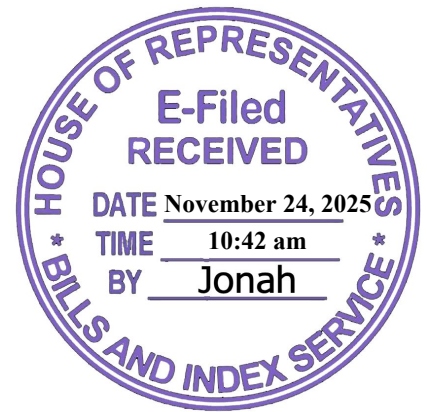


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS

First Regular Session

HOUSE BILL NO. 6296



Introduced by the **Honorable ANIELA BIANCA D. TOLENTINO**

EXPLANATORY NOTE

The proposed measure herein will give birth to the Philippine Integrated Lung and Cancer Health Act of 2025. The proposed law will likewise establish the Philippine Integrated Lung and Cancer Health Program. It is envisioned that prevention, early detection, diagnosis, treatment, rehabilitation, and palliative care services for lung and cancer diseases within the framework of Universal Health Care will be integrated when this bill is passed into law. This representation also proposes the creation of a National Council on Lung and Cancer Health to coordinate multisectoral and interagency efforts, harmonize policies, and monitor outcomes.

It should be highlighted that there is a need to underscore the public health problems of the country involving the increasing burden of cancer and the persistent prevalence of lung diseases. Both of these public health issues rank among the leading causes of death and disability nationwide. The said diseases significantly impact individuals, families, communities, and the country's healthcare system, and contribute to massive economic losses, estimated at over PHP 150 billion annually in direct costs and productivity losses.

In a report of the World Health Organization this 2025, the Philippines ranks fourth globally in tuberculosis burden. Pneumonia remains a leading cause of childhood mortality, and chronic respiratory diseases affect more than eight million (8,000,000) Filipinos. As such, there is a need for a more laser-focused approach in the management of these lung diseases thru legislation.

The establishment of a unified and institutionalized framework for cancer and lung health services shall ensure the equitable access to early screening and diagnostic services; eliminate duplicative, inefficient vertical programs; and promote sustainable

financing through a combination of national appropriations, sin tax revenues, PhilHealth benefit packages, and development aid.

This representation believes that the foregoing bill will validate the constitutional mandate to health – "*The State shall protect and promote the right to health of the people and instill health consciousness among them*"[*Section 15, Article II, 1987 Constitution*].

For the Filipino people, approval of the bill is earnestly being sought.

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a vertical line and a horizontal crossbar.

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TWENTIETH CONGRESS

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HOUSE BILL NO. 6296

Introduced by the **Honorable ANIELA BIANCA D. TOLENTINO**

**AN ACT ESTABLISHING A COMPREHENSIVE INTEGRATED LUNG HEALTH
PROGRAM IN THE PHILIPPINES, APPROPRIATING FUNDS THEREFOR,
AND FOR OTHER PURPOSES**

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

SECTION 1. *Short Title.* – This Act shall be known as the “*Philippine Lung Health Act of 2025.*”

SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to health of all Filipinos. The State recognizes the critical importance of early detection, accurate diagnosis, and timely management of cancer and lung diseases, both communicable and non-communicable, as essential to reducing disease burden, improving survival, enhancing quality of life, and optimizing healthcare resources. The State further affirms its commitment to a life-course, integrated, and multisectoral approach to health, aligned with the principles of universal health care and the World Health Assembly Resolution WHA78.5.

SECTION 3. *National Framework for Early Detection and Diagnosis.* – The Department of Health (DOH), in coordination with the National Integrated Cancer Control Council (NICCC), the National Lung Health Council (NLHC), PhilHealth, and relevant stakeholders, shall develop and implement a unified National Framework for Early Detection and Diagnosis of Cancer and Lung Diseases. This framework shall:

- a) Establish and regularly update population-based screening programs for high-priority cancers and lung diseases;

- b) Develop standardized clinical protocols for screening, referral, diagnosis, and treatment;
- c) Integrate early detection services into the Universal Health Care (UHC) system;
- d) Expand diagnostic and laboratory capacity at all levels of care;
- e) Implement referral systems and patient navigation mechanisms;
- f) Ensure services are provided at minimal or no cost to the patient.

SECTION 4. *Integration into Universal Health Care.* – Section 6 of Republic Act No. 11223 is hereby amended to include a new subsection (e) as follows:

“(e) The health benefit package shall explicitly include and expand coverage for evidence- based cancer and lung disease screening, early detection services, and diagnostic procedures as determined by the Health Technology Assessment Council (HTAC), in coordination with the DOH, NICCC, and NLHC.”

SECTION 5. *Amendment to RA 11215.* – Section 4 of Republic Act No. 11215 is amended to include the following:

- “(e) To establish and expand nationwide cancer screening and early detection programs using evidence-based standards;
- (f) To ensure prompt, accessible, and accurate diagnostic services for suspected cancer cases;
- (g) To strengthen referral systems from primary to specialized centers.”

SECTION 6. *Establishment of the Philippine Integrated Lung Health Program (PILHP).* – There is hereby established the PILHP under the DOH as the national program for the prevention, early detection, diagnosis, treatment, and management of all lung diseases. The PILHP shall adopt the following principles:

- a) Life-course coverage;
- b) Accessibility and equity;
- c) Evidence-based strategies;
- d) Multisectoral coordination;
- e) Community engagement and education.

SECTION 7. *National Lung Health Council.* – There is hereby created a National Lung Health Council (NLHC), chaired by the Secretary of Health and composed of representatives from the DENR, DOLE, DepEd, PhilHealth, the Philippine Medical Association, the Philippine College of Chest Physicians, and patient groups. The NLHC shall:

- a) Formulate national policies and guidelines on lung health;
- b) Coordinate inter-agency and intersectoral implementation;
- c) Monitor and evaluate the implementation of the PILHP;

- d) Recommend program and policy improvements.

SECTION 8. *Capacity Building and Public Education.* – The DOH shall undertake the following to increase awareness about the prevention of cancer and lung diseases thru:

- a) Conduct training programs for health workers on early detection;
- b) Roll out health literacy and risk awareness campaigns;
- c) Implement school-based health education on lung and cancer prevention.

SECTION 9. *Diagnostic and Referral Services.* – The DOH shall strengthen access for diagnostic and referral services for cancer and lung diseases by:

- a) Implement community- and facility-based screening for priority diseases;
- b) Deploy mobile health units and digital health solutions;
- c) Ensure access to diagnostic tools and pathology services;
- d) Provide timely referral and appropriate treatment services.

SECTION 10. *Financing.* – The Cancer Assistance Fund (CAF), as established under RA 11215, and appropriations for the PILHP shall prioritize early detection and diagnostic services. Sources of funding shall include:

- a) Annual appropriations under the General Appropriations Act;
- b) Sin tax revenues on tobacco and alcohol;
- c) PhilHealth reimbursements;
- d) Local government contributions;
- e) Grants and official development assistance.

SECTION 11. *Human Resources and Research.* – The DOH shall develop personnel and the research capacity on cancer and lung diseases by:

- a) Establishing training and certification programs in oncology and pulmonology;
- b) Providing scholarships and incentives for health professionals;
- c) Conducting operational and clinical research;
- d) Maintaining and annually updating a national cancer and lung disease registry.

SECTION 12. *Congressional Oversight.* – There is hereby created a Joint Congressional Oversight Committee on Cancer and Lung Health Services, composed of five (5) Members each from the House of Representatives and the Senate. The Secretary of Health shall submit an annual report to the Committee not later than March 30 of each year, detailing the following:

- a) Program implementation status;
- b) Fund utilization;
- c) Screening coverage and outcomes;

d) Recommendations for legislative or policy action.

SECTION 13. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with the DBM, PhilHealth, NICCC, NLHC, and other stakeholders, shall promulgate the implementing rules and regulations.

SECTION 14. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against current appropriations of the DOH and relevant agencies. Thereafter, such amounts as may be necessary shall be included in the annual General Appropriations Act.

SECTION 15. *Separability.* – If any provision of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall remain in full force and effect.

SECTION 16. *Repeal.* – All laws, rules, and regulations inconsistent with this Act are hereby repealed or amended accordingly.

SECTION 17. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,