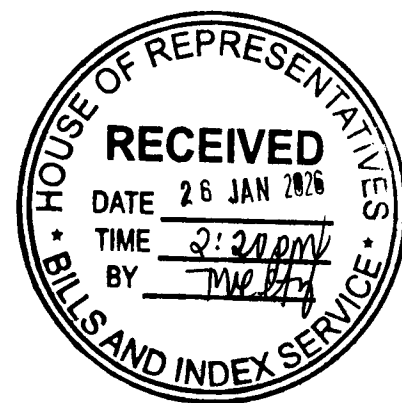




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila



TWENTIETH CONGRESS
First Regular Session

House Bill No. 7302

Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

The Constitution of the Philippines recognizes the right of every person to health and imposes upon the State the duty to protect and promote this right through the provision of accessible, affordable, and quality health services. This constitutional directive is operationalized by Republic Act No. 11223, otherwise known as the Universal Health Care Act, which establishes the policy of automatic inclusion of all Filipinos in the national health insurance program and mandates the delivery of a comprehensive range of promotive, preventive, curative, rehabilitative, and palliative health services. The Universal Health Care framework further requires that health services, benefit packages, and health technologies be guided by evidence-based standards and subjected to health technology assessment to ensure effectiveness, equity, fiscal sustainability, and rational resource allocation. The present measure is anchored on these constitutional and statutory principles and seeks to strengthen their implementation with respect to persons living with systemic lupus erythematosus¹.

Systemic lupus erythematosus is a chronic autoimmune disease characterized by periods of flares and remission and by its potential to affect multiple organ systems, including the kidneys, heart, lungs, and central nervous system. Lupus nephritis, in particular, is a major contributor to long-term disability, progression to end-stage renal disease, and premature mortality. International clinical guidelines emphasize that favorable outcomes in lupus depend on early diagnosis, continuous monitoring, specialist-guided treatment, and timely intervention to prevent irreversible organ damage². However, in the Philippine setting, lupus care remains fragmented, with wide variations in access to specialists, diagnostics, and medicines, and without a coherent national framework that ensures continuity of care across the disease course.

Despite advances in medical knowledge, persons with lupus in the Philippines continue to face delayed diagnosis, inconsistent treatment, and significant out-of-pocket expenses for essential

¹ Universal Health Care Act IRR (RA 11223) – Health Technology Assessment and benefit design requirements

² KDIGO 2024 Clinical Practice Guideline for the Management of Lupus Nephritis (PDF):
https://kdigo.org/wp-content/uploads/2024/01/KDIGO_2024-Lupus-Nephritis-Guideline.pdf

services and medicines. While existing legislative proposals and administrative initiatives have sought to raise awareness and improve early detection, these efforts have not sufficiently addressed the need for integrated care pathways, coordinated referral networks, and long-term disease management. Insurance coverage limitations persist, as access to diagnostics and medicines necessary for the management of moderate to severe lupus remains uneven in practice, and is influenced by benefit design, formulary status, and facility-based availability, rather than a dedicated and integrated coverage framework. As a result, patients and their families remain vulnerable to catastrophic health expenditures, undermining the financial risk protection objectives of the Universal Health Care Act.

Compounding these challenges is the absence of a national data system for lupus. Without a centralized registry, the true burden of the disease remains poorly defined, limiting the ability of government to plan services, allocate resources, assess outcomes, and improve quality of care. The lack of reliable epidemiological and outcomes data also constrains legislative oversight and evidence-based policy development, perpetuating gaps in service delivery and health system responsiveness.

This measure seeks to address these challenges by establishing a national framework for the integrated and continuous care of persons with systemic lupus erythematosus within the Universal Health Care system. It mandates the creation of a National Comprehensive Lupus Care Program under the Department of Health to serve as the principal policy and governance mechanism for lupus-related services. It provides for the designation of Lupus Centers of Expertise and a structured referral network to ensure timely access to specialist-guided care across geographic regions. It directs the development and periodic updating of evidence-based clinical pathways and standards of care, aligned with international best practices and adapted to the Philippine health system.

The bill further mandates the development of a PhilHealth Lupus Benefit Package that supports the continuum of care, from diagnostic confirmation and routine monitoring to the management of severe and organ-threatening manifestations, while maintaining actuarial sustainability and adherence to health technology assessment principles. It strengthens access to essential medicines and diagnostics through improved procurement and supply chain governance and establishes lawful, evidence-based pathways for the expedited adoption of proven therapies not yet included in the national formulary. It recognizes the importance of patient navigation and psychosocial support in sustaining treatment adherence and continuity of care, and addresses distinct life-course needs by providing standards for maternal care, pediatric lupus management, and structured transition from pediatric to adult services. It also promotes reasonable accommodations in workplaces and educational institutions, consistent with existing laws, to support social participation and functional well-being.

Central to this framework is the establishment of a National Lupus Registry to support evidence-based planning, monitoring of outcomes, and continuous quality improvement, with safeguards for data privacy and an annual reporting requirement to Congress to ensure transparency and accountability. The bill designates the Department of Health as the lead implementing and coordinating agency, embedding inter-agency collaboration within existing mechanisms rather than creating additional permanent councils or layers of bureaucracy.

Through this comprehensive yet disciplined approach, the measure seeks to improve health outcomes, enhance financial risk protection, strengthen data-driven governance, and promote social inclusion for persons living with lupus. By aligning constitutional guarantees, statutory mandates, and international evidence with the realities of the Philippine health system, this bill offers a sustainable and patient-centered response to a complex chronic disease and contributes to the broader goal of a more equitable and responsive Universal Health Care system³.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


REP. GIRLIE E. VELOSO
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³ World Health Organization, WHO global strategy on people-centred and integrated health services: interim report (WHO/HIS/SDS/2015.6) (PDF, WHO IRIS):
https://iris.who.int/bitstream/handle/10665/155002/WHO_HIS_SDS_2015.6_eng.pdf?sequence=1



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TWENTIETH CONGRESS
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House Bill No. **7302**

Introduced by **Representative GIRLIE E. VELOSO**

**AN ACT PROVIDING A NATIONAL FRAMEWORK FOR THE INTEGRATED
AND CONTINUOUS CARE OF PERSONS WITH SYSTEMIC LUPUS
ERYTHEMATOSUS WITHIN THE UNIVERSAL HEALTH CARE SYSTEM, AND
FOR OTHER PURPOSES**

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

1 **SECTION 1. Short Title.** — This Act shall be known as the "Comprehensive Lupus
2 Care and Protection Act."

3 **SECTION 2. Declaration of Policy.** — It is the policy of the State to protect the life,
4 dignity, and well-being of persons with systemic lupus erythematosus by ensuring early diagnosis,
5 continuous and equitable access to quality care, prevention of organ damage, financial risk
6 protection, and social inclusion, consistent with universal health care and evidence-based medical
7 standards.

8 The State recognizes lupus as a chronic autoimmune disease that requires long-term,
9 coordinated, and specialist-guided care, and affirms the importance of an integrated, continuous,
10 and evidence-based approach to management that supports sustained health, functional well-being,
11 and quality of life.

12 **SECTION 3. Definition of Terms.** — For purposes of this Act, the following terms are
13 defined as follows:

- 14 (a) Systemic Lupus Erythematosus (SLE) refers to a chronic autoimmune disease
15 characterized by immune-mediated inflammation affecting multiple organs, with
16 periods of flares and remission.

- (b) Lupus Nephritis refers to kidney involvement in SLE that may lead to chronic kidney disease or end-stage renal failure if not promptly treated.
- (c) Continuum of Lupus Care refers to the integrated delivery of services from early recognition and diagnosis through long-term treatment, monitoring, and complication prevention.
- (d) Centers of Expertise refer to DOH-designated tertiary facilities capable of comprehensive lupus care, including management of severe and complicated cases.
- (e) Referral Network refers to the structured, tiered system linking primary, secondary, and tertiary facilities for lupus care.
- (f) Treat-to-Target refers to an evidence-based approach aiming to achieve sustained low disease activity or remission while preventing organ damage and minimizing treatment harm.
- (g) Lupus Registry refers to a national health database established for planning, monitoring outcomes, and improving quality of care, subject to data privacy laws.

SECTION 4. National Comprehensive Lupus Care Program. — The Department of Health (DOH) shall establish a National Comprehensive Lupus Care Program, which shall serve as the principal policy and governance framework for the planning, coordination, delivery, and continuous improvement of lupus-related health services nationwide.

The Program shall integrate lupus care within the public health system and the Universal Health Care framework, and shall be implemented through evidence-based standards, coordinated referral networks, and data-informed decision-making.

In furtherance thereof, the Program shall ensure:

- (a) Timely and accurate identification and diagnosis of lupus, supported by appropriate confirmatory evaluation and baseline assessment;
- (b) Continuity of care across the disease course, including access to appropriate treatment, regular monitoring, and long-term follow-up, consistent with recognized clinical standards;
- (c) Prevention and mitigation of organ damage, with particular attention to early detection and management of lupus nephritis and other severe manifestations;
- (d) Coordinated, specialist-guided care pathways, including structured referral and shared-care arrangements among primary, secondary, and tertiary health facilities;
- (e) Financial risk protection and equitable access to care, including alignment with PhilHealth benefit mechanisms and other relevant social protection measures; and
- (f) Person-centered support services, including psychosocial care, patient education, and community-based initiatives that promote functional well-being, social participation, and dignity.

SECTION 5. Lupus Centers of Expertise and Referral Network. — The Department of Health (DOH) shall designate, organize, and maintain a National Lupus Centers of Expertise and Referral Network, which shall serve as the institutional backbone for the delivery of coordinated, specialist-guided and multidisciplinary lupus care nationwide.

1 The Network shall be designed to ensure timely access to appropriate levels of care,
2 continuity across the disease course, and efficient use of specialized health resources, and shall
3 operate in accordance with standards and mechanisms prescribed by the DOH.

4 In furtherance thereof, the Network shall include:

- 5 (a) Centers of Expertise, which shall be designated based on defined capability and
6 performance standards, including the availability of appropriately trained specialists
7 and multidisciplinary care teams, diagnostic and therapeutic capacity, and
8 demonstrated ability to manage severe, complex, and organ-threatening manifestations
9 of lupus, including lupus nephritis;
- 10 (b) Regional Referral Facilities, which shall function as intermediary nodes within the
11 Network to promote geographic accessibility, continuity of care, and effective linkage
12 between primary care providers and Centers of Expertise;
- 13 (c) Clearly defined roles and responsibilities across levels of care, establishing structured
14 referral, co-management, and shared-care arrangements among multidisciplinary
15 providers to support long-term follow-up, treatment adherence, and clinical stability;
16 and
- 17 (d) Telemedicine and electronic consultation mechanisms, as appropriate, to extend
18 specialist and multidisciplinary support to underserved, geographically isolated, or
19 resource-limited areas, consistent with applicable laws, regulations, and national digital
20 health policies.

21 **SECTION 6. Evidence-Based Clinical Pathways and Standards of Care.** – The
22 Department of Health (DOH), in consultation with recognized professional medical societies,
23 Centers of Expertise, and other relevant stakeholders, shall develop, adopt, and periodically update
24 evidence-based clinical pathways and standards of care for lupus, which shall serve as the national
25 reference for the delivery of quality, safe, and effective lupus care.

26 Such clinical pathways shall be designed to promote consistency of care across the health
27 system, support clinical decision-making, and enable the rational use of health resources, while
28 allowing for professional judgment and individualized patient care.

29 In furtherance thereof, the clinical pathways and standards of care shall establish minimum
30 requirements for:

- 31 (a) Diagnostic confirmation and baseline assessment, including evaluation of organ
32 involvement and disease severity, and the use of standardized and quality-assured
33 diagnostic platforms for immunologic and related laboratory testing;
- 34 (b) Regular monitoring and long-term follow-up, appropriate to disease activity, treatment
35 response, and risk of complications;
- 36 (c) Early detection, risk stratification, and management of lupus nephritis and other organ-
37 threatening manifestations;

- (d) Treat-to-target approaches and rational use of medicines, consistent with current evidence and national formulary policies; and
- (e) Clear referral thresholds and escalation criteria for severe, complicated, or treatment-refractory disease.

The DOH shall issue and implement such clinical pathways through appropriate administrative issuances, and shall ensure their periodic review and updating at least once every three (3) years, or earlier as warranted by emerging evidence or health system needs.

SECTION 7. PhilHealth Lupus Benefit Package. – The Philippine Health Insurance Corporation (PhilHealth), in coordination with the Department of Health (DOH), shall develop and implement a Lupus Benefit Package that supports the continuum of care for persons with lupus, with the objective of promoting early intervention, sustaining disease control, preventing organ damage, and protecting patients from catastrophic health expenditures.

The Lupus Benefit Package shall provide coverage, subject to applicable policies and standards, for:

- (a) Confirmatory diagnostics and baseline clinical evaluation necessary to establish diagnosis and assess disease severity and organ involvement;
- (b) Outpatient and inpatient specialist-guided care, including medically necessary consultations, procedures, and hospital services;
- (c) Routine monitoring and follow-up services essential to maintaining disease control and preventing or detecting early organ damage;
- (d) Medically necessary medicines, consistent with national formularies and evidence-based clinical pathways; and
- (e) Management of severe or complicated manifestations, including lupus nephritis and other organ-threatening conditions.

In implementing the Lupus Benefit Package, PhilHealth shall prioritize patient access, continuity of care, and financial risk protection, and may utilize appropriate benefit design mechanisms, including outpatient benefit platforms and special coverage arrangements for catastrophic conditions, consistent with actuarial sustainability, health technology assessment policies, and existing laws.

SECTION 8. Access to Essential Medicines and Diagnostics. – The Department of Health (DOH) shall ensure sustained, equitable, and timely access to essential lupus medicines and diagnostics, including those necessary for the prevention of organ damage, through procurement, supply chain governance, and evidence-based adoption mechanisms consistent with existing laws and policies.

In furtherance thereof, the DOH shall:

- (a) Integrate lupus medicines and diagnostics into national procurement and supply planning, including forecasting and allocation for government health facilities;
 - (b) Institutionalize stockout prevention and continuity measures in government facilities, including buffer stock policies, redistribution protocols, and other supply chain interventions;
 - (c) Prioritize availability of essential lupus medicines and diagnostics in Centers of Expertise and designated referral hospitals within the National Lupus Network;
 - (d) Establish an expedited pathway for adoption and access to lupus medicines and diagnostics that are not yet included in the Philippine National Formulary but are supported by credible evidence of safety, efficacy, and cost-effectiveness, including:
 1. the timely nomination, review, and processing of such technologies through the Health Technology Assessment mechanism, and the corresponding action for inclusion in the Philippine National Formulary consistent with applicable rules;
 2. where urgently needed for patient care, the facilitation of lawful procurement through the appropriate formulary exemption mechanisms for non-PNF medicines, consistent with applicable procurement and formulary policies; and
 3. where the medicine, diagnostic, or device is unregistered or unauthorized in the Philippines, coordination with the Food and Drug Administration (FDA) and health facilities for lawful access through the appropriate Compassionate Special Permit or other applicable regulatory pathways, subject to safeguards for patient safety and clinical governance.
- Such expedited pathways shall not constitute automatic approval or exemption from existing regulatory, safety, and procurement requirements.

SECTION 9. Patient Navigation and Psychosocial Support. – Health facilities participating in the Program shall establish or facilitate:

- (a) Patient navigation services to assist in referrals, benefit access, and continuity of care;
- (b) Psychosocial and mental health support, as clinically indicated;
- (c) Family and caregiver education.

Where feasible, the foregoing services may be delivered through the facility's Medical Social Service/Medical Social Work functions or other designated service units, and integrated with existing care coordination systems under applicable DOH and PhilHealth programs.

SECTION 10. Maternal, Pediatric, and Transition Care. – Recognizing the distinct clinical risks and continuity-of-care challenges associated with lupus across the life course, the Department of Health (DOH) shall establish and implement specific standards and referral mechanisms to ensure safe, coordinated, and age-appropriate care for persons with lupus during pregnancy, childhood, and transition to adulthood. In furtherance thereof, the DOH shall provide for:

- 1 (a) Pre-pregnancy counseling and high-risk maternal care pathways for persons with lupus
2 of reproductive age, including risk assessment, medication review, and timely referral
3 to appropriately equipped facilities for pregnancy planning, management, and delivery;
4 (b) Pediatric lupus care standards, including age-appropriate diagnostic, treatment,
5 monitoring, and family-centered support services, with referral pathways to facilities
6 with relevant capability and expertise; and
7 (c) Structured transition arrangements from pediatric to adult care, including planned
8 handover, patient and family preparation, and coordination between pediatric and adult
9 care providers, to prevent treatment interruption and loss to follow-up.
10 Such standards and mechanisms shall be integrated within the National Lupus Centers and Referral
11 Network and aligned with the evidence-based clinical pathways established under this Act.

12 **SECTION 11. Workplace and Educational Support.** – The Department of Health
13 (DOH), in coordination with the Department of Labor and Employment (DOLE), the
14 Department of Education (DepEd), and the Commission on Higher Education (CHED), shall
15 develop guidelines promoting reasonable accommodations within existing legal frameworks for
16 persons with lupus in workplaces and educational institutions, with the objective of supporting
17 continuity of employment and education, consistent with existing laws.

18 **SECTION 12. National Lupus Registry.** – There is hereby established a National Lupus
19 Registry, which shall be maintained by the Department of Health (DOH) as a health information
20 and governance mechanism to support evidence-based planning, monitoring of outcomes, and
21 continuous quality improvement in lupus care.

22 In implementing and maintaining the Registry, the DOH shall ensure:

- 23 (a) Standardized data collection, management, and governance, including the adoption of
24 clear data definitions, reporting protocols, and appropriate mechanisms for the use of
25 data in policy development and program evaluation;
26 (b) Full compliance with applicable data privacy, confidentiality, and security laws and
27 regulations, including safeguards to protect patient rights and prevent unauthorized
28 access, use, or disclosure of information; and
29 (c) Submission of an annual report to Congress, summarizing program performance,
30 trends in access and outcomes, identified system gaps, and policy-relevant findings to
31 guide future legislative and executive action.

32 The National Lupus Registry shall, to the extent practicable, be aligned and interoperable
33 with existing national health information systems and reporting platforms.

34 **SECTION 13. Inter-Agency Coordination and Program Oversight.** – The
35 Department of Health (DOH) shall serve as the lead implementing and coordinating agency for
36 this Act and shall ensure coherence and effective implementation of lupus-related policies and
37 services across concerned government agencies.

For this purpose, the DOH shall:

- (a) Designate an appropriate office or unit within the Department to oversee the National Comprehensive Lupus Care Program and to serve as the primary focal point for coordination;
- (b) Coordinate, as necessary, with PhilHealth and other relevant agencies, including but not limited to the Department of Labor and Employment, the Department of Education, and the Commission on Higher Education, to harmonize policies, benefits, referral mechanisms, and support services affecting persons with lupus; and
- (c) Utilize existing inter-agency mechanisms, technical working groups, or joint issuances, as may be appropriate, to address cross-cutting implementation issues and to ensure alignment with the Universal Health Care framework and other national health strategies.

SECTION 14. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, the Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PhilHealth) and other relevant government agencies, and in consultation with recognized professional medical societies, health facilities, and patient stakeholders, shall promulgate the necessary rules and regulations to implement the provisions of this Act.

SECTION 15. Appropriations. — The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act (GAA).

SECTION 16. Repealing Clause. — All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 17. Separability Clause. — If, for any reason, any section of this Act shall be deemed unconstitutional or invalid, the other sections or provisions shall not be affected and shall remain in force and in effect.

SECTION 18. Effectivity Clause. — This Act shall take effect after fifteen (15) days from its publication in the Official Gazette or in at least two (2) national newspapers of general circulation, whichever comes earlier.

Approved.