personnel on the rationale, benefits, procedures of newborn screening (NBS) and
- b) Disseminate information materials on newborn screening at least annually to all health personnel involved in maternal and pediatric care;
- c) Integrate information in existing education programs for medical and paramedical professionals.

RULE III. *IMPLEMENTATION*

Sec. 10. *Lead Agency*

The DOH thru the MHO shall be the lead agency to implement these policies for purposes of achieving the objectives of the Newborn Screening System in the Municipality by:

- a) Fully utilize the efforts and resources of various offices within the DOH, NIHP, PHIC, and health facilities, concerned health personnel and workers to implement the NCNBSS;
- b) Establish the "**Municipal Coordinating Team**" to develop the implementing rules and regulations for the immediate implementation of the municipal wide newborn screening program within a reasonable days from the passage of this Resolution.
- c) Coordinate with the Department of the Interior and Local Government for the implementation of the NCNBSS;
- d) Coordinate with the NSRC for the accreditation of NSN and preparation of defined testing protocols and quality assurance programs;
- e) Coordinate with all the health professional societies in the advocacy campaign on behalf of the comprehensive NBS system;

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- f) Integrate NBS in the current health care delivery system, NBS shall be an integral part of all public health programs. It should be a routine procedure for newborns in public and private health hospital and birthing facilities;
- g) Ensure that a network for prompt recall of positive cases is established in collaboration with the LGU, government agencies, and other non-government organization;
- h) Ensure that a network of facilities for referral and management of all positive cases is established;
- i) Formulate protocols in the referral and management of the positive cases in collaboration with the Phil. Society for Pediatric Metabolism and Endocrinology and the IHG-NIHP;
- j) Develop referral centers and identify referral teams in strategic areas for referral and management of patient with any of the disorders;
- k) Ensure inter-agency collaboration thru inclusion of NBS in the agenda of existing committees on children's health and welfare in such venues, the following agencies shall be represented: DOH, NHIP, DILG and other relevant health professional organizations;
- l) Ensure quality and sustainability of the NBS system through the establishment of NSRC as well as its attendant requisites.

Sec. 11. Major Stakeholders

To ensure implementation of NCSBSS, the agencies/organizations identified below shall have the following responsibilities:

- A. Health Facilities. i.e. Hospitals, birthing facilities, rural health units and health centers.
 - a) Integrate NBS in its delivery of health services;
 - b) Serve as collecting health facility for NBS;
 - c) Coordinate with a duly accredited NSC;
 - d) Ensure that adequate and sustained NBS such as information, education, communication, screening, recall and management of identified cases are being provided in the hospital;
 - e) Establish a NBS Coordinating Team that will be responsible for the following: collection of samples, sending of samples to accredited NSC, prompt recall of positive patients, referral and management of patients;
 - f) Establish an appropriate financial system that will ensure effective and efficient collections of fees and payment of NBS services to the NSC;
 - g) Conduct orientation and/or training of health personnel/staff on NBS;
 - h) Monitor and evaluate the implementation of NBS within the territorial jurisdiction of the Municipality of Peñarrubia, Abra;
 - i) Define creative financial packages to make NBS accessible particularly among the economically deprived populace.
- B. Department of the Interior and Local Government shall:
 - a) Encourage the LGU to implement 9288, " The Newborn Screening Act of 2004" and extend total cooperation in the implementation of the said law;
 - b) Assist the DOH/MHO in the monitoring and evaluation of the program implementation.
- C. **LGU-Peñarrubia, Abra shall:**

- a) Develop capabilities of health workers;

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- b) Issue local Ordinances and resolutions that integrate NBS in the delivery of health delivery system;
- c) Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall and follow-up are being provided in all LGU Health facilities (Rural Health Unit, Lying-in and Provincial Hospitals);
- d) Establish a functional case management referral system with strategically accessible NCNSS treatment network;

D. Academe, Health Professional Societies, Organizations of Health Professionals shall:

- a) Ensure that all its members are aware of the significance of NBS to their clients, their families and the society at large;
- b) Define mechanism that will ensure and monitor that its members are doing their obligations to inform parents about the significance of NBS;
- c) Recommend the inclusion of NBS as part of the curricula of all allied health profession.

E. Council for the Welfare of Children shall:

- a) Integrate NBS in the establishment of the system for early identification, prevention, referral and intervention of developmental disorders and disabilities in early childhood;
- b) Promote NBS as an integral part of the Early Childhood and Care Development (ECCD) programs implemented at the national and local levels;
- c) Provide avenues in developing innovative advocacy and communication approaches in partnership with civil societies, NGOs and other groups;
- d) Include NBS-related indicators in the Subabay Bata and Macro-Monitoring system for children.

RULE IV. COORDINATING TEAM ON NEWBORN SCREENING

Sec. 12. Municipal Coordinating Team on Newborn Screening (MCTNBS).

To ensure sustained inter-agency collaboration, the MCTNBS shall be created and become an Integral part of the of the Municipal Health Office.

Sec. 13. Functions.

The MCTNBS shall have the following functions:

- a) Review annually and recommend conditions to be included in the NBS panel of disorders;
- b) Review and recommend the standard NBS Fee to be charged by NSC;
- c) Review the report of the NSRC on the quality assurance of the NSC; and
- d) Recommend corrective measures as deemed necessary.

Sec. 14. Composition of the Municipal Coordinating Team.

The Team shall be composed of three (3) members:

- a) The Municipal Health Officer shall act as the Supervisor

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- b) The Public Health Nurse as Team Coordinator
- c) The Rural Health Midwife as the Assistant Team Coordinator.

Sec. 15. Meetings.

The Municipal Coordinating Team shall meet at least four (4) times annually.

RULE V. NEWBORN SCREENING FEES

Sec. 16. Newborn Screening Fees.

- a) Expenses for the NBS tests shall be the responsibility of the parents/legal guardian of the newborn;
- b) The government and private health facilities are highly encouraged to develop a scheme providing partial or full subsidy depending on the financial capability of the parents;
- c) Standard NBS Fee covering all programs costs shall be implemented by all NSCs, as approved by the MCTNBS. A payment schedule shall also be imposed on all participating health health institution so that the NSC may stay financially solvent;
- d) A health facility may collect reasonable fee for the collection of samples, which shall not be greater than the maximum allowable service fee prescribed by DOH;
- e) NSRC shall collect the percentage of the NBS fees earmarked for DOH-Centers for Health Development (CHD) or its future equivalent from all hospitals, birthing facilities and other collecting units;
- f) NSRC shall transfer earmarked funds to all DOH – CHDs or its future equivalent;

Sec. 17. PHIC Benefit Package and Other Health Insurance-Related Concerns.

- a) The PHIC shall include cost of NBS in its benefit package of its members;
- b) PHIC only reimburse NBS tests done in DOH accredited NSCs;
- c) A newborn shall be considered a dependent of a PHIC member;
- d) Newborn screening for disorders included in the NBS panel approved by ACNBS shall be considered nationally accepted screening tests for inborn errors of metabolism and shall be considered as "medically necessary".
- e) For other health facilities, i.e. lying-in and birthing facilities, PHIC shall develop a reimbursement scheme to cover the newborns similar to the benefit of newborns born in the hospital facilities;
- f) Private insurance companies, Health Management Organizations and community-based care organizations shall include payment by NBS as a standard benefits to their members.

Sec. 18. NBS Specimen Collection Kits

- a) All hospitals, birthing facilities, Rural Health Unit, Health Centers and other collecting units throughout the country shall have NBS Specimen Collection Kits at all times;
- b) The cost of the NBS Specimen Collection Kits shall be based on the amount prescribed by the ACNBS;
- c) Members of the PHIC may apply for reimbursement of the cost of NBS Specimen Collection Kits;
- d) For indigent members of the PHIC shall devise a scheme that shall not entail a cash advance for NBS.

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Sec. 19. Usage of NBS Fees.

Guidelines on the usage of funds, as approved by the ACNBS shall be formulated by the NHIP and DOH. The NBS Fee shall be applied to, among others, testing costs, education, sample transport, follow-up and reasonable overhead expenses. To ensure sustainability of the NCNBS, the NBS fee shall be divided and set aside for the following purpose:

- a) At least four percent (4 %) to the DOH-CHD or its future equivalent for:
 - i. Follow-up service of patients with positive screening result by personnel hired for the NBS unit based at CHD;
 - ii. Education and other activities directly related to the provision of NBS services;
 - iii. Incentives for RHU collecting health units at least 25 of the money allocated to the CHD;
 - iv. Staff development of the personnel of the NBS unit based at the CHD, i.e. attendance of training seminars and official meeting of the DOH and NIHP;
 - v. Capital outlay, i.e. vehicle;
 - vi. Maintenance and operating expenses of the program;
 - vii. Cost of repeat samples due to insufficient and unsatisfactory samples of patients in their catchment area.
- b) At least four percent (4%) to the NSC for human resource development and equipment maintenance and upgrading;
- c) At least four percent (4%) to the NIHP-NSRC for overall supervision, training and continuing education, maintenance of national database, quality assurance program and monitoring at the national program; and
- d) The balance for the operational and other expenses of the NSC.

RULE VI. NEWBORN SCREENING ROOMS

Sec. 20. Establishment of Newborn Screening Room

- a. No Newborn Screening Room shall be allowed to operate unless it has been duly accredited by DOH based on the standards and procedural guidelines approved by the Committee as enumerated in the attached annexes, which is an integral part of this Ordinance and the Manual of Operations for NSC formulated by the NSRC;
- b. The establishment and accreditation of either free-standing or hospital-based NSC shall be phased. It shall take into consideration: strategic and geographical access to the public, data on the number of live birth.
- c. NSC shall make available their records to the team, including their financial books to determine compliance with fee structures and other accreditation rules and regulations.

Sec. 21. Licensing and Accreditation

- a) The DOH through the Bureau of Health Facilities and Services (BHFS) shall include, among others, the provision of NBS services in the licensing requirements for hospitals and birthing facilities;
- b) PHIC shall include, among others, proof of NBS services in the accreditation of health facilities for quality pediatric services;
- c) The NSC shall issue proof of NBS services:

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RULE VII. ESTABLISHMENT OF NEWBORN SCREENING REFERENCE ROOM

Sec. 22. Establishment of a Newborn Screening Reference Room.

The Newborn Screening Reference Room shall have the following functions:

- a) Be responsible for the testing database and case registries, training, technical assistance and continuing education for laboratory staff in the MHO;
- b) Define the testing and follow-up protocols;
- c) Maintain an external laboratory proficiency-testing program;
- d) Oversee the municipal laboratory testing database and case registries;
- e) Report to the DOH the Newborn Screening Room (NCH) found violating these Rules and Regulations and those performing and providing NBS procedures and services without any DOH accreditation;
- f) Participate in consultation and evaluation activities initiated by BHFS in relation to the NSRC and NBS Room performance and in improving implementation of these rules and regulations.

Sec. 23. Quality Assurance

All NS Rooms shall strictly follow the prescribed guidelines of good laboratory practices. The NS Reference Room shall be responsible for drafting and ensuring good laboratory practice standards for NS Room including establishing an external laboratory proficiency testing and certification program. It shall also act as the principal repository of technical information relating to NBS if it needs assistance.

Sec. 24. Database

- a) NS Room shall coordinate with the NS Reference Room for consolidation of patient database;
- b) The NS Reference Room shall maintain a local database of patients tested and registry for each condition;
- c) NS Reference Room shall submit reports semi-annually or more frequently as the need arises to the ACNBS and to the DOH on the status of and relevant health information derived from the database.

NS Reference Room shall prepare a plan for long-term outcome evaluation of NBS utilizing the cases registries, The plan shall be developed with one (1) year of passage of this Ordinance in consultation with the ACNBS. Implementation of this plan shall become a responsibility of the ACNBS.

RULE VIII. FINAL PROVISION

Sec. 25. Repealing Clause

All general and special laws, decrees, executive orders, proclamations and administrative regulations or any parts thereof, which are inconsistent with this Ordinance are hereby repealed or modified accordingly.

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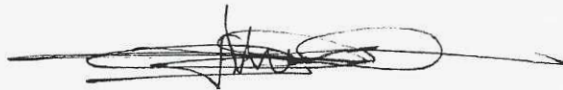
Sec. 29. Separability

If, for any reason, any part of provision of this Ordinance shall be declared or held to be unconstitutional or invalid, other provision thereof which are not affected thereby shall continue to be in full force and effect.

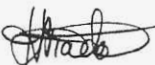
Sec. 30. Effectivity

This Ordinance shall take effect fifteen days after its publication or posted in at least two (2) public places.

ENACTED this 25th of March 2013 at Peñarrubia, Province of Abra.



CARMELO LYNDON A. ATMOSFERA
Municipal Vice Mayor/Presiding Officer



HELEN L. VIADO
SB Member



PERLITA G. VALENCIA
SB Member



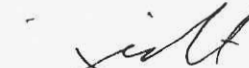
PACITA L. CUSTODIO
SB Member



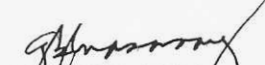
MELVA R. HACUTINA
SB Member



DELFIN B. BUMOGAS
SB Member



JOVITO B. ESMILLA
SB Member



GRACE B. MASAOAY
SB Member

JANE M. CECILIA
LIGA President

I HEREBY CERTIFY to the correctness of the foregoing Resolution



CONSTANTE L. CAOAGAS
Secretary to the Sanggunian Bayan

APPROVED BY:



GERALDINE M. BALBUENA
Municipal Mayor
Date: March 26, 2013