

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 664



Introduced by: Rep. Keith Micah "Atty. Mike" D.L. Tan

EXPLANATORY NOTE

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"

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 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 first 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.

Five years later, the United Nations General Assembly (UNGA) held the second UN HLM on TB on 22 September 2023 with the theme "Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular by ensuring equitable access to prevention, testing, treatment and care", to reaffirm its commitment to end the tuberculosis epidemic by 2030, and review progress achieved in realizing the 2018 political declaration of the high-level meeting of the UNGA on the fight against tuberculosis.

The Philippines as fourth in the 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 has affirmed its commitment to:

- a. 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;
- b. 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;
- c. Fast-track progress towards timely, quality, universal access to tuberculosis services in both high- and low-burden countries, as outlined in the End TB Strategy;
- d. Mobilize sufficient, adequate, predictable and sustainable financing from all sources for universal access to quality tuberculosis prevention, diagnosis, treatment and care;
- e. Safeguard tuberculosis services as essential health services during humanitarian and health emergencies and in conflict settings, as these people may face heightened tuberculosis infection, risk of treatment interruption and limited access to quality health-care services, nutritious food and information that is language and culture sensitive;

- f. Increase international cooperation to advance TB research and innovation, including by fostering, coordinating and funding collaborative research, supporting transparent and rapid reporting for clinical trials and their results, promoting data sharing, encouraging open innovation approaches, voluntary licensing and technology transfer on mutually agreed terms;
- g. Promote access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis;
- h. Integrate within primary health care, including community-based health services, the systematic screening, prevention, treatment and care of TB and for related health conditions, using a people-centred, approach, to improve equitable access to quality, inclusive, affordable health services with effective referral systems to other levels of care;
- i. Support the WHO Multisectoral Accountability Framework for tuberculosis by establishing or strengthening high-level multisectoral accountability and review mechanisms, in line with national contexts, with the meaningful engagement of people and communities affected by tuberculosis, and to strengthen national review of progress aligned to agreed national and global tuberculosis targets;
- j. Ensure better health outcomes, a more responsive health system, and a more equitable health care financing; and
- k. 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, the 2024 National TB Prevalence Survey (NTPS), shows that in the Philippines, despite increased efforts in diagnosis through expanded GeneXpert machines, portable chest X-rays, and innovative logistics (like STRiders), around one-third of TB cases remain undetected or untreated, with nearly 100,000 patients either misdiagnosed or lost to follow-up. Multidrug-resistant TB (MDR-TB) also poses a growing threat, accounting for about 7% of the global MDR-TB burden.

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, which was approved by the House and transmitted to the Senate during the 18th Congress, 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' 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; 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.



Keith Micah "Atty. Mike" D.L. Tan
4th District, Quezon

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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."

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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.**”

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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 NOTIFICATON 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 HUMANELY 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 DEFRAID 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 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. 12. 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. 13. 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. 14. 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. 15. 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. 16. 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. 17. 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. 18. 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. 19. 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. 20. 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. 21. Section 14 of the same Act is hereby renumbered as Section 30.

SEC. 22. Section 15 of R.A. 10767 is hereby renumbered as Section 31 and amended, to read as follows:

"SEC. [15] 31. Appropriations. – The amount necessary to [implement] **CARRY 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. 23. 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. 24. 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. 25. 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. 26. 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. 27. Section 17, 18 and 19 of the same Act are hereby renumbered as 36, 37, and 38 respectively.

SEC. 28. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved