



EXECUTIVE ORDER No. 117 - 2024
Series of 2024

**AN ORDER ADOPTING THE IMPLEMENTING RULES AND REGULATIONS
OF CITY ORDINANCE NO. 356-2024, OTHERWISE KNOWN AS THE
"MANDATORY REPORTING OF HEALTH DATA ORDINANCE
OF THE CITY OF BACOR"**

WHEREAS, Section 16 of R.A. No. 7160 provides that every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare including the promotion of safety of its constituents and provision of adequate transportation facilities;

WHEREAS, the Sangguniang Panlungsod enacted and passed City Ordinance No. 356-2024, otherwise known as the "Mandatory Reporting of Health Data Ordinance of the City of Bacor," which requires all medical institutions within the City of Bacor to submit medical data as the basis for formulating local health plans and periodic assessment thereof;

WHEREAS, the City Government of Bacor recognizes the need to issue an Implementing Rules and Regulations pertinent to the above-mentioned Ordinance;

WHEREAS, the Office of the City Mayor of Bacor, in coordination with the concerned city government offices, issued the above-mentioned Implementing Rules and Regulations that shall govern the "Mandatory Reporting of Health Data Ordinance of the City of Bacor,"

NOW, THEREFORE, I, STRIKE B. REVILLA, City Mayor of Bacor, Cavite, by virtue of the powers vested in me by law, do hereby order for the adoption and implementation of the Implementing Rules and Regulations of City Ordinance No. 356-2024 herein attached.

Section 1. Implementing Rules and Regulations (IRR). Attached herein is the Implementing Rules and Regulations of City Ordinance No. 356-2024, which shall form part of this Executive Order. This shall be known as the "Implementing Rules and Regulations of Mandatory Reporting of Health Data Ordinance of the City of Bacor."

All affected offices and departments are hereby ordered to adopt the said implementing rules and regulations and be guided accordingly. Strict compliance and observance of all city government officials and employees to this IRR is hereby ordered.



Section 2. Repealing Clause. All previously issued orders and directives inconsistent with any provision found herein shall be deemed repealed, revoked, or amended accordingly.

Section 3. Separability Clause. In the event that any provision found herein shall be judicially or administratively declared illegal or infirm, the remaining provisions shall remain in full force and effect.

Section 4. Effectivity Clause. This Executive Order shall take effect immediately upon its signing and remain in full force and effect until repealed, revoked, or amended accordingly.

SO ORDERED.

DONE this 11th day of June 2024 in the City of Bacoor, Province of Cavite.


STRIKE B. REVILLA
City Mayor





**IMPLEMENTING RULES AND REGULATIONS OF
CITY ORDINANCE NO. 356-2024, OTHERWISE KNOWN AS THE
"MANDATORY REPORTING OF HEALTH DATA ORDINANCE
OF THE CITY OF BACOR"**

**RULE I
GENERAL PROVISIONS**

Section 1. TITLE. These Rules shall be known and cited as the "Implementing Rules and Regulations of the Mandatory Reporting of Health Data Ordinance of the City of Bacoor".

Section 2. PURPOSE. These Rules and Regulations are promulgated to prescribe the procedures and guidelines for the effective implementation of Bacoor City Ordinance No. 356-2024, mandating the submission of medical data by all medical institutions within the City of Bacoor. These medical data shall be used as the basis for formulating local health plans, implementing public health services, managing health systems, and conducting periodic assessments thereof.

Section 3. SCOPE AND APPLICATION. The provisions of these Rules shall cover all public and private health care providers operating and/or doing business within the City of Bacoor, including but not limited to hospitals, medical clinics, lying-in, diagnostic centers, pharmacies, and other health centers.

Section 4. IMPLEMENTING OFFICE. The Office of the City Health Services (OCHS), under the direct supervision of the Office of the City Mayor and the Office of the City Administrator, shall be the lead implementing agency for implementing City Ordinance No. 356-2024. Other departments, units, or offices of the City Government of Bacoor shall assist in the effective implementation of the said Ordinance and this IRR.

Section 5. RULES OF CONSTRUCTION. In construing the provisions of this Code, the following rules of construction shall be observed unless inconsistent with the manifest intent of the provision, or when applied, they would lead to absurd or highly improbable results.

- 1. General rule.** — All words and phrases shall be construed and understood according to the standard and approved usage of the language, but technical words and phrases and such others which may have acquired a peculiar appropriate meaning in this Code shall be construed and understood according to such technical, peculiar, or appropriate meaning.
- 2. Gender and number.** — Every word in this Code importing the masculine gender shall extend to both females and males. Every word importing the singular number shall extend and apply to





several persons or things, and every word importing the plural number shall also extend and apply to one person or thing.

3. **Computation of time.** — The time within which an act is to be done as **provided** in this code or in any rule or regulation issued pursuant to the provisions thereof when expressed in days shall be computed by excluding the first day and including the last day, except if the last day falls on a Sunday or a holiday in which case the same shall be excluded from the computation, and the next business day shall be considered the last day.
4. **References.** — All references to Chapter, Articles, Sections are to the Chapter, Articles, Sections in this Code, unless otherwise specified.
5. **Conflicting provisions of the section.** — If the provisions of different sections conflict with or contravene each other, the provisions of each section shall prevail as to all specific matters and questions involved therein.

RULE II DECLARATION OF POLICY AND DEFINITIONS

Section 6. DECLARATION OF POLICY. It is the policy of the City Government of Bacoor to:

1. Facilitate the timely collection and consolidation of reliable health data to support the formulation of an effective and robust city public health program;

Facilitate the timely collection and consolidation of reliable health data to bolster the development of an effective and resilient city public health program;

2. Enhance the capacity of the city government, through the Office of the City Health Services, to detect, prevent, and respond to public health threats and emergencies through access to comprehensive health information.

Enhance the capacity of the city government, specifically through the Office of the City Health Services, to identify, prevent, and respond to public health threats and emergencies by ensuring access to comprehensive health information.

3. Promote collaboration and coordination between healthcare providers and the city government in addressing public health priorities and implementing targeted interventions in accordance with the DOH National Objectives for Health;

Foster collaboration and coordination among healthcare providers and the city government to address public health priorities and implement targeted





interventions in alignment with the Department of Health (DOH) National Objectives for Health;

4. Ensure compliance with relevant data protection laws and regulations to safeguard the privacy and confidentiality of individual health records.
5. Provide clear guidelines and protocols for healthcare providers and local health authorities regarding submitting, reporting, and utilizing health information.
6. Promote evidence-based decision-making by utilizing health data to inform policy formulation, resource allocation, and program planning to improve public health outcomes.
7. Enhance transparency and accountability in the management and utilization of health data by establishing mechanisms for regular audits, reviews, and public access to aggregated health information while ensuring the protection of individual privacy;
8. Strengthen the surveillance and monitoring systems for infectious diseases, chronic conditions, and other health indicators to enable early detection of outbreaks, trends, and emerging health issues, thereby facilitating prompt intervention and mitigation strategies.
9. Subject to the provision of the Data Privacy Act, foster a culture of data-sharing and collaboration among stakeholders, including government agencies, healthcare providers, academic institutions, and non-governmental organizations, to maximize the utility and impact of health data in addressing complex health challenges and promoting community well-being.

Section 7. DEFINITIONS. As used in these Rules, the following terms shall be defined as:

1. **Health care provider**- refers to a health care institution devoted primarily to the management, treatment, and care of patients OR a health care professional, who is any doctor of medicine, nurse, midwife, dentist, nutritionist, pharmacist, medical technologist, or other health care practitioner.
2. **Health facility** - refers to institutions, whether stationary or mobile, land-based or otherwise, that provide healthcare and other healthcare-related establishment which provides diagnostics, therapeutic, rehabilitative, palliative and/or related healthcare services.
3. **Health information** -refers to an individual's past, present, or future physical or mental health or condition, including demographic data,





diagnosis and management, medication history, health financing record, cost of services, and any other information related to the individual's total well-being.

4. **Primary care** refers to initial contact and accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need. This includes a range of services for all presenting conditions and the ability to coordinate referrals to other healthcare providers in the healthcare delivery system when necessary.
5. **Stakeholders** generally refer to those agencies and institutions in which the Department interacts with policy formulation, planning, budgeting, implementation, monitoring, and evaluation of health sector reform programs, activities, and projects. This includes program beneficiaries, Civil Society Organizations (CSOs), academic institutions, private sector and industry-specific groups, and development partners whose interests align with pursuing a more harmonized and convergent approach for effectively implementing the Department's health sector reform agenda.
6. **Primary health care** - refers to a whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services.
7. **Primary care provider** - refers to a health care worker with defined competencies who has received certification in primary care as determined by the Department of Health (DOH) or any health institution that is licensed and certified by the DOH.
8. **Public health emergency** - refers to the occurrence or imminent threat of an illness or health condition caused by any of the following: (bioterrorism, epidemic or pandemic disease, or an infectious agent or biological toxin that poses a substantial risk to humans by either causing a significant number of human fatalities or permanent or long-term disability, widespread exposure to an infectious or toxic agent, or travel and trade restrictions.
9. **Public health emergency** - refers to an occurrence or imminent threat of an illness or health condition that:
 - a. Is caused by any of the following: (i) bioterrorism; (ii) appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; (iii) a natural disaster; (iv) a chemical attack or accidental release; (v) a nuclear attack or accident; or (vi) an attack or accidental release of radioactive materials; and,
 - b. Poses a high probability of any of the following: (i) a large number of deaths in the affected population; (ii) a large number of serious injuries or long-term disabilities in the affected population; (iii) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population; (iv) international exposure to an infectious





or toxic agent that poses a significant risk to the health of citizens of other countries; or (v) trade and travel restrictions.

10. **Personal data** -refers to all types of personal information and sensitive personal information;
11. **Personal information** - refers to any information, whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information or, when put together with other information, would directly and certainly identify an individual.
12. **Sensitive personal information** - refers to personal information: (1) About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical, or political affiliations; (2) About an individual's health, education, genetic, or sexual life of a person, or to any proceeding for any offense committed or alleged to have been committed by such person, the disposal of such proceedings, or the sentence of any court in such proceedings; (3) Issued by government agencies peculiar to an individual which includes, but not limited to, social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and (4) Specifically established by an executive order or an act of Congress to be kept classified.
13. **Processing** - refers to any operation or any set of operations performed upon personal information, including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure, or destruction of data.

RULE III IMPLEMENTING PROVISIONS

Section 8. MANDATORY REPORTING OF HEALTH DATA. All medical establishments, including, but not limited to, hospitals, medical clinics, and birthing homes operating in the City of Bacoor, Cavite, are hereby mandated to submit to the City Health Office medical data related to morbidity, mortality, vaccination, family planning, pre/postnatal care, and other medical data that may be mandated by the government.

Medical data shall be submitted in the format prescribed by the government entity, ensuring compliance with data privacy and security regulations. In accordance with modern data transmission standards and protocols, the use of electronic means for submitting health data whenever possible is encouraged.

Section 9. PERIOD OF SUBMISSION. All healthcare providers shall submit medical data to the Office of the City Health Services no later than every 29th day of every month.





Section 10. REQUIRED HEALTH INFORMATION FROM THE MEDICAL ESTABLISHMENTS. The submission of health data shall encompass a comprehensive range of information, including but not limited to patient demographics, medical diagnoses, treatment outcomes, and disease surveillance data. The following health information shall be submitted by the medical establishments:

1. Morbidity
2. Mortality
3. Vaccinations for:
 - a. Adult
 - b. Infant-toddler
 - c. Teenage
4. Maternal and childcare
5. Infant care
6. Family planning
7. Communicable and non-communicable diseases and control services
8. Other necessary medical data that may be requested by the Office of the City Health Services

Section 11. DEVELOPMENT OF A REPORTING SYSTEM. The E-Governance Department, in coordination with the Office of the City Health Services, shall develop a reporting system on which the medical establishments and/or health care providers will submit the medical data mandated under the Ordinance and its IRR. The system shall provide a format that will ensure consistency and interoperability, facilitating the seamless extraction of health information for the use of the Office of the City Health Services, City Social Welfare and Development Office, Office of the Senior Citizen Affairs, and other concerned city departments or offices involved in providing health and social services.

Section 12. PROTECTION OF DATA PRIVACY RIGHTS. The Office of the City Health Services, in coordination with the E-Governance Department, being the repository of health information collected pursuant to its mandate, shall implement appropriate organizational, physical, and technical security measures to maintain the confidentiality, integrity, and availability of personal and sensitive personal information in its data processing systems. It shall adhere to data privacy principles of transparency, legitimate purpose, and proportionality in collecting, using, sharing, storing, and disposing of personal and sensitive personal information.

The OCHS and the E-Governance Department shall implement measures designed specifically to protect the data privacy rights of individuals pursuant to the provisions of Republic Act No. 10173 (the "Data Privacy Act of 2012"). The confidentiality, integrity, and availability of health data shall be safeguarded throughout its lifecycle, from collection to storage and/or transmission. Access controls audit trails shall be employed to mitigate the risk of unauthorized access, disclosure, or alteration of health data.





Section 13. ROLE OF THE OFFICE OF THE CITY HEALTH SERVICES. In implementing the Mandatory Reporting of Health Data Ordinance and its IRR, the Office of the City Health Services shall have the following duties and responsibilities:

1. Ensure comprehensive notification and information dissemination to all medical establishments about the objectives and requirements of CO No. 356-2024 and its IRR;
2. Coordinate closely with the E-Governance Department to develop a reporting system that identifies the necessary health information while adhering to existing data privacy regulations.
3. Oversee the collection, consolidation, and management of the medical data submitted by healthcare providers, ensuring data accuracy and integrity and protecting data privacy in accordance with the Data Privacy Act.
4. Responsible for the management and maintenance of the repository of the submitted health data for use by the local health department and for submission to the Department of Health, ensuring strict compliance with data privacy protocols mandated by the Data Privacy Act of 2012.
5. Designate qualified personnel who are duly authorized to handle and process submitted medical data, ensuring their adherence to data protection protocols.
6. Analyzing the collected data will be conducted to identify trends, patterns, and health indicators relevant to the local community, while safeguarding the confidentiality and privacy of individual health records.
7. Prepare a summary of analyzed data for review and utilization by the City Health Board, City Council for the Protection of Children, City Nutrition Council, and other city bodies in charge of formulating and implementing health and social services, ensuring data sharing complies with the existing data privacy regulations.
8. Utilize the medical data for monitoring and surveillance of public health indicators, including vaccination coverage across different age groups, and identify healthcare access disparities. These insights will inform decision-making and resource allocation processes and facilitate the evaluation of the effectiveness of existing health policies in achieving the city's health goals and programs.
9. Recommend policy development or modification based on data analysis to address emerging health issues or improve public health outcomes.
10. Collaborate and coordinate with other stakeholders in implementing various health programs and delivering public health services.
11. Submit recommendations to the City Mayor or the Sangguniang Panlungsod for appropriate action, including considerations of any amendments to CO No. 356-2024 or its IRR.
12. Make an annual report to the City Mayor on the implementation of City Ordinance No. 356-2024.

RULE IV PROHIBITED ACTS AND PENALTIES

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Address: Bacoor Government Center, Bacoor Blvd.,
Brgy. Bayanan, City of Bacoor, Cavite
Trunkline: 434-1111
Website: www.bacoor.gov.ph



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SECTION 14. PROHIBITED ACTS. The following acts and omissions are hereby prohibited:

1. Failure of a medical establishment, such as but not limited to hospitals, laboratories, clinics, and birthing facilities, to report various medical data to the CHO related to morbidity, mortality, vaccination, family planning, pre/postnatal care, and other medical data that may be mandated by the government within the period and in compliance with the manner prescribed in the implementing rules and regulations of this Ordinance;
2. Acts or omissions similar or analogous to the foregoing.

Section 15. PENALTIES. The director, owner, or manager of any hospital, clinic, laboratory, birthing facility, or medical establishment covered under the City Ordinance No. 356-2024 and its IRR who violates any provision hereof shall be required to pay a fine amounting to P5,000.00 for every patient whose data his/her medical establishment failed to report to the OCHS upon conviction by a competent court of law.

Section 16. CLOSURE OF ESTABLISHMENT AS AN ADDITIONAL PENALTY. Aside from the said penalty, the medical establishment that failed to report the aforementioned medical data properly shall be closed by the City Government for a period of thirty (30) to ninety (90) days upon determination of the court.

RULE V MISCELLANEOUS PROVISIONS

Section 17. CHANGES OR MODIFICATIONS OF THE IMPLEMENTING RULES AND REGULATIONS. To appropriately administer the efficient and effective implementation of City Ordinance No. 356-2024, Series of 2024, the Office of the City Mayor, after consultation with the Office of the City Health Services and other concerned city offices, may recommend to the Sangguniang Panlungsod amendments to said Ordinance, and consequently, this IRR.

Section 18. AUTOMATIC REVIEW. The Sangguniang Panlungsod shall automatically review this Ordinance every two years from the date of effectivity hereof or whenever necessary.

Section 19. REPEAL. All local rules or regulations that are inconsistent with or contrary to the provisions of this IRR are hereby repealed and modified accordingly.

Section 20. SEPARABILITY. If any section or provision of this Implementing Rules and Regulations is declared invalid or unconstitutional by a court of competent





authority, the remaining provision not affected thereby shall remain valid and continue to be in full force and effect.

Section 21. EFFECTIVITY. This Implementing Rules and Regulations shall take effect upon its approval.

