OFFICE OF THE SANGGUNIANG BAYAN

CALASIAO, PANGASINAN

MUNICIPAL ORDINANCE NO. 15

Calendar Year 2014

AN ORDINANCE ADOPTING REPUBLIC ACT NO. 9288 OTHERWISE KNOWN AS THE NEWBORN SCREENING ACT OF 2004 AND ESTABLISHING A NEWBORN SCREENING FACILITY IN THE MUINICIPAL BIRTHING CENTER OF THE MUNICIPALITY OF CALASIAO, PANGASINAN.

(Sponsored by the Kgd. Reynaldo Chuson, Chairman, Committee on Health)

WHEREAS, Section 2 of R.A. 9288 otherwise known as the NEWBORN SCREENING ACT OF 2004 states that 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 full and healthy development as normal individuals.

WHEREAS, Section 2 of R.A. 9288 also states that in pursuit of such policy, the State shall institutionalize a national newborn screening system that is comprehensive, integrative and sustainable, and will facilitate collaboration among government and non-government agencies at the national and local levels, the private sector, families and communities, professional health organizations, academic institutions, and non-governmental organizations.

WHEREAS, the National 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.

WHEREAS pursuant to Section 16 of R.A. 7160, the Local Government Code of the Philippines, which mandates that every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, and those which are essential to the promotion of the general welfare;

 WHEREAS Section 17 Part A and B 2.III of R.A. 7160 also mandates that every local government unit likewise exercise such other powers and discharge such other function and responsibilities as are necessary, appropriate or incidental to efficient and effective provision of the basic services and facilities to health services which include the implementation or programs and projects on primary health care, maternal and child care and so forth,

WHEREAS, steadfast on its duties and commitment to uphold and protect the lives of its constituents, the Municipality of Calasiao, Pangasinan deems it necessary and appropriate to adopt and establish a Newborn Screening Facility in the Municipal Birthing Center of the Municipality of Calasiao, Pangasinan.

NOW, THEREFORE, on motion of Councilor Reynaldo Chuson, with the unanimous accord of the Members of the Sangguniang Bayan present,

RESOLVED, AS IT IS HEREBY RESOLVED, by the Sangguniang Bayan in session duly assembled, to enact the following Ordinance:

MUNICIPAL ORDINANCE NO. 15 series of 2014

AN ORDINANCE ADOPTING REPUBLIC ACT NO. 9288 OTHERWISE KNOWN AS THE NEWBORN SCREENING ACT OF 2004 AND ESTABLISHING A NEWBORN SCREENING FACILITY IN THE MUINICIPAL BIRTHING CENTER OF THE MUNICIPALITY OF CALASIAO, PANGASINAN.

BE IT ORDAINED by the Sangguniang Bayan of Calasiao, Pangasinan in a session herein assembled:

SECTION 1. Declaration of Policy -The Municipality of Calasiao, Pangasinan shall adopt and institutionalize Republic Act No. 9288 otherwise known as the NEWBORN SCREENING ACT OF 2004;

SECTION 2. Objectives - The objectives of the National Newborn Screening System are:

1. To ensure that every newborn has access to newborn screening for certain heritable conditions that can result in mental retardation, serious health complications or death if left undetected and untreated;
2. To establish and integrate a sustainable newborn screening system within the public health delivery system;
3. To ensure that all health practitioners are aware of the advantages of newborn screening and of their respective responsibilities in offering newborns the opportunity to undergo newborn screening; and
4. To ensure that parents recognize their responsibility in promoting their child's right to health and full development, within the context of responsible parenthood, by protecting their child from preventable causes of disability and death through newborn screening.

SECTION 3. Definition of Terms: For the Purpose of this Ordinance, the following terms are defined as follows:

1. Accreditation - a formal authorization issued by the DOH to an individual, partnership, corporation or association and to the Newborn Screening Center. It must comply with the mandatory requirements and with the input, process and outcome standards as prescribed in the Manual of Operations for Newborn Screening Center.
2. DILG – refers to the Department of the Interior and Local Government
3. DOH - refers to the Department of Health, the lead agency in implementing this Act
4. 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.
5. Health institutions - refer to hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and pediatric services, whether public or private.
6. Healthcare practitioner - refers to physicians, nurses, midwives and nursing aides
7. Health professional societies - refer to the national organizations of recognized health societies in the country.
8. Heritable condition - 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. LGU - refers to the Local Government Unit of Calasiao, Pangasinan.
10. National Comprehensive Newborn Screening System-Treatment Network – refers to the tertiary hospitals equipped to diagnose and manage the confirmed cases.
11. NIHP - refers to the National Institutes of Health, Philippines.
12. Newborn - a child from the time of complete delivery to thirty (30) days old.
13. Newborn screening (NBS) - 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 condition. The present NBS testing can help detect six (6) heritable conditions, namely:
	1. Congenital Hypothyroidism (CH) results from lack or absence of thyroid hormone which is essential for the physical and mental development of a child. If the disorder is not detected and hormone replacement is not initiated within two (2) weeks, the baby with CH may suffer from growth and mental retardation.
	2. Congenital Adrenal Hyperplasia (CAH) is an endocrine disorder that causes severe salt loss, dehydration and abnormally high levels of male sex hormones in both boys and girls. If not detected and treated early, babies with CAH may die within 7-14 days.
	3. Galactosemia (GAL) is a condition in which babies are unable to process galactose, the sugar present in milk. Accumulation of excessive galactose in the body can cause many problems, including liver damage, brain damage and cataracts.
	4. Phenylketonuria (PKU) is a rare condition in which the baby cannot properly use one of the building blocks of protein called phenylalanine. Excessive accumulation of phenylalanine in the blood causes brain damage.
	5. Glucose-6Phosphate Dehydrogenase Deficiency (G6PD deficiency) is a condition where the body lacks the enzyme called G6PD. Babies with this deficiency may have hemolytic anemia resulting from exposure to oxidative substances found in drugs, foods and chemicals.
	6. Maple Syrup Urine Disease (MSUD) is a genetic metabolic disorder resulting from the defective activity of the enzyme branched chain alpha-keto-acid dehydrogenase complex. Accumulation of the branched chain amino acids is toxic to the brain.
14. Newborn Screening Center (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.
15. Newborn Screening Facility (NSF) - a facility with health personnel trained to perform newborn screening test and submits and transports the collected NBS samples to a designated accredited Newborn Screening Center.
16. Newborn Screening Reference Center (NSRC) - central facility at the NIHP that defines testing and follow-up protocols, maintains an external laboratory proficiency testing program, oversees the national testing database and case registries, assists in training activities in all aspects of the NBS program, oversees content of educational materials, recommends establishment of NSCs and acts as the Secretariat of the Advisory Committee on Newborn Screening.
17. 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.
18. Parent Education - the various means of providing parents or legal guardians information about NBS.
19. Participating Health Institutions – health institutions offering newborn screening services such as, but not limited to, motivation of parents, collection of blood sample and recall.
20. PHIC - refers to the Philippine Health Insurance Corporation.
21. Recall –a procedure for locating a newborn with a 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.
22. 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.
23. MHO - Municipal Health Office
24. MSWDO - Municipal Social Welfare and Development Office
25. MTO - Municipal Treasurer Office
26. Municipality - Municipality of Calasiao
27. MBC - Municipal Birthing Clinic
28. Birthing facility –is a maternal and child healthcare service facility; is a facility that provides birthing service on prenatal and post-natal care, normal spontaneous delivery and care of newborn babies.

SECTION 4. National Comprehensive Newborn Screening System (NCNBSS) shall refer to a NBS system that includes, but is not limited to:

1. Education of relevant stakeholders
2. Collection, transport, biochemical screening, and reporting on result of blood samples taken from newborns;
3. Tracking and confirmatory testing to ensure the accuracy of screening results;
4. Clinical evaluation and biochemical/medical confirmation of follow-up test results;
5. Administration of drugs and/or medical surgical management and/or dietary supplementation to counter adverse effects of the heritable conditions; and
6. Monitoring and evaluation of the NCNBSS.

SECTION 5. Obligation to Inform. - Any health practitioner who delivers, or assists in the delivery, of a newborn shall, prior to delivery, inform parents or legal guardian of the newborn of the availability, nature and benefits of NBS. Health practitioners shall follow the DOH prescribed guidelines on notification and education relative to the obligation to inform. The DOH, other Government agencies, non-government agencies, professional societies and LGU shall make available appropriate information materials and shall have a system of its distribution. The health practitioner shall maintain documentation in the patient’s records that NBS information has been provided.

SECTION 6. Performance of NBS. – NBS 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 placed in intensive care in order to ensure survival may be exempted from the three (3)-day requirement but should be tested by seven (7) days of age.

1. Compliance to NBS 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;
2. Health practitioners shall fully inform their patients’ parents, or legal guardians about the availability, nature, and benefits of NBS;
3. Collection of samples may be performed by any trained health worker such as physicians, medical technologists, nurses and midwives;
4. 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;
5. 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 7. Negative screens shall be released seven (7) working days after receipt at the NSC. .

SECTION 7. Recall - A newborn with a positive result shall be located and recalled for confirmatory testing as soon as possible.

1. 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 shall be involved in the recall process;
2. The NSC shall notify the participating health institution about the immediate recall of the newborn with a positive screening result.
3. Every collecting health facility shall designate a person or office responsible in the recall of the newborn;
4. The NSC shall likewise inform the designated person of the CHD or its equivalent to assist in the immediate recall of newborn with positive screen;
5. The attending health practitioner shall assist the participating health institution in locating and recalling the patient;
6. Once located, the newborn with confirmed diagnosis shall be referred for treatment and management to a duly licensed physician or a medical specialist such as but not limited to, neonatologist, pediatric endocrinologist and geneticist. Prompt management of newborns with positive screen is essential to prevent the debilitating consequences or death of the newborn;
7. Once contacted, the parents with assistance of the respective LGU shall have the primary responsibility to ensure that their newborn receive appropriate confirmatory testing as soon as possible.

SECTION 8**.** Referral and Management of Positive Cases.

1. The total management of patient with confirmed diagnosis shall be referred to the NCNBSS Treatment Network;
2. 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.

SECTION 9. 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.

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SECTION 10. 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 of 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 national NBS database.

SECTION 11. Continuing Education, Re-education and Training of Health Personnel. To ensure awareness of all health personnel, the DOH, LGUs, and the academe with the assistance of the NIHP and other government agencies, professional societies and non-government organization shall:

1. Conduct continuing information, education, re-education and training programs for health personnel on the rationale, benefits, procedures of NBS;
2. Disseminate information materials on NBS at least annually to all health personnel involved in maternal and pediatric care;
3. Integrate information in existing education programs for medical and paramedical professionals.

SECTION 12. Implementing Agencies. The DOH shall be the lead agency for implementing the NCNBSS. DOH while the Calasiao MHO shall take the lead at the municipal level and shall have the following responsibilities:

1. 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;
2. DOH shall establish the Advisory Committee on Newborn Screening (ACNBS) at the national level while the Calasiao MHO will establish the Municipal Coordinating Team on Newborn Screening (MCTNBS) as administrative and operational coordinators for the implementation of the NCNBSS;
3. Coordinate with the Department of the Interior and Local Government for implementation of the NCNBSS;
4. Coordinate with all health professional societies in an advocacy campaign on behalf of the comprehensive NBS system;
5. Integrate NBS in the current health care delivery system and shall be an integral part of all public health programs;
6. Ensure that a network for the prompt recall of positive cases is established;
7. Ensure that a network of facilities for referral and management of all positive cases is established;
8. Formulate protocols in the referral and management of the positive cases in collaboration with the Philippine Society for Pediatric Metabolism and Endocrinology and the IHG – NIHP;
9. Develop referral centers and identify referral teams in strategic areas for referral and management of patients with any of the disorders;
10. Ensure inter-agency collaboration through inclusion of NBS in the agenda of existing committees on children’s health and welfare.

SECTION 13. Major Stakeholders. To ensure implementation of NCNBSS, the agencies / organization identified below shall have the following responsibilities:

1. Calasiao Municipal Health Office shall:
2. Integrate NBS in its delivery of health services;
3. Serve as collecting health facility for NBS;
4. Coordinate with a duly accredited NSC;
5. Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall and management of identified cases are being provided;
6. Establish a NBS 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;
7. Establish an appropriate financial system that will ensure effective and efficient collection of fees and payment of NBS services to the NSC;
8. Conduct orientation and/or training of health staff on NBS;
9. Monitor and evaluate the implementation of NBS within in the institution;

b) Local Government Unit of Calasiao, Pangasinan shall:

1. Develop capabilities of health workers and integrate NBS in the delivery of health delivery system;
2. Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall and follow-up are being provided in all health facilities within the jurisdiction of the municipality;
3. Monitor and evaluate the newborn screening implementation in the municipality;
4. Explore/encourage creative financial packages to make NBS accessible particularly among the economically deprived populace;

c) Department of Social Welfare and Development, through the MSWDO, and the Municipal Nutrition Action Office, of Calasiao, Pangasinan, shall:

1. Integrate NBS in the establishment of the system for early identification, prevention, referral and intervention of developmental disorders and disabilities in early childhood;
2. Promote NBS as an integral part of the Early Childhood and Care Development (ECCD);
3. Provide avenues in developing innovative advocacy and communication approaches in partnership with civil societies, NGOs and other groups;
4. Define creative financial packages to make NBS accessible particularly among the economically deprived populace.

d) Department of the Interior and Local Government, through the MLGOO of Calasiao, Pangasinan, shall:

1. Assist the DOH and the Calasiao LGU in the monitoring and evaluation of the program implementation.

SECTION 14. Municipal Coordinating Team on Newborn Screening (MCTNBS). To ensure the sustainability of the NBS program, the MCTNBS shall be created and made an integral part of the Municipal Health Office of Calasiao, Pangasinan.

SECTION 15. Functions. The MCTNBS shall have the following functions:

1. Records and maintains all the Summary Report of Results (Yellow Form) and other pertinent forms and files related to NBS.
2. Recording all pertinent data of patients before sending the blood sample to the NCS.
3. Check the completeness of the information on the filter card to avoid having a result of no feeding, missing information and data erasures.
4. The logging of filter card number to help facilitate the process of Philippine Health Insurance Corporation (PHIC) requirements for newborn care package claims.
5. Designates a point person to handle receiving and issuance of all NBS results.
6. Responsible for the procurement of Newborn Screening Specimen Collection Kits from the NSC.
7. Designates a point person to facilitate Philhealth claims for the NBS services under the Newborn Care Package in accordance with Philhealth Circular No.015 series of 2011.
8. Review and recommend measures as deemed necessary in the administrative and operational activities of the NBS Facility

SECTION 16. Composition of the MCTNBS. The Coordinating Team shall be composed of three (3) members:

1. The Municipal Health Officer, who shall act as the supervisor;
2. The Public Health Nurse of Rural Health Unit - I, who shall act as Coordinator, and;
3. The Medical Technologist of Rural Health Unit - I, who shall act as Assistant Coordinator

SECTION 17. Meetings. The MCTNBS shall meet at least four times a year.

SECTION 18**.** Newborn Screening Fees.

1. As provided for in Administrative Order No. 2005-0005, issued by Secretary Manuel Dayrit of the Department of Health on February 8, 2005, the prescribed Newborn Screening fee or cost for the Newborn Screening specimen collection kit is P550.00 and a maximum allowable service fee for the collection of Newborn Screening samples is Fifty Pesos (P50.00);
2. For Non-Philhealth Members and non-Category D , expenses for the NBS tests shall be the responsibility of the parents/guardian of the newborn;

SECTION 19. Increase in Fee - The service fee shall increase from time to time based on recommendation of the DOH Advisory Committee on Newborn Screening and the cost of the Newborn Screening Specimen Collection Kit, as approved by the Sangguniang Bayan.

SECTION 20. Where To Pay– The patient will pay directly to the Municipal Treasurer’s Office or its duly authorized representative assigned in the Municipal Health Office.

SECTION 21. Exemptions - The following are exempted from paying fees as cited in this section:

1. PhilHealth sponsored member/dependent
2. Indigent on Category D with a duly secured Certification from DSWD and duly approved by the Local Chief Executive. MSWD requirements for issuance of Certificate of Indigency:

 a. Certificate of Indigency from barangay

 b. Interview and assessment of MSWD

1. Exceptional and meritorious cases as determined and approved by the Local Chief Executive.

SECTION 22. Philhealth Newborn Package

1. The Newborn Care Package in accordance with Philhealth Circular No.015 series of 2011, shall be composed of the following services and shall be paid at a rate of P 1,750.00 for every newborn tested:

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| **DESCRIPTIVE TERM OF SERVICES** | **CASE RATE AMOUNT** |
| 1.Provision of Essential Newborn Care: | P 1,750.00 |
| 2.Newborn Screening (NBS) |
| 3.Newborn Hearing Screening Test |

1. In case of incomplete provision of the services, the corresponding amount will be deducted from the following services:

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| --- | --- |
| **SERVICES NOT GIVEN** | **AMOUNT TO BE DEDUCTED from CASE RATE (P 1,750.00)** |
| 2. Newborn Screening (NBS) only | P 550.00 |
| 3.Newborn Hearing Screening Test only | P 200.00 |
| BOTH 2 and 3 | P 750.00 |

SECTION 23. Creation of the Newborn Screening Facility Trust Fund - A trust fund shall be created where all fees, revenues and user fees derived from the Newborn Screening Facility of the Municipal Birthing Center of the Municipality of Calasiao, Pangasinan, except for funds from Philhealth Case Rate Payment which has its own requirements on its management and disposition under PhilHealth Circular No. 015-,2011, as well as donations obtained from public and private individuals, organization and corporations, both foreign and domestic, collected from the services rendered at the MBC shall be deposited in the Newborn Screening Facility Trust Fund account.

SECTION 24. Disposition of Newborn Screening Facility Trust Fund - The management and disposition of the trust fund shall be governed by the following:

1. The disbursement and liquidation of the trust fund shall be in accordance with pertinent government accounting and auditing rules and regulations and to be audited accordingly by the local COA auditors:
2. A separate book of accounts shall be maintained by the Municipality for this purpose.
3. The allocation, disbursements and uses of the said trust fund, in addition to the local health fund that will be appropriated for Newborn Screening Facility, under the maternal and child healthcare programs of the Municipal Health Office, shall be based on the following:
4. The amount of P 550.00 as replacement of the Newborn Screening Specimen Collection Kit used for the test
5. The amount of P 50.00 for the health staff who conducted the NBS test.

SECTION 25. Creation and disposition of Philhealth Case Rate Payment Trust Fund from the Newborn Screening Facility operation – A Philhealth Case Rate Payment Trust Fund shall be created for the funds collected from Philhealth under PhilHealth Circular No. 015-,2011, and the same shall be disbursed in accordance with the provisions of Section 26 of this Ordinance;

SECTION 26. Distribution of the PhilHealth Case Rate Payment Trust Fund received from Philhealth - The distribution of the PhilHealth Case Rate Payment Trust Fund from Philhealth shall observe PhilHealth Circular No. 015-2011 - Newborn Care Package, shall be based on the following:

1. The amount of P 550.00 as replacement of the Newborn Screening Specimen Collection Kit used for the test
2. The amount of P 200.00 for the Newborn Hearing Screening Test
3. The amount of P 500.00 for the trained health staff who conducted the NBS test.
4. The amount representing 50% of the remaining P 500.00 shall be for the honorarium of the Municipal Coordinating Team on Newborn Screening (MCTNBS). and for the other 50% for the improvement of the facility and its services This will include among others, the purchase of supplies, articles and related operating requirements such as NBS posters, NBS brochures, drying racks; and provision of human resource development

SECTION 27. Budget - The budget for the operations and maintenance of the NBS Facility shall come from the following:

1. The local health fund appropriated for the Maternal, Newborn and Child Health and Nutrition (MNCHN) program of the Municipal Health Office as embodied in the Calasiao Municipal Ordinance No. 01 series of 2013 and similar appropriations provided for the Annual Budget of the Local Government subject to the approval of the Local Legislative Council. The local health fund will serve to augment the expenses to be incurred for the NBS tests of indigents, exceptional and meritorious cases as determined and approved by the Local Chief Executive, confirmatory tests for NBS with positive results and other incidental expenditures.

2. The trust funds that shall augment the financial requirements needed for the operations and maintenance of the NBS facility.

SECTION 28. Continuing Education and Advocacy Program - The MHO shall include in their annual plans and programs the continuing education and advocacy program regarding the benefits of MBC to ensure safety of the life of both mother and child.

SECTION 29. Compliance of Minimum Requirement - The Local Chief Executive (LCE) shall see to it through the recommendation of the MHO to comply with the minimum requirements set by DOH governing the operation of a Newborn Screening Facility.

SECTION 30. Repealing Clause - All ordinances, resolutions, rules and regulations, or part thereof, whose provisions are in conflict with or contrary to the provisions of this Ordinance are hereby deemed repealed, amended and modified accordingly.

SECTION 31. Separability Clause - If any provision of this ordinance or any part thereof be declared unconstitutional or invalid, other provisions or any part thereof not affected shall continue to be in full force and effect.

SECTION 32. Effectivity - This Ordinance shall take effect fifteen (15) days after its approval and after due compliance with publication requirements.

APPROVED.