



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **6219**



Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

EXPLANATORY NOTE

Tuberculosis remains one of the country's most persistent public health challenges. While the Philippines has long implemented national programs for TB control, the disease continues to affect tens of thousands of Filipinos each year, with many cases concentrated in poor, congested, and underserved communities. According to recent national estimates, the Philippines is among the countries with one of the highest TB burdens globally, reflecting gaps in early detection, treatment adherence, and program reach.

Despite the availability of treatment, many individuals experience delays in diagnosis or are unable to complete their course of therapy due to financial hardship, limited access to health facilities, or inadequate support systems. Drug-resistant strains continue to emerge, increasing risks to both patients and communities. These conditions reveal the need to strengthen prevention initiatives, expand screening, upgrade diagnostic capacity, and reinforce monitoring systems to prevent transmission and reduce mortality.

This bill seeks to address these systemic gaps by enhancing and updating the Philippine Tuberculosis Elimination Program. It expands access to free and timely diagnostic services, strengthens treatment adherence mechanisms, improves coordination among health agencies, integrates community-based approaches, and ensures more robust surveillance and data management. By institutionalizing these reforms, the measure aims to accelerate TB elimination efforts, protect vulnerable populations, and uphold the State's responsibility to safeguard public health.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **6219**

Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

AN ACT
STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF
TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE
"COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT"

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

Section 1. Section 8 of Republic Act No. 10767 is hereby amended, to read as follows:

"SEC. 8 Education Programs. – The [~~Secretary of Health~~] **CHAIRPERSON OF THE COMMISSION ON HIGHER EDUCATION (CHED)**, in coordination with the [~~Commission on Higher Education (CHED)~~] **SECRETARY OF THE DEPARTMENT OF HEALTH (DOH)**, shall encourage the faculty of schools of medicine, nursing or medical technology and allied health institutions, to intensify information and education programs, including the development of curricula, to significantly increase the opportunities for students and for practicing providers to learn the principles and practices of preventing, detecting, managing and controlling tuberculosis."

Section 2. Section 9 of the same Act is hereby amended, to read as follows:

"SEC. 9. Inclusion in Basic Education. - The Secretary of [~~Health~~] **THE DEPARTMENT OF EDUCATION (DepEd)**, in coordination with the Secretary of the [~~Department of Education (DepEd)~~] **DOH**, shall [work for] **ENSURE** the inclusion of modules on the principles and practices of preventing, detecting, managing and controlling tuberculosis (TB) in the [~~health curriculum of every public and private elementary and high school~~] **BASIC EDUCATION CURRICULUM.**"

Section 3. Section 10 of the same Act is hereby amended, to read as follows:

"SEC. 10. Media Campaign. The [~~Secretary of Health~~] DIRECTOR-GENERAL OF THE PHILIPPINE INFORMATION AGENCY (PIA), in coordination with the [~~Philippine Information Agency (PIA)~~] **SECRETARY OF THE DOH**, shall encourage local media outlets to launch **A MASSIVE, NATIONWIDE, CONSISTENT AND SUSTAINED** media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication."

"Xxx

xxx

xxx."

Section 4. A new section denominated as Section 12-A of the same Act is added, to read as follows:

"SEC. 12-A. TUBERCULOSIS (TB) NOTIFICATION COMMITTEE. - ADULT AND CHILDHOOD TB SHALL BE CONSIDERED AS A NOTIFIABLE DISEASE IN ALL LEVELS OF THE HEALTHCARE SYSTEM. ANY HOSPITAL OR CLINIC WHICH DIAGNOSES A PATIENT WITH TB SHALL REPORT THE SAME TO THE DOH. THE DOH SHALL PROVIDE THE FORM AND MANNER FOR THE REPORTING OF TB CASES.

TO ENSURE THE COMPLIANCE WITH THE MANDATORY NOTIFICATION POLICY OF TB CASES IS OBSERVED AND ENFORCED, A TB NOTIFICATION COMMITTEE SHALL BE ORGANIZED IN ALL PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS AND FACILITIES. IT SHALL BE COMPOSED OF MEMBERS AS MAY BE DETERMINED BY THE SECRETARY OF THE DOH.

ALL TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR TB NOTIFICATION COMPLIANCE REPORTS TO THEIR RESPECTIVE DOH REGIONAL COORDINATING COMMITTEES, WHICH SHALL MAKE A CONSOLIDATED TB NOTIFICATION COMPLIANCE REPORTS TO THE DOH NATIONAL COORDINATING COMMITTEE."

Section 5. Section 13 of R.A. No. 10767 is hereby amended, to read as follows:

"SEC .13. PhilHealth TB Package - The Philippine Health Insurance Corporation, otherwise known as the Philhealth, shall, as far as practicable, expand its benefit package for TB patients to include new, relapse and return-after-default cases, [and extension of treatment], **MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB), AND EXTENSIVELY DRUG RESISTANT TB (XDR TB), FOR BOTH ADULTS AND CHILDREN. THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT AND STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY TO AVOID INEQUITABLE ALLOCATION OF FUNDS FOR HEALTHCARE SERVICES."**

"Xxx

xxx

xxx."

Section 6. A new section denominated as Section 14 of the same Act is added, to read as follows:

"SEC. 14. TB REGISTRY AND MONITORING SYSTEM. - THE DOH, IN COLLABORATION WITH THE APPROPRIATE AGENCIES AND STAKEHOLDERS, SHALL ESTABLISH A TB REGISTRY AND MONITORING SYSTEM WHICH SHALL COVER ALL FORMS OF TB AMONG ADULTS AND CHILDREN. THE POPULATION-BASED TB REGISTRY SHALL CONTAIN DATA ON ALL NEW CASES OF TB ACCORDING TO GEOGRAPHICAL REGIONS, PROVIDE THE FRAMEWORK FOR ASSESSING AND CONTROLLING THE IMPACT OF THE DISEASE AND SHALL SERVE AS A REGULAR FEEDBACK OR NOTIFICATION SYSTEM TO REFERRING HEALTH CARE PROVIDERS. THE TB REGISTRY SHALL FORM PART OF THE ELECTRONIC MEDICAL RECORDS REQUIREMENT OF THE DOH IN ACCORDANCE WITH NATIONAL HEALTH DATA STANDARDS AND REPUBLIC ACT NO. 10173, OTHERWISE KNOWN AS THE "DATA PRIVACY ACT OF 2012".

EVERY PUBLIC AND PRIVATE HEALTH CENTER, HOSPITAL AND HEALTH FACILITY, INCLUDING CLINICS, SHALL ESTABLISH AND MAINTAIN THEIR OWN INTERNAL TB REGISTRY WHICH SHALL COVER ALL TYPES OF TUBERCULOSIS. THE TB REGISTRY SHALL RECORD THE PERSONAL INFORMATION OF TB PATIENTS, TB TYPE, TREATMENT RECEIVED AND THE RESULTS AND OTHER DATA THAT THE DOH MAY PRESCRIBE. THE REGIONAL COORDINATING COMMITTEES SHALL ENSURE THAT ALL FACILITIES WITHIN THEIR RESPECTIVE JURISDICTIONS HAVE A TB REGISTRY. ALL INFORMATION IN THE TB REGISTRY SHALL BE TREATED WITH UTMOST CONFIDENTIALITY AND SHALL NOT BE RELEASED TO THIRD PARTIES, IN ACCORDANCE WITH THE DATA PRIVACY ACT. THE COMPLIANCE WITH THE REQUIREMENT TO MAINTAIN A TB REGISTRY AND SUBMISSION SHALL BE A REQUIREMENT FOR THE RENEWAL OF A LICENSE TO OPERATE A HEALTH CENTER, HOSPITAL OR HEALTH FACILITY."

Section 7. A new section denominated as Section 15 of the same Act is added, to read as follows:

"SEC. 15. TB PATIENTS' RIGHTS AND RESPONSIBILITIES. -

A. A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:

(1) THE RIGHT TO BE TREATED HUMANELY AND WITH RESPECT FOR THE INHERENT DIGNITY OF THE HUMAN PERSON IN THE DELIVERY OF SERVICES WITHOUT STIGMA, PREJUDICE OR DISCRIMINATION;

(2) THE RIGHT TO FREE AND EQUITABLE ACCESS TO TB CARE FROM THE TIME OF DIAGNOSIS TO COMPLETION OF TREATMENT:

(3) THE RIGHT TO RECEIVE MEDICAL ADVICE AND TREATMENT THAT MEETS INTERNATIONAL STANDARDS FOR TB CARE, CENTERING ON PATIENT NEEDS, INCLUDING THOSE OF PATIENTS WITH XDR-TB, MDR-TB OR TB-HUMAN IMMUNODEFICIENCY VIRUS (HIV) COINFECTION, AND PREVENTIVE TREATMENT FOR YOUNG CHILDREN AND OTHER CONSIDERED TO BE AT HIGH RISK;

(4) THE RIGHT TO BENEFIT FROM PROACTIVE HEALTH SECTOR COMMUNITY OUTREACH, EDUCATION AND PREVENTION CAMPAIGNS AS PART OF COMPREHENSIVE HEALTHCARE PROGRAMS;

(5) THE RIGHT TO INFORMATION ABOUT THE AVAILABILITY OF HEALTHCARE SERVICES FOR TB AND THE RESPONSIBILITIES, ENGAGEMENTS AND DIRECT OR INDIRECT COSTS INVOLVED;

(6) THE RIGHT TO CONFIDENTIALITY RELATING TO THE MEDICAL CONDITION WITHOUT PREJUDICE TO THE RESPONSIBILITY OF HEALTHCARE PROVIDERS TO NOTIFY TB CASES AS PROVIDED UNDER THIS ACT;

(7) THE RIGHT TO PARTICIPATE AS STAKEHOLDERS IN THE DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION OF TB POLICIES AND PROGRAMS WITH LOCAL, NATIONAL, AND INTERNATIONAL HEALTH AUTHORITIES;

(8) THE RIGHT TO JOB SECURITY, AFTER DIAGNOSIS OR APPROPRIATE REHABILITATION AND UPON COMPLETION OF TREATMENT;

(9) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD SUPPLEMENTS NEEDED TO MEET TREATMENT REQUIREMENTS;

(10) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS RESPECTING INDIVIDUAL QUALITIES, ABILITIES AND DIVERSE BACKGROUNDS AND WITHOUT ANY DISCRIMINATION ON GROUNDS OF PHYSICAL DISABILITY, AGE, GENDER, SEXUAL ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL STATUS, RELIGION OR ETHNIC OR SOCIAL ORIGIN OF THE TB PATIENT CONCERNED AS RECOGNIZED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, THE INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS, THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; AND

(11) THE RIGHT TO EMPLOYMENT WITHOUT DISCRIMINATION, REASONABLE WORKING ARRANGEMENTS AND RESTORATION TO WORK UPON CERTIFICATION FROM THE COMPANY BY A TB-DOTS PHYSICIAN.

B. A PERSON WITH TB SHALL HAVE THE FOLLOWING RESPONSIBILITIES:

(1) TO PROVIDE AS MUCH INFORMATION AS POSSIBLE TO HEALTHCARE PROVIDERS ABOUT THEIR PRESENT HEALTH CONDITION, PAST ILLNESSES AND OTHER RELEVANT DETAILS;

(2) TO PROVIDE INFORMATION TO HEALTHCARE PROVIDERS ABOUT CONTACTS WITH IMMEDIATE FAMILY, FRIENDS AND OTHER PERSONS WHO MAY BE VULNERABLE TO TB OR WHO MAY HAVE BEEN INFECTED;

(3) TO FOLLOW THE PRESCRIBED AND AGREED TREATMENT REGIMEN AND TO CONSCIENTIOUSLY COMPLY WITH THE INSTRUCTIONS GIVEN TO PROTECT THEIR HEALTH AND THOSE OF OTHER PERSONS;

(4) TO INFORM HEALTHCARE PROVIDERS OF ANY DIFFICULTY OR PROBLEM IN UNDERGOING OR COMPLETING THE PRESCRIBED TREATMENT, OR IF ANY PART OF THE TREATMENT IS NOT CLEARLY UNDERSTOOD;

(5) TO CONTRIBUTE TO COMMUNITY WELLBEING BY ENCOURAGING THOSE WHO EXHIBIT SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;

(6) TO SHOW CONSIDERATION FOR THE RIGHTS OF OTHER PATIENTS AND HEALTHCARE PROVIDERS, UNDERSTANDING THAT THIS IS THE DIGNIFIED BASIS AND RESPECTFUL FOUNDATION OF THE TB COMMUNITY;

(7) TO SHOW MORAL RESPONSIBILITY AND SOLIDARITY WITH OTHER PATIENTS WHO ARE ON THE WAY TO RECOVERY AND CURE;

(8) TO SHARE INFORMATION AND 272 KNOWLEDGE GAINED DURING 273 TREATMENT AND TO SHARE THIS 274 EXPERTISE WITH OTHERS IN THE 275 COMMUNITY, THUS EMPOWERING 276 OTHERS; AND

(9) TO JOIN IN EFFORTS TO PROMOTE HEALTHY AND TB-FREE COMMUNITIES."

Section 8. A new section denominated as Section 16 of the same Act is added, to read as follows:

"SEC. 16. PRIVATE SECTOR PARTICIPATION. - THE DOH SHALL ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN THE NATIONAL TB ELIMINATION PROGRAM, WHICH SHALL INCLUDE PRIVATE CORPORATIONS, CIVIL SOCIETY ORGANIZATIONS (CSOs) AND NON-GOVERNMENT ORGANIZATIONS (NGOs) AND SUCH OTHER GROUPS OR ORGANIZATIONS, BOTH FOREIGN AND LOCAL, THAT MAY WISH TO PARTICIPATE IN THE IMPLEMENTATION OF THIS ACT."

ALL BUSINESS ORGANIZATIONS ESTABLISHED AND OPERATING UNDER PHILIPPINE LAWS, WHETHER DOMESTIC OR FOREIGN, ARE ENCOURAGED TO CONTRIBUTE IN THE GOVERNMENT'S CONTINUING EFFORTS TO REDUCE THE INCIDENCE OF TB IN THE COUNTRY BY CONDUCTING TB-PREVENTION OR OTHER PROJECTS THAT ENCOURAGE HEALTHY LIFESTYLES AND EARLY DETECTION OF TB AS PART OF THEIR CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAMS. THE DOH SHALL GIVE NATIONAL RECOGNITION AND REWARDS TO ALL BUSINESS ORGANIZATION FOR OUTSTANDING, INNOVATIVE AND WORLD-CLASS CSR-RELATED SERVICES FOR TB ELIMINATION."

Section 9. A new section denominated as Section 17 of the same Act is added, to read as follows:

"SEC. 17. CONVERGENCE OF TB SERVICES. - EACH LOCAL GOVERNMENT UNIT (LGU) SHALL HAVE A TB STRATEGIC PLAN TO BE INITIATED BY ITS LOCAL HEALTH BOARD AND APPROVED BY ITS SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL HEALTH BOARD AT THE PROVINCIAL, CITY, MUNICIPAL OR BARANGAY LEVEL, SHALL ASSIST THE CORRESPONDING SANGGUNIAN IN THE CRAFTING OF TB LOCAL ORDINANCE AND BUILDING LOCAL OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS TERRITORIAL JURISDICTION.

THE LGUs, THROUGH THEIR LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICES, SHALL COVER ALL INDIRECT COSTS OF ACCESSING TB TREATMENT, INCLUDING TRANSPORTATION, MEALS, ACCOMMODATION OR HALFWAY HOUSE, AMONG OTHERS. THE DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD) MAY HELP DEFRAID THESE EXPENSES THROUGH THE CRISIS INTERVENTION UNIT.

THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE) SHALL REQUIRE ALL PRIVATE WORKPLACES TO DEVELOP THEIR OWN POLICIES ON TB PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH NATIONAL LAWS AND POLICIES, PREVENTION STRATEGIES THROUGH ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE SHALL BE EMPHASIZED. THE CIVIL SERVICE COMMISSION (CSC) SHALL REQUIRE ALL GOVERNMENT WORKPLACES TO DEVELOP THEIR OWN

POLICIES ON TB PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH NATIONAL LAW AND POLICIES, PREVENTION STRATEGIES THROUGH ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE SHALL BE EMPHASIZED. THE TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA) SHALL IMPLEMENT A NON- DISCRIMINATORY APPROACH IN DEALING WITH CLIENTS SUFFERING FROM TB AND SHALL INCORPORATE TB AWARENESS IN THE TRAINING PROGRAM OF ITS TECHNICAL AND VOCATIONAL EDUCATION (TVET) INSTITUTIONS THROUGH THE CONDUCT OF RELEVANT SEMINARS FOR ALL ITS STUDENTS. THE TESDA SHALL ESTABLISH FOCUS GROUPS FOR CLIENTS WHO ARE AFFLICTED WITH THE DISEASE. THE DepEd, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT AGENCIES SHALL DEVELOP A COMPREHENSIVE PROGRAM OF SUPPORT SERVICES FOR TB VICTIMS AND THEIR AFFECTED CHILDREN AND FAMILIES."

Section 10. A new section denominated as Section 18 of the same Act is added, to read as follows:

"SEC. 18. SERVICE DELIVERY NETWORK (SDN). - THE DOH, THROUGH ITS REGIONAL OFFICES, AND IN COORDINATION WITH LGUs, SHALL INTEGRATE AND STRENGTHEN THE PROVISION OF TB SERVICES INTO ESTABLISHED SDNs OR LOCAL HEALTH REFERRAL SYSTEM, WHICH SHALL NOT BE RESTRICTED WITHIN THE GEOGRAPHIC OR POLITICAL BOUNDARIES OF LGUs. COLLABORATION ACROSS LGUs SHALL BE ENCOURAGED.

THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS (RHUs), DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOH RETAINED HOSPITALS. THE DOH AND LGUs MAY ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDERS TO FORM PART OF THE SDN."

Section 11. A new section denominated as Section 19 of the same Act is added, to read as follows:

"SEC. 19. COMPLETION OF TB TREATMENT AS CONDITION FOR RETENTION IN THE CONDITIONAL CASH TRANSFER PROGRAM. - BENEFICIARIES OF THE CONDITIONAL CASH TRANSFER PROGRAM OF THE GOVERNMENT WHO ARE DIAGNOSED WITH TB, INCLUDING DRUG-SUSCEPTIBLE AND DRUG-RESISTANT TB SHALL BE REQUIRED TO UNDERGO TB-DOTS AS ONE OF THE ESSENTIAL CONDITIONS FOR RETENTION IN THE PROGRAM."

Section 12. A new section denominated as Section 20 of the same Act is added to read as follows:

"SEC. 20. SCREENING FOR HIGH RISK POPULATION. - AS A POLICY, TB SCREENING SHALL BE HIGHLY RECOMMENDED FOR HIGH RISK POPULATIONS AND MAY INCLUDE THE FOLLOWING:

(A) THOSE THAT ARE IN CLOSE CONTACT WITH PERSONS KNOWN OR SUSPECTED TO HAVE TB;

(B) THOSE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);

(C) THOSE WHO ARE SMOKERS OF CIGARETTES AND USERS OF ILLEGAL DRUGS;

(D) THOSE WHO INJECT ILLICIT DRUGS OR ARE USERS OF OTHER LOCALLY IDENTIFIED HIGH-RISK SUBSTANCE;

(E) THOSE WHO HAVE MEDICAL RISK FACTORS, SUCH AS DIABETES AND OTHER COMPARABLE DISEASES, KNOWN TO INCREASE THE RISK FOR DISEASE WHEN INFECTION OCCURS;

(F) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE SETTINGS;

(G) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;

(H) INFANTS, CHILDREN AND ADOLESCENTS EXPOSED TO ADULTS IN HIGH-RISK CATEGORIES; AND

(I) SUCH OTHER PERSONS AS MAY BE IDENTIFIED BY THE SECRETARY OF HEALTH

THE ROUTINE TB SCREENING TEST SHALL FORM PART OF THE NORMAL STANDARD OF CARE OFFERED IRRESPECTIVE OF WHETHER OR NOT THE PATIENTS EXHIBIT SIGNS AND SYMPTOMS OF UNDERLYING TB INFECTION OR HAS OTHER REASONS FOR PRESENTING TO THE FACILITY.

THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING TESTS AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTHCARE SETTINGS AND FACILITIES."

Section 13. A new section denominated as Section 21 of the same Act is added, to read as follows:

"SEC. 21. INTEGRATION OF TB SCREENING IN HIV AND AIDS PREVENTION AND CONTROL. - SYMPTOMATIC TB SCREENING AND TB PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND AIDS WITHOUT TB SYMPTOMS SHALL BE PROVIDED AS PART OF THE DELIVERY OF HIV AND AIDS RELATED SERVICES."

Section 14. A new section denominated as Section 22 of the same Act is added, to read as follows:

"SEC. 22. PRIVATE HEALTH FACILITIES FOR TB-DOTS. - TO ENHANCE AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH FACILITIES IN TB CONTROL, ALL PRIVATE HEALTH FACILITIES ARE MANDATED TO SEEK ACCREDITATION FROM PHILHEALTH AS TB-DOTS PROVIDER."

Section 15. A new section denominated as Section 23 of the same Act is added, to read as follows:

"SEC. 23. CONTACT TRACING AND PROPHYLACTIC TREATMENT. - SCREENING BY CHEST X-RAY SHALL BE INITIATED AMONG ALL CONTACTS OF AN INDEX CASE WITH BACTERIOLOGICALLY-CONFIRMED OR CLINICALLY DIAGNOSED PULMONARY TUBERCULOSIS IN ORDER TO OFFER PREVENTIVE TREATMENT WHEN NECESSARY TO THOSE WITH LATENT TB INFECTION, FOLLOWING PRESCRIBED GUIDELINES AND STANDARDS."

Section 16. A new section denominated as Section 24 of the same Act is added, to read as follows:

"SEC. 24. PERSONNEL COMPLEMENT. - TO ENSURE THE EFFECTIVE IMPLEMENTATION OF THIS ACT, THE DOH SHALL ENSURE THAT THERE SHALL BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND ALLIED PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE OBJECTIVES OF THE TB ELIMINATION PROGRAM. THE FORMULATION OF QUALIFICATION STANDARDS OF THE STAFF COMPLEMENT MUST BE DONE PURSUANT TO CIVIL SERVICE RULES AND REGULATIONS. THE SECRETARY OF THE DOH SHALL SUBMIT THE PROPOSED ORGANIZATIONAL AND STAFFING MODIFICATION TO THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM) FOR REVIEW AND APPROVAL.

ALL DOH EMPLOYEES AND STAFF INVOLVED IN TB ELIMINATION PROGRAM SHALL PARTICIPATE IN CAPACITY BUILDING PROGRAMS AND ACTIVITIES TO BOOST COMPETENCE AND SKILL PROFICIENCY."

Section 17. A new section denominated as Section 25 of the same Act is added, to read as follows:

"SEC. IN 25. MOBILIZATION. - THE DOH, COORDINATION WITH THE LGUs AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR, CIVIL SOCIETY ORGANIZATIONS AND TB PATIENTS GROUPS, SHALL SPEARHEAD THE MOBILIZATION OF KEY AFFECTED POPULATION FOR PUBLIC AWARENESS CAMPAIGNS AND STIGMA REDUCTION ACTIVITIES. TB PATIENTS' GROUPS SHALL BE INVOLVED IN THE PLANNING AND IMPLEMENTATION OF THE POLICIES AND PROGRAMS THAT AFFECT THEM."

Section 18. A new section denominated as Section 26 of the same Act is added, to read as follows:

"SEC. 26. ALTERNATIVE FINANCING SCHEMES. - THE DOH IS HEREBY MANDATED TO EXPLORE ALTERNATIVE FINANCING SCHEMES, IN CONSULTATION WITH THE DEPARTMENT OF FINANCE (DOF), AND TO ENTER INTO CONTRACTS WITH ANY PRIVATE HOSPITAL OR HEALTH FACILITY UNDER THE PUBLIC-PRIVATE PARTNERSHIP (PPP) APPROACH TO STRENGTHEN AND EXPAND THE PROVISION OF TB DIAGNOSIS AND TREATMENT SERVICES NATIONWIDE."

Section 19. A new section denominated as Section 27 of the same Act is added, to read as follows:

"SEC. 27. TAX EXEMPTION. - ALL GRANTS, BEQUEST, ENDOWMENTS, DONATIONS AND CONTRIBUTIONS MADE TO THE DOH TO BE USED ACTUALLY, DIRECTLY AND EXCLUSIVELY BY THE DOH FOR THE PRIMARY PURPOSE OF CONTRIBUTING TO TUBERCULOSIS ERADICATION ACTIVITIES SHALL BE EXEMPT FROM DONOR'S TAX AND THE SAME SHALL BE CONSIDERED AS ALLOWABLE DEDUCTION FROM THE GROSS INCOME OF THE DONOR FOR PURPOSES OF COMPUTING THE TAXABLE INCOME OF THE DONOR IN ACCORDANCE WITH THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED."

Section 20. A new section denominated as Section 28 of the same Act is added, to read as follows:

"SEC. 28. OTHER SOURCES OF FUNDS. - THE NATIONAL GOVERNMENT SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR THIS ACT THROUGH NEGOTIATION AND UTILIZATION OF LONG-TERM CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA), OTHER SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS, COLLECTIONS AND OTHER FORMS OF ASSISTANCE FROM LOCAL AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE ENTITIES AND OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES MAY BE TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR ACCOUNTING AND AUDITING GUIDELINES AND PROCEDURES: PROVIDED, THAT IN CASE OF DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE THEREOF SHALL BE SUBJECT TO EXISTING GOVERNMENT RULES AND REGULATIONS.."

Section 21. A new section denominated as Section 29 of the same Act is added, to read as follows:

"SEC. 29. JOINT CONGRESSIONAL OVERSIGHT COMMITTEE ON THE ELIMINATION OF TB (JCOC-ETB). - THERE IS HEREBY CREATED A JCOC-ETB WHICH SHALL CONDUCT A REGULAR REVIEW OF THE IMPLEMENTATION OF THIS ACT. THE JCOC-ETB SHALL CONDUCT A SYSTEMATIC EVALUATION OF THE PERFORMANCE, IMPACT, AND ACCOMPLISHMENTS OF THE

COMPREHENSIVE PHILIPPINE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS AND THE VARIOUS AGENCIES INVOLVED IN THE TB ELIMINATION PROGRAM, PARTICULARLY WITH RESPECT TO THEIR OBJECTIVES AND FUNCTIONS.

THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE COMPOSED OF FIVE (5) MEMBERS FROM THE SENATE AND FIVE (5) MEMBERS FROM THE HOUSE OF REPRESENTATIVES TO BE APPOINTED BY THE SENATE PRESIDENT AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, RESPECTIVELY. THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE JOINTLY CHAIRED BY THE CHAIRPERSONS OF THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY AND THE HOUSE OF REPRESENTATIVES COMMITTEE ON HEALTH."

Section 22. Section 14 of the same Act is hereby renumbered as Section 30.

Section 23. Section 15 of R.A. 10767 is hereby renumbered as Section 31 and amended, to read as follows:

"SEC. [15] 31. Appropriations. The amount necessary to ~~[implement]~~ CARRY OUT the provisions of this Act shall be charged against the CURRENT YEAR appropriations of the CONCERNED GOVERNMENT AGENCIES ~~[the DOH, the DepEd, the CHED and the PIA under the General Appropriations Act]~~. IN ADDITION TO, AND CONSISTENT WITH THE COUNTRY'S COMMITMENT TO ENSURE SUFFICIENT AND SUSTAINABLE FINANCIAL SUPPORT TO END THE TB EPIDEMIC, PARTICULARLY ON THE DEVELOPMENT OF A NATIONAL STRATEGIC PROGRAM TO LOCATE AND TREAT OVER TWO MILLION FILIPINOS INFLECTED WITH TB IN THE NEXT FIVE (5) YEARS, AN AMOUNT TO BE DETERMINED BY THE DOH, IN CONSULTATION WITH THE DOF AND THE DBM, SHALL BE INCLUDED IN THE ANNUAL APPROPRIATION OF THE DOH: PROVIDED, THAT THE ADMINISTRATIVE EXPENSES TO IMPLEMENT THE PROGRAM SHALL NOT EXCEED ONE PERCENT (1%) OF THE PROGRAM COST."

Section 24. A new section denominated as Section 32 of the same Act is added, to read as follows:

"SEC. 32. SUNSET PROVISION. - TWO (2) YEARS AFTER THE EFFECTIVITY OF THIS ACT, CONGRESS, THROUGH THE JCOC-ETB, SHALL CONDUCT A "SUNSET REVIEW" OF THE MANDATED APPROPRIATIONS WHICH SHALL ENTAIL A SYSTEMATIC EVALUATION OF SUCH APPROPRIATION TO DETERMINE WHETHER OR NOT ITS PERFORMANCE, IMPACT, AND ACCOMPLISHMENTS WITH RESPECT TO THE TB ELIMINATION GOAL MERITS CONTINUED EXISTENCE."

Section 25. A new section denominated as Section 33 of the same Act is added, to read as follows:

"SEC. 33. PENALTIES. -THE PROFESSIONAL REGULATION COMMISSION (PRC) SHALL HAVE THE AUTHORITY TO SUSPEND THE LICENSE TO PRACTICE ANY MEDICAL PROFESSIONAL FOR ANY VIOLATION OF THIS ACT.

THE CSC SHALL HAVE THE AUTHORITY TO SUSPEND FROM PUBLIC OFFICE A CIVIL SERVANT WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.

IF THE OFFENSE IS COMMITTED BY A PUBLIC OR PRIVATE HEALTH FACILITY, INSTITUTION, AGENCY, CORPORATION OR OTHER JURIDICAL ENTITY DULY ORGANIZED IN ACCORDANCE WITH LAW, THE CHIEF EXECUTIVE OFFICER, PRESIDENT, GENERAL MANAGER OR SUCH OTHER OFFICER IN CHARGE SHALL BE LIABLE. IN ADDITION, THE BUSINESS PERMIT AND LICENSE TO OPERATE OF THE CONCERNED FACILITY, INSTITUTION, AGENCY, CORPORATION OR LEGAL ENTITY SHALL BE SUSPENDED ACCORDINGLY."

Section 26. A new section denominated as Section 34 of the same Act is added to read as follows:

"SEC. 34. TRANSITORY PROVISION. - THE PENALTIES CONTEMPLATED IN SECTION 33 OF THIS ACT SHALL BE IMPLEMENTED ONLY AFTER EFFICIENT AND MASSIVE TRAINING AND ORIENTATION FOR PHYSICIANS AND ALLIED HEALTH PROFESSIONALS AND A FRAMEWORK AND SYSTEM SUPPORT FOR THE IMPLEMENTATION AND MONITORING OF THE REQUIREMENTS OF SECTION 11 ON THE REGULATION ON SALE AND USE OF TB DRUGS AND SECTION 12 ON TB CASES NOTIFICATION OF R.A. 10767 HAS BEEN ESTABLISHED: PROVIDED, THAT SUCH PERIOD OF IMPLEMENTATION SHALL BE COMPLETED BY THE YEAR 2025."

Section 27. Section 16 of RA 10767 is hereby renumbered as Section 35 and amended to read as follows:

"SEC. 35. Implementing Rules and Regulations. - The DOH, in consultation with the DepEd, the CHED, the PIA, the LGUs, nongovernment organizations, CSOs, BROADCAST MEDIA, PRINT MEDIA and other concerned entities, shall issue the rules and regulations [implementing] TO IMPLEMENT the provisions of this Act within ninety (90) days from its effectivity."

Section 28. Section 17, 18 and 19 of the same Act are hereby renumbered as 36, 37, and 38 respectively.

Section 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,