

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4591



Introduced by **REPRESENTATIVE AUDREY KAY T. ZUBIRI**

AN ACT
INSTITUTING A NATIONAL HEALTH PROGRAM TO COMBAT SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) DISEASE AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Systemic Lupus Erythematosus (SLE), commonly referred to as lupus, is a chronic autoimmune disease that disproportionately affects women and young individuals who are already vulnerable, often during their most productive years. It is characterized by the immune system attacking healthy tissues, leading to inflammation and damage in multiple organs.

Globally, an estimated five million people suffer from lupus, with SLE accounting for approximately 70% of the cases¹. A comprehensive global study reveals women are nearly nine times more likely to have lupus than men with prevalence rate of 78.73 per 100,000 persons as compared to men with a rate of 9.26 per 100,000 persons².

In the Philippines, SLE remains underdiagnosed and poorly supported. Filipino patients face significant barriers including misdiagnosis, lack of access to specialized care, and high costs of treatment. A 2024 report highlighted that Filipino SLE patients often pay up to 21

¹ [Systemic Lupus Erythematosus in the Philippines: It's Time To Talk About this Oft-Overlooked Disease](https://www.flipscience.ph/health/systemic-lupus-erythematosus-sle-philippines/#google_vignette) by Abigail Tan, January 7, 2024 (from: https://www.flipscience.ph/health/systemic-lupus-erythematosus-sle-philippines/#google_vignette, last accessed August 26, 2025)

² [Global epidemiology of systemic lupus erythematosus: a comprehensive systematic analysis and modelling study | Annals of the Rheumatic Diseases](#)

percent of their daily wage for a single dose of hydroxychloroquine, a critical maintenance medication for lupus.³

In developing countries, including the Philippines, the economic burden of lupus is compounded by limited access to care, lack of trained specialists, and high treatment costs. Studies show that low socioeconomic status is associated with increased mortality and reduced survival, especially among patients with lupus nephritis.⁴

Despite the severity and complexity of SLE, there is currently no national program in the Philippines dedicated to its management. This bill seeks to address this gap by instituting a comprehensive national health program that includes annual national survey to determine the prevalence of SLE in the Philippines, public education and awareness campaigns, early screening and diagnostic services, and establishment of a data monitoring system.

Through this measure, we affirm our commitment to the health and dignity of Filipino citizens living with lupus. We aim to reduce the burden of this disease through coordinated care, research, and inclusive health policies.

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



AUDREY KAY T. ZUBIRI

Representative, 3rd District of Bukidnon

³ <https://www.flipscience.ph/health/systemic-lupus-erythematosus-sle-philippines/>

⁴ https://lupus.bmj.com/content/11/Suppl_3/A3.2

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THEREFOR

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

1 **SECTION 1. *Short Title.*** - This Act shall be known as the “*Comprehensive Lupus*
2 *Management and Treatment Act*”.

3
4 **SEC. 2. *Declaration of Policy.*** – It is the policy of the State to protect and promote the
5 right to health of the people. As such, the State shall promote awareness of the health programs
6 focusing on Systemic Lupus Erythematosus (SLE) to empower citizens suffering therefrom to
7 become, to the best of their potential, independent, self-reliant, and productive members of the
8 society.

9
10 **SEC. 3. *Definition of Terms.*** – For the purpose of this Act, “Systemic Lupus
11 Erythematosus” (SLE) or “Lupus” shall be construed to mean a chronic autoimmune disease
12 where the immune system attacks the body’s cells and tissue, resulting in inflammation and
13 tissue damage in different parts of the body, but most often affecting the heart, joints, skin,
14 lungs, blood vessels, liver, kidneys, and nervous system, as diagnosed by a competent medical
15 practitioner.

16
17 **SEC. 4. *National Survey and Research.*** – The National Institute of Health (NIH) of
18 the Department of Health (DOH) shall conduct an annual survey to determine the extent and

total incidence and prevalence of persons with SLE in the country for the government to provide the necessary health interventions to address the needs faced by persons with SLE.

SEC. 5. *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 the NIH’s research agenda and that of pharmaceutical corporations or other government agencies addressing the issue of lupus.

SEC. 6. *National Program for Lupus Management and Treatment.* – The DOH shall implement a comprehensive and nationwide program on lupus management and treatment with the following objectives:

- a) To promote and provide mechanisms for early detection, screening, and diagnosis of persons suffering from lupus;
- b) To promote public awareness, education, and information on issues concerning lupus;
- c) To establish sustainable support network for families of persons diagnosed with lupus;
- d) To provide referral services to patients for appropriate educational and medical expertise and to identify appropriate education or medical facilities suited to the needs of patients;
- e) To undertake research and collaboration with other institutions for the conduct of research activities pertaining to the disease;
- f) To promote an advocacy discouraging bias against and stereotyping of afflicted persons;
- g) To provide an avenue for the sharing of best practices on issues relating to early detection, treatment, and rehabilitation of persons diagnosed with lupus; and
- h) To network with other organizations, institutions, and professionals working on public programs for persons diagnosed with lupus.

SEC. 7. *Programs and Services for Lupus Management and Treatment.* – The programs and services that will be provided by the DOH shall include, but not be limited to, the following:

- a) Orientation and counseling services for families of newly diagnosed persons;
- b) Establishment of national and regional referral services where the DOH shall maintain an updated list of health care institutions and practitioners concerned with the treatment of lupus;
- c) Provide reliable supply of drugs to patients for free by ensuring that local health centers, through coordination with local government units (LGUs) concerned, have sufficient supply of medicines for the communities they serve;
- d) Publish a newsletter on current developments and research on lupus, as well as other reading materials on the early detection, management, and treatment of lupus, and best practices for the care of diagnosed persons;
- e) Conduct of continuing education and training programs on the proper care of diagnosed persons; and
- f) Establishment of a databank and an information and monitoring system on country-specific statistics pertaining to lupus.

SEC. 8. *Lupus Early Detection and Screening Fees.* – The Philippine Health Insurance Corporation (Philhealth) shall include the cost of early detection and screening programs for lupus as one of the available benefits to its members. The early detection and screening test fees shall be applied to, among others, testing cost, education, follow-up, and readable overhead expenses.

SEC. 9. *Donation and Grants.* – The DOH, NIH, and other departments of the DOH that may thereafter be tasked with the implementation of this Act shall have the power to receive donations and grants from local and international donor institutions, foundations, and foreign donor agencies, provided that pertinent laws and rules on the receipt, accounting, and disbursement thereof shall be complied with.

SEC. 10. *National Lupus Awareness Week.* – In order to grow national interest and participation in the issues and concerns of lupus patients, the first week of May patients, the first week of May shall annually be celebrated as “Lupus Awareness Week”. This week-long activity will be spearheaded by the DOH, in coordination with other concerned agencies, institutions, and stakeholders.

1 **SEC. 11. Continuing Education and Training of Health Personnel and Service**
2 **Providers on Lupus Management and Treatment.** - All DOH staff and health providers
3 providing health services to persons diagnosed with lupus shall undergo a mandatory
4 continuing education and training program to ensure the delivery of up-to-date and relevant
5 services.

6
7 **Sec. 12. Protection Against Forcible Administration of Medical Treatment or**
8 **Enrollment in Programs.** - All persons administering treatment, counseling, or medication as
9 well as all persons involved in the implementation of the DOH programs as mandated in this
10 Act shall respect the right of each patient to determine for himself or herself the medical
11 treatment to be administered as well as the programs wherein, he or she will participate, if any.

12
13 **Sec. 13. Appropriations.** - The amount necessary to carry out the provisions of this Act
14 shall be included and incorporated in the annual general appropriations of the DOH.

15
16 **Sec. 14. Implementing Rules and Regulations.** - Within six (6) months from the date
17 of effectivity of this Act, the DOH shall promulgate the necessary implementing rules and
18 regulations to carry out the provisions of this Act.

19
20 **Sec. 15. Repealing Clause.** - All laws, presidential decrees, executive orders, rules and
21 regulations or parts thereof inconsistent with provisions of this Act are hereby repealed,
22 amended or modified accordingly.

23
24 **Sec. 16. Separability Clause.** - If any provision or part of this Act is declared
25 unconstitutional or invalid, the remainder of this Act or any provision not affected shall remain
26 in full force and effect.

27
28 **Sec. 17. Effectivity Clause.** -This Act shall take effect fifteen (15) days after its
29 publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,