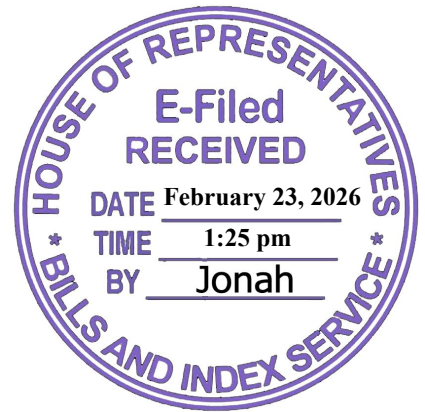


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7924



Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

EXPLANATORY NOTE

Many Filipinos, especially those in remote, poor, and disaster-prone barangays, struggle to access safe and affordable medicines. Distance from pharmacies, high prices, and the risk of counterfeit drugs often force families to delay treatment or rely on unsafe alternatives. This situation directly affects health outcomes and places the most vulnerable communities at greater risk of preventable illness.

This bill institutionalizes the *Botika sa Barangay* program to bring essential medicines closer to communities in a safe, regulated, and affordable manner. It establishes clear rules on licensing, pharmacist supervision, and quality standards to ensure that medicines sold at the barangay level are genuine, properly stored, and responsibly dispensed. By prioritizing underserved areas and allowing flexible governance models with strong oversight, the measure balances wider access with patient safety and professional accountability.

By strengthening community-level access to essential medicines, this measure gives practical meaning to the constitutional right to health. It empowers barangays, supports rational drug use, and helps ensure that no Filipino is denied basic treatment simply because of where they live or how much they earn.

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

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HOUSE BILL NO. 7924

Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

AN ACT
INSTITUTIONALIZING BARANGAY DRUGSTORES, OTHERWISE KNOWN AS
“BOTIKA SA BARANGAY,” PROVIDING FOR THEIR LICENSING, OPERATION, AND
PHARMACIST SUPERVISION, 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 “*Botika Sa Barangay Act*.”

SECTION 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health and to improve access to safe, effective, and affordable essential medicines at the community level, particularly in geographically isolated and disadvantaged areas and economically depressed barangays.

The State shall institutionalize Botika sa Barangay (BSB) outlets as community-based access points for essential medicines and health promotion, while ensuring compliance with standards on pharmaceutical practice, licensing, quality assurance, and patient safety.

SECTION 3. Definition of Terms. — As used in this Act:

- (a) **Botika sa Barangay (BSB)** refers to a community-based pharmaceutical outlet established, operated, or accredited under this Act and licensed in accordance with applicable FDA/DOH rules.

- (b) **Pharmacist** refers to a duly registered and licensed pharmacist with a valid Certificate of Registration and Professional Identification Card.
- (c) **Pharmacy support personnel** includes pharmacy assistants, aides, or other medicine handlers as recognized under applicable laws and regulations.
- (d) **Core list/National Drug Formulary** refers to the list of essential medicines authorized for dispensing in BSB outlets under DOH policy and the National Drug Formulary system, subject to updating rules.

SECTION 4. National Program; Coverage; Phased Implementation. —

- (a) **Program.** The Department of Health (DOH), in coordination with the Food and Drug Administration (FDA), local government units (LGUs), and other relevant agencies, shall implement a national program for the establishment and/or accreditation of BSB outlets.
- (b) **Phased implementation.** Within three (3) years from effectivity, the DOH shall prioritize barangays based on population, poverty incidence, access to health facilities, geographic isolation, disaster risk, and other health equity indicators.
- (c) **Reasonable timeline.** The DOH shall issue a realistic implementation schedule; the thirty (30)-day period in the original draft is retained only for **program planning and issuance of initial guidelines**, not for establishing BSB in every barangay.

SECTION 5. Establishment Priority; Local Consultation. — Prior to establishing or accrediting a BSB, the DOH and the concerned LGU shall consult the Municipal/City Development Council and the barangay council. Highest priority shall be given to economically depressed barangays and geographically isolated and disadvantaged areas.

SECTION 6. Licensing; Regulatory Oversight; Compliance. —

- (a) **Licensing required.** No BSB shall operate without the appropriate license/authority issued pursuant to FDA and DOH rules and regulations.

(b) **Regulatory purpose.** The FDA shall exercise inspection, licensing, and monitoring powers over BSB outlets consistent with the State policy of maintaining an effective health products regulatory system.

(c) **Minimum standards.** The IRR shall prescribe minimum standards on:

1. Sourcing and procurement of medicines;
2. Storage conditions and inventory controls;
3. Prevention of counterfeit/substandard medicines;
4. Dispensing protocols and patient counseling;
5. Pharmacovigilance, adverse drug reaction reporting, and referral mechanisms; and
6. Recordkeeping and reporting.

SECTION 7. Medicines to be Made Available. —

(a) **Scope of medicines.** BSB outlets shall sell and dispense only medicines included in the core list/essential medicines list and other medicines as may be specifically allowed by DOH/FDA rules for the BSB category.

(b) **Generic transparency.** The BSB shall display to the public the generic names, brand/trade names (when applicable), strengths, and prices of medicines carried, in accordance with applicable rules.

SECTION 8. Pharmacist Supervision; Role of the Botika sa Barangay Aide. —

(a) **Mandatory pharmacist supervision.** The procurement, storage, distribution, and dispensing of medicines in BSB outlets operated by or in coordination with LGUs shall be conducted only under the supervision of a duly registered and licensed pharmacist, consistent with law.

(b) **Botika sa Barangay Aide.** A BSB may be staffed by a trained aide or other pharmacy support personnel to assist in operations, provided that such aide shall work under the supervision and accountability framework prescribed by the DOH and consistent with pharmacy practice regulations.

(c) **Training and certification.** The DOH, in coordination with the FDA and appropriate professional bodies, shall develop standardized training modules for BSB aides on medicine safety, storage, dispensing assistance, basic

counseling scripts, recordkeeping, and referral. Aides shall not perform functions reserved by law for licensed pharmacists.

SECTION 9. Governance Models; Partnerships. —

(a) The DOH may implement BSB through any of the following models, subject to IRR safeguards:

1. DOH-supported and LGU-operated outlets;
2. LGU-operated outlets accredited under national standards; or
3. Partnership/accreditation of qualified cooperatives or community organizations, subject to licensing and pharmacist supervision requirements.

(b) The DOH shall ensure that BSB design does not undermine existing licensed pharmacies, but complements access in underserved areas, consistent with public welfare objectives and police power regulation principles.

SECTION 10. Public Information and Health Promotion. — The DOH shall conduct a sustained public information campaign on rational drug use, antibiotic stewardship, medicine safety, and the proper use of BSB services, in coordination with LGUs, barangay health workers, and civil society organizations.

SECTION 11. Implementing Rules and Guidelines. — Within ninety (90) days from effectivity, the DOH, in coordination with the FDA, and after consultation with LGUs and stakeholders, shall promulgate the implementing rules and regulations (IRR) to carry out the provisions of this Act.

SECTION 12. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the remainder not affected thereby shall remain in full force and effect.

SECTION 13. Repealing Clause. — All laws, decrees, executive orders, rules and regulations, and other issuances, or parts thereof, inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 14. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,