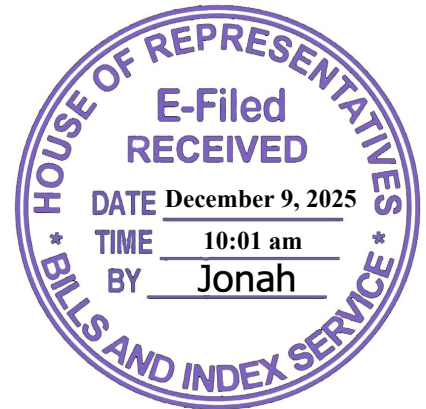




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 6687



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

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

EXPLANATORY NOTE

The Philippines currently face a twin public health crisis: the increasing burden of cancer and the persistent prevalence of lung diseases, both of which rank among the leading causes of death and disability nationwide. These 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.

Despite the enactment of Republic Act No. 11215, otherwise known as the "National Integrated Cancer Control Act (NICCA)," and Republic Act No. 11223, or the "Universal Health Care Act," there remain critical gaps in the implementation, integration, and sustainable financing of early detection, diagnostic, and referral services—particularly for cancer and respiratory diseases—within the primary healthcare system.

Cancer remains a life-threatening condition for many Filipinos, who are often diagnosed at advanced stages due to inadequate access to early detection services. This results in poor health outcomes and catastrophic health expenditures for many families. While NICCA and its implementing rules and regulations mandate a comprehensive and systemic approach to cancer care, its full implementation, especially in the area of diagnostics and early detection, requires legislative reinforcement and consistent funding support.

At the same time, the country bears a disproportionate burden of respiratory illnesses, including tuberculosis, pneumonia, asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. According to the World Health Organization (2025), the Philippines ranks 4th globally in tuberculosis burden. Pneumonia remains a leading cause of childhood mortality, and chronic respiratory diseases affect more than 8 million Filipinos. These diseases are further aggravated by air pollution, smoking, occupational exposures, and inadequate environmental health safeguards.

The fragmented delivery of lung health services—often siloed between communicable and non-communicable disease programs—undermines the ability of the health system to respond efficiently and equitably. The May 2025 adoption of World Health Assembly Resolution WHA78.5 on “Promoting and Prioritizing an Integrated Lung Health Approach” obligates Member States, including the Philippines, to adopt a unified, integrated, and comprehensive approach to respiratory health, with strong emphasis on integration into the primary healthcare system, improvement of air quality standards, and enhanced access to essential medicines and health technologies.

This proposed measure seeks to enact the Philippine Integrated Lung and Cancer Health Act of 2025, which shall establish the Philippine Integrated Lung and Cancer Health Program, integrating prevention, early detection, diagnosis, treatment, rehabilitation, and palliative care services for lung and cancer diseases within the framework of Universal Health Care.

The measure shall likewise create a National Council on Lung and Cancer Health to coordinate multisectoral and interagency efforts, harmonize policies, and monitor outcomes.

Specifically, this measure builds upon the following legal mandates:

- 1) Section 2 of Republic Act No. 11215, which declares the policy of the State to provide integrated and comprehensive care for all cancer patients;
- 2) Rule I, Section 2 of the Implementing Rules and Regulations of R.A. No. 11215, which emphasizes a systematic and evidence-based approach to cancer prevention and control;
- 3) Section 6 of Republic Act No. 11223, which guarantees access to quality and affordable health services, including preventive and diagnostic care;
- 4) Joint Memorandum Circular No. 2022-0002 of the Department of Health and the Department of Budget and Management, which operationalizes the Cancer Assistance Fund as a financing mechanism for cancer diagnostics and support services; and
- 5) World Health Assembly Resolution WHA78.5 (2025), which enjoins countries to prioritize integrated lung health across all levels of healthcare.

Through the establishment of a unified and institutionalized framework for cancer and lung health services, the measure shall ensure 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.

Immediate health and economic benefits are projected, including a 25% reduction in lung cancer mortality through early detection, a 30% decrease in tuberculosis incidence, and a 40% reduction in childhood pneumonia deaths.

Most importantly, the measure affirms the constitutional right to health, the right to breathe clean air, and the right of every Filipino to timely, affordable, and quality healthcare.

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



FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



ANDREW JULIAN K. ROMUALDEZ



JUDE A. ACIDRE



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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”.

SEC. 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.

SEC. 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; and
- f. Ensure services are provided at minimal or no cost to the patient.

SEC. 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.”

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

- “(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.”

SEC. 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; and
- e) Community engagement and education.

SEC. 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; and
- d) Recommend program and policy improvements.

SEC. 8. *Capacity Building and Public Education.* – The DOH shall:

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

SEC. 9. *Diagnostic and Referral Services.* – The DOH shall:

- 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; and
- d) Provide timely referral and appropriate treatment services.

SEC. 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; and
- e) Grants and official development assistance.

SEC. 11. *Human Resources and Research.* – The DOH shall:

- a) Establish training and certification programs in oncology and pulmonology;
- b) Provide scholarships and incentives for health professionals;
- c) Conduct operational and clinical research; and
- d) Maintain and annually update a national cancer and lung disease registry.

SEC. 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; and
- d) Recommendations for legislative or policy action.

SEC. 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.

SEC. 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.

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

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

SEC. 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,