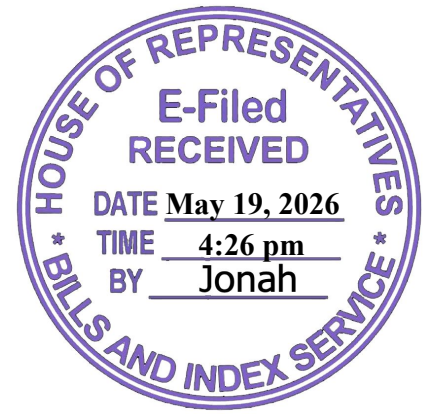


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **9335**



Introduced by Honorable Dr. Edwin Ledesma Cruzado, M.D.

1 **AN ACT ESTABLISHING A DISTRICT-LEVEL BLOOD STATION IN THE FIRST**
2 **DISTRICT OF COTABATO, STRENGTHENING THE LOCAL BLOOD SERVICES**
3 **NETWORK, PROVIDING FOR ITS MANDATE, GOVERNANCE, QUALITY**
4 **STANDARDS, HUMAN RESOURCES, FUNDING MECHANISMS, PENALTIES, AND**
5 **FOR OTHER PURPOSES**

6
7 **EXPLANATORY NOTE**
8

9 The availability of safe, sufficient, and timely blood supply is a critical pillar of an
10 effective and equitable healthcare system, especially in underserved areas, like the Province of
11 Cotabato. Notwithstanding the policy framework established under Republic Act No. 7719,
12 otherwise known as the National Blood Services Act of 1994, as amended, access to blood
13 services remains disproportionately concentrated in urban and regional centers.
14

15 Communities in geographically isolated and disadvantaged areas, particularly those in
16 provincial congressional districts, continue to face life-threatening delays in accessing blood for
17 emergency surgical procedures, obstetric care, pediatric and neonatal needs, trauma response,
18 and the management of hematologic disorders and chronic transfusion-dependent conditions.
19

20 The First District of Cotabato encompasses multiple municipalities with growing
21 populations, functioning birthing facilities, rural health units, and district hospitals that require
22 reliable, proximate access to screened blood and blood components. The absence of a dedicated
23 district-level blood facility compels reliance on the nearest regional blood center, and transport
24 delays in emergencies, especially during floods, road impassability, and night-time obstetric
25 crises, directly contribute to preventable maternal and child mortality.
26

27 This measure seeks to establish a District-Level Blood Station (DLBS) in the First
28 District of Cotabato, consistent with the tiered blood services framework contemplated under
29 Republic Act No. 7719. The DLBS shall serve as a localized hub for voluntary donor
30 mobilization, blood collection, storage, and distribution.
31

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32 In keeping with the policy of centralized testing and component processing to safeguard
33 quality, the DLBS shall not conduct serological screening or blood component separation, which
34 shall remain the function of the designated regional blood center under the National Voluntary
35 Blood Services Program.

36

37 This bill likewise addresses identified gaps in existing legislation: it establishes a
38 mandatory blood emergency preparedness mechanism, institutes anti-commercialization and
39 anti-politicization safeguards, mandates a Local Blood Services Advisory Committee to ensure
40 multi-sectoral governance, provides specific disqualification periods and donor eligibility criteria
41 consistent with World Health Organization (WHO) standards, prescribes minimum staffing
42 positions and qualification requirements aligned with Professional Regulation Commission
43 (PRC) standards, and institutes a performance-based funding and sustainability mechanism to
44 reduce dependence on intermittent appropriations.

45

46 The passage of this measure will advance the State's constitutional duty to protect the
47 right to health, reduce maternal and neonatal mortality, strengthen local health systems, and build
48 a sustainable culture of voluntary, non-remunerated blood donation rooted in community
49 solidarity.

50

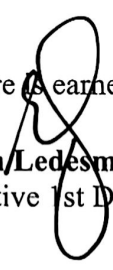
51 In view of the foregoing, the immediate passage of this measure is earnestly sought.

52

53

54

Hon. Dr. Edwin Ledesma Cruzado, M.D.
Representative 1st District of Cotabato



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57 **STANDARDS, HUMAN RESOURCES, FUNDING MECHANISMS, PENALTIES, AND**
58 **FOR OTHER PURPOSES**

59
60 **SECTION 1. *Short Title.*** This Act shall be known as the “First District of Cotabato Blood
61 Station Act.”
62

63 **SECTION 2. *Declaration of Policy.*** It is hereby declared the policy of the State to protect
64 and promote the right to health of every Filipino, and to ensure the availability of safe, adequate,
65 accessible, and equitable blood supply for all, particularly those in geographically isolated and
66 disadvantaged areas (GIDAs). Consistent with Republic Act No. 7719, as amended,, Executive
67 Order No. 7 series of 2010 on the National Voluntary Blood Services Program, and the Universal
68 Health Care Act (Republic Act No. 11223), the State shall strengthen district-level blood service
69 delivery through complementary facilities that integrate within the national blood services
70 network. Blood services shall at all times be voluntary, non-remunerated, non-commercialized,
71 and governed by the highest standards of safety, quality, transparency, and accountability. The
72 State shall likewise safeguard blood services from political interference, commercial exploitation,
73 and any form of discrimination.
74

75 **SECTION 3. *Definition of Terms.*** As used in this Act:
76

- 77 (a) "Blood Station" refers to a DOH-licensed blood service facility authorized to conduct
78 voluntary donor recruitment, blood collection, storage, and distribution of screened blood
79 and blood components received from a licensed blood center, but not to conduct blood
80 testing or component processing.
81 (b) "District-Level Blood Station (DLBS)" refers to the blood station established under this
82 Act within the First District of Cotabato.
83 (c) "Blood Services Network" refers to the integrated system of blood centers, blood stations,
84 hospital blood banks, and blood collection units operating under the technical supervision
85 and regulatory authority of the DOH.

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- 86 (d) "Voluntary Non-Remunerated Blood Donor" or "VNRBD" refers to a person who donates
87 blood of their own free will and receives no payment, whether in the form of money, gifts,
88 favors, or any other compensation that could be construed as substitute payment.
- 89 (e) "Regional Blood Center" refers to the DOH-designated blood center serving as the
90 reference laboratory and quality assurance hub for the Blood Services Network within the
91 applicable region or sub-region, responsible for blood testing, component processing, and
92 technical oversight of affiliated blood stations.
- 93 (f) "Blood Component" refers to a constituent of blood, such as red blood cells, platelets, fresh
94 frozen plasma, cryoprecipitate, or any fraction thereof, which has been separated from
95 whole blood.
- 96 (g) "Cold Chain" refers to the uninterrupted series of refrigeration storage and transport
97 conditions required to preserve the safety, viability, and therapeutic efficacy of blood and
98 blood components from collection to transfusion.
- 99 (h) "Mobile Blood Donation Activity" refers to a blood collection drive conducted outside a
100 fixed blood service facility, organized by the DLBS in coordination with local government
101 units, schools, workplaces, religious institutions, civic organizations, or other community
102 entities.
- 103 (i) "Local Blood Services Advisory Committee (LBSAC)" refers to the multi-sectoral body
104 established under this Act to advise on policy, operations, resource mobilization, and
105 performance evaluation of the DLBS.
- 106 (j) "Quality Management System (QMS)" refers to a systematic framework of documented
107 policies, procedures, processes, and resources designed to ensure the consistent delivery of
108 safe, effective, and high-quality blood services, compliant with national and internationally
109 recognized standards.
- 110 (k) "License to Operate (LTO)" refers to the authorization issued by the DOH to a blood
111 service facility certifying compliance with applicable national standards and authorizing it
112 to conduct specific blood service activities.
- 113

114 **SECTION 4.** *Establishment of the District-Level Blood Station.* There is hereby
115 established a District-Level Blood Station in the First District of Cotabato. The DLBS shall be
116 strategically located within or adjacent to a DOH-recognized health facility, district hospital, or
117 rural health unit, to maximize geographic accessibility to all component municipalities. The

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Department of Health, in consultation with the Provincial Government of Cotabato and concerned local government units, shall determine the most appropriate site based on objective criteria, including population density, geographic and road accessibility, existing health infrastructure, incidence of emergency blood needs, and projected service demand, in accordance with national blood service standards.

Existing DOH-licensed blood service facilities within the district may be upgraded, expanded, or designated as the DLBS, subject to full compliance with applicable national standards and the securing of a valid License to Operate. The DOH shall formally determine and publish the chosen site within one hundred twenty (120) days from the effectivity of this Act.

SECTION 5. *Licensing and Regulatory Compliance.* The District-Level Blood Station shall, prior to commencement of operations, secure a valid License to Operate (LTO) from the Department of Health and shall thereafter maintain such license in full force and effect at all times. The DLBS shall strictly comply with all applicable national standards and issuances on biosafety, infection prevention and control, healthcare waste management, cold chain integrity, blood quality assurance, and staff competency. It shall be subject to periodic inspection, monitoring, and regulatory evaluation by the DOH. Non-compliance shall constitute sufficient ground for the issuance of a show-cause order, suspension, or revocation of the LTO, without prejudice to the imposition of administrative sanctions, civil liability, and criminal prosecution as may be provided by law. The DLBS shall maintain a current certificate of compliance with the National Blood Services Program standards as a condition for continued funding.

SECTION 6. *Mandate and Core Functions.* The District-Level Blood Station shall serve as the primary facility within the First District of Cotabato for voluntary blood donor mobilization, blood collection, storage, and distribution. In furtherance thereof, the DLBS shall:

- (a) Design, implement, and sustain community education, advocacy, and outreach programs to promote voluntary, non-remunerated blood donation, including programs directed at first-time donors, youth groups, schools, religious organizations, and the general public;

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- 148 (b) Organize and conduct both facility-based and mobile blood donation activities in
149 coordination with local government units (LGUs), educational institutions, workplaces,
150 civil society organizations, religious institutions, and the Philippine Red Cross;
151 (c) Establish and maintain a voluntary blood donor registry, including donor identification,
152 eligibility records, deferral history, and contact information, in accordance with applicable
153 DOH standards and the Data Privacy Act;
154 (d) Ensure the proper receipt, storage, inventory management, and equitable distribution of
155 screened blood and blood components supplied by or through the designated Regional
156 Blood Center, including the maintenance of appropriate cold chain systems and minimum
157 blood stock levels to be prescribed by the DOH;
158 (e) Coordinate closely with the Regional Blood Center for blood testing, component
159 processing, technical support, and quality assurance, and establish reliable logistics and
160 transport mechanisms to ensure the timely and safe movement of blood and blood
161 components between the DLBS and network facilities;
162 (f) Maintain accurate donor, inventory, and utilization records, and submit regular data
163 reports, including monthly and annual performance reports, to the DOH, the Provincial
164 Health Office, and other authorities as required;
165 (g) Develop and implement a Blood Emergency Preparedness and Response Plan pursuant to
166 Section 14 of this Act;
167 (h) Coordinate with district and municipal health offices, lying-in clinics, rural health units,
168 and barangay health stations to ensure effective demand planning, timely distribution, and
169 equitable access to blood and blood components throughout the district;
170 (i) Actively participate in public health emergencies, mass casualty events, and disaster
171 response operations in coordination with local disaster risk reduction and management
172 councils (LDRRMCs); and
173 (j) Perform such other functions as may be necessary to advance the objectives of this Act and
174 as may be prescribed by the DOH in the Implementing Rules and Regulations.
175

176 Consistent with national policy on centralized testing and quality assurance, the DLBS
177 shall not perform blood testing, serological screening, nucleic acid testing, or blood component
178 separation or processing. All such functions shall remain the exclusive responsibility of the
179 designated Regional Blood Center.

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180
181 **SECTION 7. Donor Eligibility, Screening, and Deferral Standards.** The DLBS shall adopt
182 and strictly implement donor eligibility, pre-donation screening, and deferral standards consistent
183 with DOH Administrative Orders, the National Blood Services Program guidelines, and applicable
184 World Health Organization (WHO) standards. At a minimum:

- 185
186 (a) Prospective donors shall undergo a pre-donation health history interview and physical
187 examination, including hemoglobin level assessment, conducted by qualified personnel
188 prior to each donation;
189 (b) Temporary deferral periods shall be applied in accordance with DOH standards, including
190 deferrals following illness, medication use, recent immunizations, tattooing, surgery, or
191 travel to areas with endemic transfusion-transmissible infections;
192 (c) Permanent deferral criteria shall be applied to donors with a history of transfusion-
193 transmissible infections, including HIV, hepatitis B, hepatitis C, syphilis, and malaria, or
194 other conditions as prescribed by the DOH;
195 (d) All donor screening information shall be recorded in the voluntary donor registry and
196 treated as strictly confidential in accordance with the Data Privacy Act of 2012;
197 (e) No person shall be coerced, induced by material reward, or pressured into donating blood;
198 and
199 (f) The DLBS shall ensure that a licensed medical officer or physician is available or on-call
200 to manage adverse donation reactions and donor-related medical emergencies.

201
202 **SECTION 8. Quality Management System.** The District-Level Blood Station shall
203 establish, implement, and continuously maintain a comprehensive Quality Management System
204 (QMS) consistent with DOH standards and internationally recognized blood safety protocols,
205 including applicable standards of the WHO and the AABB (formerly known as the American
206 Association of Blood Banks). The QMS shall include:

- 207
208 (a) Documented and version-controlled standard operating procedures (SOPs) for all blood
209 service activities conducted by the DLBS;
210 (b) A system for the identification, traceability, and recall of blood and blood components;

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- 211 (c) Internal quality audits and external assessments conducted at intervals prescribed by the
212 DOH;
- 213 (d) A corrective and preventive action (CAPA) mechanism for the identification and resolution
214 of quality deviations and non-conformities;
- 215 (e) A system for reporting, investigation, and documentation of adverse events, near-misses,
216 and transfusion reactions, in coordination with the Regional Blood Center and receiving
217 health facilities; and
- 218 (f) Continuous quality improvement processes aligned with national blood safety targets.
219

220 **SECTION 9. Implementing Agency.** The Department of Health shall serve as the primary
221 implementing agency of this Act and shall exercise technical supervision and regulatory authority
222 over the District-Level Blood Station. In furtherance thereof, the DOH shall:
223

- 224 (a) Formulate, issue, and update the necessary policies, standards, guidelines, and technical
225 protocols for the operation of the DLBS;
- 226 (b) Provide technical assistance, capability-building support, and training resources to DLBS
227 personnel;
- 228 (c) Designate the appropriate Regional Blood Center to which the DLBS shall be functionally
229 linked for purposes of testing, component processing, and quality assurance;
- 230 (d) Include the DLBS in the national blood services information system and database;
- 231 (e) Ensure regular monitoring, inspection, and performance evaluation of the DLBS; and
- 232 (f) Submit an annual report to Congress on the performance and status of the DLBS as part of
233 the DOH's health sector performance report.
234

235 **SECTION 10. Local Blood Services Advisory Committee (LBSAC).** There is hereby
236 established a Local Blood Services Advisory Committee (LBSAC) to advise on and support the
237 governance, resource mobilization, inter-agency coordination, and performance oversight of the
238 District-Level Blood Station.
239

240 The LBSAC shall be composed of the following members:
241

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- 242 (a) The District Health Officer of the First District of Cotabato or their duly authorized
243 representative, as Chairperson;
244 (b) The representative of the DOH Regional Office as Co-Chairperson;
245 (c) The Heads of Government or their representatives of each component municipality of the
246 First District of Cotabato, or their duly authorized representatives;
247 (d) The Chief of the host district hospital or health facility;
248 (e) A representative of the Philippine Red Cross chapter serving the district;
249 (f) A representative from the Commission on Higher Education (CHED)-supervised schools
250 or state universities and colleges offering health sciences programs within the district, to
251 be designated by the CHED Regional Office;
252 (g) A representative from accredited civil society organizations operating within the district
253 with demonstrated engagement in health, community welfare, or blood donation advocacy;
254 (h) A representative from the private sector or business community within the district; and
255 (i) The head of the DLBS, as ex-officio member and Secretary.
256

257 The LBSAC shall meet at least quarterly and shall issue an annual performance and
258 accountability report on the operations of the DLBS, which shall be made publicly accessible.
259 Members shall serve without compensation but may be entitled to reimbursement of reasonable
260 and actual expenses incurred in the performance of official LBSAC functions, subject to applicable
261 accounting and auditing rules. The LBSAC shall adopt its own internal rules of procedure.
262

263 **SECTION 11. *Administrative Supervision.*** The District-Level Blood Station shall operate
264 under the technical supervision of the Department of Health and the day-to-day administrative
265 supervision of the host government health facility or the local government unit in which the DLBS
266 is established, as may be specified in the Implementing Rules and Regulations. Nothing in this
267 provision shall be construed as conferring upon the local government unit or any political authority
268 the power to override the technical and regulatory standards prescribed by the DOH or to direct
269 blood allocation or donor recruitment for political purposes.
270

271 **SECTION 12. *Staffing and Human Resources.*** The District-Level Blood Station shall be
272 staffed with qualified, licensed, and trained personnel sufficient for its safe, efficient, and
273 continuous operation. The minimum required positions shall include:

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- 274
- 275 (a) Blood Station Head — a licensed physician registered with the Professional Regulation
276 Commission (PRC), preferably with training or experience in blood banking, transfusion
277 medicine, hematology, or laboratory management, who shall have overall responsibility
278 for the medical and technical direction of the DLBS;
- 279 (b) Licensed Medical Technologist(s) registered with the PRC — to oversee blood collection
280 procedures, pre-donation screening, donor assessment, cold chain management, and
281 record-keeping, in accordance with Republic Act No. 5527 (Medical Technology Act) and
282 applicable DOH standards;
- 283 (c) Registered Nurse(s) — to assist in donor screening, manage adverse donor reactions,
284 conduct community outreach and donor education, and coordinate mobile donation
285 activities, in accordance with Republic Act No. 9173 (Philippine Nursing Act of 2002);
- 286 (d) Phlebotomist(s) — duly trained and certified blood collection personnel, in accordance
287 with DOH phlebotomy standards; and
- 288 (e) Administrative and logistics support staff as necessary for records management, supply
289 chain, and operations.
- 290

291 Personnel may be deployed by the DOH, the host LGU, or partner health institutions,
292 consistent with applicable civil service laws, rules, and DOH accreditation standards. Positions
293 shall be treated as regular, plantilla posts to the extent possible to ensure continuity and institutional
294 stability of the DLBS.

295

296 **SECTION 13.** *Continuing Professional Development and Capacity Building.* All
297 technical, medical, and professional personnel assigned to the DLBS shall undergo initial
298 competency assessment and onboarding training prior to independent performance of blood
299 service functions, and shall thereafter participate in regular training, certification, proficiency
300 testing, and continuing professional development in the areas of blood services, donor
301 management, blood quality systems, biosafety, infection prevention and control, and emergency
302 preparedness, in accordance with standards and schedules prescribed by the DOH. The DOH shall
303 allocate resources for regular capacity-building activities and shall ensure that at least one (1)
304 DLBS personnel per cycle attends regional or national blood services conferences or training
305 programs annually.

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SECTION 14. *Infrastructure, Equipment, and Information Systems.* The District-Level Blood Station shall be provided with adequate, functional, and properly maintained infrastructure, equipment, consumables, and information systems necessary for the safe and efficient delivery of blood services. These shall include, at a minimum:

- (a) A designated, adequately ventilated, and properly designed blood collection and donor processing area that ensures donor comfort, privacy, and safety;
- (b) Blood collection equipment and consumables, including sterile blood collection bags, donor scales, mixing devices, and donor chairs, compliant with DOH standards;
- (c) Validated cold chain storage units for the preservation of whole blood and blood components at prescribed temperatures, including blood bank refrigerators, platelet agitators, and freezers, as applicable;
- (d) A reliable ambulatory and mobile blood collection capacity, including a blood collection vehicle or equipment suitable for mobile donation drives;
- (e) Backup power supply, including a generator or uninterruptible power supply (UPS) of sufficient capacity to maintain cold chain integrity and critical operations during power interruptions;
- (f) A digital Blood Management Information System (BMIS) for real-time tracking and reporting of donor registries, blood inventory levels, distribution records, and utilization data, linked to the national blood services information network; and
- (g) Waste segregation, handling, and disposal facilities in accordance with Republic Act No. 6969 (Toxic Substances and Hazardous and Nuclear Wastes Control Act) and DOH healthcare waste management standards.

SECTION 15. *Blood Emergency Preparedness and Response Plan.* The District-Level Blood Station shall develop, maintain, test, and periodically update a Blood Emergency Preparedness and Response Plan (BEPRP) that shall be integrated into the local disaster risk reduction and management (DRRM) plan of each component municipality and the provincial DRRM plan. The BEPRP shall include:

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- 337 (a) Protocols for emergency surge mobilization of voluntary blood donors, including pre-
338 registered emergency donor pools, in response to mass casualty events, disasters, and
339 public health emergencies;
340 (b) Inter-facility blood sharing agreements and protocols with hospital blood banks and other
341 blood service facilities within and adjacent to the district;
342 (c) Coordination mechanisms with the Regional Blood Center, the DOH Regional Office, local
343 health offices, and LDRRMCs;
344 (d) Logistics and transport contingency plans for blood movement during road closures,
345 flooding, and other geographically challenging conditions endemic to the district; and
346 (e) A minimum blood safety stock level for the district, to be prescribed by the DOH in the
347 Implementing Rules and Regulations, which the DLBS shall maintain at all times during
348 declared public health emergencies or state of calamity periods.
349

350 The BEPRP shall be tested through simulation exercises at least once every two (2) years
351 and updated accordingly. The DLBS shall submit the BEPRP and any updates to the DOH
352 Regional Office and the Provincial DRRM Council.
353

354 **SECTION 16. *Funding.*** The amount necessary for the capital outlay, initial equipment
355 procurement, construction or renovation of facilities, and first-year operational costs for the
356 implementation of this Act shall be charged against the current appropriations of the Department
357 of Health. Thereafter, the annual operational budget, personnel services, maintenance and other
358 operating expenses (MOOE), and capital outlay of the DLBS shall be included in the annual
359 General Appropriations Act (GAA) as a specific line item under the DOH's National Voluntary
360 Blood Services Program.
361

362 Local government units within the First District of Cotabato are hereby authorized and
363 encouraged to allocate counterpart funding in their local annual investment programs and budgets
364 to support the operations, personnel, infrastructure, logistics, and community outreach activities
365 of the DLBS. The provincial government may likewise appropriate funds for multi-year support
366 and sustainability.
367

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To augment operational resources, the DLBS may impose reasonable service fees strictly limited to the recovery of actual costs for blood handling, storage, and distribution, in accordance with a fee schedule approved by the DOH. Such fees shall not constitute profit and shall not be charged for the blood itself, consistent with the non-profit mandate of Republic Act No. 7719. All fees collected shall be retained by the DLBS and used exclusively for its operational needs, subject to applicable government accounting and auditing rules.

The DLBS may also accept grants, donations, and technical assistance from legitimate sources, including local and international NGOs, the private sector, and multilateral development partners, provided that such assistance does not compromise its independence, non-commercial character, or the integrity of voluntary blood donation principles.

SECTION 17. *Incentives and Partnerships.* The DOH and concerned LGUs may enter into memoranda of agreement, partnership arrangements, and cooperative agreements with the Philippine Red Cross, accredited hospitals, academic and training institutions, civic and professional organizations, religious institutions, and private sector partners to support voluntary donor recruitment, mobile blood donation activities, logistics, infrastructure, public education, and research, provided that such arrangements:

- (a) Are consistent with the non-commercial and voluntary character of blood donation as mandated under Republic Act No. 7719;
- (b) Do not involve the sale, compensation, or commercialization of blood or blood components;
- (c) Comply with applicable DOH standards, the Government Procurement Reform Act (Republic Act No. 9184), and other relevant laws; and
- (d) Are reviewed and endorsed by the Local Blood Services Advisory Committee prior to execution.

The DLBS, in coordination with schools and academic institutions within the district, shall implement a Student Voluntary Blood Donor Education Program to build a sustainable base of young voluntary blood donors and blood donation advocates.

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400 **SECTION 18. *Data Privacy and Confidentiality.*** The District-Level Blood Station shall
401 be considered a personal information controller as defined under Republic Act No. 10173 (Data
402 Privacy Act of 2012) and its Implementing Rules and Regulations. All donor and recipient
403 personal, medical, and laboratory information collected by the DLBS shall be treated as strictly
404 confidential and shall be processed, stored, and shared only in accordance with the Data Privacy
405 Act, applicable DOH issuances, and the consent of the data subject. The DLBS shall implement
406 appropriate physical, technical, and organizational security measures to prevent unauthorized
407 access, alteration, disclosure, or destruction of personal data. In the event of a personal data breach,
408 the DLBS shall notify the National Privacy Commission and affected data subjects in accordance
409 with the Data Privacy Act and its implementing regulations.

410
411 **SECTION 19. *Prohibited Acts.*** The following acts are hereby prohibited:
412

- 413 (a) Operating a blood service facility without a valid DOH License to Operate;
414 (b) Selling, buying, commercializing, or profiting from blood, blood components, or any
415 product directly derived therefrom, except for authorized cost-recovery service fees under
416 Section 16 of this Act;
417 (c) Inducing or coercing an individual to donate blood through monetary payment, gifts,
418 favors, undue influence, or any other form of material compensation;
419 (d) Diverting, misappropriating, or misusing blood supplies, DLBS funds, or DLBS resources
420 for purposes other than those authorized under this Act;
421 (e) Directing, influencing, or manipulating blood allocation, donor recruitment, or DLBS
422 operations for partisan political purposes or for the personal or political benefit of any
423 official;
424 (f) Disclosing donor or recipient personal or medical information without lawful authority or
425 the consent of the data subject, in violation of the Data Privacy Act;
426 (g) Falsifying, tampering with, or destroying DLBS records, reports, donor registries, or
427 laboratory data;
428 (h) Conducting blood testing, serological screening, or component processing at the DLBS in
429 violation of the centralized testing mandate; and
430 (i) Any other act constituting a violation of Republic Act No. 7719, Republic Act No. 11223,
431 or any other applicable law, rule, or regulation governing blood services.

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432
433 **SECTION 20. Penalties.** Any person who commits any of the prohibited acts enumerated
434 in Section 19 of this Act shall be liable to the following penalties:
435

- 436 (a) For violations under Section 19(a), (b), and (c): imprisonment of not less than six (6)
437 months and one (1) day nor more than six (6) years, and a fine of not less than Twenty
438 Thousand Pesos (PhP20,000.00) nor more than One Hundred Thousand Pesos
439 (PhP100,000.00), or both, at the discretion of the court, in addition to the penalties
440 prescribed under Republic Act No. 7719;
441 (b) For violations under Section 19(d) and (g) committed by a public officer or employee: the
442 penalties prescribed under the Revised Penal Code for malversation, falsification of public
443 documents, or other applicable offenses, as the case may be, without prejudice to
444 administrative liability under Republic Act No. 6770 (Ombudsman Act), Republic Act No.
445 3019 (Anti-Graft and Corrupt Practices Act), and Republic Act No. 6713 (Code of Conduct
446 and Ethical Standards for Public Officials and Employees);
447 (c) For violations under Section 19(e): administrative sanctions including suspension, removal
448 from office, and perpetual disqualification from public office, in addition to criminal
449 liability for violation of Republic Act No. 3019, as may be applicable;
450 (d) For violations under Section 19(f): the penalties prescribed under Republic Act No. 10173
451 (Data Privacy Act of 2012); and
452 (e) For violations under Section 19(h) and (i): revocation of the License to Operate,
453 administrative fines as prescribed by the DOH, and such other penalties as may be provided
454 by applicable law.
455

456 Prosecution under this Act shall be without prejudice to prosecution under Republic Act
457 No. 7719 or any other applicable law. In case of conflict, the more punitive penalty shall apply.
458

459 **SECTION 21. Monitoring, Evaluation, and Reporting.** The Department of Health shall
460 establish a comprehensive monitoring and evaluation (M&E) framework for the District-Level
461 Blood Station with clearly defined performance indicators, targets, and timelines. Such indicators
462 shall include, at a minimum: voluntary blood donation rates and donor recruitment numbers; blood
463 collection volumes and adequacy of blood stock; blood wastage and expiry rates; emergency blood

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request response times; DOH compliance scores; and community outreach coverage. The DLBS shall submit quarterly performance reports to the DOH Regional Office and the LBSAC. The DOH shall submit an annual consolidated performance report on the DLBS to the Committee on Health of both chambers of Congress, which shall be made publicly accessible through the DOH website and other appropriate platforms to ensure transparency and accountability.

SECTION 22. Operationalization Timeline. The District-Level Blood Station shall be fully established and operational, with a valid DOH License to Operate, within eighteen (18) months from the effectivity of this Act. The DOH shall publish and implement a detailed implementation timeline within sixty (60) days from effectivity, with intermediate milestones including site determination (120 days), facility completion or designation (12 months), staffing and equipment procurement (15 months), and LTO issuance and soft launch (18 months). The DOH shall submit a quarterly operationalization progress report to the Office of the Speaker of the House of Representatives and to the Congressional Committee on Health during the 18-month implementation period.

SECTION 23. Implementing Rules and Regulations. Within ninety (90) days from the effectivity of this Act, the Secretary of Health shall promulgate the Implementing Rules and Regulations (IRR) necessary for the effective implementation of this Act. The IRR shall be formulated in consultation with the Local Blood Services Advisory Committee, concerned LGUs, the Philippine Red Cross, health professional organizations, and other relevant stakeholders. The IRR shall specify, among others: the detailed criteria for site selection; the minimum blood stock requirements; the staffing qualification standards; the QMS requirements; the BEPRP contents and testing schedule; the performance indicators for the M&E framework; and the conditions and procedures for service fee collection.

SECTION 24. Congressional Oversight. The appropriate committees of the House of Representatives and the Senate of the Philippines shall jointly conduct an oversight review of the implementation of this Act not later than two (2) years from its effectivity, and every two (2) years thereafter, or as often as may be deemed necessary. The DOH, the concerned LGUs, and the LBSAC shall render a full accounting of the implementation, accomplishments, challenges, and resource utilization of the DLBS during such oversight reviews.

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497 **SECTION 25. Separability Clause.** If any provision or part of this Act, or the application
498 thereof to any person or circumstance, is declared unconstitutional or invalid by a competent court,
499 the remaining provisions shall not be affected thereby and shall remain in full force and effect.

500

501 **SECTION 26. Repealing Clause.** All laws, executive orders, presidential decrees,
502 administrative orders, rules, and regulations inconsistent with the provisions of this Act are hereby
503 repealed or modified accordingly. Nothing in this Act shall be construed to diminish the rights,
504 standards, and protections established under Republic Act No. 7719, as amended, or Republic Act
505 No. 11223.

506

507 **SECTION 27. Effectivity.** This Act shall take effect fifteen (15) days after its complete
508 publication in the Official Gazette or in at least one (1) newspaper of general circulation in the
509 Philippines.

510

511 **APPROVED,**

512