

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Philippines

Twentieth Congress
First Regular Session

HOUSE BILL NO. 2943



Introduced by Representative Kathryn Joyce F. Gorriceta, M.D.

EXPLANATORY NOTE

Noncommunicable diseases (NCDs) are the leading causes of death, disability, and financial burden in the country. In response, the government shall institutionalize lifestyle medicine services in the health care system. These interventions will be integrated across all levels of care to enhance early risk detection, support behavior change and disease remission, ensure coordinated care, provide psychosocial support, and improve quality of life while reducing healthcare costs.

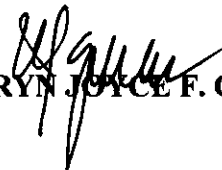
In the Philippines, NCDs account for 8 of the top 10 causes of mortality. A 2019 joint study of the World Health Organization and United Nations found that NCDs are responsible for 68% of deaths in the country, with a 29% chance of Filipinos dying from one of the four major NCDs between ages 30 and 70. The study also showed NCD trends, lifestyle-related risk factors, and their socioeconomic impact particularly the loss of productivity and strain on public health systems due to premature death and disability during prime working years. It recommends investment in noncommunicable diseases prevention and control that will save lives and contribute to the Philippines saving up to 4.8% of annual GDP.

In line with the constitutional mandate to adopt a comprehensive approach to health development, the State shall identify the critical gaps, recommend policy and legislative actions to ensure the institutionalization of evidence-based, cost-effective, and culturally responsive preventive and lifestyle medicine interventions at all levels of care ranging from individual health behavior change to population-based strategies. This shall include the implementation of evidence-based Lifestyle Medicine interventions as the first line and long-term standard of care, in accordance with clinical practice guidelines for the prevention, management, and reversal of NCDs. Priority shall be given to equitable access for all Filipinos, especially the underprivileged and those living with or at risk of chronic conditions.

While lifestyle-related disease programs are already implemented in many health facilities, a significant gap remains due to the lack of trained Preventive and Lifestyle Medicine specialists—health professionals with expertise in this specific discipline. Their absence limits the effectiveness, sustainability, and proper integration of lifestyle-based interventions in clinical practice.

The State further commits to integrating these interventions into the national health care delivery system through universal health coverage, policy reforms, capacity-building, and multisectoral collaboration. Private sector involvement, academic partnerships, and community-based engagement shall be encouraged to build a sustainable and inclusive approach to disease prevention and health promotion.

In light of the foregoing, and with the health and well-being of the Filipino people as the highest priority, the immediate passage of this measure is respectfully sought.


KATHRYN JOYCE F. GORRICETA, M.D.

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**AN ACT INTEGRATING PREVENTIVE AND LIFESTYLE MEDICINE INTO THE
PHILIPPINE HEALTH CARE SYSTEM, APPROPRIATING FUNDS THEREFOR, AND
FOR OTHER PURPOSES**

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

SECTION 1. Short Title. This Act shall be known as the “**Preventive and Lifestyle Medicine
Act of the Philippines.**”

SEC. 2. Declaration of Policy. It is the policy of the State to protect and promote the right to health of the Filipino people and instill health consciousness among them. The State recognizes that noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, respiratory diseases, and other chronic conditions constitute the leading causes of death, disability and financial health burden in the country. To this end, the government shall promote lifestyle medicine interventions by strengthening interdisciplinary, patient-centered, and family-engaged hospital systems and services. These programs shall be integrated into all levels of hospital care—from primary prevention to rehabilitation—and shall aim to:

- Enhance early risk identification and personalized lifestyle interventions;
- Ensure optimal, timely, and coordinated care;
- Support health behavior change and disease remission when possible;
- Offer psychosocial support and continuity of care;
- Reduce healthcare costs and improve patient quality of life.

SEC. 3. Definition of Terms. For purposes of this Act, the following terms are defined:

- a. **Lifestyle Medicine** – is a medical specialty that utilizes evidence-based therapeutic lifestyle interventions as a primary approach to the prevention, treatment, and potential reversal of chronic diseases. It emphasizes the central role of health-promoting behaviors—such as optimal nutrition, regular physical activity, effective stress management, restorative sleep, and other positive lifestyle practices—in enhancing overall health and well-being. Rather than focusing exclusively on pharmacologic or procedural interventions, Lifestyle Medicine adopts a patient-centered approach that empowers individuals to take an active role in their own care through sustainable lifestyle changes.
- b. **Lifestyle Medicine Services** refers to integrated clinical care, behavior change support, education, and outcomes monitoring to prevent and manage chronic disease through lifestyle interventions. It's an evidence-based, outcome-oriented intervention aligned with both global and local clinical guidelines for lifestyle management and chronic disease care, with the goal of achieving disease remission or reversal.
- c. **Lifestyle Medicine Provider** – A certified health professional who has completed formal training and/or certification in lifestyle medicine, recognized by national or international lifestyle medicine organizations, and accredited by the Department of Health.
 - a. **Lifestyle Medicine Specialist** - is a licensed medical doctor with specialized training in Lifestyle Medicine, who focuses on the use of evidence-based lifestyle interventions to prevent, treat, and manage chronic diseases.
 - b. **Lifestyle Medicine Intensivist** - a licensed physician who has attained an advanced level of certification, signifying expertise in the intensive application of therapeutic lifestyle interventions. This designation reflects the physician's capability to deliver comprehensive, evidence-based care aimed at reversing chronic disease and restoring optimal health.
 - c. **Allied Health Providers** - are healthcare providers who apply evidence-based lifestyle interventions as a primary strategy for the prevention and management of chronic diseases. They collaborate closely with physicians and other members of the healthcare team to support patients in adopting and sustaining health-promoting behaviors. This group includes, but is not limited to, nurses, nutritionists and dietitians, physical therapists, psychologists, and public health practitioners.
 - d. **Lifestyle Medicine Health Coaches** - refer to certified health coaches trained in behavioral change techniques, motivational interviewing, and psychosocial support, who assist patients in setting and achieving sustainable lifestyle goals.

- d. **Department of Health (DOH)** – The primary agency of government responsible for overseeing the country's health policies, regulation, service delivery, and standards implementation.
- e. **Lifestyle Medicine Council of the Philippines** – a non-stock, non-profit umbrella organization of lifestyle medicine care providers in the Philippines.
- f. **Philippine Health Insurance Corporation (PhilHealth)** – A government-owned and controlled corporation responsible for administering the National Health Insurance Program.
- g. **Philippine Council for Health Research and Development (PCHRD)** – The sectoral council under the Department of Science and Technology (DOST) tasked with coordinating, funding, and guiding research and development in health and medicine.

SEC. 4. Accreditation. The DOH shall establish, in collaboration with the Philippine College of Lifestyle Medicine, a framework for the accreditation of facilities, institutions, training programs, and practitioners delivering preventive and lifestyle medicine services. This framework shall define minimum standards for clinical competence, ethical practice, training curriculum, and outcome monitoring to ensure quality and consistency in service delivery.

SEC. 5. Quality Assurance. Accredited institutions shall adhere to DOH-defined quality standards to ensure optimal health outcomes. These shall include:

- a. **Employment of qualified and certified lifestyle medicine practitioners;**
- b. Provision of supportive infrastructure, such as teaching kitchens, fitness and wellness facilities, and counseling spaces;
- c. Integration of personalized lifestyle medicine protocols in clinical management;
- d. Implementation of data collection, evaluation tools, and outcome measures;
- e. Regular reporting and quality audits to be submitted to the DOH.

SEC. 6. Integration of Preventive and Lifestyle Medicine Services. All public and private health facilities, including primary care centers, specialty clinics, and tertiary hospitals, shall

incorporate lifestyle medicine in their patient care models, aligned with the objectives of the Universal Health Care (UHC) Act.

Rural health units, health centers and health offices shall be required to develop community-engaged lifestyle medicine (CELM) programs in coordination with government-owned or privately-owned lifestyle medicine centers in the local government units. The DOH shall issue implementing guidelines to ensure standardization and scalability.

SEC. 7. Lifestyle Medicine Program. There is hereby established a Lifestyle Medicine Services (LMS) which shall serve as the primary framework for implementing Lifestyle Medicine-based care in hospital and community settings. This program shall support all efforts of the national and local governments to institutionalize Lifestyle Medicine as a core service line in the prevention, treatment, and remission of lifestyle-related chronic diseases.

The LMS shall have the following objectives:

- a. Improve the quality of life and clinical outcomes of patients living with or at risk for lifestyle-related chronic diseases;
- b. Prevent disease progression and reduce complications through early intervention, lifestyle risk screening, assessment and intervention;
- c. Ensure timely, affordable, and equitable access to evidence-based Lifestyle Medicine care in hospitals and referral centers;
- d. Promote cost-effective, integrated care delivery models that include behavior change support and self-management education;
- e. Enhance the hospital experience of patients and families by fostering empowerment, shared decision-making, and multidisciplinary care;
- f. Support patient recovery, resilience, and reintegration into society through holistic care pathways including psychosocial support; and
- g. Eliminate barriers to Lifestyle Medicine services for marginalized populations, and reduce the burden of chronic disease on families, caregivers, and communities.

Providers shall document these services in the patient's medical record as part of the continuum of care.

SEC. 8. Support for Family and Community-Based Care. Family members and caregivers shall be given the opportunity to attend workshops, seminars, or interventions alongside patients receiving lifestyle medicine services. The DOH, in coordination with LGUs, shall develop

community peer-led initiatives such as support circles, home visit programs, and lifestyle coaching, especially in underserved and indigenous populations.

SEC. 9. Integration in Health Professional Education. The Commission on Higher Education (CHED), Department of Education (DepEd) and Technical Skills Development Authority (TESDA) shall collaborate with academic institutions and professional boards to:

- a. Incorporate Lifestyle Medicine into the curriculum at all levels of undergraduate and postgraduate medical education, including clinical clerkship rotations.
- b. Promote the development of residency and fellowship training programs specializing in Lifestyle Medicine.
- c. Integrate Lifestyle Medicine into the interprofessional education curricula of nursing, public health, nutrition, physical therapy, psychology, and other related disciplines.
- d. Support the establishment of Lifestyle Medicine training pathways, including residency, fellowship, and diplomate programs.
- e. Embed Lifestyle Medicine competencies in the licensure and board examinations for medicine, nursing, nutrition, physical therapy, psychology, and other allied health professions.
- f. Incorporate fundamental Lifestyle Medicine competencies—such as health behavior change, culinary medicine, and chronic disease prevention—into the training of Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs).
- g. Integrate age-appropriate Lifestyle Medicine subjects into the grade school to senior high school curriculum.

Continuing Professional Development (CPD) programs in lifestyle medicine shall be recognized and supported by the Professional Regulation Commission (PRC).

SEC. 10. Research and Development. The DOH and the PCHRD-DOST shall develop a national research agenda focused on preventive and lifestyle medicine. This shall include:

- a. Community-based implementation studies;
- b. Outcomes of chronic disease remission and reversal programs;
- c. Food system and policy impact analysis;
- d. Health equity and accessibility indicators.

The DOH shall allocate funds and provide grants to academic and clinical institutions conducting lifestyle medicine research.

SEC. 11. Program Implementation. The DOH, through its Health Promotion Bureau and relevant offices, shall be responsible for the nationwide implementation of this Act and shall:

- a. Develop and regularly update evidence-based clinical guidelines that prioritize lifestyle medicine as the first-line and ongoing intervention for the prevention and management of noncommunicable diseases (NCDs);
- b. Build a national registry of certified lifestyle medicine providers and accredited institutions;
- c. Coordinate with LGUs, DOLE, DILG, DA, and other agencies to promote intersectoral collaboration;
 - i. Partner with Local Government Units (LGUs) and the Department of the Interior and Local Government (DILG) to promote the enactment of city or municipal ordinances that support preventive and lifestyle medicine initiatives within communities.
 - ii. Work in coordination with the Department of Labor and Employment (DOLE) to implement preventive and lifestyle medicine programs in workplace settings.
 - iii. Collaborate with the Department of Agriculture to advance community-based programs focused on nutrition-sensitive agriculture and culinary medicine.
- d. Facilitate capacity-building workshops for health workers and public workers.

SEC. 12. PhilHealth Benefit Package. PhilHealth shall also support innovative and cost-effective Lifestyle Medicine services, including hospital- and community-based group sessions, shared medical appointments, and virtual coaching platforms.

DOH and PhilHealth shall ensure that funding is available across DOH-licensed Lifestyle Medicine Centers, both public and private, and shall define co-payment guidelines that guarantee access without financial hardship.

Coverage shall be accessible through primary care providers and specialty clinics and shall prioritize high-risk populations, including the elderly, persons with disabilities, and those living in poverty.

SECTION 13. National Lifestyle Medicine Month. The month of May of every year shall be declared as “National Lifestyle Medicine Month.” During this time, the DOH, in partnership with LGUs, academic institutions, professional societies, health facilities, and civil society, shall lead a nationwide observance with the goal of:

- a. Promoting healthy lifestyle behaviors in clinical, educational, and community settings

- b. Showcasing best practices and success stories in Lifestyle Medicine programs
- c. Mobilizing public-private partnerships to support sustainable health behavior change
- d. Launching campaigns focused on specific lifestyle-related health themes (e.g., diabetes reversal, plant-based eating, mental wellness, workplace health)

SEC. 14. Funding Support. The initial implementation of this Act shall be funded under the existing budget of the DOH. Thereafter, appropriations shall be included in the General Appropriations Act. Government financial institutions such as the PCSO, PAGCOR, and health trust funds shall be tapped to support public lifestyle medicine centers, particularly those serving marginalized populations.

SEC. 15. Tax Incentives. Donations, grants, or endowments made to DOH-accredited lifestyle medicine programs shall be exempt from donor's tax and deductible from the gross income of the donor in accordance with the National Internal Revenue Code, provided that such resources are used exclusively for preventive and lifestyle medicine activities.

SEC. 16. Implementing Rules and Regulations. Within sixty (60) days from the effectivity of this Act, the DOH, in consultation with relevant stakeholders—including lifestyle medicine organizations, professional boards, academic institutions, LGUs, and civil society—shall issue the necessary rules and regulations for its effective implementation.

SEC. 17. Separability Clause. If any provision of this Act is declared unconstitutional or invalid, the remaining provisions shall not be affected and shall remain in full force and effect.

SEC. 18. Repealing Clause. All laws, executive orders, administrative orders, rules, and regulations inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SEC. 19. Effectivity. This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.