

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Third Regular Session

HOUSE BILL NO. 8615



Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

AN ACT
STRENGTHENING THE FIGHT TO END TUBERCULOSIS, AMENDING FOR THE
PURPOSE REPUBLIC ACT NO. 10767 OR THE "COMPREHENSIVE
TUBERCULOSIS ELIMINATION PLAN ACT"

EXPLANATORY NOTE

This bill seeks to amend Republic Act No. 10767 otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act", which was enacted in 2016 to support and expand efforts to eliminate tuberculosis as a public health problem in the country.

Albeit the law is barely being implemented, there is a compelling need to strengthen the same in light of the recent approval of the Political Declaration on the Fight Against Tuberculosis (TB) which was endorsed at the UN High-Level Meeting (HLM) on TB by the heads of state and government and their representatives.

The UN HLM on TB on 26 September 2018 in New York under the theme "United to end tuberculosis: an urgent global response to a global epidemic" is a tremendous and unprecedented step forward by governments and all partners engaged in the fight against TB. It aims at accelerating efforts in ending TB and reaching all affected people with prevention and care and follows on from a very successful Ministerial Conference on Ending TB in Moscow on 16-17 November 2017 which resulted in high-level commitments from Ministers and other leaders from 120 countries to accelerate progress to end TB.

The Philippines as one of the high burden TB countries (it has the fourth highest burden of tuberculosis in the world after India, China and Indonesia) is signatory to the Political Declaration on the Fight Against Tuberculosis. It has committed to end the TB epidemic by 2030 as envisioned in the Agenda 2030 of the Sustainable Development Goals. The country as represented by Secretary Francisco T. Duque III of the Department of Health has, among others, affirmed its commitment to:

- Ensure adequate social protection measures for our indigent TB patients through multi-sectoral approach with the engagement of other government agencies, the private sector and other stakeholders;
- Accelerate efforts to improve access to rapid TB diagnostic tools, introduce new TB treatment regimens enhance the logistics management system, adopt cutting-edge digital tools, and guarantee adequate and competent health human resources;
- ensure better health outcomes, a more responsive health system, and a more equitable health care financing; and

- forge partnerships in the areas of effective referral system development to ensure continuum of care, prevent discrimination, and development of drug resistance and TB research networks establishment and expansion.

In light of this development, there is a need to strengthen R.A. 10767, considered as one of the most comprehensive laws on TB in the world, in order to enable the country to keep track of its commitment to develop a national strategic plan to find and treat over two (2) million Filipinos with TB in the next five (5) years.

One of the recommendations of the Joint Tuberculosis Program Review 2016 is to enforce the notification of TB cases, especially on the part of private doctors. Section 12 of R.A. 10767 mandates that "All public and private health centers, hospitals and facilities shall notify the DOH of all TB cases as prescribed under the Manual of Procedures of the National TB Program and the Philippine Plan of Action on Tuberculosis Control."

Moreover, "missing TB cases" along with accessibility issues of the poor were among the key programmatic gaps that were identified in the 2016 National TB Prevalence Survey (NTPS). It reveals that "Under-reporting of TB cases to the national TB registry is likely. It shows that prevalence to notification ratio for smear-positive pulmonary TB across all ages was 3.1, with the highest ratios found in the age groups 15-24 years (4.2) and 45-54 years (3.3) and among men (3.3). One-half of those who claimed to be on anti-TB treatment at the time of the survey were not found in the national TB registry. Of those found in the TB registry, 94% cases were reported by public providers, suggesting insufficient notification and reporting from private providers."

Given the current gaps in the program, notification of TB cases and the expansion of TB DOTS benefit package are crucial provisions in the implementation of R.A. 10767. Unfortunately, the law, while providing for notification on TB cases, does not provide for appropriate sanctions or incentives that would effectively deter non-compliance. Hence, this proposal seeks to amend R.A. 10767 by providing fines and penalties for non-compliance to the "No prescription, No anti-TB drugs" policy and non-observance of the national protocol on TB management and TB notification. It also expands PhilHealth's benefit package for TB patients to include TB screening, MDR TB, and XDR TB, in both adults and children.

Among the other significant features of the bill are provisions on patients right and responsibilities, corporate social responsibility to encourage business corporations to contribute in the ongoing efforts to reduce the incidence of TB in the country; convergence of services to address the problem of indirect costs borne out of accessing TB treatment including transportation, accommodation or halfway house and meals, among others; TB Strategic Plan for local government units; integration of TB services into established Service Delivery Networks (SDNs) or local health referral system; and inclusion of TB-DOTS treatment as one of the requirements for the conditional cash transfer program.

Also included are provisions for personnel complement, alternative financing schemes, and other sources of funds in order to ensure sufficient and sustainable financing for the country's commitment to end the TB epidemic by 2030.

In view of the expediency of attaining the vision of a world free of TB, the immediate approval of this measure is earnestly sought.

ANGELINA "HELEN" D.L. TAN, M.D.
4th District, Quezon

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Third Regular Session

8615
HOUSE BILL NO. _____

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

AN ACT
STRENGTHENING THE FIGHT TO END 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, in coordination with the] CHAIRPERSON OF THE Commission on Higher Education (CHED), IN COORDINATION WITH THE DEPARTMENT OF HEALTH, 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 THE DEPARTMENT OF EDUCATION (DepEd) [Health], in coordination with the DEPARTMENT OF HEALTH [Secretary of the Department of Education (DepEd)], shall work for the inclusion of modules on the principles and practices of preventing, detecting, managing and controlling tuberculosis in the health curriculum of every public and private elementary and high school."

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

"SEC. 10. *Media Campaign.* – The DIRECTOR-GENERAL [Secretary of Health] OF THE PHILIPPINE INFORMATION AGENCY (PIA), in coordination with the DEPARTMENT OF HEALTH [Philippine Information Agency (PIA)], shall encourage local media outlets to launch a media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication."

XXX

SEC. 4. A new section to be numbered as Section 13 is hereby added to read as follows:

“SEC. 13. Penalties. – Any person or entity found to have violated the “No prescription, No anti-TB drugs” policy under Section 11 of this Act shall be penalized with a fine of not less than fifty thousand pesos (P50,000.00) but not more than one hundred thousand pesos (P100,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

Any person or entity found to have violated the requirement for all public and private health centers, hospitals and facilities to observe the national protocol on TB management and to notify the DOH of all TB cases under Section 12 shall be penalized with a fine of not less than twenty thousand (P20,000.00) but not more than fifty thousand pesos (P50,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

The Professional Regulation Commission shall have the authority to suspend or revoke the license to practice of any medical professional for any violation of this Act.

The Civil Service Commission shall have the authority to suspend or revoke the civil service eligibility of a public servant who is 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 cancelled.”

SEC. 5. A new section to be numbered as Section 14 is hereby added to read as follows:

“SEC. 14. TB Notification Committee. – Adult and childhood TB shall be considered as a notifiable disease in all levels of the health care system. Any hospital or clinic which diagnosed a patient with TB shall report the same to the DOH. The DOH shall provide the form and manner of reporting of TB cases.

To ensure that compliance to the mandatory notification of TB cases is observed and enforced, a TB notification committee shall be organized in all public and private health centers, hospitals and facilities, which shall be composed of members as may be determined by the Secretary of Health.

TB notification committees shall submit regular TB notification compliance reports to their respective Regional Coordinating Committees, which shall make a consolidated TB notification compliance reports to the National Coordinating Committee.”

SEC. 6. A new section to be numbered as Section 15 is hereby added to read as follows:

SEC. 15. 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 tuberculosis among adults and children. The registry shall be a population-based TB registry that shall seek to collect data on all new cases of TB by geographical region to provide framework for assessing

and controlling the impact of the disease. TB registries shall form part of the Electronic Medical Records requirement of the DOH and that shall be in accordance with the National Health Data Standards and Data Privacy Act of 2012.

Every public and private health centers, hospitals and facilities, including clinics, shall have its own TB registry. The registry shall record the personal identification of TB patients, TB type, treatment received and its results and other data that the DOH may prescribe. The Regional Coordinating Committees shall ensure that all facilities within their respective jurisdiction have TB registry. The information shall be treated with utmost confidentiality and shall not be released to third parties, in accordance with data privacy act. Submission of TB registry shall be a requirement for the renewal of license to operate a hospital or business permit.

SEC. 7. Section 13 of R.A. No. 10767 is hereby renumbered as Section 16 and amended to read as follows:

“SEC. 16. *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, INCLUDING TB SCREENING, MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB) AND EXTENSIVELY DRUG-RESISTANT TB (XDR TB), IN BOTH ADULTS AND CHILDREN. THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH BENEFIT SHALL GO THROUGH A PROPER, TRANSPARENT AND STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS THE HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY, TO AVOID INEQUITABLE ALLOCATION OF FUNDS FOR HEALTH CARE SERVICES.”

XXX

SEC. 8. A new section to be numbered as Section 17 is hereby added to read as follows:

“SEC. 17. *TB Patients’ Rights and Responsibilities.* –

a. Persons with tuberculosis shall have the following rights:

(1) The right to be treated with humanity and respect for the inherent dignity of the human person including the delivery of services without stigma, prejudice or discrimination;

(2) The right to free and equitable access to TB care from diagnosis to completion of treatment;

(3) The right to receive medical advice and treatment that meets international standards for tuberculosis care, centering on patient needs, including those of patients with XDR-TB, MDR-TB or TB-HIV coinfection, and preventive treatment for young children and others 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 health-care programs;

(5) The right to information about the availability of health-care 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 health care providers to notify TB cases as provided under Section 12 of 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 upon completion of treatment;

(10) The right to nutritional security or food supplements if needed to meet treatment requirements; and

(11) 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 national or ethnic or social origin of the TB patient concerned as recognized in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.

b. Persons with tuberculosis shall have the following responsibilities:

(1) The responsibility to provide as much information as possible to health-care providers about present health, past illnesses, and other relevant details;

(2) The responsibility to provide information to health-care providers about contacts with immediate family, friends and others who may be vulnerable to TB or who may have been infected;

(3) The responsibility to follow the prescribed and agreed treatment regimen and to conscientiously comply with the instructions given to protect the patient's health and that of others;

(4) The responsibility to inform healthcare providers of any difficulties or problems in following treatment, or if any part of the treatment is not clearly understood;

(5) The responsibility to contribute to community well-being by encouraging others to seek medical advice if they exhibit symptoms of TB;

(6) The responsibility 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) The moral responsibility to show solidarity with other patients marching together towards cure;

(8) The moral responsibility to share information and knowledge gained during treatment and to share this expertise with others in the community, making empowerment contagious; and

(9) The moral responsibility to join in efforts to make the community free of TB."

SEC. 9. A new section to be numbered as Section 18 is hereby added to read as

follows:

“SEC. 18. *Corporate Social Responsibility.* – All business organizations established and operating under Philippine laws, whether domestic or foreign, are strongly encouraged to contribute in the ongoing efforts to reduce the incidence of TB in the country by observing corporate social responsibility (CSR). The Department of Health (DOH) shall give national recognition and rewards to all business organizations for outstanding, innovative and world-class CSR-related services for TB elimination.

Notwithstanding any provision of law to the contrary, there will be no imposition of the donor's tax for all monetary contributions and the equivalent monetary value of items donated, granted or bestowed for TB eradication activities. Provided, that such donations, grants, endowments or contributions were used actually, directly and exclusively for the primary purpose of contributing to TB eradication activities.

The DOH shall encourage the participation of the private sector in TB elimination program which shall include, among others, private corporations, peoples and non-government organizations and such other groups or organizations, both foreign and local, that may want to be partner with the implementation of this Act.”

SEC. 10. A new section to be numbered as Section 19 is hereby added to read as follows:

“SEC. 19. *Convergence of TB Services.* – The Department of Social Welfare and Development (DSWD) shall cover all indirect costs borne out of accessing TB treatment including transportation, accommodation or halfway house and meals among others.

TB patients and survivors shall not be deprived of any employment, livelihood, micro-finance, self-help, and cooperative programs by reason of their being TB patients or survivors. The DSWD, in coordination with the Department of Labor and Employment (DOLE), Department of Interior and Local Government (DILG), and Technical Education and Skills Authority (TESDA), shall develop enabling policies and guidelines to ensure economic empowerment and independence designed for marginalized TB victims.

The Department of Education (DepEd), the Commission on Higher Education (CHED), TESDA, DOLE, DILG and other appropriate government agencies shall develop a comprehensive program of support services for TB victims and their affected children and families.”

SEC. 11. A new section to be numbered as Section 20 is hereby added to read as follows:

“SEC. 20. *TB Strategic Plan for Local Government Units.* - 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.”

SEC. 12. A new section to be numbered as Section 21 is hereby added to read as follows:

“SEC. 21. Service Delivery Network. - The DOH, through its Regional Offices, and in coordination with the LGUs, shall integrate TB services into established Service Delivery Networks (SDNs) or local health referral system, which shall not be restricted within geographic or political boundaries of LGUs. Collaboration across LGUs in the provision of TB services shall be considered.

The SDN shall be a network of facilities ranging from Barangay Health Stations (BHSs), Rural Health Units (RHUs), district and/or city hospitals, to the provincial and/or DOH-retained hospitals. The DOH and/or the LGU may engage private health facilities or providers to form part of the SDN.”

SEC. 13. A new section to be numbered as Section 22 is hereby added to read as follows:

“SEC. 22. TB-Directly Observed Treatment, Short-Course (TB-DOTS) As Condition for Retention in the Conditional Cash Transfer Program. – Beneficiaries of the Conditional Cash Transfer Program of the government who have been diagnosed with TB shall be required to undergo TB-Directly Observed Treatment Short-Course (TB-DOTS) as one of the essential conditions for retention in the program.”

SEC. 14. A new section to be numbered as Section 23 is hereby added to read as follows:

“SEC. 23. Mandatory Screening for High-Risk Population. – As a policy, TB screening shall be required for high-risk population, which may include the following persons:

- (a) Those who have close contacts with persons known or suspected to have TB;
- (b) Persons infected with HIV;
- (c) Persons who inject illicit drugs or other locally identified high-risk substance users;
- (d) Persons who have medical risk factors known to increase the risk for disease if infection occurs;
- (e) Residents and employees of high-risk congregate settings;
- (f) Healthcare workers who serve high-risk clients;
- (g) Foreign-born persons, including children, recently arrived from countries that have a high TB incidence or prevalence;
- (h) Infants, children, and adolescents exposed to adults in high-risk categories.
- (i) Such others as may be identified by the Secretary of Health.

The DOH shall ensure access to routine TB screening tests as part of clinical care in all health care settings. Routine TB screening tests shall be recommended at health care facilities as a standard component of medical care. It is part of the normal standard of care offered irrespective of whether or not the patient has signs and symptoms of underlying TB infection or has other reasons for presenting to the facility.”

SEC. 15. A new section to be numbered as Section 24 is hereby added to read as follows:

“SEC. 24. *Integration of TB Screening in HIV and AIDS Prevention and Control.* - Symptomatic screening of all persons living with Human Immunodeficiency Virus (PLHIV) and TB preventive therapy for PLHIV without TB symptom shall be provided as part of the delivery of HIV and Acquired Immunodeficiency Syndrome (AIDS) related services.”

SEC. 16. A new section to be numbered as Section 25 is hereby added to read as follows:

“SEC. 25. *Private Health Facilities TB-DOTS.* – For purposes of enhancing and maximizing the participation of private health facilities in TB control, all level 3 and level 2 private health facilities are mandated to accredit with the Philippine Health Insurance Corporation (PhilHealth) as TB-Directly Observed Treatment Short-course (TB-DOTS) provider.”

SEC. 17. A new section to be numbered as Section 26 is hereby added to read as follows:

“SEC. 26. *Contact Tracing and Prophylactic Treatment.* - Contact tracing shall be initiated at the soonest possible time after the case has been reported to assess all contacts of smear-positive cases in order to offer preventive therapy or prophylactic treatment when necessary.”

SEC. 18. A new section to be numbered as Section 27 is hereby added to read as follows:

“SEC. 27. *Personnel Complement.* – To ensure the effective implementation of this Act, staff complement to perform the functions of the TB elimination program shall be increased.

The Secretary of Health shall, in coordination with the Department of Budget and Management (DBM), determine the additional plantilla positions to be created and filled up.”

SEC. 19. A new section to be numbered as Section 28 is hereby added to read as follows:

“SEC. 28. *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 persons infected with TB for public awareness campaigns and stigma reduction activities.”

SEC. 20. A new section to be numbered as Section 29 is hereby added to read as follows:

“SEC. 29. *Alternative Financing Schemes.* - The DOH is hereby mandated to explore alternative financing schemes, in consultation with the Department of Finance, and to enter into contract with any private hospital or health facility under the public-private mix (PPM) approach to strengthen and expand the provision of TB services

nationwide including TB diagnosis and treatment.”

SEC. 21. A new section to be numbered as Section 30 is hereby added to read as follows:

“SEC. 30. *Other Sources of Funds.* - The national government is hereby authorized to prioritize funding this measure in negotiating and utilizing loan-term deeply 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 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. 22. A new section to be numbered as Section 31 is hereby added to read as follows:

“SEC. 31. *Oversight Provision.* - There is hereby created a Joint Congressional Oversight Committee to conduct a regular review of the implementation of this Act which shall entail a systematic evaluation of the performance, impact or 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. 23. Section 15 of R.A. No. 10767 is hereby renumbered as Section 33 and amended to read as follows:

“SEC. 33. *Mandated Appropriations for the DOH.* - The amount necessary to carry out the provisions of this Act shall be charged against the current year's appropriations of the concerned agencies. In addition and consistent with the country's commitment to ensure sufficient and sustainable financing to end the TB epidemic, particularly in developing a national strategic program to find and treat over two million Filipinos with TB in the next five (5) years, an amount to be determined by the DOH, in consultation with the Department of Finance and the Department of Budget and Management, shall be included in the annual appropriation of the DOH. The said appropriations shall be allocated in the manner that shall be determined by the DOH, in consultation with the appropriate agencies. Provided, That the administrative expenses to implement the program shall not exceed ten percent (10%) of the program costs.

SEC. 24. A new section to be numbered as Section 34 is hereby added to read as follows:

“SEC. 34. *Sunset Provision.* - Every two (2) years after the effectivity of this Act, Congress 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 or accomplishments with respect to the TB elimination goal merits continued existence. Such review shall be undertaken by the Joint Congressional Oversight Committee created under Section 31 of this Act.”

SEC. 25. Section 14 of the same Act is hereby renumbered as 32. Sections 16, 17, 18 and 19 of the same Act are hereby renumbered as 35, 36, 37 and 38 respectively.

SEC. 26. *Implementing Rules and Regulations.* – The DOH, in consultation with the concerned agencies and entities, shall issue the rules and regulations implementing the provisions of this Act within ninety (90) days from its effectivity.

SEC. 27. *Separability Clause.* – If any provision of this Act is declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall remain in full force and effect.

SEC. 28. *Repealing Clause.* – All laws, orders, decrees, rules and regulations, and other parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 29. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,