

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Philippines

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 3617



INTRODUCED BY REPRESENTATIVE ALFRED VARGAS

EXPLANATORY NOTE

Diabetes ranked 8th among the leading causes of mortality in the Philippines.

Under the 1987 Constitution of the Republic of the Philippines, the State is under obligation to promote and protect the right of the people to health by installing health consciousness among the people.

There is a need to undertake more health promotion and disease preventive measures, particularly with respect to diabetes.

Health Promotion services must involve all people and all places at all times, requiring concerned and collaborative efforts among the various national and local government agencies.

It is in this light that this Bill seeks to promote a different approach in responding to this illness, which has been characterized as "the silent killers that kills part by part of our life."

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


ALFRED VARGAS

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AN ACT TO PROVIDE FOR A FRAMEWORK IN THE CARE AND TREATMENT OF DIABETES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES.

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1.Short Title. This Act shall be known as the "Diabetes Care Act of 2019."

SECTION 2.Declaration of Policy. The State shall recognize, protect and promote the right to health of the people and instill health consciousness among them.

SECTION 3.Terms. The following terms shall mean as follows:

- a. Employee wellness and disease management programs shall include but not be limited to personal coaching intervention to target lifestyle topics such as:
 - i. back care;
 - ii. blood pressure management;
 - iii. blood sugar control;
 - iv. exercise;
 - v. walking breaks;
 - vi. nutrition and stress management;
 - vii. healthy weight management program;
 - viii. smoking cessation program; and
 - ix. reduction of behavior-related causes of disease.

- b. Chronic illness is one that lasts for a very long time and usually cannot be cured completely. It shall include but not limited to:
 - i. Diabetes;
 - ii. Heart disease;

- iii. Arthritis;
- iv. Kidney disease;
- v. Lupus;
- vi. Multiple sclerosis; and
- vii. HIV.

SECTION 4. Disease Management Best Practices, Chronic Employee Wellness Incentivization and Advisory Group Regarding Diabetes.

- a. **Establishment** – the Secretary of the Department of Health shall establish an advisory group consisting of representatives of the public and private sector. The advisory group shall include representatives from public and private sector entities with experience in administering and operating employee wellness and disease management programs.
- b. **Duties** – the advisory group established under subsection (a) shall examine and make recommendations of best practices of chronic illness employee wellness incentivizations and disease management programs:
 - i. Provide public and private sector entities with improved information in assessing the role of employee wellness incentivization and disease management programs in saving money and improving quality of life for patients with chronic illness; and
 - ii. Encourage the adoption of effective chronic illness, employee wellness and disease management programs.
- c. **Report** – no later than one (1) year after the enactment of this Act, the advisory group established shall submit to the Speaker, Majority Leader and Minority Leader of the Senate, the results under subsection.

SECTION 5. National Diabetes Report Card –

- a. **Establishment** – the Secretary of the Department of Health shall prepare on a biennial basis a national diabetes report card for the whole Nations;
- b. **Contents** – each Report Card shall include statistically valid aggregate health outcomes related to individuals diagnosed with diabetes and pre-diabetes including:
 - i. Preventive care practices and quality of care;
 - ii. risk factors; and
 - iii. outcomes.
- c. **Updated Reports** – each report card is prepared after the initial report card shall include trend analysis for the nation for the purpose of:
 - i. Tracking progress in meeting established national goals and objectives for improvising diabetes care, costs and prevalence; and
 - ii. Informing policy and program development.
- d. **Availability** – the Secretary of the Department of Health shall make each report card publicly available including posting the report card on the internet.

SECTION 6. Improvement of Vital Statistics Collection.

- a. The Secretary of the Department of Health shall:
 - i. Promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents, including the collection of such data for diabetes and other chronic diseases;
 - ii. Encourage local government units' adoption of the latest standard revisions of birth and death certificates; and
 - iii. Work with LGDs to re-engineer their vital statistics systems in order to provide cost-effective, timely and accurate vital systems data.
- b. **Death Certificate Additional Language –**
In carrying out this Section, the Secretary may promote the addition of language to death certificates to improve collection of diabetes mortality data, including the addition of a question for the individual certifying to the cause of death regarding whether the deceased had diabetes.

SECTION 7. Study and Report.

- a. In General – the Secretary of the Department of Health shall, in collaboration with a State University or College having a course of Medicine, and appropriate associations and councils, conduct a study of the impact of diabetes on the practice of medicine in the Philippines and the appropriateness of the level of diabetes medical education should be required prior to licensure, board 25 certification, and board recertification;
- b. Report – not later than two (2) years after the date of the enactment of this Act, the Secretary of the Department of Health shall submit a report of the study under subsection (a) to the appropriate committee of the House of Representatives and the Senate of the Philippines.

SECTION 8. Funding. The initial funding requirements for the implementation of this Act shall be charged against the current appropriations of the agency concerned. Thereafter, such sums as may be necessary for its continued implementation shall be included in the agencies' yearly budget under the General Appropriations Act.

SECTION 9. Implementing Rules and Regulations (IRR). Within ninety (90) days after the approval of this Act, the Commission, the Department of Health, in coordination with the following:

- State Universities and Colleges;
- Local Government Units (LGUs);
- Commission on Higher Education (CHED);
- Commission on Human Rights (CHR);

And such other concerned agencies, shall issue the necessary Rules and regulations for the effective implementation of this Act.

SECTION 10. Repealing Clause. All laws, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modify accordingly.

SECTION 11. Separability Clause. If any part, section or provision of this Act shall be held invalid or unconstitutional, no other part, section or provisions thereof shall be affected thereby.

SECTION 12. Effectivity. This Act shall take effect fifteen (15) days following the completion of its publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,