

NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



*22 SEP -7 P3 :31

SENATE
S. No. 1295

RECEIVED BY

Introduced by Senator Jinggoy Ejercito Estrada

AN ACT
STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF
TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767
OR THE "COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT"

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that, "The State shall protect and promote the right of the people and instill health consciousness among them."

In pursuance of this constitutional mandate, Republic Act No. 10767, otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act" was signed into law on April 26, 2016 "to support and expand efforts to eliminate tuberculosis as a public health problem by increasing investments for its prevention, treatment and control, and adopting a multisectoral approach in responding to the disease."

However, despite the approval of this law and the continued efforts of concerned government agencies, Tuberculosis (TB) continues to be a public health concern of the country and the increasing cases of TB and untreated patients persist.

The Department of Health (DOH) quoted the World Health Organization (WHO) global TB report which stated that “in 2020, the Philippines has the highest TB incidence rate in Asia, with 554 cases for every 100,000 Filipinos.” The DOH, in its press release dated March 19, 2021, mentioned that, “over 100,000 Filipinos may die of tuberculosis (TB) in the next five years or 20,000 TB deaths per year if TB services continue to be disrupted because of mobility restrictions brought about by COVID-19”. This is in view of the fact that, “since March 2020, a disruption in regular TB services from consultation, testing, to treatment due to limited mobility have resulted in a drastic drop in the number of TB cases notified in the country. By the end of 2020, approximately 286,816 new and relapse TB cases were notified to DOH, a 35% decrease from 2019 data. Case notification is an important activity of the TB Program for finding and treating identified TB patients promptly, will help reduce the spread of TB and set the course for its elimination.”¹

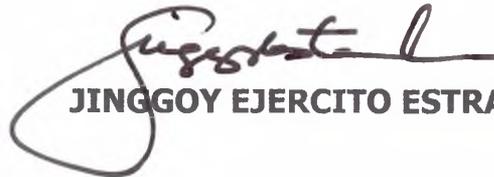
This measure seeks to amend Republic Act No. 10767 to strengthen the national program for the elimination of TB. It makes the disease a notifiable one in all levels of the healthcare system which will be helpful in the TB Registry and Monitoring System that is established under the bill. To ensure the effective treatment of the patients, the measure also expands the TB Package given by the Philippine Health Insurance Corporation (PhilHealth).

Moreover, the bill proposes to enjoin other concerned government agencies in the education and information campaign about TB. In the same line, it fosters the convergence of TB services to be participated by local government units (LGUs), Department of Labor and Employment (DOLE), Technical Education and Skills Development Authority (TESDA), Civil Service Commission (CSC), and the Department of the Interior and Local Government (DILG). These are also aligned with the provisions for the enhancement of the service delivery network of the DOH. To complete the multi-sector approach of the system, the bill provides for greater participation of the private sector.

¹[DOH, PARTNERS AIM TO GET TB CARE BACK ON TRACK | Department of Health website](#)

This measure was approved on Third Reading by the House of Representatives in the 18th Congress.

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



JINGGOY EJERCITO ESTRADA

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

1 Section 1. Section 8 of Republic Act No. 10767 is hereby amended to read as
2 follows:

3 "Sec. 8. *Education Programs.* – The [~~Secretary of~~
4 Health] **CHAIRPERSON OF THE COMMISSION ON**
5 **HIGHER EDUCATION (CHED)**, in coordination with the
6 [~~Commission on Higher Education (CHED)] **SECRETARY OF**
7 **THE DEPARTMENT OF HEALTH (DOH)**, shall encourage
8 the faculty of schools of medicine, nursing or medical
9 technology and allied health institutions, to intensify
10 information and education programs, including the
11 development of curricula, to significantly increase the
12 opportunities for students and for practicing providers to
13 learn the principles and practices of preventing, detecting,
14 managing, and controlling tuberculosis."~~

15 Sec. 2. Section 9 of the same Act is hereby amended to read as follows:

1 "Sec. 9. *Inclusion in Basic Education.* – The Secretary
2 of [~~Health~~] **THE DEPARTMENT OF EDUCATION**
3 **(DEPED)**, in coordination with the Secretary of the
4 [~~Department of Education (DepED)] **DOH**, shall [~~work~~
5 ~~for~~]**ENSURE** the inclusion of modules on the principles and
6 practices of preventing, detecting, managing and controlling
7 tuberculosis in the [~~health curriculum of every public and~~
8 ~~private elementary and high school]~~ **BASIC EDUCATION**
9 **CURRICULUM."**~~

10 Sec. 3. Section 10 of the same Act is hereby amended to read as follows:

11 "Sec. 10. *Media Campaign.* – The [~~Secretary of~~
12 ~~Health~~] **DIRECTOR GENERAL OF THE PHILIPPINE**
13 **INFORMATION AGENCY (PIA)**, in coordination with the
14 [~~Philippine Information Agency (PIA)] **SECRETARY OF THE**
15 **DOH**, shall encourage local media outlets to launch a
16 **MASSIVE, NATIONWIDE, CONSISTENT AND**
17 **SUSTAINED** media campaign on tuberculosis control,
18 treatment and management, using all forms of multimedia
19 and other electronic means of communication.~~

20 "xxx."

21 Sec. 4. A new section denominated as Section 12-A of the same Act is added
22 to read as follows:

23 "**SEC. 12-A. TB NOTIFICATION COMMITTEE. –**
24 **ADULT AND CHILDHOOD TB SHALL BE CONSIDERED**
25 **AS A NOTIFIABLE DISEASE IN ALL LEVELS OF THE**
26 **HEALTHCARE SYSTEM. ANY HOSPITAL OR CLINIC**
27 **WHICH DIAGNOSES A PATIENT WITH TB SHALL**
28 **REPORT THE SAME TO THE DOH. THE DOH SHALL**
29 **PROVIDE THE FORM AND MANNER FOR THE**
30 **REPORTING OF TB CASES.**

31 "**TO ENSURE COMPLIANCE THAT THE**
32 **MANDATORY NOTIFICATION POLICY OF TB CASES IS**

1 OBSERVED AND ENFORCED, A TB NOTIFICATION
2 COMMITTEE SHALL BE ORGANIZED IN ALL PUBLIC
3 AND PRIVATE HEALTH CENTERS, HOSPITALS AND
4 FACILITIES. IT SHALL BE COMPOSED OF MEMBERS
5 AS MAY BE DETERMINED BY THE SECRETARY OF THE
6 DOH.

7 "ALL TB NOTIFICATION COMMITTEES SHALL
8 SUBMIT REGULAR TB NOTIFICATION COMPLIANCE
9 REPORTS TO THEIR RESPECTIVE DOH REGIONAL
10 COORDINATING COMMITTEES, WHICH SHALL MAKE
11 A CONSOLIDATED TB NOTIFICATION COMPLIANCE
12 REPORTS TO THE DOH NATIONAL COORDINATING
13 COMMITTEE."

14 Sec. 5. Section 13 of the same Act is hereby amended to read as follows:

15 "Sec. 13. *PhilHealth TB Package.* – The Philippine
16 Health Insurance Corporation, otherwise known as the
17 PhilHealth, shall, as far as practicable, expand its benefit
18 package for TB patients to include new, relapse and return-
19 after-default cases, and [~~extension of treatment~~]
20 **MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB),**
21 **AND EXTENSIVELY DRUG-RESISTANT TB (XDR-TB),**
22 **FOR BOTH ADULTS AND CHILDREN. THE**
23 **DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH**
24 **BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT**
25 **AND STANDARDIZED PRIORITIZATION SETTING**
26 **PROCESS, SUCH AS HEALTH TECHNOLOGY**
27 **ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY**
28 **TO AVOID INEQUITABLE ALLOCATION OF FUNDS**
29 **FOR HEALTHCARE SERVICES."**

30 "xxx."

31 Sec. 6. A new section denominated as Section 14 of the same Act is added to
32 read as follows:

1 **"SEC. 14. TB REGISTRY AND MONITORING**
2 **SYSTEM. – THE DOH, IN COLLABORATION WITH THE**
3 **APPROPRIATE AGENCIES AND STAKEHOLDERS,**
4 **SHALL ESTABLISH A TB REGISTRY AND**
5 **MONITORING SYSTEM WHICH SHALL COVER ALL**
6 **FORMS OF TB AMONG ADULTS AND CHILDREN. THE**
7 **POPULATION-BASED TB REGISTRY SHALL CONTAIN**
8 **DATA ON ALL NEW CASES OF TB ACCORDING TO**
9 **GEOGRAPHICAL REGIONS, PROVIDE THE**
10 **FRAMEWORK FOR ASSESSING AND CONTROLLING**
11 **THE IMPACT OF THE DISEASE AND SHALL SERVE AS**
12 **A REGULAR FEEDBACK OR NOTIFICATION SYSTEM**
13 **TO REFERRING HEALTHCARE PROVIDERS. THE TB**
14 **REGISTRY SHALL FORM PART OF THE ELECTRONIC**
15 **MEDICAL RECORDS REQUIREMENT OF THE DOH IN**
16 **ACCORDANCE WITH THE NATIONAL HEALTH DATA**
17 **STANDARDS AND REPUBLIC ACT NO. 10173,**
18 **OTHERWISE KNOWN AS THE "DATA PRIVACY ACT OF**
19 **2012".**

20 **"EVERY PUBLIC AND PRIVATE HEALTH**
21 **CENTER, HOSPITAL AND HEALTH FACILITY,**
22 **INCLUDING CLINICS, SHALL ESTABLISH AND**
23 **MAINTAIN THEIR OWN INTERNAL TB REGISTRY**
24 **WHICH SHALL COVER ALL TYPES OF TB. THE TB**
25 **REGISTRY SHALL RECORD THE PERSONAL**
26 **INFORMATION OF TB PATIENTS, TB TYPE,**
27 **TREATMENT RECEIVED AND THE RESULTS, AND**
28 **OTHER DATA THAT THE DOH MAY PRESCRIBE, THE**
29 **REGIONAL COORDINATING COMMITTEES SHALL**
30 **ENSURE THAT ALL FACILITIES WITHIN THEIR**
31 **RESPECTIVE JURISDICTIONS HAVE A TB REGISTRY.**
32 **ALL INFORMATION IN THE TB REGISTRY SHALL**

1 TREATED WITH UTMOST CONFIDENTIALITY AND
2 SHALL NOT BE RELEASED TO THIRD PARTIES, IN
3 ACCORDANCE WITH THE DATA PRIVACY ACT.
4 COMPLIANCE WITH THE REQUIREMENT TO
5 MAINTAIN A TB REGISTRY AND SUBMISSION SHALL
6 BE A REQUIREMENT FOR THE RENEWAL OF A
7 LICENSE TO OPERATE A HEALTH CENTER, HOSPITAL
8 OR HEALTH FACILITY.”

9 Sec. 7. A new section denominated as Section 15 of the same Act is added to
10 read as follows:

11 **“SEC. 15. PATIENTS’ RIGHTS AND**
12 **RESPONSIBILITIES. –**

13 **“A) A PERSON WITH TB SHALL HAVE THE**
14 **FOLLOWING RIGHTS:**

15 **“1) THE RIGHT TO BE TREATED HUMANELY**
16 **AND WITH RESPECT FOR THE INHERENT DIGNITY OF**
17 **THE HUMAN PERSON IN THE DELIVERY OF SERVICES**
18 **WITHOUT STIGMA, PREJUDICE OR**
19 **DISCRIMINATION:**

20 **“2) THE RIGHT TO FREE AND EQUITABLE**
21 **ACCESS TO TB CARE FROM THE TIME OF DIAGNOSIS**
22 **TO COMPLETION OF TREATMENT;**

23 **“3) THE RIGHT TO RECEIVE MEDICAL ADVICE**
24 **AND TREATMENT THAT MEETS INTERNATIONAL**
25 **STANDARDS FOR TB CARE, CENTERING ON PATIENT**
26 **NEEDS, INCLUDING THOSE OF PATIENTS WITH XDR-**
27 **TB, MDR-TB OR TB-HUMAN IMMUNODEFICIENCY**
28 **VIRUS (HIV) COINFECTION, AND PREVENTIVE**
29 **TREATMENT FOR YOUNG CHILDREN AND OTHERS**
30 **CONSIDERED TO BE AT HIGH RISK;**

31 **“4) THE RIGHT TO BENEFIT FROM PROACTIVE**
32 **HEALTH SECTOR COMMUNITY OUTREACH,**

1 EDUCATION AND PREVENTION CAMPAIGNS AS PART
2 OF COMPREHENSIVE HEALTHCARE PROGRAMS;

3 "5) THE RIGHT TO INFORMATION ABOUT THE
4 AVAILABILITY OF HEALTHCARE SERVICES FOR TB
5 AND THE RESPONSIBILITIES, ENGAGEMENTS AND
6 DIRECT OR INDIRECT COSTS INVOLVED;

7 "6) THE RIGHT TO CONFIDENTIALITY
8 RELATING TO THE MEDICAL CONDITION WITHOUT
9 PREJUDICE TO THE RESPONSIBILITY OF
10 HEALTHCARE PROVIDERS TO NOTIFY TB CASES AS
11 PROVIDED FOR UNDER THIS ACT;

12 "7) THE RIGHT TO PARTICIPATE AS
13 STAKEHOLDERS IN THE DEVELOPMENT,
14 IMPLEMENTATION, MONITORING AND EVALUATION
15 OF TB POLICIES AND PROGRAMS WITH LOCAL,
16 NATIONAL AND INTERNATIONAL HEALTH
17 AUTHORITIES;

18 "8) THE RIGHT TO JOB SECURITY AFTER
19 DIAGNOSIS OR APPROPRIATE REHABILITATION
20 AND UPON COMPLETION OF TREATMENT;

21 "9) THE RIGHT TO NUTRITIONAL SECURITY OR
22 FOOD SUPPLEMENTS NEEDED TO MEET TREATMENT
23 REQUIREMENTS;

24 "10) THE RIGHT TO EXERCISE ALL CIVIL,
25 POLITICAL, ECONOMIC, SOCIAL AND CULTURAL
26 RIGHTS RESPECTING INDIVIDUAL QUALITIES,
27 ABILITIES AND DIVERSE BACKGROUNDS AND
28 WITHOUT ANY DISCRIMINATION ON GROUNDS OF
29 PHYSICAL DISABILITY, AGE, GENDER, SEXUAL
30 ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL
31 STATUS, RELIGION OR ETHNIC OR SOCIAL ORIGIN
32 OF THE TB PATIENT CONCERNED AS RECOGNIZED IN

1 THE UNIVERSAL DECLARATION OF HUMAN RIGHTS,
2 THE INTERNATIONAL COVENANT ON CIVIL AND
3 POLITICAL RIGHTS, THE INTERNATIONAL
4 COVENANT ON ECONOMIC, SOCIAL AND CULTURAL
5 RIGHTS; AND

6 "11) THE RIGHT TO EMPLOYMENT WITHOUT
7 DISCRIMINATION, REASONABLE WORKING
8 ARRANGEMENTS AND RESTORATION TO WORK
9 UPON CERTIFICATION FROM THE COMPANY BY A TB-
10 DOTS PHYSICIAN.

11 "B) A PERSON WITH TB SHALL HAVE THE
12 FOLLOWING RESPONSIBILITIES:

13 "1) TO PROVIDE AS MUCH INFORMATION AS
14 POSSIBLE TO HEALTHCARE PROVIDERS ABOUT
15 THEIR PRESENT HEALTH CONDITION, PAST
16 ILLNESSES AND OTHER RELEVANT DETAILS;

17 "2) TO PROVIDE INFORMATION TO
18 HEALTHCARE PROVIDERS ABOUT CONTACTS WITH
19 IMMEDIATE FAMILY, FRIENDS AND OTHER PERSONS
20 WHO MAY BE VULNERABLE TO TB OR WHO MAY
21 HAVE BEEN INFECTED;

22 "3) TO FOLLOW THE PRESCRIBED AND AGREED
23 TREATMENT REGIMEN AND TO CONSCIENTIOUSLY
24 COMPLY WITH THE INSTRUCTIONS GIVEN TO
25 PROTECT THEIR HEALTH AND THOSE OF OTHER
26 PERSONS;

27 "4) TO INFORM HEALTHCARE PROVIDERS OF
28 ANY DIFFICULTY OR PROBLEM IN UNDERGOING OR
29 COMPLETING THE PRESCRIBED TREATMENT, OR IF
30 ANY PART OF THE TREATMENT IS NOT CLEARLY
31 UNDERSTOOD;

1 **"5) TO CONTRIBUTE TO COMMUNITY WELL-**
2 **BEING BY ENCOURAGING THOSE WHO EXHIBIT**
3 **SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;**

4 **"6) TO SHOW CONSIDERATION FOR THE**
5 **RIGHTS OF OTHER PATIENTS AND HEALTHCARE**
6 **PROVIDERS, UNDERSTANDING THAT THIS IS THE**
7 **DIGNIFIED BASIS AND RESPECTFUL FOUNDATION**
8 **OF THE TB COMMUNITY;**

9 **"7) TO SHOW MORAL RESPONSIBILITY AND**
10 **SOLIDARITY WITH OTHER PATIENTS WHO ARE ON**
11 **THE WAY TO RECOVERY AND CURE;**

12 **"8) TO SHARE INFORMATION AND**
13 **KNOWLEDGE GAINED DURING TREATMENT AND TO**
14 **SHARE THIS EXPERTISE WITH OTHERS IN THE**
15 **COMMUNITY, THUS EMPOWERING OTHERS; AND**

16 **"9) TO JOIN IN EFFORTS TO PROMOTE**
17 **HEALTHY AND TB-FREE COMMUNITIES."**

18 Sec. 8. A new section denominated as Section 16 of the same Act is added to
19 read as follows:

20 **"SEC. 16. PRIVATE SECTOR PARTICIPATION. –**
21 **THE DOH SHALL ENCOURAGE THE PARTICIPATION**
22 **OF THE PRIVATE SECTOR IN THE NATIONAL TB**
23 **ELIMINATION PROGRAM, WHICH SHALL INCLUDE**
24 **PRIVATE CORPORATIONS, CIVIL SOCIETY**
25 **ORGANIZATIONS (CSOS), NON-GOVERNMENT**
26 **ORGANIZATIONS (NGOS) AND SUCH OTHER GROUPS**
27 **OR ORGANIZATIONS, BOTH FOREIGN AND LOCAL,**
28 **THAT MAY WISH TO PARTICIPATE IN THE**
29 **IMPLEMENTATION OF THIS ACT.**

30 **"ALL BUSINESS ORGANIZATIONS**
31 **ESTABLISHED AND OPERATING UNDER PHILIPPINE**
32 **LAWS, WHETHER DOMESTIC OR FOREIGN, ARE**

1 ENCOURAGED TO CONTRIBUTE IN THE
2 GOVERNMENT'S CONTINUING EFFORTS TO REDUCE
3 THE INCIDENCE OF TB IN THE COUNTRY BY
4 CONDUCTING TB-PREVENTION OR OTHER PROJECTS
5 THAT ENCOURAGE HEALTHY LIFESTYLES AND EARLY
6 DETECTION OF TB AS PART OF THEIR CORPORATE
7 SOCIAL RESPONSIBILITY (CSR) PROGRAMS. THE
8 DOH SHALL GIVE NATIONAL RECOGNITION AND
9 REWARDS TO ALL BUSINESS ORGANIZATIONS FOR
10 OUTSTANDING, INNOVATIVE AND WORLD-CLASS
11 CSR-RELATED SERVICES FOR TB ELIMINATION."

12 Sec. 9. A new section denominated as Section 17 of the same Act is added to
13 read as follows:

14 "SEC. 17. *CONVERGENCE OF TB SERVICES.* –
15 EACH LOCAL GOVERNMENT UNIT (LGU) SHALL HAVE
16 A TB STRATEGIC PLAN TO BE INITIATED BY ITS
17 LOCAL HEALTH BOARD AND APPROVED BY ITS
18 SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL
19 HEALTH BOARD AT THE PROVINCIAL, CITY
20 MUNICIPAL OR BARANGAY LEVEL SHALL ASSIST THE
21 CORRESPONDING SANGGUNIAN IN THE CRAFTING
22 OF TB LOCAL ORDINANCE AND BUILDING LOCAL
23 OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS
24 TERRITORIAL JURISDICTION.

25 "THE LGUS, THROUGH THEIR LOCAL SOCIAL
26 WELFARE AND DEVELOPMENT OFFICES, SHALL
27 COVER ALL INDIRECT COSTS OF ACCESSING TB
28 TREATMENT, INCLUDING TRANSPORTATION, MEALS,
29 ACCOMMODATION OR HALFWAY HOUSE, AMONG
30 OTHERS. THE DEPARTMENT OF SOCIAL WELFARE
31 AND DEVELOPMENT (DSWD) MAY HELP DEFRAY

1 **THESE EXPENSES THROUGH THE CRISIS**
2 **INTERVENTION UNIT.**

3 **"THE DEPARTMENT OF LABOR AND**
4 **EMPLOYMENT (DOLE) SHALL REQUIRE ALL PRIVATE**
5 **WORKPLACES TO DEVELOP THEIR OWN POLICIES**
6 **ON TB PREVENTION, WHICH SHALL BE**
7 **IMPLEMENTED IN ACCORDANCE WITH NATIONAL**
8 **LAWS AND POLICIES, PREVENTION STRATEGIES**
9 **THROUGH ADVOCACY, EDUCATION AND TRAINING.**
10 **MEASURES TO IMPROVE OCCUPATIONAL SAFETY**
11 **AND HEALTH CONDITIONS IN THE WORKPLACE**
12 **SHALL BE EMPHASIZED.**

13 **"THE CIVIL SERVICE COMMISSION (CSC)**
14 **SHALL REQUIRE ALL GOVERNMENT WORKPLACES TO**
15 **DEVELOP THEIR OWN POLICIES ON TB PREVENTION,**
16 **WHICH SHALL BE IMPLEMENTED IN ACCORDANCE**
17 **WITH NATIONAL LAWS AND POLICIES, PREVENTION**
18 **STRATEGIES THROUGH ADVOCACY, EDUCATION AND**
19 **TRAINING. MEASURES TO IMPROVE OCCUPATIONAL**
20 **SAFETY AND HEALTH CONDITIONS IN THE**
21 **WORKPLACE SHALL BE EMPHASIZED.**

22 **"THE TECHNICAL EDUCATION AND SKILLS**
23 **DEVELOPMENT AUTHORITY (TESDA) SHALL**
24 **IMPLEMENT A NON-DISCRIMINATORY APPROACH IN**
25 **DEALING WITH CLIENTS SUFFERING FROM TB AND**
26 **SHALL INCORPORATE TB AWARENESS IN THE**
27 **TRAINING PROGRAM OF ITS TECHNICAL AND**
28 **VOCATIONAL EDUCATION AND TRAINING (TVET)**
29 **INSTITUTIONS THROUGH THE CONDUCT OF**
30 **RELEVANT SEMINARS FOR ALL ITS STUDENTS. THE**
31 **TESDA SHALL ESTABLISH FOCUS GROUPS FOR**
32 **CLIENTS WHO ARE AFFLICTED WITH THE DISEASE.**

1 **"THE DEPED, CHED, TESDA, DOLE,**
2 **DEPARTMENT OF THE INTERIOR AND LOCAL**
3 **GOVERNMENT (DILG) AND OTHER APPROPRIATE**
4 **GOVERNMENT AGENCIES SHALL DEVELOP A**
5 **COMPREHENSIVE PROGRAM OF SUPPORT SERVICES**
6 **FOR TB VICTIMS AND THEIR AFFECTED CHILDREN**
7 **AND FAMILIES."**

8 Sec. 10. A new section denominated as Section 18 of the same Act is added
9 to read as follows:

10 **"SEC. 18. SERVICE DELIVERY NETWORK (SDN).**
11 **– THE DOH, THROUGH ITS REGIONAL OFFICES AND**
12 **IN COORDINATION WITH LGUS, SHALL INTEGRATE**
13 **AND STRENGTHEN THE PROVISION OF TB SERVICES**
14 **INTO ESTABLISHED SDNS FOR LOCAL HEALTH**
15 **REFERRAL SYSTEM, WHICH SHALL NOT BE**
16 **RESTRICTED WITHIN THE GEOGRAPHIC OR**
17 **POLITICAL BOUNDARIES OF LGUS. COLLABORATION**
18 **ACROSS LGUS SHALL BE ENCOURAGED.**

19 **"THE SDN SHALL BE A NETWORK OF**
20 **FACILITIES RANGING FROM BARANGAY HEALTH**
21 **STATIONS (BHS), RURAL HEALTH UNITS (RHUS),**
22 **DISTRICT AND/OR CITY HOSPITALS, TO THE**
23 **PROVINCIAL AND/OR DOH-RETAINED HOSPITALS.**
24 **THE DOH AND LGUS MAY ENGAGE PRIVATE HEALTH**
25 **FACILITIES OR PROVIDERS TO FORM PART OF THE**
26 **SDN."**

27 Sec. 11. A new section denominated as Section 19 of the same Act is added,
28 to read as follows:

29 **"SEC. 19. COMPLETION OF TB TREATMENT AS**
30 **CONDITION FOR RETENTION IN THE CONDITIONAL**
31 **CASH TRANSFER PROGRAM. – BENEFICIARIES OF**
32 **THE CONDITIONAL CASH TRANSFER PROGRAM OF**

1 THE GOVERNMENT WHO ARE DIAGNOSED WITH TB,
2 INCLUDING DRUG-SUSCEPTIBLE AND DRUG-
3 RESISTANT TB SHALL BE REQUIRED TO UNDERGO
4 TB-DOTS AS ONE OF THE ESSENTIAL CONDITIONS
5 FOR RETENTION IN THE PROGRAM.”

6 Sec. 12. A new section denominated as Section 20 of the same Act is added
7 to read as follows:

8 “SEC. 20. *SCREENING FOR HIGH-RISK*
9 *POPULATION.* – AS A POLICY, TB SCREENING SHALL
10 BE HIGHLY RECOMMENDED FOR HIGH-RISK
11 POPULATIONS AND MAY INCLUDE THE FOLLOWING:

12 “A) THOSE THAT ARE IN CLOSE CONTACT WITH
13 PERSONS KNOWN OR SUSPECTED TO HAVE TB;

14 “B) THOSE INFECTED WITH HIV AND
15 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);

16 “C) THOSE WHO ARE SMOKERS OF
17 CIGARETTES AND USERS OF ILLEGAL DRUGS;

18 “D) THOSE WHO INJECT ILLICIT DRUGS OR
19 ARE USERS OF OTHER LOCALLY IDENTIFIED HIGH-
20 RISK SUBSTANCE;

21 “E) THOSE WHO HAVE MEDICAL RISK
22 FACTORS, SUCH AS DIABETES AND OTHER
23 COMPARABLE DISEASES KNOWN TO INCREASE THE
24 RISK FOR DISEASE WHEN INFECTION OCCURS;

25 “F) RESIDENTS AND EMPLOYEES OF HIGH-
26 RISK CONGREGATE SETTINGS;

27 “G) HEALTHCARE WORKERS WHO SERVE
28 HIGH-RISK CLIENTS;

29 “H) INFANTS, CHILDREN AND ADOLESCENTS
30 EXPOSED TO ADULTS IN HIGH-RISK CATEGORIES;
31 AND

1 **"I) SUCH OTHER PERSONS AS MAY BE**
2 **IDENTIFIED BY THE SECRETARY OF HEALTH.**

3 **"THE ROUTINE TB SCREENING TEST SHALL**
4 **FORM PART OF THE NORMAL STANDARD OF CARE**
5 **OFFERED IRRESPECTIVE OF WHETHER OR NOT THE**
6 **PATIENTS EXHIBIT SIGNS AND SYMPTOMS OF**
7 **UNDERLYING TB INFECTION OR HAS OTHER**
8 **REASONS FOR PRESENTING TO THE FACILITY.**

9 **"THE DOH SHALL ENSURE ACCESS TO ROUTINE**
10 **TB SCREENING TESTS AS PART OF CLINICAL AND**
11 **MEDICAL CARE IN ALL HEALTHCARE SETTINGS AND**
12 **FACILITIES."**

13 Sec. 13. A new section denominated as Section 21 of the same Act is added
14 to read as follows:

15 **"SEC. 21. INTEGRATION OF TB SCREENING IN**
16 **HIV AND AIDS PREVENTION AND CONTROL –**
17 **SYMPTOMATIC TB SCREENING AND TB PREVENTIVE**
18 **THERAPY OF ALL PERSONS LIVING WITH HIV AND**
19 **AIDS WITHOUT TB SYMPTOMS SHALL BE PROVIDED**
20 **AS PART OF THE DELIVERY OF HIV AND AIDS**
21 **RELATED SERVICES."**

22 Sec. 14. A new section denominated as Section 22 of the same Act is added
23 to read as follows:

24 **"SEC. 22. PRIVATE HEALTH FACILITIES FOR**
25 **TB-DOTS. – TO ENHANCE AND MAXIMIZE THE**
26 **PARTICIPATION OF PRIVATE HEALTH FACILITIES IN**
27 **TB CONTROL, ALL PRIVATE HEALTH FACILITIES ARE**
28 **MANDATED TO SEEK ACCREDITATION FROM**
29 **PHILHEALTH AS TB-DOTS PROVIDER."**

30 Sec. 15. A new section denominated as Section 23 of the same Act is added
31 to read as follows:

1 **"SEC. 23. CONTACT TRACING AND**
2 **PROPHYLACTIC TREATMENT. – SCREENING BY**
3 **CHEST X-RAY SHALL BE INITIATED AMONG ALL**
4 **CONTACTS OF AN INDEX CASE WITH**
5 **BACTERIOLOGICALLY CONFIRMED OR CLINICALLY**
6 **DIAGNOSED PULMONARY TB IN ORDER TO OFFER**
7 **PREVENTIVE TREATMENT WHEN NECESSARY TO**
8 **THOSE WITH LATENT TB INFECTION, FOLLOWING**
9 **PRESCRIBED GUIDELINES AND STANDARDS."**

10 Sec. 16. A new section denominated as Section 24 of the same Act is added
11 to read as follows:

12 **"SEC. 24. PERSONNEL COMPLEMENT. – TO**
13 **ENSURE THE EFFECTIVE IMPLEMENTATION OF THIS**
14 **ACT, THE DOH SHALL ENSURE THE EFFECTIVE**
15 **IMPLEMENTATION OF THIS ACT, THE DOH SHALL**
16 **ENSURE THAT THERE SHALL BE ADEQUATE**
17 **COMPETENT AND QUALIFIED STAFF AND ALLIED**
18 **PROFESSIONALS WHO SHALL EFFECTIVELY CARRY**
19 **OUT THE OBJECTIVES OF THE TB ELIMINATION**
20 **PROGRAM. THE FORMULATION OF QUALIFICATION**
21 **STANDARDS OF THE STAFF COMPLEMENT MUST BE**
22 **DONE PURSUANT TO CIVIL SERVICE RULES AND**
23 **REGULATIONS. THE SECRETARY OF THE DOH SHALL**
24 **SUBMIT THE PROPOSED ORGANIZATIONAL AND**
25 **STAFFING MODIFICATION TO THE DEPARTMENT OF**
26 **BUDGET AND MANAGEMENT (DBM) FOR REVIEW**
27 **AND APPROVAL.**

28 **"ALL DOH EMPLOYEES AND STAFF INVOLVED**
29 **IN TB ELIMINATION PROGRAM SHALL PARTICIPATE**
30 **IN CAPACITY BUILDING PROGRAMS AND**
31 **ACTIVITIES TO BOOST COMPETENCE AND SKILL**
32 **PROFICIENCY."**

1 Sec. 17. A new section denominated as Section 25 of the same Act is added
2 to read as follows:

3 **"SEC. 25. *MOBILIZATION.* – THE DOH, IN**
4 **COORDINATION WITH THE LGUS AND OTHER**
5 **RELEVANT GOVERNMENT AGENCIES, PRIVATE**
6 **SECTOR, CSOS AND TB PATIENTS' GROUPS, SHALL**
7 **SPEARHEAD THE MOBILIZATION OF KEY AFFECTED**
8 **POPULATION FOR PUBLIC AWARENESS CAMPAIGNS**
9 **AND STIGMA REDUCTION ACTIVITIES. TB PATIENTS'**
10 **GROUPS SHALL BE INVOLVED IN THE PLANNING**
11 **AND IMPLEMENTATION OF THE POLICIES AND**
12 **PROGRAMS THAT AFFECT THEM."**

13 Sec. 18. A new section denominated as Section 26 of the same Act is added
14 to read as follows:

15 **"SEC. 26. *ALTERNATIVE FINANCING SCHEMES.***
16 **– THE DOH IS HEREBY MANDATED TO EXPLORE**
17 **ALTERNATIVE FINANCING SCHEMES, IN**
18 **CONSULTATION WITH THE DEPARTMENT OF**
19 **FINANCE (DOF), AND TO ENTER INTO CONTRACTS**
20 **WITH ANY PRIVATE HOSPITAL OR HEALTH FACILITY**
21 **UNDER THE PUBLIC-PRIVATE PARTNERSHIP (PPP)**
22 **APPROACH TO STRENGTHEN AND EXPAND THE**
23 **PROVISION OF TB DIAGNOSIS AND TREATMENT**
24 **SERVICES NATIONWIDE."**

25 Sec. 19. A new section denominated as Section 27 of the same Act is added
26 to read as follows:

27 **"SEC. 27. *TAX EXEMPTION.* – ALL GRANTS,**
28 **REQUESTS, ENDOWMENTS, DONATIONS AND**
29 **CONTRIBUTIONS MADE TO THE DOH TO BE USED**
30 **ACTUALLY, DIRECTLY AND EXCLUSIVELY BY THE**
31 **DOH FOR THE PRIMARY PURPOSE OF**
32 **CONTRIBUTING TO TB ERADICATION ACTIVITIES**

1 **SHALL BE EXEMPT FROM DONOR'S TAX AND THE**
2 **SAME SHALL BE CONSIDERED AS ALLOWABLE**
3 **DEDUCTION FROM THE GROSS INCOME OF THE**
4 **DONOR FOR PURPOSES OF COMPUTING THE**
5 **TAXABLE INCOME OF THE DONOR IN ACCORDANCE**
6 **WITH THE PROVISIONS OF THE NATIONAL**
7 **INTERNAL REVENUE CODE OF 1997, AS AMENDED."**

8 Sec. 20. A new section denominated as Section 28 of the same Act is added
9 to read as follows:

10 **"SEC. 28. *OTHER SOURCES OF FUNDS.* – THE**
11 **NATIONAL GOVERNMENT SHALL PRIORITIZE THE**
12 **OUTSOURCING OF FUNDS FOR THIS ACT THROUGH**
13 **NEGOTIATION AND UTILIZATION OF LONG-TERM**
14 **CONCESSIONAL OFFICIAL DEVELOPMENT**
15 **ASSISTANCE (ODA), OTHER SOURCES OF FUNDS**
16 **SUCH AS GRANTS, DONATIONS, COLLECTIONS AND**
17 **OTHER FORMS OF ASSISTANCE FROM LOCAL AND**
18 **FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE**
19 **ENTITIES. OTHER PRIVATE DOMESTIC AND**
20 **INTERNATIONAL SOURCES MAY BE TAPPED AND**
21 **FACILITATED BY THE DOH TO SUPPORT THE HEALTH**
22 **SERVICES UNDER THIS ACT, SUBJECT TO THE**
23 **REGULAR ACCOUNTING AND AUDITING GUIDELINES**
24 **AND PROCEDURES: *PROVIDED*, THAT IN CASE OF**
25 **DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE**
26 **THEREOF SHALL BE SUBJECT TO EXISTING**
27 **GOVERNMENT RULES AND REGULATIONS."**

28 Sec. 21. A new section denominated as Section 29 of the same Act is added
29 to read as follows:

30 **"SEC. 29. *JOINT CONGRESSIONAL OVERSIGHT***
31 ***COMMITTEE ON THE ELIMINATION OF TB. (JCOC-***
32 ***ETB).* – THERE IS HEREBY CREATED A JCOC-ETB**

1 WHICH SHALL CONDUCT A REGULAR REVIEW OF THE
2 IMPLEMENTATION OF THIS ACT. THE JCOC-ETB
3 SHALL CONDUCT A SYSTEMATIC EVALUATION OF
4 THE PERFORMANCE, IMPACT AND
5 ACCOMPLISHMENTS OF THE COMPREHENSIVE
6 PHILIPPINE PLAN OF ACTION TO ELIMINATE
7 TUBERCULOSIS AND THE VARIOUS AGENCIES
8 INVOLVED IN THE TB ELIMINATION PROGRAM,
9 PARTICULARLY WITH RESPECT TO THEIR
10 OBJECTIVES AND FUNCTIONS.

11 "THE JOINT CONGRESSIONAL OVERSIGHT
12 COMMITTEE SHALL BE COMPOSED OF FIVE (5)
13 MEMBERS FROM THE SENATE AND FIVE (5)
14 MEMBERS FROM THE HOUSE OF REPRESENTATIVES
15 TO BE APPOINTED BY THE SENATE PRESIDENT AND
16 THE SPEAKER OF THE HOUSE OF REPRESENTATIVES,
17 RESPECTIVELY. THE JOINT CONGRESSIONAL
18 OVERSIGHT COMMITTEE SHALL BE JOINTLY
19 CHAIRED BY THE CHAIRPERSONS OF THE SENATE
20 COMMITTEE ON HEALTH AND DEMOGRAPHY AND
21 THE HOUSE OF REPRESENTATIVES' COMMITTEE ON
22 HEALTH."

23 Sec. 22. Section 14 of the same Act is hereby renumbered as Section 30.

24 Sec. 23. Section 15 of the same Act is hereby renumbered as Section 31 and
25 amended to read as follows:

26 "Sec. [15] **31. Appropriations.** – The amount
27 necessary to [implement] **CARRY OUT** the provisions of
28 this Act shall be charged against the **CURRENT YEAR**
29 appropriations of the [~~DOH, the DepEd, the CHED and the~~
30 ~~PIA under the General Appropriations Act~~] **CONCERNED**
31 **GOVERNMENT AGENCIES. IN ADDITION TO, AND**
32 **CONSISTENT WITH THE COUNTRY'S COMMITMENT**

1 TO ENSURE SUFFICIENT AND SUSTAINABLE
2 FINANCIAL SUPPORT TO END THE TB EPIDEMIC,
3 PARTICULARLY ON THE DEVELOPMENT OF A
4 NATIONAL STRATEGIC PROGRAM TO LOCATE AND
5 TREAT OVER TWO MILLION (2,000,000) FILIPINOS
6 INFLECTED WITH TB IN THE NEXT FIVE (5) YEARS,
7 AN AMOUNT TO BE DETERMINED BY THE DOH, IN
8 CONSULTATION WITH THE DOF AND THE DBM,
9 SHALL BE INCLUDED IN THE ANNUAL
10 APPROPRIATION OF THE DOH: *PROVIDED*, THAT THE
11 ADMINISTRATIVE EXPENSES TO IMPLEMENT THE
12 PROGRAM SHALL NOT EXCEED ONE PERCENT (1%)
13 OF THE PROGRAM COST.”

14 Sec. 24. A new section denominated as Section 32 of the same Act is added
15 to read as follows:

16 “SEC. 32. *SUNSET PROVISION.* – TWO (2)
17 YEARS AFTER THE EFFECTIVITY OF THIS ACT,
18 CONGRESS, THROUGH THE JCOC-ETB, SHALL
19 CONDUCT A ‘SUNSET REVIEW’ OF THE MANDATED
20 APPROPRIATIONS WHICH SHALL ENTAIL A
21 SYSTEMATIC EVALUATION OF SUCH
22 APPROPRIATION TO DETERMINE WHETHER OR NOT
23 ITS PERFORMANCE, IMPACT AND
24 ACCOMPLISHMENTS WITH RESPECT TO THE TB
25 ELIMINATION GOALS MERITS CONTINUED
26 EXISTENCE.”

27 Sec. 25. A new section denominated as Section 33 of the same Act is added
28 to read as follows:

29 “SEC. 33. *PENALTIES.* – THE PROFESSIONAL
30 REGULATION COMMISSION (PRC) SHALL HAVE THE
31 AUTHORITY TO SUSPEND THE LICENSE TO PRACTICE

1 OF ANY MEDICAL PROFESSIONAL FOR ANY
2 VIOLATION OF THIS ACT.

3 "THE CSC SHALL HAVE THE AUTHORITY TO
4 SUSPEND FROM PUBLIC OFFICE A CIVIL SERVANT
5 WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.

6 "IF THE OFFENSE IS COMMITTED BY A PUBLIC
7 OR PRIVATE HEALTH FACILITY, INSTITUTION,
8 AGENCY, CORPORATION OR OTHER JURIDICAL
9 ENTITY DULY ORGANIZED IN ACCORDANCE WITH
10 LAW, THE CHIEF EXECUTIVE OFFICER, PRESIDENT,
11 GENERAL MANAGER OR SUCH OTHER OFFICER IN
12 CHARGE SHALL BE LIABLE. IN ADDITION, THE
13 BUSINESS PERMIT AND LICENSE TO OPERATE OF
14 THE CONCERNED FACILITY, INSTITUTION, AGENCY,
15 CORPORATION OR LEGAL ENTITY SHALL BE
16 SUSPENDED ACCORDINGLY."

17 Sec. 26. A new section denominated as Section 34 of the same Act is added
18 to read as follows:

19 "SEC. 34. *TRANSITORY PROVISION.* – THE
20 PENALTIES CONTEMPLATED IN SECTION 33 OF THIS
21 ACT SHALL BE IMPLEMENTED ONLY AFTER
22 EFFICIENT AND MASSIVE TRAINING AND
23 ORIENTATION FOR PHYSICIANS AND ALLIED
24 HEALTH PROFESSIONALS AND A FRAMEWORK AND
25 SYSTEM SUPPORT FOR THE IMPLEMENTATION AND
26 MONITORING OF THE REQUIREMENTS OF SECTION
27 11 ON THE REGULATION ON SALE AND USE OF TB
28 DRUGS AND SECTION 12 ON THE TB CASES
29 NOTIFICATION OF REPUBLIC ACT NO. 10767 HAS
30 BEEN ESTABLISHED: *PROVIDED*, THAT SUCH PERIOD
31 OF IMPLEMENTATION SHALL BE COMPLETED BY THE
32 YEAR 2025."

1 Sec. 27. Section 16 of Republic Act No. 10767 is hereby renumbered as
2 Section 35 and amended to read as follows:

3 “Sec. 35. *Implementing Rules and Regulations.* – The
4 DOH, in consultation with the DepEd, the CHED, the PIA, the
5 LGUs, nongovernment organizations, **CSOS, BROADCAST**
6 **MEDIA, PRINT MEDIA** and other concerned entities shall
7 issue rules and regulations **[implementing] TO**
8 **IMPLEMENT** the provisions of this Act within ninety (90)
9 days from its effectivity.”

10 Sec. 28. Sections 17, 18 and 19 of the same Act are hereby renumbered as
11 36, 37 and 38, respectively.

12 Sec. 29. *Separability Clause.* – If any provision or part hereof is held invalid or
13 unconstitutional, the remainder of the law or the provision or part not otherwise
14 affected shall remain valid and subsisting.

15 Sec. 30. *Repealing Clause.* – Any law, presidential decree or issuance,
16 executive order, letter of instruction, administrative order, rule, or regulation
17 contrary to or inconsistent with the provisions of this Act are hereby repealed,
18 modified, or amended accordingly.

19 Sec. 31. *Effectivity.* – This Act shall take effect fifteen (15) days after its
20 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,