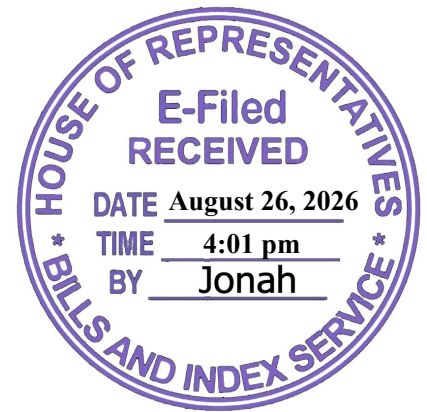


Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
Second Regular Session

House Bill No. 10994



INTRODUCED BY REP. PATRICK MICHAEL “PM” D. VARGAS

AN ACT
PROVIDING FOR A FRAMEWORK IN THE CARE AND TREATMENT
OF DIABETES, APPROPRIATING FUNDS THEREFOR,
AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Mortality due to diabetes is a silent and persistent health concern in the Philippines. In recent years, the loss of lives due to the disease has increased dramatically, claiming an average of more than 30,000 lives annually¹. With one in 14 adult Filipinos having diabetes², the country ranks 5th among its Southeast Asian neighbors in terms of the prevalence of the disease.

As it is the obligation of the State, under the Constitution, to promote and protect the right of the people to health by instilling health consciousness among the people, there is a need to undertake more health promotion and disease preventive measures, particularly with respect to diabetes.

While the Department of Health already provides the Insulin Access Program for diabetes treatment, this bill proposes a systematic framework and collaborative effort among the various national and local government agencies as well as the private sector to better address the growing epidemic of diabetes in the country.

¹ Philippine Statistics Authority (2020)

² International Diabetes Federation (2019)

By promoting a different approach in responding to this illness, this bill seeks to improve diabetes care and treatment for Filipinos in the hopes of enhancing the overall public health in the country.

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



REP. PATRICK MICHAEL "PM" D. VARGAS

Fifth District, Quezon City

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

SECTION 1. Short Title. - This Act shall be known as the "*Diabetes Care Act.*"

SECTION 2. Declaration of Policy. - The State shall recognize, protect, and promote the right to health of the people and instill health consciousness among them.

SECTION 3. Definition of Terms. The following terms shall mean as follows:

- a) Employee wellness and disease management programs shall include but not be limited to personal coaching intervention to target lifestyle topics such as:
 - i back care;
 - ii blood pressure management;
 - iii blood sugar control;
 - iv exercise;
 - v walking breaks;
 - vi nutrition and stress management;
 - vii healthy weight management program;
 - viii smoking cessation program; and
 - ix reduction of behavior-related causes of disease.

- b) Chronic illness is one that lasts for a very long time and usually cannot be cured completely. It shall include, but not be limited to:
 - i Diabetes;
 - ii Heart disease;
 - iii Arthritis;
 - iv Kidney disease;
 - v Lupus;
 - vi Multiple sclerosis; and
 - vii HIV.

SECTION 4. *Disease Management Best Practices, Chronic Employee Wellness Incentivization and Advisory Group Regarding Diabetes.*—

a) *Establishment* - the Secretary of the Department of Health shall establish an advisory group consisting of representatives of the public and private sector. The advisory group shall include representatives from public and private sector entities with experience in administering and operating employee wellness and disease management programs.

b) *Duties* - the advisory group established under subsection (a) shall examine and make recommendations on best practices of chronic illness employee wellness incentivization and disease management programs:

- i Provide public and private sector entities with improved information in assessing the role of employee wellness incentivization and disease management programs in saving money and improving quality of life for patients with chronic illness; and
- ii Encourage the adoption of effective chronic illness, employee wellness, and disease management programs.

c) *Report* - no later than one (1) year after the enactment of this

Act, the advisory group established shall submit to the Speaker, Majority Leader and Minority Leader of the Senate the results under this subsection.

SECTION 5. *National Diabetes Report Card.* –

- a) *Establishment* - The Secretary of the Department of Health shall prepare on a biennial basis a national diabetes report card for the whole Nation;
- b) *Contents*- Each Report Card shall include statistically valid aggregate health outcomes related to individuals diagnosed with diabetes and pre-diabetes, including:
 - i Preventive care practices and quality of care;
 - ii risk factors; and
 - iii outcomes.
- c) *Updated Reports* - each report card is prepared after the initial report card shall include trend analysis for the nation for the purpose of:
 - i Tracking progress in meeting established national goals and objectives for improving diabetes care, costs and prevalence; and
 - ii Informing policy and program development.
- d) *Availability* - the Secretary of the Department of Health shall make each report card publicly available, including posting the report card on the internet.

SECTION 6. *Improvement of Vital Statistics Collection.* –

- a) The Secretary of the Department of Health shall:
 - i. Promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents, including the collection of such data for diabetes and other chronic diseases;
 - ii. Encourage local government units' adoption of the latest standard revisions of birth and death certificates; and
 - iii. Work with LGDs to re-engineer their vital statistics systems in order to provide cost-effective, timely and accurate vital statistics data.
- b) *Death Certificate Additional Language* -
In carrying out this Section, the Secretary may promote the addition of language to death certificates to improve collection of diabetes mortality data, including the addition

of a question for the individual certifying to the cause of death regarding whether the deceased had diabetes.

SECTION 7. *Study and Report.* –

- a) In General - the Secretary of the Department of Health shall, in collaboration with a State University or College having a course of Medicine. and appropriate associations and councils, conduct a study of the impact of diabetes on the practice of medicine in the Philippines and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board 25 certification, and board recertification;
- b) Report - not later than two (2) years after the date of the enactment of this Act, the Secretary of the Department of Health shall submit a report of the study under subsection (a) to the appropriate committee of the House of Representatives and the Senate of the Philippines.

SECTION 8. *Funding.* – The initial funding requirements for the implementation of this Act shall be charged against the current appropriations of the agency concerned. Thereafter, such sums as may be necessary for its continued implementation shall be included in the agency's yearly budget under the General Appropriations Act.

SECTION 9. *Implementing Rules and Regulations.* – Within ninety (90) days after the approval of this Act, the Commission, the Department of Health, in coordination with the following:

- a) State Universities and Colleges;
- b) Local Government Units (LGUs);
- c) Commission on Higher Education (CHED);
- d) Commission on Human Rights (CHR);

And such other concerned agencies shall issue the necessary Rules and regulations for the effective implementation of this Act.

SECTION 10. *Repealing Clause.* All laws, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 11. *Separability Clause.* If any part, section or provision of this Act shall be held invalid or unconstitutional, no other part, section or provision thereof shall be affected thereby.

SECTION 12. *Effectivity.* This Act shall take effect fifteen (15) days following the completion of its publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,