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

Senate
Office of the Secretary

'22 SEP 14 P5 :12

SENATE

S.B. No. 1318

RECEIVED BY:

INTRODUCED BY SENATOR RISA HONTIVEROS

AN ACT
INSTITUTIONALIZING A NATIONAL PSIORIASIS CARE PROGRAM AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Psoriatic disease is a public health issue affecting approximately 1.8 million Filipinos. With no clear cause or known cure, it is a chronic, painful, and disfiguring non-communicable disease. There is a severe lack of awareness and understanding about the nature of Psoriasis. It was only in 2014 when the World Health Assembly unanimously approved the Resolution on Psoriasis[1], stating that it has physical as well as psycho-social burden and socio-economic consequences, and it can lead to immense, needless suffering due to insufficient access to healthcare.

People suffering from psoriasis also has a number of significant comorbidities such as arthritis, cardiovascular diseases, metabolic syndrome, and other chronic inflammatory conditions[2]. Moreover, psoriasis causes great emotional and social burden. There is a significant cost to the mental health of psoriasis patients. Due to the social exclusion, discrimination, and stigma, the psychological impact of living with psoriasis can be devastating[3].

This bill seeks to address the needs and improve the quality of life of Filipinos living with Psoriatic disease through the following, among others: (1) equitable, timely, affordable, and accessible psoriatic disease care, especially for underprivileged Filipinos; (2) better screening and prompt, accurate diagnosis; (3) control exacerbations that may lead to more serious physical illness and deterioration of the mental health of patients; and (4) support the recovery and integration to society of Filipinos living with Psoriasis.

The immediate passage of this bill is earnestly sought.

RISA HONTIVEROS
Senator

[1] World Health Assembly Resolution 67.9. May 24, 2014. http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R9-en.pdf
[2] World Health Organization. Global Report on Psoriasis. 2016. https://apps.who.int/iris/handle/10665/204417
[3] Ibid.

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

ARTICLE I
GENERAL PROVISIONS

Section 1. *Title*. - This Act shall be known as the "National Psoriasis Care Program Act."

Sec. 2. *Declaration of Policy.* – Recognizing that psoriasis is a chronic, painful, disfiguring and disabling non-communicable disease (NCD) for which there is no known cure, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family centered policies, programs, systems, interventions and services at all levels of the existing health care delivery system for people with Psoriasis.

Towards this end, the State shall endeavor to improve the quality of lives of patients with psoriasis by scaling up essential programs and increasing investments for robust management of psoriasis, better screening, prompt and accurate diagnosis, timely and optimal treatment, responsive palliative care and pain management, effective psoriasis care and late effects management and patient integration to society. It shall likewise make psoriasis treatment and care more equitable and affordable for all, especially for the underprivileged, poor and marginalized Filipinos.

Sec. 3. *Definition of Terms.* - As used in this Act:

a) Allied health care professionals refer to trained non-psoriasis health professionals such as physicians, social workers, nurses, occupational therapists, recreational therapists, dietitians, among others;

b) Carer refers to anyone who provides care for psoriasis patients and family members;

c) Complementary care and treatment refer to an approach that improves the quality of life of patients and their families facing the problem associated with Chronic illness, through an extra layer of support based on the needs of patients, not on the prognosis.

d) Comprehensive Psoriasis Care Center refers to a care center that is multidisciplinary and integrates clinical care, education and research to accelerate the care, control and prevention of psoriasis;

e) Early Psoriasis diagnosis refers to the prompt evaluation and confirmation of psoriasis that can prevent the further exacerbation of the disease;

f) Multidisciplinary patient care refers to an integrated approach to psoriasis care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient;

g) National Psoriasis Care Program refers to the program of the national government for the comprehensive and integrated care and control of psoriasis in the Philippines;

h) Optimal treatment and care refer to a quality treatment care that adheres to the standards of treatment and care based on evidence-based guidelines;

i) Patient care pathway refers to the route that a patient shall take from their first contact with the health worker, through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a health care facility, until the patient leaves;

j) Patient navigation refers to individualized assistance, through all the phases of psoriasis experience, offered to patients, families and carers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care beginning from pre- diagnosis and extending throughout the continuum of care;

k) PsorCoach Program for Psoriasis refers to properly trained Patient Coaches and volunteers in providing PsychoSocial support for psoriasis patients, people living with psoriasis, their families and carers. It aims to navigate the patients in the healthcare system and encourage the people living with psoriasis to undergo the necessary care and treatment;

l) Psoriasis refers to a non-communicable disease (NCD), is a chronic, painful, disfiguring and disabling inflammatory, immune-mediated disease for which there is no cure. Patients with psoriasis have elevated risk of having other chronic inflammatory disease such as cardiovascular diseases, Inflammatory Bowel diseases, diabetes, and other serious chronic NCDs;

m) Psoriasis care refers to the strategies to reduce the incidence, morbidity, and mortality and improve the quality of life of psoriasis patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis and treatment;

n) Psoriasis registry refers to a database that contains information about people diagnosed with various types of Psoriasis. The registry shall require systematic collection, storage, analysis, interpretation and reporting of data on subjects with Psoriasis. There are two (2) main types of Psoriasis registry:

    1. Population-based Psoriasis registry, which refers to the collection of data on all new cases of psoriasis occurring in a well-defined population, including mortality and co-morbidities of patients with other disease; and
    2. Hospital-based psoriasis registry, which refers to the recording of information on the psoriasis patients diagnosed and treated in a particular hospital.

o) Psoriasis rehabilitation refers to a program that helps people with psoriasis maintain and restore physical and emotional well-being. Psoriasis rehabilitation is available upon diagnosis, and during psoriasis treatment;

p) Psoriasis screening refers to the detection of psoriasis as soon as symptoms start to appear. This may involve a skin biopsy and other related laboratory tests;

q) Psoriasis treatment refers to the series of interventions that are aimed at managing the disease and improve the patient's quality of life, such as psychological and nutritional support, and drug therapy, which includes topical and systemic treatments, UV Phototherapy and biologic drugs; and

r) Psychosocial Support Program refers to the assistance on nonmedical costs such as financial assistance, transient housing, transportation, food and nutrition and the like;

ARTICLE II
THE NATIONAL PSORIASIS CARE AND CONTROL PROGRAM

Sec. 4. *National Psoriasis Care and Control Program.* – There is hereby established a National Psoriasis Care and Control Program (NPCCP) which shall serve as the framework for all psoriasis-related activities of the government. The NPCCP shall have the following objectives:

a) Improve the quality of life and lessen the impact of psoriasis to patients;
b) Prevent and control exacerbations of Psoriasis in patients that leads to more serious illness and deterioration of the emotional and mental health of patients.
c) Provide timely access to optimal psoriasis treatment and care for all psoriasis patients;
d) Make quality psoriasis treatment and care more affordable and accessible;
e) Improve the experience of psoriasis treatment and care of patients and families;
f) Support the recovery and reintegration to society of the psoriasis patients; and
g) Eliminate various forms of burden on patients, people living with psoriasis, their carers and their families.

Sec. 5. *National Psoriasis Care and Control Council.* – There is hereby created a National Psoriasis Care and Control Council (NPCCC), hereinafter referred to as the Council, which shall act as the policy making, planning and coordinating body on psoriasis control, attached to the Department of Health (DOH). The Council shall provide technical guidance and support and oversee the implementation of this Act, ensuring judicious and best use of available resources for the benefit of all psoriasis patients, especially the most vulnerable sectors of the society, the elderly, women and children, the poor, marginalized and disadvantaged.

Sec. 6. *Composition of the Council.* - The Council shall be composed of the following:

a) The Secretary of Health, or a designated representative with a rank not lower than assistant secretary, shall be the chairperson in an ex officio capacity;
b) The Vice-Chairperson shall be elected by the non ex officio members, from among themselves, and who shall serve for a term of three (3) years;
c) Ex officio members shall consist of the following:

1. Secretary of Social Welfare and Development, or a designated representative;
2. Secretary of Labor and Employment, or a designated representative;
3. Secretary of the Interior and Local Governance, or a designated representative;
4. President and Chief Executive Officer of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative;
5. Director General of the Food and Drug Administration (FDA), or a designated representative;
6. Two (2) medical doctors, preferably from the Philippine Dermatological Society (PDS) and Philippine Rheumatology Association (PRA), who must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, have distinguished themselves professionally in public, private, civic or academic service in the field of dermatology and rheumatology, and must have been in the active practice of their professions for at least ten (10) years, chosen from at least five (5) persons recommended by the Secretary of Health, to be appointed by the President for a term of three (3) years; and
7. Three (3) representatives from the Psoriasis Philippines to be appointed by the council for a term of three (3) years.

The Council shall utilize the services and facilities of the "Disease Prevention and Control Bureau" and/or the "Non-Communicable Disease Office" under the DOH as the Secretariat of the Council.

The non ex officio members may receive honoraria in accordance with existing laws, rules and regulations.

Sec. 7. *Roles and Functions.* – The Council shall formulate polices, programs and reforms that enhance the synergy among stakeholders and ensure a well-coordinated, effective and sustainable implementation of the provisions of this Act. It shall, as necessary, create experts' groups or technical working groups to undertake any of the following key tasks:

a) Develop integrated and responsive psoriasis care and control policies and programs tailored to the socioeconomic context and epidemiological profiles of the Philippines which aim to make psoriasis care more accessible and affordable, expand psoriasis care to include and promote integrated,

multidisciplinary, developmentally appropriate patient and family-centered care, and enhance the well-being and quality of life of psoriasis patients and their families;

b) Develop the National Psoriasis Care and Control Roadmap with annual targets, priorities and performance benchmarks for the effective institutionalization of strategies, policies, programs and services in the national and local health care system;

c) Develop, update and promote, evidence-based treatment standards and guidelines for all adult and childhood psoriasis, of all stages, including the management of its other comorbidities;

d) Develop innovative and cost-effective psoriasis care service models for effectively delivering integrated psoriasis care in the most appropriate settings and improve patient care flow from primary to tertiary care;

e) Develop clearly defined patient care pathways and evidence-based standards of care for the network of psoriasis centers;

f) Set quality and accreditation standards, focused health service facilities, ethical psoriasis research, health care providers, medical professionals and allied health care professionals;

g) Monitor and assess the implementation of prioritized packages of psoriasis services for all ages and all stages of psoriasis, ensuring that they are provided in an equitable, affordable and sustainable manner, at all levels of care;

h) Recommend responsive and proactive medicine and treatment access programs, including improvements of core systems and processes related to:

    1. Availability and affordability of quality, safe, and effective medicines;
    2. Increased access to cost effective vaccinations to prevent infections associated with psoriasis;
    3. Diagnostics for psoriasis;
    4. Innovative medicines and technologies; and
    5. Compassionate use of protocols, as necessary;

i) Establish mechanisms and platforms for multisectoral and multistakeholder collaborations, coordination, and cooperation, especially in health promotion, disease prevention, capacity development, education, training and learning information and communication, social mobilization and resource mobilization;

j) Establish mechanisms and platforms for patient, family and community engagement, especially on protection and promotion of the rights of patients, carers and their families and their active involvement in multidisciplinary patient care, patient navigation and follow-up care;

k) Strengthen linkages with local and international organizations for possible partnerships in treatment and management of challenging and rare cases, education, training and learning, advocacy, research, resource mobilization and funding assistance;

l) Establish a system for program review, monitoring and evaluation, inclusive of financial aspects, and submit an annual report and recommendation to the council on the progress, accomplishments and implementation challenges encountered; and

m) Secure from government agencies and other stakeholders, recommendations, and plans pertinent to the respective mandates of the agencies and other stakeholders for the implementation of the provisions of this Act; and

n) A Division Chief for Psoriasis Control Program shall be designated to provide operational, leadership, undertake coordination with program stakeholders and ensure effective and sustainable implementation of the National Psoriasis Care and Control Program (NPCCP). The Secretary of Health, in coordination with the Secretary of Budget and Management (DBM) shall create the additional plantilla positions for health personnel required of the NPCCP.

ARTICLE III
QUALITY HEALTH CARE SYSTEMS

Sec. 8. *Psoriasis Care Infrastructure.* – The Council, in coordination with the DOH, local government units (LGUs), and other government agencies concerned, shall strengthen the capability of public health systems and facilities to provide treatment services to psoriasis patients, through the following key activities:

a) Allocate adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in psoriasis treatment and care from psoriasis diagnosis to psoriasis treatment;

b) Develop robust and effective patient referral pathways across levels of health service delivery;

c) Provide reliable supply of psoriasis drugs and psoriasis related treatment and medicines to patients by ensuring that health facilities and local health centers have sufficient supply of essential and other medicines;

d) Enhance the psychosocial related competencies of health providers in all levels of care and the capacity to collaborate and work effectively in an integrated, multidisciplinary settings;

e) Institute workplace retention programs for priority psoriatic treatment disciplines where shortages exist, and in underserved areas where there are no psoriasis treatment-related practitioners;

f) Establish clear standards and guidelines for patient care and psychosocial support, and psoriasis focused patient navigation for individuals and communities and to clearly provide individualized support during the psoriasis journey, facilitating access to information and resources as needed, throughout the psoriasis continuum of care;

g) Establish and strengthen community level of care for psoriasis patients of all genders and ages;

h) Ensure the proper recording, reporting and monitoring of psoriasis cases of all genders and ages;

i) Network and link-up with comprehensive psoriasis care centers, regional psoriasis centers, privately managed psoriasis centers and relevant health facilities and international institutions, for knowledge and resource sharing; and

j) All other activities and initiatives as may be identified by the Council.

Sec. 9. *Psoriasis Care Center.* – The Council, shall develop standards to classify, accredit and designate comprehensive psoriasis care centers, specialty psoriasis centers, stand-alone specialty psoriasis centers, regional psoriasis centers and psoriasis satellites or stand-alone clinics. In accordance with Section 31 of this Act, the DOH, in the implementing rules and regulations of this Act, shall provide for the minimum required diagnostic, therapeutic, research capacities and facilities, technical, operational and personnel standards of these centers, as well as the appropriate licensing and accreditation requirements, and procedure for licensing in a timely manner. The use of Public Private Partnership shall be allowed on the procurement of psoriasis care infrastructure and delivery of services to improve access to and services to hasten delivery of essential treatment services and promote efficiency in fiscal utilization for psoriasis program and projects. Private institutions may also be accredited as comprehensive psoriasis care centers, specialty psoriasis centers, stand- alone specialty psoriasis care

centers, regional psoriasis centers and psoriasis satellites or stand-alone clinics, provided they comply with the requirements for such accreditation.

The PCC shall have the following purposes and objectives:

a) To ensure strategic alignment with the national psoriasis care and control plans and programs;
b) To provide for accommodation, facilities and medical treatment of patients suffering from psoriasis, subject to the rules and regulations of the PCC;
c) To promote, encourage and engage in scientific research on psoriasis and the care and treatment of psoriasis patients and related activities;
d) To stimulate and underwrite scientific research on the biological, demographic, social, economic, psychological, physiological aspects of psoriasis, including its comorbidities that makes it as risk factor for other serious inflammatory disease; and gather, compile, and publish the findings of such researches for public dissemination;
e) To encourage and undertake the training of physicians, pathologists, psychologists, nurses, medical and laboratory technicians, health officers and social workers on the practical and scientific conduct and implementation of psoriasis health care services, and related activities; and
f) To assist universities, hospitals and research institutions in their studies of psoriasis, to encourage advanced training on matters of, or affecting the psoriatic patients, and related fields and to support educational programs of value to general health.

Sec. 10. *Regional/Provincial/Municipal Psoriasis Care Centers*. – The objectives and functions of a Regional/Provincial/Municipal psoriasis center are as follows:

a) Provide timely, developmentally appropriate, and high-quality medical services such as screening, diagnosis, optimal treatment and care, supportive care management including follow-up care, and reintegration and rehabilitation, to psoriasis patients of all genders and ages;
b) Establish, as necessary, networks with both public and private facilities to improve access, expand range of services, reduce costs and bring services closer to patients;
c) Provide and promote patient navigation, and other measures to improve the well-being and quality of life of people living with psoriasis, their families and carers;

d) Design and implement high-impact, innovative, and relevant local communications campaigns that are context and culture-sensitive, and aligned with national programs;

e) Undertake and support the training of physicians, psychologists, nurses, medical technicians, pharmacists, health officers, and social workers on evidence-based and good practice models for the delivery of responsive, multidisciplinary, integrated psoriasis care and services;

f) Address the psychosocial and rehabilitation needs of psoriasis patients, their carers and families;

g) Adopt and promote evidence-based innovations, good practice models, equitable, sustainable strategies;

h) Engage and collaborate with LGUs, private sector, philanthropic institutions, psoriasis focused patient support, advocacy organizations and civil society organizations to make available programs and services and practical assistance to psoriasis patients, their carers and their families; and

i) Promote and assist in ethical scientific research on matters related to psoriasis.

Sec. 11. *Capacity Development.* – The DOH, in collaboration with professional medical societies actively treating psoriasis patients, LGUs leagues, and LGU-based health associations, academic institutions, human resources units of psoriasis care centers, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing psoriasis care service and support at all levels of the health care delivery system.

Sec. 12. *Psoriasis-Related Academic Curriculum.* – The Commission on Higher Education (CHED), in collaboration with the DOH, higher education institutions (HEIs), psoriasis focused professional societies, accrediting institutions and patient support organizations, shall undertake an assessment of current psoriasis- related academic curriculum and ensure that the curriculum meets local needs and global practice standards. The CHED shall encourage HEIs to offer degree programs for high priority psoriasis-related specializations and continuing education programs related to psoriasis treatment and care.

The DOH, in collaboration with academic institutions, shall provide subsidies and scholarships for training of medical professionals, such as dermatologists, rheumatologists, and other specialized medical professionals related with the treatment and care of psoriasis.

ARTICLE IV PSORIASIS AWARENESS

Sec. 13. *Psoriasis Awareness Campaign.* – The DOH shall intensify its psoriasis awareness campaign and provide the latest and evidence-based information for the prevention and treatment of psoriasis including practical advice, support and referral for psoriasis patients, their families and carers. The DOH, in collaboration with the Department of Information and Communications Technology, shall make full use of the latest technology to disseminate information to reach every Filipino.

The awareness campaign must increase psoriasis literacy and understanding of risk factors associated with psoriasis, dispel myths and misconceptions about psoriasis, and reduce the anxiety, fear, distress and uncertainty related to psoriasis.

Sec. 14. *National Psoriasis Awareness Month.* – The month of October of every year shall be known as the "National psoriasis Awareness Month" throughout the Philippines. The DOH, in collaboration with LGUs, psoriasis focused professional societies, academic institutions, shall lead the observance of National psoriasis Awareness Month.

Sec. 15. *Health Education and Promotion in Schools, Colleges, and Universities.* – The CHED and the Department of Education, in coordination with the DOH, shall develop policies and provide technical guidance to academic institutions and administrators to:

a) Promote and facilitate integration of age appropriate and gender sensitive key messages on psoriasis risk factors, early warning signs and symptoms of psoriasis including lifestyles and healthy diets in their curriculum, health and wellness programs, and co-curricular activities;
b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with psoriasis, and their family members, especially those who act as carers for psoriasis patients; and
c) Adopt initiatives that minimize or eliminate stigma and discrimination in schools, colleges, and universities that are experienced by people with psoriasis, psoriasis survivors and their families.

Sec. 16. *Health Education and Promotion in the Workplace.* – The Department of Labor and Employment (DOLE), Civil Service Commission, and Technical Education and Skills Development Authority, in coordination with the DOH, shall develop policies and provide technical guidance to employers, employees associations, and unions to:

a) Promote and facilitate integration of gender sensitive key messages on psoriasis risk factors, signs and symptoms of psoriasis, prevention and control of exacerbation, adoption of healthy lifestyles and healthy diets, in

their communication initiatives, health and wellness programs, and employee development programs;

b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with psoriasis, their carers and family members;

c) Integrate appropriate psoriasis treatment services in their health services and clinics; and

d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that is experienced by people living with psoriasis.

Sec. 17. *Health Education and Promotion in Communities.* – The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local psoriasis focused patient support organizations and psoriasis focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age appropriate and gender sensitive psoriasis-focused health education.

ARTICLE V
ACCESS TO QUALITY PSORIASIS CARE AND TREATMENT

Sec. 18. *Establishment of Psoriasis Assistance Fund.* – There is hereby established a psoriasis Assistance Fund to support the psoriasis medicine and treatment assistance program. The DOH shall manage the Fund in accordance with existing budgeting, accounting and auditing rules and regulations and shall make a quarterly report to the Office of the President and Congress on the disbursement of the Fund.

The DOH may solicit and receive donations which shall form part of the Fund and such donations shall be exempt from income and or donor's tax and all other taxes, fees and charges imposed by the government. Likewise, fund raising activities may be conducted by the Council and the proceeds of which shall accrue to the Fund and shall be exempt from any and all taxes.

Receipts from donations, whether in cash or in kind, shall be accounted for in the books of the done government agency in accordance with accounting and auditing rules and regulations. The receipts from cash donations and proceeds from sale of donated commodities shall be deposited with the National Treasury and recorded as a special account in the General Fund and shall be available to the implementing agency concerned

through a special budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292. The cash value of the donations shall be deemed automatically appropriated for the purpose specified by the donor. Donations with a term not exceeding one (1) year shall be treated as trust receipts.

The donee-agency concerned shall submit the quarterly reports of all donations received, whether in cash or in kind, and expenditures or disbursements thereon with electronic signature to the DBM, through the Unified Reporting System, and to the Speaker of the House of the Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations, the Senate Committee on Finance and the Commission on Audit, by posting such reports on the donee-agency concerned websites for a period of three (3) years. The head of the donee-agency concerned shall send written notice to the said offices when said reports have been posted on its website which shall be considered the date of submission.

Sec. 19. *PhilHealth Benefits for Psoriasis.* – The Philippine Health Insurance Corporation shall expand its benefit packages to include primary care screening, detection, diagnosis, treatment assistance, supportive care, management and follow-up care for all types and severity of psoriasis, in both adults and children. It shall also develop innovative benefits such as support for community-based models of care to improve psoriasis treatment journey and reduce costs of care, including stand-alone photo-therapy and biologic centers, ambulatory care, and community-based care and support facility. The development or expansion of any PhilHealth benefit shall go through a proper, transparent and standardized prioritization setting process, such as the Health Technology Assessment and actuarial feasibility study, to avoid inequitable allocation of funds for health care services.

The Psoriasis Assistance Fund and PhilHealth benefits shall be made available in public and private DOH- licensed psoriasis centers, DOH and PhilHealth shall prescribe, in consultation with stakeholders, the coverage rates and applicable rules on options to charge co-payment for services rendered. Processes to avail of such funding shall be streamlined to ensure timely provision of psoriasis care.

Sec. 20. *PsorCoach Program for Psoriasis.* – The Council, in collaboration with Psoriasis Philippines (PsorPhil), DSWD, PhilHealth and LGUs shall develop appropriate and easily accessible modules certifying Patient Coaches and volunteers in providing PsychoSocial support for psoriasis patients, their families and carers. It shall aim to navigate the patients in the healthcare system and encourage the people living with psoriasis to undergo the necessary care and treatment.

Certified PsorCoaches will be considered as professional carers of people living with psoriasis and their services can be paid through PhilHealth, DOH, DSWD and LGUs budget for social services.

Sec. 21. *Social Protection Mechanisms.* – The DOH, in collaboration with the Social Security System (SSS), Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office, DOLE, DSWD, PhilHealth and LGUs shall develop appropriate and easily accessible social protection mechanisms for psoriasis patients, their families and carers. It shall aim to encourage the underprivileged and marginalized people living with psoriasis to undergo the necessary treatment and care.

The Insurance Commission shall mandate the Health Maintenance Organizations (HMOs) to cover counseling and testing, psoriasis screening, diagnostics and care as well as certain therapeutics of all member employees.

The psoriasis-related absences from work of member employees as well as voluntary members shall be covered and compensated by the Sickness Benefits of the SSS and Disability Benefits of the GSIS.

The employees in the informal sector shall be prioritized in the psoriasis control packages of PhilHealth while the employees in the formal sector shall be offered cost-sharing PhilHealth benefit packages.

Children with Psoriasis shall be given free access to education or scholarship program by the government through the Department of Education (DepEd) and Commission of Higher Education (CHED) until such time that he/she finishes college education.

ARTICLE VI ESSENTIAL MEDICINES

Sec. 22. *Psoriasis and Related Supportive Care Medicines.* – The DOH, and other concerned government agencies shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible quality of life among people with psoriasis. The reforms include facilitating quick access to drugs for compassionate use and developing a more responsive system for effectively addressing emergency cases.

The FDA shall create a dedicated and streamlined process, not exceeding one (1) year, for the licensing of innovator and generic psoriasis medication, subject to appropriate quality checks and compliance with minimum standards, such as, but not limited to, being approved and used for psoriasis treatment in other countries.

Sec. 23. *Support Management Care.* – The DOH shall ensure sufficient supply of medicines for psoriasis- related care and management that are available at affordable

prices. Further, the DOH shall formulate a monitoring system to check that psoriasis medications are safe and administered in correct dosages.

ARTICLE VII
SUPPORTIVE ENVIRONMENT FOR PERSONS WITH PSORIASIS

Sec. 24. *Persons with Disabilities*. – Persons living with psoriasis, shall be considered as persons with disabilities (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons".

Sec. 25. *Rights and Privileges.* – Persons living with psoriasis shall be accorded the same rights and privileges as PWDs and the DSWD shall ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the DOLE shall adopt programs which promote work and employment opportunities for able persons with psoriasis.

Sec. 26. *Nondiscrimination.* – The appropriate government agencies shall ensure that people living with psoriasis are free from any form of discrimination in school, workplace and community.

ARTICLE VIII
PSORIASIS REGISTRY AND MONITORING SYSTEM

Sec. 27. *National Psoriasis Registry and Monitoring System.* – The DOH, in collaboration with the Council and other stakeholders, shall establish a national psoriasis registry and monitoring system. The registry must cover all forms of psoriasis among adults and children and serve as guide in the policy development of the Council. The national psoriasis registry shall be a population-based psoriasis registry seeking to collect data on all new cases of psoriasis by geographical region to provide framework for assessing and controlling the impact of psoriasis on the community. psoriasis registries shall form part of the Electronic Medical Reports requirement of the DOH, and that it shall be in accordance with the National Health Data Standards and Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012".

Sec. 28. *Hospital-Based Psoriasis Registry*. – Every hospital, including clinics, shall have its own psoriasis registry. The registry must record the personnel identification of psoriasis patients, psoriasis type, treatment received and its results and other data that the DOH may prescribe. The regional offices of the DOH shall ensure that all hospitals within their respective jurisdiction have psoriasis registry. The information shall be treated

with utmost confidentiality and shall not be released to third parties, in accordance with Republic Act No. 10173 or the "Data Privacy Act of 2012". Submission of the psoriasis registry data to the DOH shall be a requirement for the renewal of a license to operate of a hospital.

Sec. 29. *Recording and Reporting of Psoriasis Cases.* – Adult and childhood psoriasis are considered as a notifiable disease in all levels of the health care system. Any hospital or clinic which diagnosed a patient with psoriasis shall report the same to the DOH. The DOH shall provide the form and manner of reporting of psoriasis cases.

ARTICLE IX FINAL PROVISIONS

Sec. 30. *Annual Report.* – The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Act.

Sec. 31. *Appropriations.* – The amount needed for the initial implementation of this Act, including maintenance and other operating expenses of the National Integrated Psoriasis Control Program shall be charged against the current year's appropriations of the DOH. For the succeeding years, the amount allocated for the National Psoriasis Care and Control Program in the DOH budget shall be based on strategic plan formulated and to be submitted by the Council, in consultation with other stakeholders. The amount should be in the National Expenditures Program (NEP) as basis for the General Appropriations Act.

Sec. 32. *Implementing Rules and Regulations.* – Within ninety (90) days from the approval of this Act, the Secretary of Health, in consultation with the Philippines Dermatological Society, Philippine Rheumatology Association, Psoriasis Philippines and other concerned stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

Sec. 33. *Separability Clause.* – If any provision of this Act is declared unconstitutional, the remainder of this Act or any provision not affected thereby shall remain in full force and effect.

Sec. 34. *Repealing Clause.* – All laws, presidential decrees or issuances, executive orders, letters of instruction, administrative orders, rules or regulations inconsistent with the provision of this Act are hereby repealed or modified accordingly.

Sec. 35. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,