

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**TWENTIETH CONGRESS**  
First Regular Session

**HOUSE BILL NO. 3035**



Introduced by: Hon. Keith Micah “Atty. Mike” D.L. Tan

**AN ACT**  
**INSTITUTIONALIZING A NATIONAL ORAL HEALTH PROGRAM AND APPROPRIATING**  
**FUNDS THEREFOR**

**EXPLANATORY NOTE**

A comprehensive analysis drawing on the 2021 Global Burden of Disease study revealed that an astounding 3.69 billion people—nearly half of the world’s population—suffered from some form of oral disease in 2021. The primary afflictions were untreated cavities, inflammatory gum disease (periodontitis), and tooth loss (edentulism). Untreated cavities alone impacted roughly 27,500 individuals per 100,000—meaning more than a quarter of all people—while periodontitis affected around 12,500 per 100,000. These figures represent no substantial improvement globally since 1990, despite increased awareness and prevention efforts. However, the data do show striking regional disparities: the African and Eastern Mediterranean regions witnessed the most significant increases in disease cases and disability-adjusted life years (DALYs), while Europe experienced the smallest changes, even seeing decreases in cavity and oral cancer rates in some parts.<sup>1</sup> This highlights that while some regions have benefited from stronger public health campaigns and infrastructure improvements, others remain severely underserved and continue to experience a mounting oral health crisis.

A disturbing new national oral health survey reveals that around 80 million Filipinos are suffering from tooth decay, placing the Philippines among the countries with the worst dental caries rates globally, while another 54 million are experiencing gum disease—a leading cause of tooth loss—with the World Health Organization noting that the average 70 year old Filipino retains only seven teeth. One of the key drivers of this crisis is the uneven distribution of dentists, with approximately 60 percent concentrated in Metro Manila, thereby leaving vast swaths of the archipelago with minimal access to dental care.<sup>2</sup> Compounding this issue is the financial barrier: many Filipinos perceive dental services as out of reach due to limited insurance coverage and high out of pocket costs, causing half the population to seek dental help only when pain becomes unbearable.

In this light, this measure seeks to strengthen the delivery of oral health services in the country through the adoption of responsive and efficient policies in oral disease prevention and oral health promotion by scaling up essential programs and increasing

<sup>1</sup> Cha, A. E. (2025, March 24). *More than 3 billion people had some type of oral disease in 2021, report finds*. The Washington Post. (<https://www.washingtonpost.com/wellness/2025/03/24/oral-disease-cavities-gum-disease/>)

<sup>2</sup> Daily Tribune. (2025, February 7). *80M Filipinos suffer from tooth decay - health survey*. <https://tribune.net.ph/2025/02/07/80m-filipinos-suffer-from-tooth-decay-health-survey>

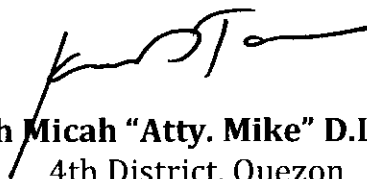
investments to make oral health treatment and care more equitable and affordable for all Filipinos.

The bill proposes to establish a National Oral Health Program that will seek to improve the determinants of oral health; integrate oral health promotion and preventive services with the general health care system; and provide timely access to quality basic oral health care and treatment among others. It likewise proposes to establish an Oral Health Service under the DOH to ensure the promotion and delivery of quality, affordable, accessible and available oral health care in the country.

One of the important features of the bill is the creation of an oral health unit in every rural health unit throughout the country consistent with the objectives of the primary health care approach in the delivery of health services under the Universal Health Care Act.

Oral health care must be seen as important by the government because oral diseases such as oral cancer, sores, and infections are as deadly as other diseases in the world considering the fact that even a five-year-old child can get severe tooth decay that affects his or her performance and wellness at school or play, which is also true with adults. All of these can be prevented if proper information and services are made available and more accessible to those who are not aware of how important oral health is for the well-being of every people.

In view of the foregoing, the expeditious approval of this bill is earnestly sought.



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

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

**CHAPTER I**  
**INTRODUCTORY PROVISIONS**

**SECTION 1. *Short Title.*** - The Act shall be known as the "Oral Health Care Act".

**SEC. 2. *Declaration of Policy.*** - Recognizing that oral diseases are major public health problems and oral health is integral to general health and essential for the well-being of every people, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of the delivery of quality, affordable, accessible and available oral health care.

Towards this end, the State shall endeavor to adopt responsive and efficient policies in oral disease prevention and promotion by scaling up essential programs and increasing investments to make oral health treatment and care more equitable and affordable for all, especially for the underprivileged, poor and marginalized Filipinos.

**SEC. 3. *Definition of Terms.*** - As used in this Act:

(a) *Basic oral health care* refers to the essential promotive, preventive, and curative services that include oral examination, toothbrushing drills, scaling or oral prophylaxis, filling of restorable cavities and extraction of unsavable teeth, including referral and check-up of dental clinical cases;

(b) *Orally fit child* refers to a child who meets the following conditions upon oral examination and/or completion of treatment: (a) caries-free or carious tooth/teeth filled either with temporary or permanent filling materials; (b) have healthy gums; (c) has no oral debris; and (d) no handicapping dento-facial anomaly or no dento-facial anomaly that limits normal function of the oral cavity;

(c) *Oral health* refers to a fundamental component of health and physical and mental well-being that includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain,

discomfort and disease of the craniofacial complex; and

(d) *Risk to oral health* refers to poor oral hygiene practices

## CHAPTER II ORAL HEALTH PROGRAM AND SERVICES

SEC. 4. *National Oral Health Program.* – There is hereby established a National Oral Health Program, hereinafter referred to as the Program, which shall have the following objectives:

(a) Improve the determinants of oral health;

(b) Integrate oral health promotion and preventive services with general health care system particularly in the implementation of Republic Act No. 11223, otherwise known as the Universal Health Care Act and Republic Act No. 11148, otherwise known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act” as well as health programs such as nutrition, maternal and child health, women’s health and safe motherhood, adolescent, youth and elderly, tobacco and drug abuse, water and sanitation, among others;

(c) Provide timely access to quality basic oral health care and treatment;

(d) Control risks to oral health, especially of the younger population;

(e) Reduce the prevalence rate of dental caries and periodontal diseases;

(f) Improve the oral health conditions of pregnant women and older persons;

(g) Increase the proportion of orally fit children;

(h) Make oral health treatment and care more affordable and accessible;

(i) Integrate the prevention of dental decay and basic oral care in health promotion programs and feeding strategies;

(j) Incorporate prevention and basic oral care activities into the primary health care package of services;

(k) Reorient oral health policy and planning away from a conventional model of restorative dentistry towards a preventive model of care that promotes oral health; and

(l) Ensure the provision of oral health assessment, nutrition services and interventions at the different life stages, topical fluoride therapy, pits and fissure sealant application, oral prophylaxis, and permanent fillings, among other services;

SEC. 5. *Strengthening of the Regional Centers for Health Development in the Provision of Oral Health Services.* – The Secretary of Health shall strengthen the Regional Centers for Health Development in the provision of oral health services by undertaking the following activities:

(a) Provide basic package of essential oral health services for every lifecycle group

such as infants, pregnant women, children, adolescent and youth, and senior citizens;

(b) Provide outreach programs and activities in unserved and underserved areas of the country;

(c) Undertake public information and education programs to train the public on oral hygiene;

(d) Train and enhance the capability of oral health providers in both public and private hospitals; and

(e) Ensure that monitoring services are extended as far as practicable, at the lowest local level health unit

### CHAPTER III ORAL HEALTH SERVICE

SEC. 6. *Oral Health Service (OHS)*. – There is hereby established an Oral Health Service, hereinafter referred to as the OHS, under the Department of Health (DOH) to ensure the promotion and delivery of quality, affordable, accessible and available oral health care. It shall take overall responsibility for policy development, standard setting, coordination, and integration of all oral health activities.

The OHS shall be headed by a Director who shall be designated to provide operational leadership, undertake coordination with stakeholders and ensure effective and sustainable implementation of the Program. The Director must be a dentist of good moral character and must have practiced clinical dentistry for a period of not less than ten (10) years with relevant background in the area of disease prevention and control or public health for not less than five (5) years.

The OHS shall have the following units: Standards, Policy and Planning Unit; Research, Surveillance, Monitoring and Evaluation Unit; Logistics Management and Supply Unit; Administrative Unit; and such other units as may be deemed necessary in the interest of the efficient and effective delivery of oral health services.

SEC. 7. *Powers and Functions*. - The OHS shall exercise the following powers and functions:

(a) Formulate and recommend policies, standards, guidelines and techniques on oral health services;

(b) Develop and oversee the implementation of the Program that aims to define and address the oral health burden of the country. The role and obligations of government agencies and stakeholders shall be clearly defined and shall endeavor to specify national and regional oral health indicators that is responsive, evidenced-based and culturally sensitive.

(c) Coordinate and oversee the provision of oral health services in all hospitals of the national government and local government units;

(d) Provide consultative and training services to non-government agencies on

development of oral health care programs and research;

(e) Initiate the formulation and conduct of basic, applied and operational researches for the prevention of oral health disease and feasibility studies for the improvement of oral health care delivery system;

(f) Coordinate and oversee capacity building in the development of human resources for oral health in partnership with Professional Regulations Commission (PRC), academe, including state colleges and universities (SUCs), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), oral health professional organizations, students of dentistry, dental hygiene and dental technicians;

(g) Supervise and coordinate all oral health activities of DOH–Centers for Health Development; and

(h) Provide technical assistance on oral health in DOH–Centers for Health Development and with the Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), and local government units

#### CHAPTER IV HUMAN RESOURCES FOR ORAL HEALTH

SEC. 8. *Personnel Complement.* – To ensure the effective implementation of this Act, the personnel complement currently assigned for the existing oral health program of the DOH under the Family Health Office of the Disease Prevention and Control Bureau shall be transferred to the OHS. The Secretary of Health shall, in coordination with the Secretary of Budget and Management (DBM), address human resource needs by creating the additional plantilla positions for oral health professionals and necessary personnel required in the Program: *Provided, That* deployment to Geographically Isolated and Disadvantaged Areas (GIDAs) shall be prioritized. It shall ensure that salaries of oral health professionals in the public sector are competitive.

Human resource development for oral health shall be geared towards the development of adequate, appropriate, competent and highly motivated health professionals and trained auxiliaries to manage and provide quality oral health services.

SEC. 9. *Capacity Development.* – The DOH, in collaboration with oral health professional societies, LGUs leagues, and LGU-based associations, academic institutions, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing oral health services/care and support at all levels of the health care system. The capability of public health systems and facilities in the provision of oral health services shall also be strengthened through the following activities:

(a) Allocation of adequate resources to ensure the provision of essential oral health services;

(b) Provision of relevant, timely, and accurate information management system for oral health; and

(c) Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care

## CHAPTER V ORAL HEALTH AWARENESS AND PROMOTION

SEC. 10. *Oral Health Awareness Campaign.* – The DOH shall intensify its oral health awareness campaign and provide the latest and evidence-based information for the prevention and treatment of oral diseases. The DOH, in collaboration with the Department of Information and Communications Technology, shall make full use of the latest technology to disseminate information to reach every Filipino. The awareness campaign must increase oral health literacy and understanding of risk factors associated with oral disease.

SEC. 11. *National Oral Health Month.* – The month of February of every year shall be known as the “National Oral Health Month” throughout the Philippines. The DOH, in collaboration with the Philippine Information Agency, local government units, dental societies, and academic institutions shall lead the observance of the National Oral Health Month.

SEC. 12. *Oral Health Promotion and Advocacy.* – The Health Promotion Bureau of the DOH shall develop a comprehensive oral health communication plan that will encompass promotion, communication and advocacy of oral health across the life stages applicable for all settings. Additional positions shall be created to complement the oral health services, patient’s education and public health promotions. The DOH as the overall steward for health care, shall strengthen national efforts in providing a comprehensive and coordinated approach to health development with emphasis on scaling up health promotion and preventive care.

## CHAPTER VI ORAL HEALTH SERVICE IN LOCAL GOVERNMENT UNITS

SEC. 13. *Oral Health Program in Local Government Units.* - All provinces, cities, municipalities, and barangays shall implement their respective oral health programs in accordance with the National Oral Health Program. Local government units shall ensure the delivery of quality, affordable, accessible, and available oral health services in their respective health facilities.

SEC. 14. *Oral Health Unit in Rural Health Unit.* – In pursuit of the primary health care approach in the delivery of health services, there is hereby created an oral health unit in every rural health unit. The Oral Health Unit shall be composed of a public health dentist and a trained Barangay Health Worker as a dental aide who shall act to promote preventive oral healthcare in the rural areas.

## CHAPTER VII REGULATION

SEC. 15. *Incorporation of Oral Health in the Standards, Licensing, Regulation, Quality Assurance, Monitoring and Evaluation of Health Facilities.* - The Health Facilities and Services Regulatory Bureau (HFSRB) of the Department of Health shall incorporate oral health in the

standards, licensing, regulation, quality assurance, monitoring and evaluation of health facilities. Likewise, the HFSRB shall employ Dentist IV and Dentist III positions to complement their human resource requirements.

SEC. 16. *Prevention of Illegal Practices in Oral Health.* - The Professional Regulatory Commission (PRC) shall adopt an effective regulatory framework, in consultation with the Philippine Dental Association (PDA), to prevent illegal practices in the oral health profession.

## CHAPTER VIII FINAL PROVISIONS

SEC. 17. *PhilHealth Benefits.* - The Philippine Health Insurance Corporation (PhilHealth) shall expand its benefit packages for oral health services in both adults and children. The development and expansion of PhilHealth benefits shall go through proper, transparent and standardized prioritization process in accordance with the appropriate provisions of the UHC Act.

SEC. 18. *Annual Report.* - The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Act.

SEC. 19. *Appropriations.* - The amount necessary for the implementation of this Act shall be charged to the current appropriations of the DOH. The amount for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 20. *Implementing Rules and Regulations.* - The DOH, in consultation and coordination with appropriate national government agencies, non-government organizations, private sector representatives, and other stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act no later than one hundred eighty (180) days upon the effectivity of this Act.

SEC. 21. *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.

SEC. 22. *Repealing Clause.* - All other laws, decrees, executive orders and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, modified or amended accordingly.

SEC. 23. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

*Approved,*