COMMITTEE REPORT NO. 270

Submitted by the Committee on Health, the Committee on Appropriations, and the Committee on Ways and Means on MAR 9 2020

Re: House Bill No. 6496

Recommending its approval in substitution of House Bill No. 0167

Sponsors: Reps. Angelina “Helen” D.L. Tan, M.D., Isidro T. Ungab and Joey Sarte Salceda

Mr. Speaker:

The Committee on Health, the Committee on Appropriations, and the Committee on Ways and Means to which was referred House Bill No. 0167 introduced by Rep. Angelina “Helen” D.L Tan M.D., entitled:

AN ACT STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS AS A PUBLIC HEALTH PROBLEM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT”

have considered the same and recommend that the attached House Bill No. 6496, entitled

AN ACT STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT”


Respectfully submitted:

HON. ISIDRO T. UNGAB
Chairperson
Committee on Appropriations

HON. ANGELINA “Helen” D.L. TAN, M.D.
Chairperson
Committee on Health

HON. JOEY SARTE SALCEDA
Chairperson
Committee on Ways and Means

THE HONORABLE SPEAKER
HOUSE OF REPRESENTATIVES
QUEZON CITY
Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6496

(In substitution of House Bill Numbered 0167)


AN ACT
STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT”

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

SECTION 1. Section 8 of Republic Act No. 10767 is hereby amended, to read as follows:

“SEC. 8 Education Programs. – The [Secretary of Health] CHAIRPERSON OF THE COMMISSION ON HIGHER EDUCATION (CHED), in coordination with the [Commission on Higher Education (CHED)] SECRETARY OF THE DEPARTMENT OF HEALTH (DOH), shall encourage the faculty of schools of medicine, nursing or medical technology and allied health institutions, to intensify information and education programs, including the development of curricula, to significantly increase the opportunities for students and for practicing providers to learn the principles and practices of preventing, detecting, managing and controlling tuberculosis.”

SEC. 2. Section 9 of the same Act is hereby amended, to read as follows:

“SEC. 9. Inclusion in Basic Education. – The Secretary of [Health] THE DEPARTMENT OF EDUCATION (DepEd), in coordination with the Secretary of the [Department of Education (DepEd)] DOH, shall [work for] ENSURE the inclusion of modules on the principles and practices of preventing, detecting, managing and controlling tuberculosis (TB) in the [health curriculum of every public and private elementary and high school] BASIC EDUCATION CURRICULUM.”

SEC. 3. Section 10 of the same Act is hereby amended, to read as follows:

“SEC. 10. Media Campaign. – The [Secretary of Health] DIRECTOR – GENERAL OF THE PHILIPPINE INFORMATION AGENCY (PIA), in coordination with the [Philippine Information Agency (PIA)] SECRETARY OF THE DOH, shall encourage
local media outlets to launch A MASSIVE, NATIONWIDE, CONSISTENT AND SUSTAINED media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication."

"Xxx xxx xxx."

SEC. 4. A new section denominated as Section 12-A of the same Act is added, to read as follows:

"SEC. 12-A. TUBERCULOSIS (TB) NOTIFICATION COMMITTEE. – ADULT AND CHILDHOOD TB SHALL BE CONSIDERED AS A NOTIFIABLE DISEASE IN ALL LEVELS OF THE HEALTHCARE SYSTEM. ANY HOSPITAL OR CLINIC WHICH DIAGNOSES A PATIENT WITH TB SHALL REPORT THE SAME TO THE DOH. THE DOH SHALL PROVIDE THE FORM AND MANNER FOR THE REPORTING OF TB CASES.

TO ENSURE THE COMPLIANCE WITH THE MANDATORY NOTIFICATION POLICY OF TB CASES IS OBSERVED AND ENFORCED, A TB NOTIFICATION COMMITTEE SHALL BE ORGANIZED IN ALL PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS AND FACILITIES. IT SHALL BE COMPOSED OF MEMBERS AS MAY BE DETERMINED BY THE SECRETARY OF THE DOH.

ALL TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR TB NOTIFICATION COMPLIANCE REPORTS TO THEIR RESPECTIVE DOH REGIONAL COORDINATING COMMITTEES, WHICH SHALL MAKE A CONSOLIDATED TB NOTIFICATION COMPLIANCE REPORTS TO THE DOH NATIONAL COORDINATING COMMITTEE."

SEC. 5. Section 13 of R.A. No. 10767 is hereby amended, to read as follows:

"SEC. 13. PhilHealth TB Package – The Philippine Health Insurance Corporation, otherwise known as the Philhealth, shall, as far as practicable, expand its benefit package for TB patients to include new, relapse and return-after-default cases, [and extension of treatment], MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB), AND EXTENSIVELY DRUG RESISTANT TB (XDR TB), FOR BOTH ADULTS AND CHILDREN. THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT AND STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY TO AVOID INEQUITABLE ALLOCATION OF FUNDS FOR HEALTHCARE SERVICES."

"Xxx xxx xxx."

SEC. 6. A new section denominated as Section 14 of the same Act is added, to read as follows:

"SEC. 14. TB REGISTRY AND MONITORING SYSTEM. – THE DOH, IN COLLABORATION WITH THE APPROPRIATE AGENCIES AND STAKEHOLDERS, SHALL ESTABLISH A TB REGISTRY AND MONITORING SYSTEM WHICH SHALL COVER ALL FORMS OF TB AMONG ADULTS AND CHILDREN. THE POPULATION-BASED TB REGISTRY SHALL CONTAIN DATA ON ALL NEW CASES OF TB ACCORDING TO GEOGRAPHICAL REGIONS, PROVIDE THE FRAMEWORK FOR
ASSESSING AND CONTROLLING THE IMPACT OF THE DISEASE AND SHALL
SERVE AS A REGULAR FEEDBACK OR NOTIFICATION SYSTEM TO REFERRING
HEALTH CARE PROVIDERS. THE TB REGISTRY SHALL FORM PART OF THE
ELECTRONIC MEDICAL RECORDS REQUIREMENT OF THE DOH IN
ACCORDANCE WITH NATIONAL HEALTH DATA STANDARDS AND REPUBLIC
ACT NO. 10173, OTHERWISE KNOWN AS THE "DATA PRIVACY ACT OF 2012".

EVERY PUBLIC AND PRIVATE HEALTH CENTER, HOSPITAL AND HEALTH
FACILITY, INCLUDING CLINICS, SHALL ESTABLISH AND MAINTAIN THEIR OWN
INTERNAL TB REGISTRY WHICH SHALL COVER ALL TYPES OF TUBERCULOSIS.
THE TB REGISTRY SHALL RECORD THE PERSONAL INFORMATION OF TB
PATIENTS, TB TYPE, TREATMENT RECEIVED AND THE RESULTS AND OTHER
DATA THAT THE DOH MAY PRESCRIBE. THE REGIONAL COORDINATING
COMMITTEES SHALL ENSURE THAT ALL FACILITIES WITHIN THEIR
RESPECTIVE JURISDICTIONS HAVE A TB REGISTRY. ALL INFORMATION IN THE
TB REGISTRY SHALL BE TREATED WITH UTMOST CONFIDENTIALITY AND
SHALL NOT BE RELEASED TO THIRD PARTIES, IN ACCORDANCE WITH THE
DATA PRIVACY ACT. THE COMPLIANCE WITH THE REQUIREMENT TO MAINTAIN
A TB REGISTRY AND SUBMISSION SHALL BE A REQUIREMENT FOR THE
RENEWAL OF A LICENSE TO OPERATE A HEALTH CENTER, HOSPITAL OR
HEALTH FACILITY."

SEC. 7. A new section denominated as Section 15 of the same Act is added, to read as
follows:

"SEC. 15. TB PATIENTS’ RIGHTS AND RESPONSIBILITIES. –

A. A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:

(1) THE RIGHT TO BE TREATED HUMANEELY AND WITH RESPECT FOR
THE INHERENT DIGNITY OF THE HUMAN PERSON IN THE DELIVERY
OF SERVICES WITHOUT STIGMA, PREJUDICE OR DISCRIMINATION;

(2) THE RIGHT TO FREE AND EQUITABLE ACCESS TO TB CARE FROM
THE TIME OF DIAGNOSIS TO COMPLETION OF TREATMENT;

(3) THE RIGHT TO RECEIVE MEDICAL ADVICE AND TREATMENT THAT
MEETS INTERNATIONAL STANDARDS FOR TB CARE, CENTERING ON
PATIENT NEEDS, INCLUDING THOSE OF PATIENTS WITH XDR-TB,
MDR-TB OR TB-HUMAN IMMUNODEFICIENCY VIRUS (HIV)
COINFECTION, AND PREVENTIVE TREATMENT FOR YOUNG
CHILDREN AND OTHER CONSIDERED TO BE AT HIGH RISK;

(4) THE RIGHT TO BENEFIT FROM PROACTIVE HEALTH SECTOR
COMMUNITY OUTREACH, EDUCATION AND PREVENTION CAMPAIGNS
AS PART OF COMPREHENSIVE HEALTHCARE PROGRAMS;

(5) THE RIGHT TO INFORMATION ABOUT THE AVAILABILITY OF
HEALTHCARE SERVICES FOR TB AND THE RESPONSIBILITIES,
ENGAGEMENTS AND DIRECT OR INDIRECT COSTS INVOLVED;
(6) THE RIGHT TO CONFIDENTIALITY RELATING TO THE MEDICAL CONDITION WITHOUT PREJUDICE TO THE RESPONSIBILITY OF HEALTHCARE PROVIDERS TO NOTIFY TB CASES AS PROVIDED UNDER THIS ACT;

(7) THE RIGHT TO PARTICIPATE AS STAKEHOLDERS IN THE DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION OF TB POLICIES AND PROGRAMS WITH LOCAL, NATIONAL, AND INTERNATIONAL HEALTH AUTHORITIES;

(8) THE RIGHT TO JOB SECURITY, AFTER DIAGNOSIS OR APPROPRIATE REHABILITATION AND UPON COMPLETION OF TREATMENT;

(9) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD SUPPLEMENTS NEEDED TO MEET TREATMENT REQUIREMENTS;

(10) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS RESPECTING INDIVIDUAL QUALITIES, ABILITIES AND DIVERSE BACKGROUNDS AND WITHOUT ANY DISCRIMINATION ON GROUNDS OF PHYSICAL DISABILITY, AGE, GENDER, SEXUAL ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL STATUS, RELIGION OR ETHNIC OR SOCIAL ORIGIN OF THE TB PATIENT CONCERNED AS RECOGNIZED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, THE INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS, THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; AND

(11) THE RIGHT TO EMPLOYMENT WITHOUT DISCRIMINATION, REASONABLE WORKING ARRANGEMENTS AND RESTORATION TO WORK UPON CERTIFICATION FROM THE COMPANY BY A TB-DOTS PHYSICIAN.

B. A PERSON WITH TB SHALL HAVE THE FOLLOWING RESPONSIBILITIES:

(1) TO PROVIDE AS MUCH INFORMATION AS POSSIBLE TO HEALTHCARE PROVIDERS ABOUT THEIR PRESENT HEALTH CONDITION, PAST ILLNESSES AND OTHER RELEVANT DETAILS;

(2) TO PROVIDE INFORMATION TO HEALTHCARE PROVIDERS ABOUT CONTACTS WITH IMMEDIATE FAMILY, FRIENDS AND OTHER PERSONS WHO MAY BE VULNERABLE TO TB OR WHO MAY HAVE BEEN INFECTED;

(3) TO FOLLOW THE PRESCRIBED AND AGREED TREATMENT REGIMEN AND TO CONSCIENTIOUSLY COMPLY WITH THE INSTRUCTIONS GIVEN TO PROTECT THEIR HEALTH AND THOSE OF OTHER PERSONS;
(4) TO INFORM HEALTHCARE PROVIDERS OF ANY DIFFICULTY OR
PROBLEM IN UNDERGOING OR COMPLETING THE PRESCRIBED
TREATMENT, OR IF ANY PART OF THE TREATMENT IS NOT CLEARLY
UNDERSTOOD;

(5) TO CONTRIBUTE TO COMMUNITY WELL-BEING BY ENCOURAGING
THOSE WHO EXHIBIT SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;

(6) TO SHOW CONSIDERATION FOR THE RIGHTS OF OTHER PATIENTS
AND HEALTHCARE PROVIDERS, UNDERSTANDING THAT THIS IS THE
DIGNIFIED BASIS AND RESPECTFUL FOUNDATION OF THE TB
COMMUNITY;

(7) TO SHOW MORAL RESPONSIBILITY AND SOLIDARITY WITH OTHER
PATIENTS WHO ARE ON THE WAY TO RECOVERY AND CURE;

(8) TO SHARE INFORMATION AND KNOWLEDGE GAINED DURING
TREATMENT AND TO SHARE THIS EXPERTISE WITH OTHERS IN THE
COMMUNITY, THUS EMPOWERING OTHERS; AND

(9) TO JOIN IN EFFORTS TO PROMOTE HEALTHY AND TB-FREE
COMMUNITIES."

SEC. 8. A new section denominated as Section 16 of the same Act is added, to read as
follows:

"SEC. 16. PRIVATE SECTOR PARTICIPATION. — THE DOH SHALL
ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN THE NATIONAL
TB ELIMINATION PROGRAM, WHICH SHALL INCLUDE PRIVATE CORPORATIONS,
CIVIL SOCIETY ORGANIZATIONS (CSOs) AND NON-GOVERNMENT
ORGANIZATIONS (NGOs) AND SUCH OTHER GROUPS OR ORGANIZATIONS,
BOTH FOREIGN AND LOCAL, THAT MAY WISH TO PARTICIPATE IN THE
IMPLEMENTATION OF THIS ACT."

ALL BUSINESS ORGANIZATIONS ESTABLISHED AND OPERATING UNDER
PHILIPPINE LAWS, WHETHER DOMESTIC OR FOREIGN, ARE ENCOURAGED TO
CONTRIBUTE IN THE GOVERNMENT’S CONTINUING EFFORTS TO REDUCE THE
INCIDENCE OF TB IN THE COUNTRY BY CONDUCTING TB-PREVENTION OR
OTHER PROJECTS THAT ENCOURAGE HEALTHY LIFESTYLES AND EARLY
DETECTION OF TB AS PART OF THEIR CORPORATE SOCIAL RESPONSIBILITY
(CSR) PROGRAMS. THE DOH SHALL GIVE NATIONAL RECOGNITION AND
REWARDS TO ALL BUSINESS ORGANIZATION FOR OUTSTANDING, INNOVATIVE
AND WORLD-CLASS CSR-RELATED SERVICES FOR TB ELIMINATION."

SEC. 9. A new section denominated as Section 17 of the same Act is added, to read as
follows:

"SEC. 17. CONVERGENCE OF TB SERVICES. — EACH LOCAL
GOVERNMENT UNIT (LGU) SHALL HAVE A TB STRATEGIC PLAN TO BE
INITIATED BY ITS LOCAL HEALTH BOARD AND APPROVED BY ITS
SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL HEALTH BOARD AT THE
PROVINCIAL, CITY, MUNICIPAL OR BARANGAY LEVEL, SHALL ASSIST THE
CORRESPONDING SANGGUNIAN IN THE CRAFTING OF TB LOCAL ORDINANCE
AND BUILDING LOCAL OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS
TERRITORIAL JURISDICTION.

THE LGUs, THROUGH THEIR LOCAL SOCIAL WELFARE AND
DEVELOPMENT OFFICES, SHALL COVER ALL INDIRECT COSTS OF ACCESSING
TB TREATMENT, INCLUDING TRANSPORTATION, MEALS, ACCOMMODATION OR
HALFWAY HOUSE, AMONG OTHERS. THE DEPARTMENT OF SOCIAL WELFARE
AND DEVELOPMENT (DSWD) MAY HELP DEFRAY THESE EXPENSES THROUGH
THE CRISIS INTERVENTION UNIT.

THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE) SHALL
REQUIRE ALL PRIVATE WORKPLACES TO DEVELOP THEIR OWN POLICIES ON
TB PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH
NATIONAL LAWS AND POLICIES, PREVENTION STRATEGIES THROUGH
ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE
OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE
SHALL BE EMPHASIZED.

THE CIVIL SERVICE COMMISSION (CSC) SHALL REQUIRE ALL
GOVERNMENT WORKPLACES TO DEVELOP THEIR OWN POLICIES ON TB
PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH
NATIONAL LAW AND POLICIES, PREVENTION STRATEGIES THROUGH
ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE
OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE
SHALL BE EMPHASIZED.

THE TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
(TESDA) SHALL IMPLEMENT A NON-DISCRIMINATORY APPROACH IN DEALING
WITH CLIENTS SUFFERING FROM TB AND SHALL INCORPORATE TB
AWARENESS IN THE TRAINING PROGRAM OF ITS TECHNICAL AND
VOCATIONAL EDUCATION (TVET) INSTITUTIONS THROUGH THE CONDUCT OF
RELEVANT SEMINARS FOR ALL ITS STUDENTS. THE TESDA SHALL ESTABLISH
FOCUS GROUPS FOR CLIENTS WHO ARE AFFLICTED WITH THE DISEASE.

THE DepEd, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR AND
LOCAL GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT AGENCIES
SHALL DEVELOP A COMPREHENSIVE PROGRAM OF SUPPORT SERVICES FOR
TB VICTIMS AND THEIR AFFECTED CHILDREN AND FAMILIES.

SEC. 10. A new section denominated as Section 18 of the same Act is added, to read as
follows:

"SEC. 18. SERVICE DELIVERY NETWORK (SDN). – THE DOH, THROUGH
ITS REGIONAL OFFICES, AND IN COORDINATION WITH LGUs, SHALL
INTEGRATE AND STRENGTHEN THE PROVISION OF TB SERVICES INTO
ESTABLISHED SDNs OR LOCAL HEALTH REFERRAL SYSTEM, WHICH SHALL
NOT BE RESTRICTED WITHIN THE GEOGRAPHIC OR POLITICAL BOUNDARIES
OF LGUs. COLLABORATION ACROSS LGUs SHALL BE ENCOURAGED."
THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS (RHUs), DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOH-RETAINED HOSPITALS. THE DOH AND LGUs MAY ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDERS TO FORM PART OF THE SDN."

SEC. 11. A new section denominated as Section 19 of the same Act is added, to read as follows:


SEC. 12. A new section denominated as Section 20 of the same Act is added to read as follows:

"SEC. 20. SCREENING FOR HIGH RISK POPULATION. — AS A POLICY, TB SCREENING SHALL BE HIGHLY RECOMMENDED FOR HIGH RISK POPULATIONS AND MAY INCLUDE THE FOLLOWING:

(A) THOSE THAT ARE IN CLOSE CONTACT WITH PERSONS KNOWN OR SUSPECTED TO HAVE TB;

(B) THOSE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);

(C) THOSE WHO ARE SMOKERS OF CIGARETTES AND USERS OF ILLEGAL DRUGS;

(D) THOSE WHO INJECT ILLICIT DRUGS OR ARE USERS OF OTHER LOCALLY IDENTIFIED HIGH-RISK SUBSTANCE;

(E) THOSE WHO HAVE MEDICAL RISK FACTORS, SUCH AS DIABETES AND OTHER COMPARABLE DISEASES, KNOWN TO INCREASE THE RISK FOR DISEASE WHEN INFECTION OCCURS;

(F) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE SETTINGS;

(G) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;

(H) INFANTS, CHILDREN AND ADOLESCENTS EXPOSED TO ADULTS IN HIGH-RISK CATEGORIES; AND"
(I) SUCH OTHER PERSONS AS MAY BE IDENTIFIED BY THE SECRETARY
OF HEALTH

THE ROUTINE TB SCREENING TEST SHALL FORM PART OF THE NORMAL
STANDARD OF CARE OFFERED IRRESPECTIVE OF WHETHER OR NOT THE
PATIENTS EXHIBIT SIGNS AND SYMPTOMS OF UNDERLYING TB INFECTION OR
HAS OTHER REASONS FOR PRESENTING TO THE FACILITY.

THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING TESTS
AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTHCARE SETTINGS
AND FACILITIES."

SEC. 13. A new section denominated as Section 21 of the same Act is added, to read as
follows:

"SEC. 21. INTEGRATION OF TB SCREENING IN HIV AND AIDS
PREVENTION AND CONTROL. — SYMPTOMATIC TB SCREENING AND TB
PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND AIDS WITHOUT
TB SYMPTOMS SHALL BE PROVIDED AS PART OF THE DELIVERY OF HIV AND
AIDS RELATED SERVICES."

SEC. 14. A new section denominated as Section 22 of the same Act is added, to read as
follows:

"SEC. 22. PRIVATE HEALTH FACILITIES FOR TB-DOTS. — TO ENHANCE
AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH FACILITIES IN TB
CONTROL, ALL PRIVATE HEALTH FACILITIES ARE MANDATED TO SEEK
ACCREDITATION FROM PHILHEALTH AS TB-DOTS PROVIDER."

SEC. 15. A new section denominated as Section 23 of the same Act is added, to read as
follows:

"SEC. 23. CONTACT TRACING AND PROPHYLACTIC TREATMENT. —
SCREENING BY CHEST X-RAY SHALL BE INITIATED AMONG ALL CONTACTS OF
AN INDEX CASE WITH BACTERIOLOGICALLY-CONFIRMED OR CLINICALLY
DIAGNOSED PULMONARY TUBERCULOSIS IN ORDER TO OFFER PREVENTIVE
TREATMENT WHEN NECESSARY TO THOSE WITH LATENT TB INFECTION,
FOLLOWING PRESCRIBED GUIDELINES AND STANDARDS."

SEC. 16. A new section denominated as Section 24 of the same Act is added, to read as
follows:

"SEC. 24. PERSONNEL COMPLEMENT. — TO ENSURE THE EFFECTIVE
IMPLEMENTATION OF THIS ACT, THE DOH SHALL ENSURE THAT THERE SHALL
BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND ALLIED
PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE OBJECTIVES OF
THE TB ELIMINATION PROGRAM. THE FORMULATION OF QUALIFICATION
STANDARDS OF THE STAFF COMPLEMENT MUST BE DONE PURSUANT TO
CIVIL SERVICE RULES AND REGULATIONS. THE SECRETARY OF THE DOH
SHALL SUBMIT THE PROPOSED ORGANIZATIONAL AND STAFFING
MODIFICATION TO THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM)
FOR REVIEW AND APPROVAL.

ALL DOH EMPLOYEES AND STAFF INVOLVED IN TB ELIMINATION
PROGRAM SHALL PARTICIPATE IN CAPACITY BUILDING PROGRAMS AND
ACTIVITIES TO BOOST COMPETENCE AND SKILL PROFICIENCY."

SEC. 17. A new section denominated as Section 25 of the same Act is added, to read as
follows:

"SEC. 25. MOBILIZATION. – THE DOH, IN COORDINATION WITH THE LGUs
AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR, CIVIL
SOCIETY ORGANIZATIONS AND TB PATIENTS' GROUPS, SHALL SPEARHEAD
THE MOBILIZATION OF KEY AFFECTED POPULATION FOR PUBLIC AWARENESS
CAMPAIGNS AND STIGMA REDUCTION ACTIVITIES. TB PATIENTS' GROUPS
SHALL BE INVOLVED IN THE PLANNING AND IMPLEMENTATION OF THE
POLICIES AND PROGRAMS THAT AFFECT THEM."

SEC. 18. A new section denominated as Section 26 of the same Act is added, to read as
follows:

"SEC. 26. ALTERNATIVE FINANCING SCHEMES. – THE DOH IS HEREBY
MANDATED TO EXPLORE ALTERNATIVE FINANCING SCHEMES, IN
CONSULTATION WITH THE DEPARTMENT OF FINANCE (DOF), AND TO ENTER
INTO CONTRACTS WITH ANY PRIVATE HOSPITAL OR HEALTH FACILITY UNDER
THE PUBLIC-PRIVATE PARTNERSHIP (PPP) APPROACH TO STRENGTHEN AND
EXPAND THE PROVISION OF TB DIAGNOSIS AND TREATMENT SERVICES
NATIONWIDE."

SEC. 19. A new section denominated as Section 27 of the same Act is added, to read as
follows:

"SEC. 27. TAX EXEMPTION. – ALL GRANTS, BEQUEST, ENDOWMENTS,
DONATIONS AND CONTRIBUTIONS MADE TO THE DOH TO BE USED ACTUALLY,
DIRECTLY AND EXCLUSIVELY BY THE DOH FOR THE PRIMARY PURPOSE OF
CONTRIBUTING TO TUBERCULOSIS ERADICATION ACTIVITIES SHALL BE
EXEMPT FROM DONOR'S TAX AND THE SAME SHALL BE CONSIDERED AS
ALLOWABLE DEDUCTION FROM THE GROSS INCOME OF THE DONOR FOR
PURPOSES OF COMPUTING THE TAXABLE INCOME OF THE DONOR IN
ACCORDANCE WITH THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE
CODE OF 1997, AS AMENDED."

SEC. 20. A new section denominated as Section 28 of the same Act is added, to read as
follows:

"SEC. 28. OTHER SOURCES OF FUNDS. – THE NATIONAL GOVERNMENT
SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR THIS ACT THROUGH
NEGOTIATION AND UTILIZATION OF LONG-TERM CONCESSIONAL OFFICIAL
DEVELOPMENT ASSISTANCE (ODA), OTHER SOURCES OF FUNDS SUCH AS
GRANTS, DONATIONS, COLLECTIONS AND OTHER FORMS OF ASSISTANCE
FROM LOCAL AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE
ENTITIES AND OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES
MAY BE TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH
SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR ACCOUNTING AND
AUDITING GUIDELINES AND PROCEDURES: PROVIDED, THAT IN CASE OF
DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE THEREOF SHALL BE
SUBJECT TO EXISTING GOVERNMENT RULES AND REGULATIONS."

SEC. 21. A new section denominated as Section 29 of the same Act is added, to read as
follows:

"SEC. 29. JOINT CONGRESSIONAL OVERSIGHT COMMITTEE ON THE
ELIMINATION OF TB (JCOC-ETB). - THERE IS HEREBY CREATED A JCOC-ETB
WHICH SHALL CONDUCT A REGULAR REVIEW OF THE IMPLEMENTATION OF
THIS ACT. THE JCOC-ETB SHALL CONDUCT A SYSTEMATIC EVALUATION OF
THE PERFORMANCE, IMPACT, AND ACCOMPLISHMENTS OF THE
COMPREHENSIVE PHILIPPINE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS
AND THE VARIOUS AGENCIES INVOLVED IN THE TB ELIMINATION PROGRAM,
PARTICULARLY WITH RESPECT TO THEIR OBJECTIVES AND FUNCTIONS.

THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE
COMPOSED OF FIVE (5) MEMBERS FROM THE SENATE AND FIVE (5) MEMBERS
FROM THE HOUSE OF REPRESENTATIVES TO BE APPOINTED BY THE SENATE
PRESIDENT AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES,
RESPECTIVELY. THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL
BE JOINTLY CHAIRED BY THE CHAIRPERSONS OF THE SENATE COMMITTEE
ON HEALTH AND DEMOGRAPHY AND THE HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH."

SEC. 22. Section 14 of the same Act is hereby renumbered as Section 30.

SEC. 23. Section 15 of R.A. 10767 is hereby renumbered as Section 31 and amended, to
read as follows:

OUT the provisions of this Act shall be charged against the CURRENT YEAR
appropriations of the CONCERNED GOVERNMENT AGENCIES [the DOH, the DepEd,
the CHED and the PIA under the General Appropriations Act]. IN ADDITION TO, AND
CONSISTENT WITH THE COUNTRY'S COMMITMENT TO ENSURE SUFFICIENT
AND SUSTAINABLE FINANCIAL SUPPORT TO END THE TB EPIDEMIC,
PARTICULARLY ON THE DEVELOPMENT OF A NATIONAL STRATEGIC
PROGRAM TO LOCATE AND TREAT OVER TWO MILLION FILIPINOS INFLECTED
WITH TB IN THE NEXT FIVE (5) YEARS, AN AMOUNT TO BE DETERMINED BY THE
DOH, IN CONSULTATION WITH THE DOF AND THE DBM, SHALL BE INCLUDED IN
THE ANNUAL APPROPRIATION OF THE DOH: PROVIDED, THAT THE
ADMINISTRATIVE EXPENSES TO IMPLEMENT THE PROGRAM SHALL NOT
EXCEED ONE PERCENT (1%) OF THE PROGRAM COST."

SEC. 24. A new section denominated as Section 32 of the same Act is added, to read as
follows:
"SEC. 32. SUNSET PROVISION. — TWO (2) YEARS AFTER THE EFFECTIVITY OF THIS ACT, CONGRESS, THROUGH THE JCOC-ETB, SHALL CONDUCT A "SUNSET REVIEW" OF THE MANDATED APPROPRIATIONS WHICH SHALL ENTAIL A SYSTEMATIC EVALUATION OF SUCH APPROPRIATION TO DETERMINE WHETHER OR NOT ITS PERFORMANCE, IMPACT, AND ACCOMPLISHMENTS WITH RESPECT TO THE TB ELIMINATION GOAL MERITS CONTINUED EXISTENCE."

SEC. 25. A new section denominated as Section 33 of the same Act is added, to read as follows:

"SEC. 33. PENALTIES. — THE PROFESSIONAL REGULATION COMMISSION (PRC) SHALL HAVE THE AUTHORITY TO SUSPEND THE LICENSE TO PRACTICE ANY MEDICAL PROFESSIONAL FOR ANY VIOLATION OF THIS ACT.

THE CSC SHALL HAVE THE AUTHORITY TO SUSPEND FROM PUBLIC OFFICE A CIVIL SERVANT WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.

IF THE OFFENSE IS COMMITTED BY A PUBLIC OR PRIVATE HEALTH FACILITY, INSTITUTION, AGENCY, CORPORATION OR OTHER JURIDICAL ENTITY DULY ORGANIZED IN ACCORDANCE WITH LAW, THE CHIEF EXECUTIVE OFFICER, PRESIDENT, GENERAL MANAGER OR SUCH OTHER OFFICER IN CHARGE SHALL BE LIABLE. IN ADDITION, THE BUSINESS PERMIT AND LICENSE TO OPERATE OF THE CONCERNED FACILITY, INSTITUTION, AGENCY, CORPORATION OR LEGAL ENTITY SHALL BE SUSPENDED ACCORDINGLY."

SEC. 26. A new section denominated as Section 34 of the same Act is added to read as follows:

"SEC. 34. TRANSITORY PROVISION. — THE PENALTIES CONTEMPLATED IN SECTION 33 OF THIS ACT SHALL BE IMPLEMENTED ONLY AFTER EFFICIENT AND MASSIVE TRAINING AND ORIENTATION FOR PHYSICIANS AND ALLIED HEALTH PROFESSIONALS AND A FRAMEWORK AND SYSTEM SUPPORT FOR THE IMPLEMENTATION AND MONITORING OF THE REQUIREMENTS OF SECTION 11 ON THE REGULATION ON SALE AND USE OF TB DRUGS AND SECTION 12 ON TB CASES NOTIFICATION OF R.A. 10767 HAS BEEN ESTABLISHED: PROVIDED, THAT SUCH PERIOD OF IMPLEMENTATION SHALL BE COMPLETED BY THE YEAR 2025."

SEC. 27. Section 16 of RA 10767 is hereby renumbered as Section 35 and amended to read as follows:

"SEC. 35. Implementing Rules and Regulations. — The DOH, in consultation with the DepEd, the CHED, the PIA, the LGUs, non-government organizations, CSOs, BROADCAST MEDIA, PRINT MEDIA and other concerned entities, shall issue the rules and regulations [implementing] TO IMPLEMENT the provisions of this Act within ninety (90) days from its effectivity."

SEC. 28. Section 17, 18 and 19 of the same Act are hereby renumbered as 36, 37, and 38 respectively.
SEC. 29. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,
FACT SHEET

House Bill Number 6496

(As approved by the Committee on September 30, 2019)

In substitution to House Bill Numbered 0167

AN ACT

STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT”

Introduced by: Reps. Angelina “Helen” D.L. Tan, M.D., Estrellita B. Suansing and Geraldine B. Roman

Committee Referral: Committee on Health (Primary)
Committee Chairperson: Rep. Angelina “Helen” D.L. Tan, M.D.
Committee Referral: Committee on Appropriations (Secondary)
Committee Chairperson: Rep. Isidro T. Ungab
Committee Referral: Committee on Appropriations (Secondary)
Committee Chairperson: Rep. Joey Sarte Salceda

OBJECTIVE:

- To support and expand efforts to eliminate tuberculosis (TB) by the comprehensive monitoring of TB patients, the implementation of a wider public awareness program, and harnessing the support of the private sector thereto.

KEY PROVISIONS:

- Inclusion in the module of the basic education curriculum while intensifies information and education programs for the allied health care care students to learn the principles and practices of preventing, detecting, managing and controlling tuberculosis.
- Launch media campaign regarding awareness on tuberculosis treatment, control, and management.
- Promotes for the establishment of the TB Registry and Monitoring System by Service Delivery Networks and the DOH in all hospital and health facilities including clinics which shall include information on new cases of TB, patient’s TB type, prescribed treatment and after treatment results.
• Requires TB registry for the renewal of license to operate of the health center, hospital, and health facilities.
• Prescribes on level II and level III private hospitals to seek accreditation from PhilHealth as TB-DOTS provider.
• Expands PhilHealth’s benefit package for TB patients which include TB screening, multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR TB), in both adults and children and on TB-DOTS.
• Ensures that there are adequate competent and qualified staffs and allied professionals to effectively carry out the objectives of the TB elimination program. Staffs shall also participate in capacity building programs and activities to boost competence and skill proficiency.
• Provides patient’s rights and responsibilities, corporate social responsibility to encourage business corporations to contribute in the ongoing efforts to reduce the incidence of TB in the country.

RELATED LAWS:

• Republic Act No. 10767 – Comprehensive Tuberculosis Elimination Plan Act
• Republic Act No. 10606 – National Insurance Act of 2013
• Article 694 and 695 of R.A. 386 – Civil code of the Philippines