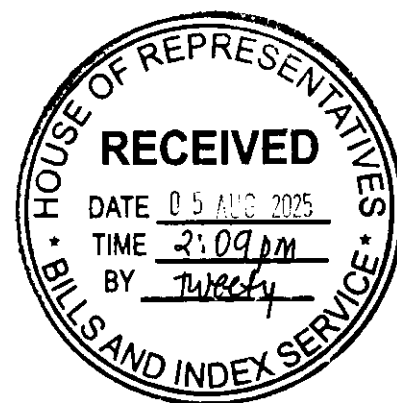


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 3039



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

AN ACT
ESTABLISHING A NATIONAL INTEGRATED PROGRAM TO PREVENT AND TREAT
PSORIASIS AS A PUBLIC HEALTH PROBLEM AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

According to The Lancet, a peer-reviewed general medical journal that is considered as among the world's oldest and best-known general medical journals:

"Psoriasis is a common, chronic *papulosquamous* skin disease occurring worldwide, presenting at any age, and leading to a substantial burden for individuals and society. It is associated with several important medical conditions, including depression, psoriatic arthritis, and cardiometabolic syndrome. Its most common form, chronic plaque or psoriasis vulgaris, is a consequence of genetic susceptibility, particularly in the presence of the HLA-C*06:02 risk allele, and of environmental triggers such as streptococcal infection, stress, smoking, obesity, and alcohol consumption. There are several phenotypes and research has separated pustular from chronic plaque forms. Immunological and genetic studies have identified IL-17 and IL-23 as key drivers of psoriasis pathogenesis. Immune targeting of these cytokines and of TNF α by biological therapies has revolutionised the care of severe chronic plaque disease. Psoriasis cannot currently be cured, but management should aim to minimise physical and psychological harm by treating patients early in the disease process, identifying and preventing associated multimorbidity, instilling lifestyle modifications, and employing a personalised approach to treatment."

Member States of the World Health Organization (WHO) in 2014 recognized psoriasis as a serious noncommunicable disease (NCD) in the World Health Assembly resolution WHA67.9. "The resolution highlighted that many people in the world suffer needlessly from psoriasis due to incorrect or delayed diagnosis, inadequate treatment options and insufficient access to care, and because of social stigmatization."¹

The 2016 Global Report on Psoriasis shows that the "prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a serious global

¹ From the Foreword of Dr Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, World Health Organization, Global Report on Psoriasis, WHO 2016

problem with at least 100 million individuals affected worldwide.” In the Philippines, “there is about one or two percent Filipinos with psoriasis”.²

On April 28, 2025, Psoriasis Philippines (Psorphil) and the Ilocos Training and Regional Medical Center (ITRMC) signed a Memorandum of Understanding, opening new doors for patients battling Generalized Pustular Psoriasis (GPP).

August is Psoriasis Awareness Month, which aims to help those affected feel supported, raise awareness and give the public a better understanding of the disease.

In this light, and consistent with the recommendations of the Global Report on Psoriasis to (1) ensure that people suffering from psoriasis have access to professional medical care as well as comprehensive, individually adapted treatment; (2) provide psoriasis patients with drugs included on the WHO Model List of Essential Medicines, including systemic therapies; (3) cover the costs of psoriasis treatments through universal health coverage schemes; (4) make available the optimum treatment of psoriasis and its comorbidities; (5) allow psoriasis patients access to health services that are provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality; (6) urge governments and nongovernmental organizations to facilitate the provision of education on common chronic skin conditions to health-care professionals, including undergraduate medical and nursing curricula and in-service training for physicians in primary care; and (7) call on governments to have a role in supporting psoriasis research and in reducing stigma and discrimination - this bill seeks to address the unmet needs of Filipinos suffering from psoriatic disease through the establishment of a national integrated program to prevent and treat psoriasis as a public health problem.

It is hoped that through this measure, Filipinos with psoriasis can be re-integrated as productive members of society and meaningfully contribute in the continuing task of nation building.

Hence, early approval of this bill is earnestly sought.



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

² Digna Banzon, Gov’t, private group tie up for massive psoriasis info campaign, Philippine News Agency, October 26, 2018 (<https://www.pna.gov.ph/articles/1052277>)

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 3099

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

AN ACT
ESTABLISHING A NATIONAL INTEGRATED PROGRAM TO PREVENT AND TREAT
PSORIASIS AS A PUBLIC HEALTH PROBLEM AND APPROPRIATING FUNDS
THEREFOR

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 "National Integrated Psoriasis Prevention and Treatment Program Act".

SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to health of the people, including the right of persons suffering from psoriasis to survival and full and healthy development as individuals through access to timely health information and adequate professional medical care. In pursuit of such policy, and in recognition that psoriasis is a serious noncommunicable disease (NCD) with no clear cause or cure, the State shall institutionalize a system that is people-centered, comprehensive, integrative and sustainable and shall facilitate collaboration among government and non-government agencies and organizations at the national and local levels, private sector, professional health organizations, academic institutions, communities and families towards the provision of early and sustainable care of persons afflicted with psoriasis. The State recognizes the crucial role of research in defining health programs and activities to address the needs of patients with psoriasis. The State also recognizes that an effective public education program is vital in helping ensure the early diagnosis and treatment of psoriasis and in preventing those afflicted with them from being the subject of ridicule and stigmatization.

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

(a) Carer refers to anyone who provides care for psoriasis patients and family members;

(b) National Integrated Psoriasis Prevention and Treatment Program refers to the program of the national government for the prevention and treatment of psoriasis in the country; and

(c) Psoriasis refers to an immune-mediated, genetic disease manifesting in the skin or joints or both.

SEC. 4. *National Integrated Psoriasis Prevention and Treatment Program.*

- There is hereby established a National Integrated Psoriasis Prevention and Treatment Program (NIPPTP) under the Department of Health (DOH), which shall serve as the framework for all psoriasis-related activities of the government. The program shall have the following objectives:

- (a) Promote and provide mechanisms for early identification, screening, and diagnosis of persons suffering from psoriasis;
- (a) Establish an extensive and sustainable health care system integrated within the public health care delivery system for early and sustainable care for patients suffering from psoriasis through the provision of comprehensive care from multidisciplinary teams of specialists, including dermatologists, rheumatologists, psychologists, psychiatrists, pediatricians, cardiologists and others;
- (b) Improve the access of psoriasis patients to professional medical care, and comprehensive, individually adapted treatment;
- (b) Provide referral services to patients for appropriate medical expertise and to identify medical facilities suited to the needs of patients;
- (c) Maintain an updated list of health care institutions and practitioners concerned with the treatment of psoriasis;
- (c) Facilitate the manufacture and importation of affordable drugs, especially those included in the WHO Model List of Essential Medicines, including systemic therapies;
- (d) Provide regulatory and fiscal incentives to support research and development studies on psoriasis particularly on the epidemiology, etiology, treatment and ways to improve health care for psoriasis patients and collaborate with other institutions for the conduct of research activities pertaining to the disease;
- (e) Provide an avenue for the sharing of best practices on issues relating to early detection, prevention, cure, treatment, and rehabilitation of persons diagnosed with psoriasis;
- (f) Promote an advocacy discouraging bias against and stereotyping of persons afflicted with psoriasis;
- (g) Establish sustainable support networks and orientation and counselling services for families of persons diagnosed with psoriasis;
- (h) Network with other organizations, institutions, and professionals working on public programs for persons diagnosed with psoriasis;
- (i) Integrate public educational and informational campaigns in the current programs to identify persons afflicted with psoriasis and help the public understand the special needs of such persons;
- (j) Facilitate the regular collaborative activities among stakeholders regarding the realization of the objectives of this Act;
- (k) Publish a newsletter on current developments and research on psoriasis, as well as other reading materials on the early detection, prevention, and treatment of psoriasis, and best practices for the care of diagnosed persons;
- (l) Conduct of continuing education and training programs on the proper care of persons with psoriasis; and
- (m) Establish a databank, information, and monitoring system on local government unit (LGU)-specific statistics pertaining to psoriasis.

SEC. 5. *Strengthening of the National and Regional Coordinating*

Committees. - The National Coordinating Committee (NCC) and the Regional Coordinating Committee (RCC) of the DOH shall serve as the NIPPTP's arm in strengthening and supporting nationwide capacity for program operations and bridging collaborative efforts between the public and private sector.

The Secretary of Health shall continue to improve the capability of the existing NCC and RCC in ensuring efficiency in the implementation, monitoring and evaluation of the NIPPTP and in the coordination of efforts of various sectors.

SEC. 6. Development of Medical Guidelines for Psoriasis Treatment. - The DOH, in consultation with relevant agencies of government, psoriasis focused professional societies, and patients' organizations, shall spearhead the development of medical guidelines regarding the diagnosis of psoriasis and its treatment and shall implement standards relating to medical care for psoriasis patients such as establishment of objectives of care and treatment plan, adequate assessment of progress of therapy, using uniform tools to assess the severity of the disease and patient quality of life.

SEC. 7. Psoriasis Patients as Persons with Disabilities. - Persons living with psoriasis, shall be considered as persons with disability (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons".

SEC. 8. Rights and Privileges. - Persons living with psoriasis shall be accorded the same rights and privileges as PWDs and the Department of Social Welfare and Development (DSWD) shall ensure that social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the Department of Labor and Employment (DOLE) shall adopt programs which promote work and employment opportunities for persons with psoriasis.

SEC. 9. Nondiscrimination. - The Commission on Higher Education (CHED), Department of Education (DepEd), Technical Education and Skills Development Authority (TESDA), DOLE, and other relevant government agencies, shall ensure that people living with psoriasis are free from any form of discrimination in school, workplace and community.

SEC. 10. Establishment of Psoriasis Assistance Fund. - There is hereby established a Psoriasis Assistance Fund to support patients in their medical treatment. The DOH shall manage the Fund in accordance with existing budgeting, accounting and auditing rules and regulations and shall make a quarterly report to the Office of the President and Congress on the disbursement of the Fund.

The DOH may solicit and receive donations which shall form part of the Fund and such donations shall be exempt from income and or donor's tax and all other taxes, fees and charges imposed by the government. Likewise, fund raising activities may be conducted and the proceeds of which shall accrue to the Fund and shall be exempt from any and all taxes.

Receipts from donations, whether in cash or in kind, shall be accounted for in the books of the donee government agency in accordance with accounting and auditing rules and regulations. The receipts from cash donations and proceeds from

sale of donated commodities shall be deposited with the National Treasury and recorded as a special account in the General Fund and shall be available to the implementing agency concerned through a special budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292. The cash value of the donations shall be deemed automatically appropriated for the purpose specified by the donor. Donations with a term not exceeding one (1) year shall be treated as trust receipts.

The donee-agency concerned shall submit the quarterly reports of all donations received, whether in cash or in kind, and expenditures or disbursements thereon with electronic signature to the Department of Budget and Management (DBM), through the Unified Reporting System, and to the Speaker of the House of the Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations, the Senate Committee on Finance and the Commission on Audit, by posting such reports on the donee-agency concerned websites for a period of three (3) years. The head of the donee-agency concerned shall send written notice to the said offices when said reports have been posted on its website which shall be considered the date of submission.

SEC. 11. *PhilHealth Benefits for Psoriasis.* – The Philippine Health Insurance Corporation (PhilHealth) shall expand its benefit packages to include primary care screening, detection, diagnosis, treatment assistance, supportive care, management and follow-up care for all types and severity of psoriasis. It shall also develop innovative benefits such as support for community-based models of care to improve psoriasis treatment journey and reduce costs of care. 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.

The Fund and PhilHealth benefits shall be made available in public and private DOH-licensed facilities. The DOH and PhilHealth shall prescribe, in consultation with stakeholders, the coverage rates and applicable rules on options to charge co-payment for services rendered. Processes to avail of such funding shall be streamlined to ensure timely provision of psoriasis care.

SEC. 12. *Social Protection Mechanisms.* – The DOH, in collaboration with the Social Security System (SSS), Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office (PCSO), DOLE, DSWD, PhilHealth and LGUs shall develop appropriate and easily accessible social protection mechanisms for psoriasis patients, their families and carers. It shall aim to encourage the underprivileged and marginalized people living with psoriasis to undergo the necessary treatment and care.

The Insurance Commission shall mandate the Health Maintenance Organizations (HMOs) to cover counseling and testing, psoriasis screening, diagnostics and care as well as certain therapeutics of all member employees.

The psoriasis-related absences from work of member employees as well as voluntary members shall be covered and compensated by the Sickness Benefits of the SSS and Disability Benefits of the GSIS.

The employees in the informal sector shall be prioritized in the psoriasis control packages of PhilHealth while the employees in the formal sector shall be offered cost-sharing PhilHealth benefit packages.

Children with Psoriasis shall be given free access to education or scholarship program by the government through the Department of Education (DepEd) and Commission of Higher Education (CHED) until such time that he/she finishes college education.

SEC. 13. *Psoriasis and Related Supportive Care Medicines.* – The DOH, and other concerned government agencies, shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible quality of life among people with psoriasis. The reforms include facilitating quick access to drugs for compassionate use and developing a more responsive system for effectively addressing emergency cases.

The Food and Drug Administration (FDA) shall create a dedicated and streamlined process, not exceeding one (1) year, for the licensing of innovator and generic psoriasis medication, subject to appropriate quality checks and compliance with minimum standards, such as, but not limited to, being approved and used for psoriasis treatment in other countries.

The DOH shall ensure sufficient supply of medicines for psoriasis-related care and management that are available at affordable prices. Further, the DOH shall formulate a monitoring system to check that psoriasis medications are safe and administered in correct dosages.

SEC. 14. *National Survey and Research.* - The DOH shall conduct an annual survey to determine the extent and total incidence and prevalence of persons with psoriasis in the country for the government to provide the necessary health interventions to address the needs faced by persons with psoriasis.

SEC. 15. *Integrated Approach to Research in Cooperation with Concerned Research Agencies.* - Within six (6) months from the date of effectivity of this Act, the DOH shall ensure that there is no conflict of interest between its research agenda and that of pharmaceutical corporations or other government agencies addressing the issue of psoriasis.

SEC. 16. *Division Chief for National Integrated Psoriasis Prevention and Treatment Program.* - A Division Chief for National Integrated Psoriasis Prevention and Treatment Control Program shall be designated to provide operational, leadership, undertake coordination with program stakeholders and ensure effective and sustainable implementation of this Act. The Secretary of Health, in coordination with the Secretary of Budget and Management, shall create the additional plantilla positions for health personnel required to effectively and efficiently implement the Program.

SEC. 17. *Provision of Education and Training on Psoriasis Prevention and Treatment for Health Professionals.* - The DOH, in coordination with the Commission on Higher Education and other appropriate agencies, shall facilitate the provision of education on common chronic skin conditions to health professionals,

including undergraduate medical and nursing curricula and in-service training for physicians in primary care.

Health professionals, especially clinicians working in primary health care, shall be provided with adequate education and training on the prevention and treatment of psoriasis, its management and its co-morbidities.

SEC. 18. *Psoriasis-Related Academic Curriculum.* - The CHED, in collaboration with the DOH, higher education institutions (HEIs), psoriasis focused professional societies, accrediting institutions and patient support organizations, shall undertake an assessment of current psoriasis-related academic curriculum and ensure that the curriculum meets local needs and global practice standards. The CHED shall encourage HEIs to offer degree programs for high priority psoriasis-related specializations and continuing education programs related to psoriasis treatment and care.

The DOH, in collaboration with academic institutions, shall provide subsidies and scholarships for training of medical professionals, such as dermatologists, rheumatologists, and other specialized medical professionals related with the treatment and care of psoriasis.

SEC. 19. *Continuing Education and Training of Health Personnel and Service Providers on Psoriasis Prevention and Treatment.* - All DOH staff and health providers providing health services to persons diagnosed with psoriasis shall undergo a mandatory continuing education and training program to ensure the delivery of up-to-date and relevant services.

SEC. 20. *Health Education and Promotion in Schools, Colleges, and Universities.* - The CHED and the DepEd, in coordination with the DOH, shall develop policies and provide technical guidance to academic institutions and administrators to:

- (a) Promote and facilitate integration of age appropriate and gender sensitive key messages on psoriasis risk factors, early warning signs and symptoms of psoriasis including lifestyles and healthy diets in their curriculum, health and wellness programs, and co-curricular activities;
- (b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with psoriasis, and their family members, especially those who act as carers for psoriasis patients; and
- (c) Adopt initiatives that minimize or eliminate stigma and discrimination in schools, colleges, and universities that are experienced by people with psoriasis, psoriasis survivors and their families.

SEC. 21. *Health Education and Promotion in the Workplace.* - The DOLE, Civil Service Commission (CSC), and TESDA, in coordination with the DOH, shall develop policies and provide technical guidance to employers, employees associations, and unions to:

- (a) Promote and facilitate integration of gender sensitive key messages on psoriasis risk factors, signs and symptoms of psoriasis, prevention and control of exacerbation, adoption of healthy lifestyles and healthy diets

- in their communication initiatives, health and wellness programs, and employee development programs;
- (b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with psoriasis, their carers and family members;
 - (c) Integrate appropriate psoriasis treatment services in their health services and clinics; and
 - (d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that is experienced by people living with psoriasis.

SEC. 22. *Health Education and Promotion in Communities.* – The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local psoriasis focused patient support organizations and psoriasis focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the DSWD, shall conduct and promote age appropriate and gender sensitive psoriasis-focused health education.

SEC. 23. *National Psoriasis Awareness Month.* – The month of August of every year shall be known as the “National Psoriasis Awareness Month” throughout the Philippines. The DOH and the Philippine Information Agency (PIA), in collaboration with the LGUs, psoriasis focused professional societies, and academic institutions, shall lead the observance of the National Psoriasis Awareness Month and encourage local media outlets to launch a media campaign to increase awareness about psoriasis; combat the issue of public myths about psoriasis and social and work-related stigmatization and discrimination; and increase public awareness that psoriasis is an NCD by using all forms of multimedia and other electronic means of communication.

SEC. 24. *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. 25. *Appropriations.* - The amount necessary to implement the provisions of this Act shall be charged against the appropriations of the DOH, DepEd, CHED, TESDA, DOLE, DILG, CSC and the PIA under the General Appropriations Act.

SEC. 26. *Implementing Rules and Regulations.* - Within ninety (90) days from the approval of this Act, the Secretary of Health, in consultation with all stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SEC. 27. *Separability Clause.* - If any provision of this Act is declared unconstitutional, the remainder of this Act or any provision not affected thereby shall remain in full force and effect.

SEC. 28. *Repealing Clause.* - All laws, presidential decrees or issuances, executive orders, letters of instruction, administrative orders, rules or regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 29. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,