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Republic of the Philippines
Province of Camarines Norte
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OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPTS FROM THE MINUTES OF THE 50th REGULAR SESSION OF
THE HONORABLE SANGGUNIANG PANLALAWIGAN HELD ON
AUGUST 9, 2017 AT 1:16 P.M. AT THE PROVINCIAL CAPITOL SESSION
HALL, DAET, CAMARINES NORTE

PRESENT:

Hon. Jonah G. Pimentel
Vice Governor & Presiding Officer

M E M B E R S

Hon. Muriel M. Pandi
Floor Leader

DISTRICT I

Hon. Arthur Michael G. Canlas
Hon. Erwin L. Lausin
Hon. Reynoir V. Quibrat
Hon. Artemio B. Serdon Jr.

DISTRICT II

Hon. Joseph Stanley G. Alegre
Hon. Renee F. Herrera
Hon. Gerardo G. Quiñones
Hon. Godfrey A. Parale

Hon. Jay G. Pimentel, Ex Officio, PCL
Hon. Ramon E. Baning, Ex Officio, LNB

ABSENT: Hon. Rodolfo V. Gache – (Birthday Leave)

RESOLUTION NO. 335 - 2017

**AN ORDINANCE ADOPTING PROVINCIAL ORDINANCE
NO. 44-2017 OF THE PROVINCIAL GOVERNMENT OF
CAMARINES NORTE**

Author : Hon. Renee H. Herrera
Co-Authors: Hon. Vice Gov. Jonah G. Pimentel
Hon. Rodolfo V. Gache
Hon. Joseph Stanley G. Alegre
Hon. Gerardo G. Quiñones
Hon. Godfrey A. Parale
Hon. Arthur Michael G. Canlas
Hon. Erwin L. Lausin
Hon. Reynoir V. Quibrat
Hon. Artemio B. Serdon Jr.
Hon. Muriel M. Pandi
Hon. Jay G. Pimentel
Hon. Ramon E. Baning

WHEREAS, the Constitution, Article 2, Section 15 mandates that "The State shall protect and promote the right to health of the people and instill health consciousness among them";

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WHEREAS, preterm birth and low birth weight are the top killers of newborn babies resulting to more than a million deaths annually worldwide;

WHEREAS, an estimated three quarter of preterm babies could survive if they had access to cost-effective intervention;

WHEREAS, R.A. 9288 or Newborn Screening Act of 2004 provides that it is the policy of the state to ensure protection and promotion of the right to health of the people, including the rights of children for survival and full and healthy development as normal individuals;

WHEREAS, the objectives of R.A. 9288 are as follows:

- a) To ensure that every newborn has access to newborn screening for certain heritable conditions that can result in serious health complications if left undetected and untreated;
- b) To establish a sustainable newborn screening system within the public health delivery system,
- c) To ensure all health practitioners are aware of the advantages of newborn screening and their responsibility to screen all newborn babies;
- d) For parents to recognize their responsibility in promoting their child's right to health and full development through newborn screening;

WHEREAS, as of December 2014, the Bicol Region was only at 60% newborn screening coverage for live births, which is well behind the national target of 85% set by the Department of Health (DOH);

WHEREAS, DOH Region V Office will be allocating Newborn Screening Filter Cards to selected public health offices to help attain the 85% target.

NOW THEREFORE, on motion of Hon. Renee F. Herrera, duly seconded,

BE IT, as it is –

HEREBY RESOLVED as it is hereby resolved, to enact this Ordinance

PROVINCIAL ORDINANCE NO. 44-2017

ADOPTING REPUBLIC ACT NUMBER 9288 OTHERWISE KNOWN AS THE "NEWBORN SCREENING ACT OF 2004" AND PROMULGATING A COMPREHENSIVE POLICY ENSURING ITS MANDATORY IMPLEMENTATION IN THE PROVINCE OF CAMARINES NORTE AND PROVIDING FUNDS THEREOF

ARTICLE 1. TITLE, POLICY DECLARATION AND DEFINITION OF TERMS

SECTION 1. TITLE – This ordinance shall be known as the "Ordinance Adopting R.A. 9288 and Promulgating a Comprehensive Policy for Ensuring Mandatory Newborn Screening in the Province of Camarines Norte "

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SECTION 2. DECLARATION OF POLICY – It is the policy of the province of Camarines Norte to protect and promote the right to health of children to survival and full and healthy development as normal individuals. In pursuit of such policy, the province shall institutionalize a newborn screening system that is comprehensive, integrative and sustainable, and will facilitate collaboration among municipal government and non-government agencies, the private sector, families and communities, professional health organizations, and non-governmental organizations. The Newborn Screening System shall ensure that every baby born in the province of Camarines Norte is offered the opportunity to undergo newborn screening and thus be spared from heritable conditions that can lead to mental and physical retardation and death if undetected and untreated.

SECTION 3. DEFINITION OF TERMS – As used in this Ordinance, the following terms are defined as follows:

- 1) *Comprehensive Newborn Screening System (CNBSS)* means a newborn screening system that includes, but is not limited to, education of relevant stakeholders; collection and biochemical screening of blood samples taken from newborns; tracking and confirmatory testing to ensure the accuracy of screening results; clinical evaluation and biochemical/medical confirmation of test results; drugs and medical/surgical management and dietary supplementation to address the heritable conditions and evaluation activities to assess long term outcome, patient compliance and quality assurance.
- 2) *DILG* refers to the Department of the Interior and Local Government
- 3) *DOH* refers to the Department of Health, which is the lead agency implementing R.A. 9288
- 4) *Follow-up* means the monitoring of a newborn with a heritable condition for the purpose of ensuring that the newborn patient complies fully with the medicine of dietary prescriptions
- 5) *Healthcare Practitioner* – refers to physicians, medical technologists, nurses, nursing aides and traditional birth attendants
- 6) *Health institutions* mean hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and pediatric services, whether public or private
- 7) *Healthcare practitioner* means physicians, nurses, midwives, nursing aides and traditional birth attendants
- 8) *Heritable condition* means any condition that can result in mental retardation, physical deformity or death if left undetected and untreated and which is usually inherited from the genes of either or both biological parents of the newborn.
- 9) *IRR* refers to the Implementing Rules and Regulations
- 10) *LGU* refers to the Local Government Unit
- 11) *MHO* refers to the Municipal Health Office of each municipality in the province of Camarines Norte.

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- 12) *National Comprehensive Newborn Screening Treatment Network (NCNBSS)* – refers to the tertiary hospitals equipped to diagnose and manage the confirmed cases.
- 13) *Newborn* means a child from the time of complete delivery to 30 days old.
- 14) *Newborn Screening (NBS)* means the process of collecting a few drops of blood from the newborn onto an appropriate collection card and performing biochemical testing for determining if the newborn has a heritable or life-threatening condition.
- 15) *Newborn Screening Reference Centers (NBSRC)* refers to the central facility of the NIH that defines the testing and follow-up protocols, maintains an external proficiency testing program, oversees the national testing database and case registries, assists in training activities in all aspects of NBS and acts as the secretariat of the advisory committees on newborn screening.
- 16) *Newborn Screening Center (NBSC)* means a facility equipped with a newborn screening laboratory that complies with the standards established by the NIH and provides all required laboratory tests and recall/follow-up programs for newborns with heritable conditions.
- 17) *Newborn Specimen Collection Kit* – materials needed in collecting NBS samples namely: filter collection card, lancet, information materials, etc.
- 18) *Parent education* means the various means of providing parents or legal guardians information about newborn screening.
- 19) *NIH* refers to the National Institutes of Health
- 20) *PHIC* refers to the Philippine Health Insurance Corporation
- 21) *PHO* refers to the Provincial Health Office implementing this ordinance.
- 22) *Recall* means a procedure for locating a newborn with a possible heritable condition for purposes of providing the newborn with appropriate laboratory to confirm the diagnosis and, as appropriate, provide immediate treatment.
- 23) *Treatment* means the 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 the heritable condition.

ARTICLE II. COMPREHENSIVE NEWBORN SCREENING

SECTION 4. NEWBORN SCREENING

4.1 *Comprehensive Newborn Screening System (CNBSS)* – shall refer to a NBS that includes, but is not limited to:

- a) Education of relevant stakeholders;
- b) Collection, transport, biochemical screening, and reporting on result of blood samples;

- c) Tracking and confirmatory testing to ensure the accuracy of screening results;
- d) Clinical evaluation and biochemical/medical confirmation follow-up test result.
- e) Administration of drugs and/or surgical management and/or dietary supplementation to counter the adverse effects of the heritable conditions, and
- f) Monitoring and evaluation of CNBSS.

4.2 *Obligation to Inform*

Any practitioner who delivers or assists in the delivery of a newborn in the province of Camarines Norte shall, prior to delivery, inform the parents or legal guardian of the newborn the availability, nature, and benefits of newborn screening. Appropriate notification and education regarding this obligation shall be the responsibility of the Provincial Health Officer and the Municipal Health Officers and DOH (R.A. 9288, Art. 3, Sec 5)

4.3 *Performance of Newborn Screening*

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

- a) It shall be the joint responsibility of the parent(s), legal guardian(s) and health practitioner delivering the newborn to ensure that NBS is performed;
- b) The health practitioner shall fully inform the parents, legal guardians about the availability and benefits of NBS (6 disorders) and Expanded NBS (28 disorders);
- c) Collection of samples may be performed by any trained health worker such as physicians, nurses, midwives and medical technologists;
- 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 the sample collection;
- e) NBS laboratory testing shall be carried out by accredited NSCs.

Any laboratory results including an increased risk of a heritable disorder (i.e., positive result) shall be immediately released within twenty-four (24) hours, so that confirmatory tests may be performed immediately.

Negative results shall be released seven (7) days after receipt of the NSCs.

4.4 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 PHO and the MHO concerned 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 attending health practitioner shall assist the participating health institution in locating and recalling the patient;
- d) Once located, the newborn with confirmed diagnosis shall be referred for management and treatment by to a duly assigned physician or medical specialist such as, but not limited to, neonatologist, pediatrician, endocrinologist and/or geneticist. Prompt management of newborn with positive screen is essential to prevent the debilitating consequences or death of the newborn; and
- e) Once contacted, the parents or guardians, with the assistance of the municipal LGU, shall have the responsibility to ensure that their newborn receive appropriate confirmatory testing as soon as possible.

4.5 Referral and Management of Positive Cases

- a) The total management of the patient shall be referred to the NCNBSS Treatment Network;
- b) All facilities included in the 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.

4.6 Monitoring of Patients

Monitoring and follow up of patients confirmed to have disorders shall be done regularly by the attending physician, appropriate specialists 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.

4.7 Refusal to be Tested

A parent or legal guardian may refuse testing on the grounds of religious beliefs, but shall acknowledge in writing their understanding that refusal for testing places their newborn at risk for mental retardation or death on undiagnosed heritable conditions. A copy of this refusal documentation shall be made part of the newborn's medical record and refusal shall be indicated in the NBS facility report form submitted to PHO Camarines Norte.

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4.8 Continuing Education and Re-education and Training of Health Personnel

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

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

ARTICLE III. IMPLEMENTATION

SECTION 5. Lead Agency

The DOH – Region V, through the PHO, shall be the lead agency in the implementation of this ordinance and policies for purposes of achieving the objectives of the Newborn Screening System in the province of Camarines Norte. The DOH Region V Office, through the PHO, shall:

- a) Fully utilize the resources and capabilities of the various offices within the DOH, PHIC, PHO, MHO, health facilities, concerned health workers and personnel to implement the NCNBSS;
- b) Establish the "Provincial and Municipal Coordinating Teams" to develop the implementing rules and guidelines for the immediate implementation of the province-wide newborn screening program within three (3) months upon the passage and approval of this Ordinance;
- c) Coordinate with the provincial DILG for the implementation of the NCNBSS;
- d) Coordinate with all the health professional societies in the NBS campaign;
- e) Integrate NBS in the current healthcare delivery system. NBS shall be an integral part of all public healthcare programs. It should be a consistent routine procedure for newborns in all public and private healthcare facilities and birthing stations;
- f) Ensure that a network for prompt recall of positive cases is established in collaboration with the municipal LGU, government agencies and other non-government organizations;
- g) Ensure that a network of facilities for referral and management of all positive cases is established;
- h) Identify and establish referral facilities and identify referral teams in strategic areas for referral and management of patients with any of the disorders;

- i) Ensure inter-agency collaboration through inclusion of NBS in the agenda of existing committees on children's health and welfare in such venues, the following agencies are represented DOH, DILG, NIH and other relevant health professional organizations,

Section 6. Major Stakeholders

To ensure the implementation of the NCNBSS, the agencies and organizations below shall have the following responsibilities:

- A. Healthcare Facilities (i.e., hospitals, birthing facilities, rural health units and health centers)
 - a. Integrate NBS in its healthcare services delivery;
 - b. Serve as a collecting health facility for NBS;
 - c. Coordinate with a duly accredited NSC;
 - d. Ensure that adequate and sustained NBS support will be provided such as information, education, communication, screening, recall and management of identified cases;
 - e. Establish a NBS Coordinating Team that will be responsible for the following: collection of samples, sending of samples to accredited NSCs, prompt recall of positive patients, referral and management of patients;
 - f. Establish an appropriate financial system that will ensure effective and efficient collection of fees for payment of NBS services to NSCs;
 - g. Conduct orientation/training of healthcare personnel/staff on NBS;
 - h. Monitor and evaluate the implementation of NBS within the territorial jurisdiction of the province of Camarines Norte;
 - i. Develop 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 municipal LGUs to R.A. 9288 otherwise known as the "Newborn Screening Act of 2004" and extend total cooperation in the implementation of the said law; and,
 - b. Assist the DOH/PHC/MHO in the monitoring and evaluation of the program implementation.
- C. LGU-Camarines Norte, shall:
 - a. Develop the capabilities of health workers;
 - b. Issue local ordinances and resolutions integrating NBS in the delivery of healthcare delivery system;

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- c. Provide adequate and sustainable funding for the proper implementation of the NBS in the province to include creative financial packages to make accessible particularly to the economically deprived populace;
- d. Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall, management and follow-up are being provided in all LGU healthcare facilities (i.e., Provincial Hospital, Rural Health Units, Lying-in Centers, Barangay Health Stations);
- e. Establish a referral system with strategically within the province for recall and management of screened and confirmed positive patients; and
- f. Monitor and evaluate the NBS implementation in their localities.

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

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

E. Council for Welfare of Children

- a. Integrate NBS in the establishment of the system for the 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; and
- d. Include NBS-related indicators in the Subaybay Bata and Macro monitoring systems for children.

ARTICLE IV. COORDINATING TEAM ON NEWBORN SCREENING

SECTION 7. Provincial Coordinating Team on Newborn Screening (PCTNBS)

To ensure sustained inter-agency collaboration at the provincial and municipal levels, the PCTNBS shall be created and become an integral part of the Provincial Health Office.

SECTION 8. The PCTNBS shall have the following functions:

- a) Coordinate with all MCTNBSs for a consistent province-wide implementation of the NBS program;
- b) Annual performance review of all public and private birthing facilities implementing NBS in the province; and
- c) Recommend corrective measures as deemed necessary such as close monitoring of the NBS program in the province.

SECTION 9. Provincial Coordinating Team Composition

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

1. The Governor who will be the overall in-charge of the provincial NCNBSS;
2. The Chairman on Health of the Sangguniang Panlalawigan; and
3. The Provincial Health Officer who will be the provincial coordinator and will oversee the execution of the NBS program.

SECTION 10. Meetings

The Provincial Coordinating Team will meet quarterly every last month of each quarter.

SECTION 11. Municipal Coordinating Team on Newborn Screening (MCTNBS)

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

SECTION 12. The MCTNBS shall have the following functions:

- a) Coordinate with all barangays for a consistent municipal-wide implementation of the NBS program;
- b) Annual performance review of all public and private birthing facilities implementing NBS in the municipality;
- c) Recommend corrective measures as deemed necessary such as close monitoring of the NBS program in the municipality.

SECTION 13. Municipal Coordinating Team Composition

The team shall be composed of four (4) members:

- a. The Provincial Health Officer as the overall in-charge;
- b. The Municipal Health Officer to act as supervisor;
- c. The Public Health Nurses as Team Coordinator;
- d. The Rural Health Midwife as the Assistant Team Coordinator.

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SECTION 14. Meetings

The Municipal Coordinating Team will meet quarterly every 2nd month of each quarter

ARTICLE V. NEWBORN SCREENING FEES

SECTION 15. Newborn Screening Fees

- a) Expenses for the NBS tests shall 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/legal guardian;
- c) Standard NBS fee prescribed by NSC are the following:
 - a. Regular 6-Test NBS – Php550.00 to Php600.00 (covered by PhilHealth)
 - b. Expanded 28-Test NBS – Php1,500.00 to Php1,550.00 (only Php 550.00 is covered by PhilHealth and the balance is to be shouldered by the parents/guardians)
 - c. Expanded NBS must be an option to parents among all birthing homes as per DOH AO 2014-0045 dated Nov. 19, 2014
- d) A healthcare facility may collect a reasonable fee for the collection of samples which shall not be greater than the maximum allowable service fee prescribed by the DOH.

SECTION 16. PHIC Benefit Package and Other Health Insurance-related Concerns

- a) The PHIC shall include all costs of NBS in its benefits package to member;
- b) PHIC only reimburses NBS tests done in accredited NBSCs;
- c) A newborn shall be considered a dependent of a PHIC member;

SECTION 17. Specimen Collection Kits

- a) All hospitals, birthing facilities, Rural Health Units, Health Center and other collecting units in the province shall have NBS Specimen Collection Kits must be checked by LGUs;
- b) The cost of the NBS Specimen Collection Kits shall be based on the amount prescribed by the ACNBS;
- c) For indigent members, LGUs shall devise a scheme that shall ensure provision of NBS service to include screening confirmatory testing recall and follow-up.

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ARTICLE VI. APPROPRIATION

For the purposes and proper implementation of this ordinance, the Provincial Government shall appropriate an initial funding of One Million Pesos (PHP1,000,000.00) for the Newborn Screening Program of Camarines Norte. Subsequent appropriations shall be taken from the provincial MOOE and other resources like PhilHealth Capitation fund.

ARTICLE VII. PENALTIES

Erring government officials found to be liable and remiss in their duties in carrying out the Newborn Screening program depending on the nature and gravity of the offense shall be meted with the following sanctions:

- First Offense - Reprimand or Warning
- Second Offense - Suspension 1 – 30 Days
- Third Offense - Dismissal from Office

ARTICLE VIII. FINAL PROVISION

SECTION 18. SEPARABILITY CLAUSE – If for any reason, any section or provision of this Ordinance is declared unconstitutional or invalid, all other sections or provisions hereof which are not affected by such declaration shall continue to be in full force and effect.

SECTION 19. REPEALING CLAUSE – All Ordinances, local issuances or rules, inconsistent with the provision of this Ordinance are hereby repealed or modified accordingly.

SECTION 20. EFFECTIVITY CLAUSE – This Ordinance shall take effect immediately upon approval and publication in a local newspaper of general circulation.

RESOLVED FURTHER: To furnish copies hereof Hon. Governor Edgardo A. Tallado, the Department of Health (DOH), the Department of the Interior and Local Government, the National Institutes of Health (NIH), the Philippine Health Insurance Corporation (PHIC), the PhilHealth, the Municipal Health Officers (MHOs), the Provincial Planning Officer (PPDO), Dr. Arnulfo Salagoste, Provincial Health Officer, the twelve (12) municipalities of the province of Camarines Norte and others concerned for their information, record and appropriate action.

ADOPTED.

I hereby certify to the faithful recording of the foregoing.

[Signature]
ATTY. EMILIO V. ZANTUA, JR.
Secretary to the SPG

ATTEST:

[Signature]
ENGR. JONAH G. PIMENTEL
Vice Governor & Presiding Officer

APPROVED BY HIS HONOR, THE GOVERNOR, THIS 22nd DAY OF August 2017

EDGARDO A. TALLADO
Governor