

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila
TWENTIETH CONGRESS
First Regular Session
House Bill No. **2883**



INTRODUCED BY REPRESENTATIVE PM VARGAS

AN ACT
AUTHORIZING THE DEPARTMENT OF HEALTH TO CARRY OUT
PROGRAMS AND GRANTS REGARDING THE PREVENTION AND
MANAGEMENT OF ASTHMA AND RELATED RESPIRATORY PROBLEMS
FOR LOW-INCOME FAMILIES AND COMMUNITIES

EXPLANATORY NOTE

Article II Section 15 of the 1987 Philippine Constitution provides that:

The State shall protect and promote the right to health of the people and instill health consciousness among them.

According to the World Health Organization (WHO), 12% of the Philippine population of 90 million have asthma. The Global Asthma Report also notes that approximately 11 million or one out of 10 Filipinos are suffering from asthma, yet 98 percent of Filipino asthma patients continue to lack proper treatment.¹

Asthma is a recurring inflammatory disorder in the airways of breathing usually caused by trigger factors, that is different for every patient. According to health experts, asthma is mostly genetic but can be triggered by a lot of factors—genes, stress, strong emotions, change of temperature, environment, dust, pollen, molds, chemicals in the air or in food, tobacco smoke, exercise, animals and viral infections.²

Globally, asthma affects 339 million people worldwide, responsible for around 1,000 deaths per day. Low- and middle-income countries such as the Philippines are among those that disproportionally suffer the most severe cases.³

¹ Department of Health. <https://rmc.doh.gov.ph/patientscorner/health-corner>

² Ibid.

³ Global Asthma Report 2018.

Asthma remains a significant public health and economic burden for the Filipino patient and its exacerbation is linked to increased medical expenses, high out-of-pocket costs, and loss of productivity.⁴

Despite asthma having no cure at the moment, treatment can help control and manage the symptoms so that people with asthma are able to live a normal, active life.

The government has a major role in alleviating the effects of asthma and other related respiratory diseases suffered among its constituents living in poverty. By providing more accessible treatment and other asthma-related services, we hope to provide comfort to the lives of millions of Filipinos who live with asthma.

This bill seeks to authorize the Department of Health to carry out programs and grants regarding the prevention and management of asthma and related respiratory problems especially for low-income families and communities.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



REP. PM VARGAS
Fifth District, Quezon City

⁴ Zamora, M.K. and Fernandez, L.2019, Philippine General Hospital- University of the Philippines Manila

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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 “Asthma Care and Treatment Act”.

SECTION 2. Declaration of Policy. – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them.

SECTION 3. Definition of Terms. – As used in this Act, the term:

- a) “Asthma” means the chronic and inflammatory lung disease characterized by recurrent breathing problems. It is a respiratory disorder characterized by wheezing, usually of allergic origin.
- b) “Committee” means the National Asthma Education Prevention Program Coordinating Committee.
- c) “DOH” means the Department of Health.
- d) “Secretary” means the DOH Secretary.

SECTION 4. Grants of Projects for Asthma-Related Activities for Low-Income Families and Communities. -

a) **In General.** – The Secretary shall provide grants to applicant public and nonprofit private entities to carry out projects which will aid individuals in low-income families and communities. Such aid shall include, but not be limited to:

- (1) Screenings for and referrals regarding asthma and related respiratory problems in accordance with paragraph (B);
- (2) Providing information and education regarding the conditions in accordance with paragraph (C); and
- (3) Holding or sponsoring workshops regarding the conditions for parents, teachers, physical education instructors, school nurses, school counselors, athletic coaches, and other individuals who serve in supervisory roles of children in such communities.

b) **Screenings and Referrals.** – The Secretary shall ensure that screenings for and referrals to the proper health personnel regarding asthma, and related respiratory problems under paragraph (A) are comprehensive, and that the settings in which the screenings and referrals are provided include –

- (1) Traditional medical settings such as hospitals, health clinics, and the offices of physicians; and
- (2) Non-traditional settings for the provision of such services, such as nurseries, elementary and secondary schools, community centers, public housing units, volunteer organizations, convenience stores, local government offices, day care centers, sites that offer nutrition-related services for women, infants, and children, and government offices that provide cash assistance for low-income individuals.

c) **Information and Education.** – The Secretary shall ensure that information and education on asthma and related respiratory problems under paragraph (A) are provided in accordance with the following:

- (1) The information and education will be provided in the language and cultural context that is most appropriate for the individuals for whom the information and education are intended.
- (2) The information and education shall include the following:
 - (a) Symptoms of the conditions.
 - (b) Prevention of the conditions.

(c) Monitoring and management of the conditions, including –

- (i) Avoiding circumstances that may cause asthma attacks or other respiratory problems; and
- (ii) Being aware of appropriate medication options, such as the need to keep in one's possession an asthma inhaler.

(d) The importance of developing a treatment plan that will permit asthmatic children to regularly engage in sports and other physical activities.

(3) The places in which the information and education will be provided, which include the traditional settings described in paragraph (B)(1) and the nontraditional settings described in paragraph (B)(2).

d) **Preparation of the Report on the Projects.** – The Secretary shall prepare a report on the projects carried under paragraph (A), which shall include:

- (1) The number of low-income children and adults who shall have been screened and given referrals through the projects;
- (2) The extent the projects have had an effect on the manner in which individuals prevent and manage asthma and related respiratory problems; and
- (3) An evaluation of the effectiveness of materials used in providing information and education.

e) **Inclusion in Project of Local Community-Based Organization**
– To receive a grant under paragraph (A) an applicant must:

- (1) Be a community-based organization that provides services in the low-income community in which the project is to be carried out; or
- (2) Demonstrate to the Secretary that one or more representatives from such an organization will play a substantial role in carrying out the project.

f) **Application for Grant.** – The Secretary may make a grant under paragraph (A) only if an application for the grant is submitted to the Secretary and the applicant is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

SECTION 5. *National Media Campaign to Provide Asthma-Related Information.* -

a) **In General.** – The Secretary may make awards of contracts to provide for a national media campaign to provide to the public and health care providers information on asthma and related respiratory problems, with priority given to the occurrence of such conditions in children.

b) **Certain Requirements.** – The Secretary shall ensure that the national media campaign under paragraph (A) is carried out in accordance with the following:

(1) The campaign provides information regarding the prevention and management of asthma and related respiratory problems.

(2) With respect to a community in which the campaign is carried out-

(a) The campaign provides information regarding the availability in the community of programs that provide screenings, referrals, and treatment of the conditions and training in managing the conditions; and

(b) The campaign is carried out in the language and cultural context that is most appropriate for the individuals for whom the campaign is intended. The campaign message, while tailored to the affected population, should have universal appeal and application to populations with different demographic backgrounds.

SECTION 6. *Research on Relationship between Air Pollutants and Asthma Related Problems.* –

a) **In General** – The Secretary, in consultation with the proper agency of the Department of Environment and Natural Resources (DENR) shall provide for the conduct of research to determine the kind and extent of air pollutants that cause asthma and related respiratory problems.

b) **Requirement Regarding Clinical Participants.** –

(1) **In General.** – In the conduct of clinical research under subsection (A), the Secretary shall give priority to providing individuals described in the succeeding paragraph opportunities to undergo clinical evaluations for purposes of the research.

(2) **Relevant Populations.** – For purposes of paragraph (I), the individuals referred to in this paragraph are individuals who are residents of communities in which the average family income is at or below the poverty line, as established by the Department of Budget and Management (DBM).

SECTION 7. National Asthma Education Prevention Program Coordinating Committee. There shall be a Committee established with the DOH who shall:

a) Conduct local asthma surveillance activities to collect data on the prevalence and severity of asthma and the quality of asthma management, including –

(1) Telephone surveys to collect sample household data on the local burden of asthma; and

(2) Health care facility specific surveillance to collect asthma data on the prevalence and severity of asthma, and on the quality of asthma care; and

b) Compile and annually publish data on –

(1) The prevalence of children suffering from asthma in each region; and

(2) The childhood mortality rate associated with asthma nationally and in each region.

SECTION 8. Appropriation. – To carry out the provisions of this Act, such sums as may be necessary are hereby authorized to be appropriated from the annual budget of the Department of Health.

SECTION 9. Implementing Rules and Regulations. – The Department of Health, within sixty (60) days from the effectivity of this Act, shall prescribe the necessary rules and regulations to carry out and enforce the provisions of this Act.

SECTION 10. Separability Clause. – If any provision of this Act is held invalid or unconstitutional, the same shall not affect the validity and effectivity of the other provisions hereof.

SECTION 11. Repealing Clause. – All laws, decrees, orders, and issuances, or portions thereof, which are inconsistent with the provisions of this Act, are hereby repealed, amended or modified accordingly.

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

Approved,