



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 9300



Introduced by **HON. BAMBI B. EMANO**

AN ACT
INSTITUTIONALIZING A NATIONAL SYSTEM FOR STROKE CARE CONTINUITY
THROUGH STRENGTHENING LOCAL GOVERNMENT SUPPORT,
REHABILITATION REFERRAL, COMMUNITY-BASED SUPPORT MECHANISMS
AND SUSTAINABLE FINANCING, AND PROVIDING FUNDS THEREFOR

EXPLANATORY NOTE

Stroke remains one of the leading causes of death and long-term disability in the Philippines, imposing a significant burden not only on patients but also on families, communities, and the public health system. While acute stroke care has seen improvements, major gaps persist in post-stroke management, particularly in rehabilitation access, continuity of care, data systems, and community reintegration.

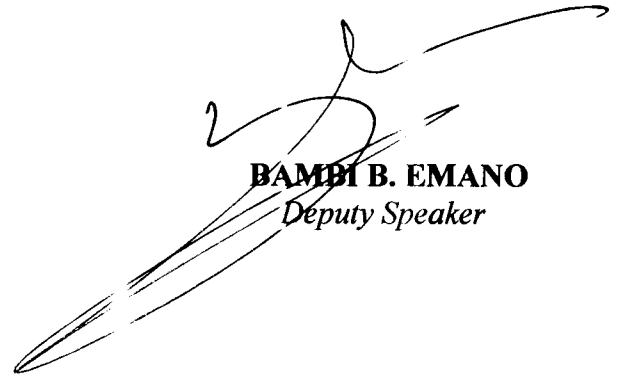
Local Government Units (LGUs), as frontline health service providers under the devolved health system, are uniquely positioned to bridge these gaps. However, many LGUs lack the technical capacity, structured referral systems, and sustained funding mechanisms necessary to deliver comprehensive stroke recovery services.

This bill seeks to establish a unified and sustainable framework for stroke recovery by:

(1) supporting LGUs in developing stroke registries for data-driven planning; (2) strengthening rehabilitation referral systems to ensure continuity of care; (3) promoting community-based stroke support groups to improve patient outcomes and reintegration; and (4) advocating sustainable financing for rehabilitation services.

By creating a “*tulay*” or bridge between hospital care and full recovery, this measure ensures that stroke survivors are not left behind after discharge, but are supported through a continuum of care grounded in accessibility, coordination, and sustainability.

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



BAMBI B. EMANO
Deputy Speaker



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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 “*TULAY Act*” or Transitional and Unified Local Assistance Yielding Support for Stroke Recovery Act.

SECTION 2. Declaration of Policy. It is hereby declared the policy of the State to:

- a. Ensure a continuum of care for stroke patients from acute management to rehabilitation and community reintegration
- b. Strengthen the capacity of Local Government Units (LGUs) to deliver responsive and data-driven stroke care services
- c. Promote equitable access to rehabilitation services
- d. Encourage community participation in stroke recovery and support
- e. Establish sustainable financing mechanisms for long-term rehabilitation care

SECTION 3. Definition of Terms. For purposes of this Act, the following terms are hereby defined as follows:

- a. **Community-Based Stroke Support Groups** – Organized groups providing psychosocial, educational, and peer support to stroke survivors and caregivers
- b. **Integrated Stroke Referral Network** - A coordinated system that ensures the timely and continuous referral of stroke patients from acute care facilities to appropriate rehabilitation service providers
- c. **Rehabilitation Referral System** – A coordinated system linking patients from acute care facilities to rehabilitation providers
- d. **Rehabilitation Services** – Includes physical therapy, occupational therapy, speech therapy, and other interventions necessary for recovery
- e. **Stroke Registry** – A systematic collection of data on stroke cases used for monitoring, planning, and policy formulation

SECTION 4. Implementing Agencies. The Department of Health (DOH) shall serve as the lead implementing agency of this Act, in coordination with:

- Department of the Interior and Local Government (DILG)
- Philippine Health Insurance Corporation (PhilHealth)
- Local Government Units
- Other non-government organizations, as may be identified by the DOH

SECTION 5. Establishment of LGU-Based Stroke Registries. All provinces, cities, and municipalities are hereby mandated to establish, maintain, and regularly update a Stroke Registry within their respective local health systems. The registry shall contain relevant and standardized data on stroke incidence, treatment interventions, patient outcomes, and rehabilitation status for purposes of monitoring, evaluation, health planning, and policy development.

The DOH shall formulate and issue standardized guidelines, templates, protocols, and digital systems necessary for the effective implementation and management of the Stroke Registry. It shall likewise consolidate and integrate data gathered from local registries into a National Stroke Database to support evidence-based policymaking, program development, resource allocation, and nationwide stroke surveillance.

SECTION 6. Strengthening Rehabilitation Referral Systems. The DOH, in coordination with LGUs, public and private health facilities, and other relevant stakeholders, shall establish and strengthen an Integrated Stroke Referral Network to ensure the continuity of care and timely access to rehabilitation services for stroke patients. All hospitals and healthcare institutions managing stroke cases shall adopt and implement standardized referral protocols to ensure that patients are appropriately referred to rehabilitation service providers prior to discharge.

LGUs shall designate focal persons or coordinators responsible for facilitating referral coordination, monitoring patient transitions, and conducting necessary follow-up services within their respective jurisdictions. To improve accessibility and continuity of rehabilitation services,

particularly in geographically isolated and disadvantaged areas (GIDAs), the utilization of telehealth and other digital health mechanisms shall likewise be encouraged and supported.

SECTION 7. Promotion of Community-Based Stroke Support Groups. LGUs, in coordination with civil society organizations, healthcare institutions, people's organizations, and other relevant stakeholders, shall establish, support, and promote Community-Based Stroke Support Groups within their respective jurisdictions to assist stroke survivors and their caregivers in recovery, rehabilitation, and community reintegration.

Such support groups shall provide peer support and counseling services, caregiver education and training, and community awareness campaigns on stroke prevention, treatment, rehabilitation, and recovery. Barangay Health Workers (BHWs) and other community health personnel shall likewise be mobilized to identify stroke survivors within their communities, facilitate their participation in support groups, and assist in monitoring their rehabilitation and continuing care needs.

SECTION 8. Sustainable Financing for Rehabilitation Services. The Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PhilHealth), shall develop and expand benefit packages to ensure coverage of comprehensive stroke rehabilitation services, including but not limited to physical therapy, occupational therapy, speech therapy, and other necessary post-stroke interventions.

LGUs shall allocate appropriate funds from their annual budgets to support the implementation of stroke recovery programs, including the maintenance of stroke registries, strengthening of referral systems, and establishment of community-based support initiatives.

Public-private partnerships shall be actively encouraged and pursued to augment available resources, enhance service delivery, and promote innovation in the provision of stroke rehabilitation and recovery programs.

SECTION 9. Capacity Building and Training. The DOH shall provide training programs for LGU health personnel, including BHWs, on stroke management, rehabilitation referral, and registry utilization.

SECTION 10. Appropriations. Any amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such sums shall be included in the annual General Appropriations Act. This includes the Stroke Rehabilitation Support Fund, which shall be utilized to provide financial assistance to LGUs, particularly those with limited fiscal capacity, to ensure equitable access to rehabilitation services nationwide.

SECTION 11. Implementing Rules and Regulations. Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with relevant agencies, shall promulgate its necessary rules and regulations.

SECTION 12. Separability Clause. If any provision of this Act is declared unconstitutional, the other provisions not affected shall remain in full effect.

SECTION 13. Repealing Clause. All laws, decrees, or regulations 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,