



Republic of the Philippines  
House of Representatives  
Quezon City, Metro Manila



Twentieth Congress  
First Regular Session

HOUSE BILL NO. 3836

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**Introduced by Representative Carlos Andes Loria**

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### **EXPLANATORY NOTE**

Respiratory diseases, including pneumonia, chronic obstructive pulmonary disease (COPD), tuberculosis (TB), and lung cancer, remain among the top causes of morbidity and mortality in the Philippines. According to the Philippine Statistics Authority (PSA), ischemic heart disease was the leading cause of death from January to August 2024, followed by neoplasms and cerebrovascular diseases. Pneumonia ranked fourth, accounting for 19,842 deaths or 7% of total deaths, while respiratory tuberculosis ranked eighth with 9,873 deaths or 3%.

The Philippine Institute for Development Studies (PIDS) notes that pneumonia is the third leading cause of death across all ages and the most common cause of death among children under five, accounting for about 14% of all child mortality. Despite being preventable and curable, TB continues to exact a heavy toll nationwide, around 70 Filipinos die daily from TB, or roughly 27,000 annually.

The situation in the Bicol Region reflects these national trends. The Department of Health (DOH)-Bicol reported over 20,000 TB cases in 2021, with a treatment success rate of nearly 90% for drug-susceptible TB patients. In the first quarter of 2024, the region logged 7,008 drug-sensitive TB cases, achieving a 92% treatment success rate. Nonetheless, TB remains one of the region's top public health concerns, alongside heart disease, pneumonia, hypertension, tumors, kidney disease, cerebrovascular disease, diabetes, and septicemia.

Environmental factors aggravate these health challenges. Frequent volcanic activity from Mt. Mayon, air pollution from urban and industrial sources, recurring typhoons, and poverty-related living conditions increase the incidence and severity of respiratory illnesses. Yet, despite serving as the gateway to the Bicol Region and home to over 1.3 million people, Albay Province, and the entire region, has no dedicated institution exclusively focused on the prevention, diagnosis, treatment, and rehabilitation of lung and other respiratory diseases. Patients are often forced to travel hundreds of kilometers to the Lung Center of the Philippines in Quezon City, resulting in delays in treatment, higher costs, and poorer outcomes.

This measure seeks to establish the Philippine Lung Center for the Bicol Region (PLC-Bicol) in the Municipality of Daraga, Province of Albay, as a constituent specialty hospital of the Lung Center of the Philippines. Under the supervision of the DOH, the PLC-Bicol will provide advanced diagnostics, medical and surgical management, respiratory therapy, rehabilitation, and public health programs for prevention and early detection of respiratory diseases. It will also serve as a regional hub for training, research, and evidence-based policy development tailored to the needs of Bicolanos.

Guided by the State's constitutional duty under Article II, Section 15 and Article XIII, Section 11 of the 1987 Constitution to protect and promote the right to health and to adopt an integrated and comprehensive approach to health development, this bill is more than an infrastructure proposal, it is an urgent public health intervention. By bringing quality, affordable, and accessible respiratory care closer to the people of the Bicol Region, the measure will help reduce preventable deaths, control communicable diseases, and ultimately save lives.

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

  
CARLOS ANDES LORIA



diseases in the country, particularly in the Bicol Region, through specialized medical services for the prevention and treatment of lung and allied diseases.

SEC. 3. ***Philippine Lung Center for Bicol Region.*** –The Philippine Lung Center for the Bicol Region, to be known as the Philippine Lung Center-Bicol, hereinafter referred to as “PLC-Bicol,” is established in the Municipality of Daraga, Province of Albay, with a bed capacity of at least one hundred fifty (150) and under the supervision of the Department of Health. The PLC-Bicol shall be administered by the Board of Trustees, hereinafter referred to as the “Board,” of the Philippine Lung Center as a constituent specialty hospital.

SEC. 4. ***Medical Director.*** – The PLC-Bicol shall be headed by a Medical Director who shall be appointed by the President of the Philippines, upon the recommendation of the Board.

The Medical Director shall exercise the following powers and functions:

- a) Execute the policies, guidelines and programs approved by the Board, and oversee the efficient discharge of management and operational functions;
- b) Propose measures, policies, guidelines and programs as may be deemed necessary or proper for the effective implementation of the purposes and objectives of this Act for the consideration and approval of the Board;

1           c)     Direct and supervise the management, operation and administration of  
2     the PLC-Bicol, and delegate administrative responsibilities and duties to other  
3     officers of the hospitals;

4           d)     Execute all contracts and agreements that the Board may enter into, and  
5     accomplish and deliver any document relative to such contracts and agreements;

6           e)     Represent the PLC-Bicol in all dealings with other offices, agencies  
7     and instrumentalities of the government, and other persons or entities;

8           f)     Recommend to the Board the appointment, promotion, transfer,  
9     dismissal, and suspension of the officers and employees of the hospitals; and

10          g)     Exercise such other powers and perform such duties as may be vested  
11     or reposed by the Board.

12          SEC. 5. ***Organizational Structure and Staffing Pattern.*** – The Board shall  
13     determine the organizational structure and staffing pattern of the PLC-Bicol, and  
14     may reorganize the structure, modify the staffing pattern, and create or abolish  
15     divisions, sections or units in the PLC-Bicol, subject to the approval of the  
16     Department of Budget and Management.

17          SEC. 6. ***Program for Indigents.*** – The PLC-Bicol shall adopt and enforce a  
18     program for indigents and allocate not less than forty percent (40%) of the total  
19     number of hospital beds for indigent patients.

1           SEC. 7. ***Implementing Rules and Regulations.*** – Within sixty (60) days from  
2 the effectivity of this Act, the Secretary of Health shall, in consultation with the  
3 Board of Trustees of the Philippine Lung Center, formulate and promulgate the rules  
4 and regulations necessary for the effective implementation of this Act.

5           SEC. 8. ***Appropriations.*** – The amount necessary for the establishment, initial  
6 operation and maintenance of the PLC-Bicol shall be charged against the current  
7 Contingent Fund. Thereafter, such sum as may be necessary for the continued  
8 operation and maintenance of the PLC-Bicol shall be included in the annual General  
9 Appropriations Act.

10           The local government units in the Bicol Region may contribute or donate land,  
11 building, equipment and facilities to PLC-Bicol. as may be approved by the  
12 respective *Sanggunian*.

13           SEC. 9. ***Repealing Clause.*** – All laws, decrees, orders, proclamations, rules  
14 and regulations, or parts thereof, which are inconsistent with this Act are hereby  
15 repealed, amended, or modified accordingly.

16           SEC. 10. ***Effectivity Clause.*** – This Act shall take effect fifteen (15) days  
17 after its publication in the *Official Gazette* or in a national newspaper of general  
18 circulation.

19           Approved,