

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

23 MAR 22 P5:03

**SENATE**

RECEIVED BY: \_\_\_\_\_

**S.B. No. 2040**

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**INTRODUCED BY SENATOR RISA HONTIVEROS**

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**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**

In the 2022 Global Tuberculosis Report, the World Health Organization (WHO) noted that the "COVID-19 pandemic continues to have a damaging impact on access to TB diagnosis and treatment and the burden of TB disease".

It was also reported that "progress made in years up to 2019 has slowed, stalled or reversed, and the global TB targets are off track".

In the same report, the Philippines figured prominently among the major contributors to the global increase in TB incidence between 2020 and 2021. It is also identified among the top five countries contributing to the global gap between estimated TB incidence and the reported number of people newly diagnosed with TB. And notably, the Philippines joined the list of 30 countries with a high incidence of TB cases among people living with HIV (PLHIVs).

Similarly, for 2021-2025, the WHO included the Philippines in the three global high-burden country (HBC) lists since it has the highest estimated numbers of (a.) incident TB cases; (b.) incident TB cases among people living with HIV; and (c.) incidents of multidrug-resistant/rifampicin-resistant TB.

And within the WHO Western Pacific Region, the Philippines was given particular attention as among the seven priority countries out of a total of 36 countries and territories, where progress is most needed to achieve the targets set in WHO's End TB Strategy, a political commitment made in 2018 and in line with the 2030 Sustainable Development Goals.

Given these contexts, there is a need to intensify efforts to mitigate and reverse the negative impact of the COVID-19 pandemic on TB and to fulfill our commitment to eliminate TB as a public health problem in the country.

As a policy response, this bill seeks to amend Republic Act 10767, otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act", as a counterpart measure of the proposal passed in the House of Representatives during the 18th Congress.

Consistent with the intent to strengthen an integrated patient-centered TB healthcare service delivery and universal healthcare, the bill provides for the diagnosis and treatment of TB, a collaborative and multi-sectoral approach to TB response, and promotive and preventive actions to eliminate TB.

Also central to this proposal is the commitment to mainstream a rights-based approach in the country's national TB response and to enable the participation and involvement of communities, civil society, patients organization, and TB survivors.

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

  
**RISA HONTIVEROS**



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OR THE "COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT."**

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

1 SECTION 1. Title – This Act shall be known as the "Comprehensive Tuberculosis  
2 Elimination Plan Act".  
3

4 Sec. 2. Section 2 of Republic Act No. 10767 is hereby amended to read as  
5 follows:

6 "SEC. 2. Declaration of Policy.

7 **(a)** The State is mandated to adopt an integrated and comprehensive approach  
8 to health development. Towards this end, the State shall support and expand  
9 efforts to eliminate tuberculosis as a public health problem by increasing  
10 investments for its prevention, treatment and control, and adopting a  
11 multisectoral approach in responding to the disease.

12 **(B) AS GUARANTEED BY THE CONSTITUTION, THE STATE SHALL  
13 RESPECT, PROTECT AND PROMOTE HUMAN RIGHTS AS A  
14 CORNERSTONE TO EFFECTIVE TB PREVENTION, TREATMENT, AND  
15 CONTROL.**

16 **(C) POLICIES AND PRACTICES THAT DISCRIMINATE BASED ON  
17 ACTUAL OR PERCEIVED TB STATUS, AGE, SEX, SEXUAL  
18 ORIENTATION, GENDER IDENTITY, ECONOMIC STATUS, DISABILITY,  
19 AND ETHNICITY HINDER THE EFFECTIVENESS OF THE TB RESPONSE  
20 AND ARE DEEMED INIMICAL TO PUBLIC INTEREST.**

21 **(D) THE MEANINGFUL ENGAGEMENT OF PEOPLE DIRECTLY AND  
22 INDIRECTLY AFFECTED BY TB, ESPECIALLY TB PATIENTS AND TB  
23 SURVIVORS, IS CRUCIAL IN ENSURING EFFECTIVE TB PREVENTION,  
24 TREATMENT, AND CONTROL. AS SUCH, THE STATE SHALL ENSURE  
25 THEIR PARTICIPATION IN ALL LEVELS OF DECISION-MAKING IN  
26 PROGRAM PLANNING, IMPLEMENTATION, MONITORING, AND  
27 EVALUATION.**

1  
2 Sec. 3. Sec. 4 of the same Act is hereby amended to read as follows:

3 "Sec. 4. SEC. 4. Comprehensive Philippine Plan of Action to Eliminate  
4 Tuberculosis. – The [Secretary of the] Department of Health (DOH) shall  
5 establish a Comprehensive Philippine Plan of Action to Eliminate Tuberculosis  
6 in consultation with appropriate public and private entities, **CIVIL SOCIETY**  
7 **ORGANIZATIONS WORKING ON TB, INCLUDING ORGANIZATIONS OF**  
8 **TB PATIENTS AND SURVIVORS.** The Philippine Plan of Action shall consist  
9 of the following:

10 xxx

11 **(E) THE DEVELOPMENT OF STRATEGIES TO MEANINGFULLY ENGAGE**  
12 **AND MOBILIZE CIVIL SOCIETY ORGANIZATIONS, INCLUDING**  
13 **ORGANIZATIONS OF TB PATIENTS AND SURVIVORS, IN THE**  
14 **PLANNING, IMPLEMENTATION, MONITORING, AND EVALUATION OF**  
15 **THE NATIONAL TB RESPONSE.**

16  
17 Sec. 4. Section 8 of the same Act is amended to read as follows:

18 "Sec. 8 Education Programs. – The [Secretary of Health] **CHAIRPERSON OF**  
19 **THE COMMISSION ON HIGHER EDUCATION (CHED),** in coordination  
20 with the [Commission on Higher Education (CHED)] **SECRETARY OF THE**  
21 **DEPARTMENT OF HEALTH (DOH),** shall encourage the faculty of schools of  
22 medicine, nursing or medical technology and allied health institutions, to  
23 intensify information and education programs, including the development of  
24 curricula, to significantly increase the opportunities for students and for  
25 practicing providers to learn the principles and practices of preventing,  
26 detecting, managing and controlling tuberculosis."

27  
28 Sec. 5. Section 9 of the same Act is hereby amended to read as follows:

29 "Sec. 9. Inclusion in Basic Education. – The Secretary of [Health] **THE**  
30 **DEPARTMENT OF EDUCATION (DEPED),** in coordination with the Secretary  
31 of the [Department of Education (DepED)] **DOH,** shall [work for] **ENSURE** the  
32 inclusion of modules on the principles and practices of preventing, detecting,  
33 managing and controlling tuberculosis, **THE RIGHTS AND**  
34 **RESPONSIBILITIES OF PEOPLE AFFECTED BY TUBERCULOSIS, AND**  
35 **TUBERCULOSIS RELATED STIGMA AND DISCRIMINATION**  
36 **REDUCTION EDUCATION** in the [health curriculum of every public and  
37 private elementary and high school] **BASIC EDUCATION CURRICULUM**

38  
39 Sec. 6. Section 10 of the same Act is hereby amended to read as follows:

40 "Sec 10. Media Campaign – The [Secretary of Health] **DIRECTOR – GENERAL**  
41 **OF THE PHILIPPINE INFORMATION AGENCY (PIA),** in coordination with  
42 the [Philippine Information Agency (PIA)] **SECRETARY OF THE DOH,** shall  
43 encourage local media outlets to launch a **MASSIVE, NATIONWIDE,**  
44 **CONSISTENT AND SUSTAINED** media campaign on tuberculosis control,  
45 treatment, and management, using all forms of multimedia and other electronic  
46 means of communication,

47 "xxx"  
48

1 Sec. 7. Section 12 of the same Act is hereby amended to read as follows:  
2 "SEC. 12. Notification on TB Cases. – All public and private health centers,  
3 hospitals, and facilities shall observe the national protocol on TB management,  
4 and **WITH ADEQUATE PROTECTION TO THE PERSONAL**  
5 **INFORMATION OF TB PATIENTS**, shall notify the DOH of all TB cases, as  
6 prescribed under the Manual of Procedures of the National TB Program and the  
7 Philippine Plan of Action on Tuberculosis Control."  
8

9 Sec. 8. A new section denominated as Section 12-A of the same Act is added  
10 to read as follows:

11 **"Sec. 12-A. TB NOTIFICATION COMMITTEE. – ADULT AND**  
12 **CHILDHOOD TB SHALL BE CONSIDERED AS A NOTIFIABLE DISEASE**  
13 **AT ALL LEVELS OF THE HEALTHCARE SYSTEM. ANY HOSPITAL OR**  
14 **CLINIC WHICH DIAGNOSES A PATIENT WITH TB SHALL REPORT THE**  
15 **SAME TO THE DOH. THE DOH SHALL PROVIDE THE FORM AND**  
16 **MANNER FOR THE REPORTING OF TB CASES.**

17 **TO ENSURE COMPLIANCE THAT THE MANDATORY**  
18 **NOTIFICATION POLICY OF TB CASES IS OBSERVED AND ENFORCED,**  
19 **A TB NOTIFICATION COMMITTEE SHALL BE ORGANIZED IN ALL**  
20 **PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS, AND**  
21 **FACILITIES. IT SHALL BE COMPOSED OF MEMBERS AS MAY BE**  
22 **DETERMINED BY THE SECRETARY OF THE DOH.**

23 **ALL TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR**  
24 **TB NOTIFICATION COMPLIANCE REPORTS TO THEIR RESPECTIVE**  
25 **DOH REGIONAL COORDINATING COMMITTEES, WHICH SHALL MAKE**  
26 **A CONSOLIDATED TB NOTIFICATION COMPLIANCE REPORT TO THE**  
27 **DOH NATIONAL COORDINATING COMMITTEE."**  
28

29 Sec. 8. Section 13 of the same Act is hereby amended to read as follows:

30 "Sec. 13. PhilHealth TB Package. – The Philippine Health Insurance  
31 Corporation, otherwise known as PhilHealth, shall, as far as practicable, expand  
32 its benefits package for TB patients to include new, relapse, and return-after-  
33 default cases, [and extension of treatment] **MULTIDRUG-RESISTANT**  
34 **TUBERCULOSIS (MDR-TB), AND EXTENSIVELY DRUG-RESISTANT TB**  
35 **(XDR-TB), FOR BOTH ADULTS AND CHILDREN.**

36 **ADDITIONAL TREATMENT FOR ADVERSE DRUG REACTIONS**  
37 **FROM THE TB MEDICINES SHALL ALSO BE COVERED, WITH SUCH**  
38 **MEDICINES AVAILABLE IN THE TREATMENT FACILITIES FOR THE**  
39 **CONVENIENCE OF PATIENTS.**

40 **THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH**  
41 **BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT, AND**  
42 **STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS**  
43 **HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY**  
44 **STUDY, TO AVOID INEQUITABLE ALLOCATION OF FUNDS FOR**  
45 **HEALTHCARE SERVICES.**

46 **THE PHILHEALTH COVERAGE SHALL APPLY UNTIL THE**  
47 **PATIENT HAS COMPLETED ALL NECESSARY TREATMENT,**  
48 **REGARDLESS OF ITS DURATION.**

1 "xxx"

2  
3 Sec. 9. A new section denominated as Section 14 of the same Act is added to  
4 read as follows:

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

19 **EVERY PUBLIC AND PRIVATE HEALTH CENTER, HOSPITAL, AND**  
20 **HEALTH FACILITY, INCLUDING CLINICS, SHALL ESTABLISH AND**  
21 **MAINTAIN ITS OWN INTERNAL TB REGISTRY, WHICH SHALL COVER**  
22 **ALL TYPES OF TB. THE TB REGISTRY SHALL RECORD THE PERSONAL**  
23 **INFORMATION OF TB PATIENTS, THE TYPE OF TB, TREATMENT**  
24 **RECEIVED AND THE RESULTS, AND OTHER DATA THAT THE DOH MAY**  
25 **PRESCRIBE. THE REGIONAL COORDINATING COMMITTEES SHALL**  
26 **ENSURE THAT ALL FACILITIES WITHIN THEIR RESPECTIVE**  
27 **JURISDICTIONS HAVE A TB REGISTRY. ALL INFORMATION IN THE TB**  
28 **REGISTRY SHALL BE TREATED WITH UTMOST CONFIDENTIALITY**  
29 **AND SHALL NOT BE RELEASED TO THIRD PARTIES IN ACCORDANCE**  
30 **WITH THE DATA PRIVACY ACT. COMPLIANCE WITH THE**  
31 **REQUIREMENT TO MAINTAIN A TB REGISTRY AND SUBMISSION**  
32 **SHALL BE A REQUIREMENT FOR THE RENEWAL OF A LICENSE TO**  
33 **OPERATE A HEALTH CENTER, HOSPITAL, OR HEALTH FACILITY."**

34  
35 Sec. 10. A new section denominated as Section 15 of the same Act is added to  
36 read as follows:

37 **"Sec. 15. TB PATIENTS' RIGHTS AND RESPONSIBILITIES. –**

38 **"(A) A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:**

39 **(1) THE RIGHT TO BE TREATED HUMANELY AND WITH RESPECT**  
40 **FOR THE INHERENT DIGNITY OF THE HUMAN PERSON IN THE**  
41 **DELIVERY OF SERVICES WITHOUT STIGMA, PREJUDICE, OR**  
42 **DISCRIMINATION;**

43 **(2) THE RIGHT TO FREE AND EQUITABLE ACCESS TO TB CARE**  
44 **FROM THE TIME OF DIAGNOSIS TO COMPLETION OF**  
45 **TREATMENT;**

46 **(3) THE RIGHT TO RECEIVE MEDICAL ADVICE AND TREATMENT**  
47 **THAT MEETS INTERNATIONAL STANDARDS FOR TB CARE,**  
48 **CENTERING ON PATIENT NEEDS, INCLUDING THOSE OF**

1 PATIENTS WITH XDR-TB, MDR-TB OR TB-HUMAN  
2 IMMUNODEFICIENCY VIRUS (HIV) COINFECTION, AND  
3 PREVENTIVE TREATMENT FOR YOUNG CHILDREN AND OTHERS  
4 CONSIDERED TO BE AT HIGH RISK;

5 (4) THE RIGHT TO BENEFIT FROM PROACTIVE HEALTH SECTOR  
6 COMMUNITY OUTREACH, EDUCATION, AND PREVENTION  
7 CAMPAIGNS AS PART OF COMPREHENSIVE HEALTHCARE  
8 PROGRAMS;

9 (5) RIGHT TO INFORMATION ABOUT TUBERCULOSIS, ITS  
10 CAUSES AND WAYS OF PREVENTION, TREATMENT, POSSIBLE  
11 SIDE EFFECTS OF TB DRUGS, THE RIGHTS OF PEOPLE  
12 AFFECTED BY TB, AVAILABLE HEALTHCARE AND NON-HEALTH  
13 SERVICES, THE RESPONSIBILITIES, ENGAGEMENTS, AND  
14 DIRECT OR INDIRECT COSTS INVOLVED;

15 (6) THE RIGHT TO CONFIDENTIALITY RELATING TO THE  
16 MEDICAL CONDITION WITHOUT PREJUDICE TO THE  
17 RESPONSIBILITY OF HEALTHCARE PROVIDERS TO NOTIFY TB  
18 CASES AS PROVIDED FOR UNDER THIS ACT;

19 (7) THE RIGHT TO PARTICIPATE AS STAKEHOLDERS IN THE  
20 DEVELOPMENT, IMPLEMENTATION, MONITORING, AND  
21 EVALUATION OF TB POLICIES AND PROGRAMS WITH LOCAL,  
22 NATIONAL, AND INTERNATIONAL HEALTH AUTHORITIES;

23 (8) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD  
24 SUPPLEMENTS NEEDED TO MEET TREATMENT REQUIREMENTS;

25 (9) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL,  
26 ECONOMIC, SOCIAL, AND CULTURAL RIGHTS RESPECTING  
27 INDIVIDUAL QUALITIES, ABILITIES, AND DIVERSE  
28 BACKGROUNDS AND WITHOUT ANY DISCRIMINATION ON  
29 GROUNDS OF PHYSICAL DISABILITY, AGE, GENDER, SEXUAL  
30 ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL STATUS,  
31 RELIGION OR ETHNIC OR SOCIAL ORIGIN OF THE TB PATIENT  
32 CONCERNED AS RECOGNIZED IN THE UNIVERSAL  
33 DECLARATION OF HUMAN RIGHTS, THE INTERNATIONAL  
34 COVENANT ON CIVIL AND POLITICAL RIGHTS, THE  
35 INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND  
36 CULTURAL RIGHTS; AND

37 (10) THE RIGHT TO EMPLOYMENT SHALL HAVE THE  
38 FOLLOWING COMPONENTS:

39 A) POLICY AGAINST DENIAL OF EMPLOYMENT,  
40 CONSTRUCTIVE DISMISSAL, TERMINATION OF  
41 EMPLOYMENT, MODIFICATION OF JOB  
42 DESCRIPTION/ASSIGNMENT, DEMOTION, AND/OR  
43 TRANSFER SOLELY OR PARTIALLY BASED ON TB  
44 STATUS;

45 B) CREATION OF A SUSTAINED EDUCATION PROGRAM  
46 ON TB PREVENTION AND STIGMA REDUCTION IN THE  
47 WORKPLACE

- 1 C) REFERRAL MECHANISM THAT WOULD ALLOW  
2 COMPANIES TO ASSIST THEIR EMPLOYEES IN  
3 ACCESSING TB SERVICES  
4 D) A GRIEVANCE MECHANISM THAT WOULD RESOLVE  
5 COMPLAINTS OF TB-RELATED STIGMA AND  
6 DISCRIMINATION WITHIN THE WORKPLACE SETTING.  
7 (B) A PERSON WITH TB SHALL HAVE THE FOLLOWING  
8 RESPONSIBILITIES:  
9 (1) TO PROVIDE AS MUCH INFORMATION AS POSSIBLE TO  
10 HEALTHCARE PROVIDERS ABOUT THEIR PRESENT HEALTH  
11 CONDITION, PAST ILLNESSES, AND OTHER RELEVANT  
12 DETAILS;  
13 (2) TO PROVIDE INFORMATION TO HEALTHCARE PROVIDERS  
14 ABOUT CONTACTS WITH IMMEDIATE FAMILY, FRIENDS, AND  
15 OTHER PERSONS WHO MAY BE VULNERABLE TO TB OR WHO  
16 MAY HAVE BEEN INFECTED;  
17 (3) TO FOLLOW THE PRESCRIBED AND AGREED TREATMENT  
18 REGIMEN AND TO CONSCIENTIOUSLY COMPLY WITH THE  
19 INSTRUCTIONS GIVEN TO PROTECT THEIR HEALTH AND  
20 THOSE OF OTHER PERSONS;  
21 (4) TO INFORM HEALTHCARE PROVIDERS OF ANY DIFFICULTY  
22 OR PROBLEM IN UNDERGOING OR COMPLETING THE  
23 PRESCRIBED TREATMENT OR IF ANY PART OF THE TREATMENT  
24 IS NOT CLEARLY UNDERSTOOD;  
25 (5) TO CONTRIBUTE TO COMMUNITY WELL-BEING BY  
26 ENCOURAGING THOSE WHO EXHIBIT SYMPTOMS OF TB TO  
27 SEEK MEDICAL ADVICE;  
28 (6) TO SHOW CONSIDERATION FOR THE RIGHTS OF OTHER  
29 PATIENTS AND HEALTHCARE PROVIDERS, UNDERSTANDING  
30 THAT THIS IS THE DIGNIFIED BASIS AND RESPECTFUL  
31 FOUNDATION OF THE TB COMMUNITY;  
32 (7) TO SHOW MORAL RESPONSIBILITY AND SOLIDARITY  
33 WITH OTHER PATIENTS WHO ARE ON THE WAY TO RECOVERY  
34 AND CURE;  
35 (8) TO SHARE INFORMATION AND KNOWLEDGE GAINED  
36 DURING TREATMENT AND TO SHARE THIS EXPERTISE WITH  
37 OTHERS IN THE COMMUNITY, THUS EMPOWERING OTHERS;  
38 AND  
39 (9) TO JOIN IN EFFORTS TO PROMOTE HEALTHY AND TB-FREE  
40 COMMUNITIES.”  
41

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

44 **“SEC. 16. PRIVATE SECTOR PARTICIPATION. – THE DOH SHALL**  
45 **ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN THE**  
46 **NATIONAL TB ELIMINATION PROGRAM, WHICH SHALL INCLUDE**  
47 **PRIVATE CORPORATIONS, CIVIL SOCIETY ORGANIZATIONS (CSOs),**  
48 **NONGOVERNMENT ORGANIZATIONS (NGOs) AND SUCH OTHER**

1           **GROUPS OR ORGANIZATIONS, BOTH FOREIGN AND LOCAL, THAT**  
2           **MAY WISH TO PARTICIPATE IN THE IMPLEMENTATION OF THIS ACT.**

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

14  
15           Sec. 12. A new section denominated as Section 17 of the same Act is added to  
16 read as follows:

17           **"SEC. 17. CONVERGENCE OF TB SERVICES. –**

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

26           **(2) THE LGUs, THROUGH THEIR LOCAL SOCIAL WELFARE AND**  
27           **DEVELOPMENT OFFICES, SHALL COVER ALL INDIRECT COSTS OF**  
28           **ACCESSING TB TREATMENT, INCLUDING TRANSPORTATION, MEALS,**  
29           **ACCOMMODATION OR HALFWAY HOUSE, AMONG OTHERS. THE**  
30           **DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD) MAY**  
31           **HELP DEFRAY THESE EXPENSES THROUGH THE CRISIS**  
32           **INTERVENTION UNIT.**

33           **(3) THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE) SHALL**  
34           **REQUIRE ALL PRIVATE WORKPLACES TO DEVELOP THEIR POLICIES**  
35           **ON TB PREVENTION, WHICH SHALL BE IMPLEMENTED FOLLOWING**  
36           **NATIONAL LAWS AND POLICIES AND PREVENTION STRATEGIES**  
37           **THROUGH ADVOCACY, EDUCATION, AND TRAINING. MEASURES TO**  
38           **IMPROVE OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE**  
39           **WORKPLACE SHALL BE EMPHASIZED.**

40           **(4) THE CIVIL SERVICE COMMISSION (CSC) SHALL REQUIRE ALL**  
41           **GOVERNMENT WORKPLACES TO DEVELOP THEIR POLICIES ON TB**  
42           **PREVENTION WHICH SHALL BE IMPLEMENTED FOLLOWING**  
43           **NATIONAL LAWS AND POLICIES AND PREVENTION STRATEGIES**  
44           **THROUGH ADVOCACY, EDUCATION, AND TRAINING. MEASURES TO**  
45           **IMPROVE OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE**  
46           **WORKPLACE SHALL BE EMPHASIZED.**

47           **(5) THE TECHNICAL EDUCATION AND SKILLS DEVELOPMENT**  
48           **AUTHORITY (TESDA) SHALL IMPLEMENT A NONDISCRIMINATORY**

1           **APPROACH IN DEALING WITH TB PATIENTS AND SHALL**  
2           **INCORPORATE TB AWARENESS IN THE TRAINING PROGRAM OF ITS**  
3           **TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET)**  
4           **INSTITUTIONS THROUGH THE CONDUCT OF RELEVANT SEMINARS**  
5           **FOR ALL ITS STUDENTS. THE TESDA SHALL ESTABLISH FOCUS**  
6           **GROUPS FOR CLIENTS WHO ARE AFFLICTED WITH THE DISEASE.**  
7           **THE DEPED, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR**  
8           **AND LOCAL GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT**  
9           **AGENCIES SHALL DEVELOP A COMPREHENSIVE PROGRAM OF**  
10           **SUPPORT AND COUNSELING SERVICES FOR TB PATIENTS AND**  
11           **MEMBERS OF THEIR FAMILIES, AND TB SURVIVORS, ESPECIALLY**  
12           **THOSE TRAUMATIZED FROM ADVERSE DRUG REACTIONS AND**  
13           **EXPERIENCE OF DISCRIMINATION.**  
14           **THE DEVELOPMENT OF THE PROGRAMS AND POLICIES IN ALL THE**  
15           **ABOVE-MENTIONED GOVERNMENT AGENCIES SHALL LIKEWISE BE**  
16           **DONE IN CONSULTATION WITH CSOs AND ORGANIZATIONS OF TB**  
17           **PATIENTS AND SURVIVORS.**

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

21           **"SEC. 18. SERVICE DELIVERY NETWORK (SDN). – THE DOH,**  
22           **THROUGH ITS REGIONAL OFFICES, AND IN COORDINATION WITH**  
23           **LGUs, SHALL INTEGRATE AND STRENGTHEN THE PROVISION OF TB**  
24           **SERVICES INTO ESTABLISHED SDNs OR LOCAL HEALTH REFERRAL**  
25           **SYSTEM, WHICH SHALL NOT BE RESTRICTED WITHIN THE**  
26           **GEOGRAPHIC OR POLITICAL BOUNDARIES OF LGUs.**  
27           **COLLABORATION ACROSS LGUs SHALL BE ENCOURAGED.**

28           **THE SDN SHALL BE A NETWORK OF FACILITIES RANGING**  
29           **FROM BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS**  
30           **(RHUs), DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL**  
31           **AND/OR DOH-RETAINED HOSPITALS. THE DOH AND LGUs MAY**  
32           **ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDERS, CIVIL**  
33           **SOCIETY ORGANIZATIONS, AND COMMUNITY LED-SERVICES TO**  
34           **FORM PART OF THE SDN."**

35  
36           Sec. 14. A new section denominated as Section 19 of the same Act is added,  
37 to read as follows:

38           **"SEC. 19. COMPLETION OF TB TREATMENT AS CONDITION FOR**  
39           **RETENTION IN THE CONDITIONAL CASH TRANSFER PROGRAM. –**  
40           **BENEFICIARIES OF THE CONDITIONAL CASH TRANSFER PROGRAM**  
41           **OF THE GOVERNMENT WHO ARE DIAGNOSED WITH TB, INCLUDING**  
42           **DRUG-SUSCEPTIBLE AND DRUG-RESISTANT TB, SHALL BE**  
43           **REQUIRED TO UNDERGO TB-DOTS AS ONE OF THE ESSENTIAL**  
44           **CONDITIONS FOR RETENTION IN THE PROGRAM."**

45  
46           Sec. 15. A new section denominated as Section 20 of the same Act is added to  
47 read as follows:

1       **"SEC. 20. SCREENING FOR HIGH-RISK POPULATIONS. – AS A**  
2       **POLICY, TB SCREENING SHALL BE HIGHLY RECOMMENDED FOR**  
3       **HIGH-RISK POPULATIONS AND MAY INCLUDE THE FOLLOWING:**

4       **(A) THOSE THAT ARE IN CLOSE CONTACT WITH PERSONS KNOWN OR**  
5       **SUSPECTED TO HAVE TB;**

6       **(B) THOSE WHO ARE TB SURVIVORS WHO MAY HAVE WEAKENED**  
7       **THEIR LUNGS, MAKING THEM SUSCEPTIBLE TO TB REINFECTION;**

8       **(C) THOSE INFECTED WITH HIV AND ACQUIRED IMMUNE**  
9       **DEFICIENCY SYNDROME (AIDS);**

10       **(D) THOSE WHO ARE SMOKERS OF CIGARETTES, USERS OF**  
11       **VAPORIZED NICOTINE AND NON-NICOTINE PRODUCTS, AND**  
12       **PERSON WHO USE DRUGS.**

13       **(E) THOSE WHO INJECT ILLICIT DRUGS OR ARE USERS OF OTHER**  
14       **LOCALLY IDENTIFIED HIGH-RISK SUBSTANCES;**

15       **(F) THOSE WHO HAVE MEDICAL RISK FACTORS, SUCH AS DIABETES**  
16       **AND OTHER COMPARABLE DISEASES, KNOWN TO INCREASE THE**  
17       **RISK FOR DISEASE WHEN INFECTION OCCURS;**

18       **(G) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE**  
19       **SETTINGS;**

20       **(H) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;**

21       **(I) INFANTS, CHILDREN, AND ADOLESCENTS EXPOSED TO ADULTS**  
22       **IN HIGH-RISK CATEGORIES; AND**

23       **(J) SUCH OTHER PERSONS AS MAY BE IDENTIFIED BY THE**  
24       **SECRETARY OF HEALTH.**

25       **THE ROUTINE TB SCREENING TEST SHALL FORM PART OF THE**  
26       **NORMAL STANDARD OF CARE OFFERED IRRESPECTIVE OF WHETHER**  
27       **OR NOT THE PATIENTS EXHIBIT SIGNS AND SYMPTOMS OF**  
28       **UNDERLYING TB INFECTION OR HAVE OTHER REASONS FOR**  
29       **PRESENTING TO THE FACULTY.**

30       **IT SHALL ALSO INCLUDE STIGMA-REDUCTION EDUCATION FOR THE**  
31       **PUBLIC AND COUNSELING FOR PATIENTS.**

32       **THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING TESTS**  
33       **AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTHCARE**  
34       **SETTINGS AND FACILITIES."**

35  
36       Sec. 16. A new section denominated as Section 21 of the same Act is added to  
37 read as follows:

38       **"SEC. 21. INTEGRATION OF TB SCREENING IN HIV AND AIDS**  
39       **PREVENTION AND CONTROL. – SYMPTOMATIC TB SCREENING AND**  
40       **TB PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND**  
41       **AIDS WITHOUT TB SYMPTOMS SHALL BE PROVIDED AS PART OF THE**  
42       **DELIVERY OF HIV AND AIDS-RELATED SERVICES."**

43  
44       Sec. 17. A new section denominated as Section 22 of the same Act is added to  
45 read as follows:

46       **"SEC. 22. PRIVATE HEALTH FACILITIES FOR TB-DOTS. TO ENHANCE**  
47       **AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH**  
48       **FACILITIES IN TB CONTROL, ALL PRIVATE HEALTH FACILITIES ARE**

1 **MANDATED TO SEEK ACCREDITATION FROM PHILHEALTH AS TB-**  
2 **DOTS PROVIDERS."**

3  
4 Sec. 18. A new section denominated as Section 23 of the same Act is added to  
5 read as follows:

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

13  
14 Sec. 19. A new section denominated as Section 24 of the same Act is added to  
15 read as follows:

16 **"SEC. 24. PERSONNEL COMPLEMENT. – TO ENSURE THE EFFECTIVE**  
17 **IMPLEMENTATION OF THIS ACT, THE DOH SHALL ENSURE THAT**  
18 **THERE SHALL BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND**  
19 **ALLIED PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE**  
20 **OBJECTIVES OF THE TB ELIMINATION PROGRAM. THE**  
21 **FORMULATION OF QUALIFICATION STANDARDS FOR THE STAFF'S**  
22 **COMPLEMENT MUST BE PURSUANT TO CIVIL SERVICE RULES AND**  
23 **REGULATIONS.**

24 **THE SECRETARY OF THE DOH SHALL SUBMIT THE PROPOSED**  
25 **ORGANIZATIONAL AND STAFFING MODIFICATION TO THE**  
26 **DEPARTMENT OF BUDGET AND MANAGEMENT (DBM) FOR REVIEW**  
27 **AND APPROVAL.**

28 **ALL DOH EMPLOYEES AND STAFF INVOLVED IN TB**  
29 **ELIMINATION PROGRAM SHALL PARTICIPATE IN CAPACITY-**  
30 **BUILDING PROGRAMS AND ACTIVITIES TO BOOST COMPETENCE**  
31 **AND SKILL PROFICIENCY. THESE PROGRAMS SHALL INCLUDE**  
32 **SENSITIZATION COURSES ON TB-RELATED STIGMA AND**  
33 **DISCRIMINATION AND THE RIGHTS OF PEOPLE AFFECTED BY TB.**

34  
35 Sec. 20. A new section denominated as Section 25 of the same Act is added to  
36 read as follows:

37 **"SEC. 25. MOBILIZATION. - THE DOH, IN COORDINATION WITH LGUS**  
38 **AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR,**  
39 **CIVIL SOCIETY ORGANIZATIONS, AND ORGANIZATIONS OF TB**  
40 **PATIENTS AND SURVIVORS, SHALL SPEARHEAD THE MOBILIZATION**  
41 **OF KEY AFFECTED POPULATIONS FOR PUBLIC AWARENESS**  
42 **CAMPAIGNS AND STIGMA REDUCTION ACTIVITIES.**

43 **ORGANIZATIONS OF TB PATIENTS AND SURVIVORS SHALL BE**  
44 **INVOLVED IN THE PLANNING, IMPLEMENTATION, MONITORING,**  
45 **AND EVALUATION OF THE POLICIES AND PROGRAMS THAT AFFECT**  
46 **THEM.**

47 **ORGANIZATIONS OF TB PATIENTS AND SURVIVORS SHALL BE**  
48 **CAPACITATED AND SUPPORTED BY THE NATIONAL AND LOCAL TB**

1           **PROGRAM TO CONDUCT COMMUNITY-LED TB PROGRAMS AND**  
2           **SERVICES.**

3  
4           Sec. 21. A new section denominated as Section 26 of the same Act is added to  
5 read as follows:

6           **"SEC. 26. ALTERNATIVE FINANCING SCHEMES. – THE DOH IS HEREBY**  
7           **MANDATED TO EXPLORE ALTERNATIVE FINANCING SCHEMES IN**  
8           **CONSULTATION WITH THE DEPARTMENT OF FINANCE (DOF) AND TO**  
9           **ENTER INTO CONTRACTS WITH ANY PRIVATE HOSPITAL OR HEALTH**  
10           **FACILITY UNDER THE PUBLIC-PRIVATE PARTNERSHIP (PPP)**  
11           **APPROACH TO STRENGTHEN AND EXPAND THE PROVISION OF TB**  
12           **DIAGNOSIS AND TREATMENT SERVICES NATIONWIDE.**

13  
14           Sec. 22. A new section denominated as Section 27 of the same Act is added to  
15 read as follows:

16           **"SEC. 27. TAX EXEMPTION. – ALL GRANTS, REQUESTS,**  
17           **ENDOWMENTS, DONATIONS, AND CONTRIBUTIONS MADE TO THE**  
18           **DOH TO BE USED DIRECTLY AND EXCLUSIVELY BY THE DOH FOR THE**  
19           **PRIMARY PURPOSE OF CONTRIBUTING TO TB ERADICATION**  
20           **ACTIVITIES SHALL BE EXEMPT FROM DONOR'S TAX AND THE SAME**  
21           **SHALL BE CONSIDERED AS ALLOWABLE DEDUCTION FROM THE**  
22           **GROSS INCOME OF THE DONOR FOR PURPOSES OF COMPUTING THE**  
23           **TAXABLE INCOME OF THE DONOR IN ACCORDANCE WITH THE**  
24           **PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997,**  
25           **AS AMENDED."**

26  
27           Sec. 23. A new section denominated as Section 28 of the same Act is added to  
28 read as follows:

29           **"SEC. 28. OTHER SOURCES OF FUNDS. – THE NATIONAL**  
30           **GOVERNMENT SHALL PRIORITIZE THE OUTSOURCING OF FUNDS**  
31           **FOR THIS ACT THROUGH NEGOTIATION AND UTILIZATION OF LONG-**  
32           **TERM CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA),**  
33           **OTHER SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS,**  
34           **COLLECTIONS, AND OTHER FORMS OF ASSISTANCE FROM LOCAL**  
35           **AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE ENTITIES.**  
36           **OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES MAY BE**  
37           **TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH**  
38           **SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR**  
39           **ACCOUNTING AND AUDITING GUIDELINES AND PROCEDURES:**  
40           **PROVIDED THAT IN CASE OF DONATIONS FROM FOREIGN SOURCES,**  
41           **ACCEPTANCE THEREOF SHALL BE SUBJECT TO EXISTING**  
42           **GOVERNMENT RULES AND REGULATIONS."**

43  
44           Sec. 24. A new section denominated as Section 29 of the same Act is added to  
45 read as follows:

46           **"SEC. 29. JOINT CONGRESSIONAL OVERSIGHT COMMITTEE ON THE**  
47           **ELIMINATION OF TB (JCOC-ETB). – THERE IS HEREBY CREATED A**  
48           **JCOC-ETB, WHICH SHALL CONDUCT A REGULAR REVIEW OF THE**

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

8 **THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL**  
9 **BE COMPOSED OF FIVE (5) MEMBERS FROM THE SENATE AND FIVE**  
10 **(5) MEMBERS FROM THE HOUSE OF REPRESENTATIVES TO BE**  
11 **APPOINTED BY THE SENATE PRESIDENT AND THE SPEAKER OF THE**  
12 **HOUSE OF REPRESENTATIVES, RESPECTIVELY. THE JOINT**  
13 **CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE JOINTLY**  
14 **CHAIRD BY THE CHAIRPERSONS OF THE SENATE COMMITTEE ON**  
15 **HEALTH AND DEMOGRAPHY AND THE HOUSE OF REPRESENTATIVE'S**  
16 **COMMITTEE ON HEALTH."**

17  
18 Section 25. Section 14 of the same Act is hereby renumbered as Section 30.

19  
20 Section 26. Section 15 of the same Act is hereby renumbered as Section 31 and  
21 amended to read as follows:

22 **"SEC. [15] 31. Appropriations. – The amount necessary to [implement]**  
23 **CARRY OUT the provisions of this Act shall be charged against the CURRENT**  
24 **YEAR appropriations of the [DOH, the DEPED, the CHED, and the PIA**  
25 **under the General Appropriations Act] CONCERNED GOVERNMENT**  
26 **AGENCIES. IN ADDITION TO, AND CONSISTENT WITH THE**  
27 **COUNTRY'S COMMITMENT TO ENSURE SUFFICIENT AND**  
28 **SUSTAINABLE FINANCIAL SUPPORT TO END THE TB EPIDEMIC,**  
29 **PARTICULARLY ON THE DEVELOPMENT OF A NATIONAL STRATEGIC**  
30 **PROGRAM TO LOCATE AND TREAT OVER TWO (2) MILLION**  
31 **FILIPINOS INFLECTED WITH TB IN THE NEXT FIVE (5) YEARS, AN**  
32 **AMOUNT TO BE DETERMINED BY THE DOH, IN CONSULTATION WITH**  
33 **THE DOF AND THE DBM, SHALL BE INCLUDED IN THE ANNUAL**  
34 **APPROPRIATION OF THE DOH: PROVIDED, THAT THE**  
35 **ADMINISTRATIVE EXPENSES TO IMPLEMENT THE PROGRAM SHALL**  
36 **NOT EXCEED ONE PERCENT (1%) OF THE PROGRAM COST;**  
37 **PROVIDED FURTHER, THAT LOCAL GOVERNMENT UNITS MAY USE**  
38 **THEIR SHARES OF NATIONAL TAX ALLOCATIONS TO PROVIDE OR**  
39 **AUGMENT FUNDING TO TB PROGRAMS DETAILED IN THIS ACT.**

40  
41 Sec. 27. A new section denominated as Section 32 of the same Act is added to  
42 read as follows:

43 **"SEC. 32. SUNSET PROVISION. – TWO (2) YEARS AFTER THE**  
44 **EFFECTIVITY OF THIS ACT, CONGRESS, THROUGH THE JCOC-ETB,**  
45 **SHALL CONDUCT A "SUNSET REVIEW" OF THE MANDATED**  
46 **APPROPRIATIONS, WHICH SHALL ENTAIL A SYSTEMATIC**  
47 **EVALUATION OF SUCH APPROPRIATION TO DETERMINE WHETHER**  
48 **OR NOT ITS PERFORMANCE, IMPACT, AND ACCOMPLISHMENTS**

1           **WITH RESPECT TO THE TB ELIMINATION GOAL MERITS CONTINUED**  
2           **EXISTENCE."**

3  
4           Sec. 28. A new section denominated as Section 33 of the same Act is added to  
5 read as follows:

6           **"SEC. 33 PENALTIES. – THE PROFESSIONAL REGULATION**  
7           **COMMISSION (PRC) SHALL HAVE THE AUTHORITY TO SUSPEND THE**  
8           **LICENSE TO PRACTICE OF ANY MEDICAL PROFESSIONAL FOR ANY**  
9           **VIOLATION OF THIS ACT.**

10           **THE CSC SHALL HAVE THE AUTHORITY TO SUSPEND FROM**  
11           **PUBLIC OFFICE A CIVIL SERVANT WHO IS FOUND TO BE IN**  
12           **VIOLATION OF THIS ACT.**

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

21  
22           Sec. 29. A new section denominated as Section 34 of the same Act is added to  
23 read as follows:

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

34  
35           Sec. 30. Section 16 of Republic Act No. 10767 is hereby renumbered as Section  
36 35 and amended to read as follows:

37           **"Sec. 35. Implementing Rules and Regulations. – The DOH, in consultation with**  
38           **the DEPED, the CHED, the PIA, the LGUs, nongovernment organizations, CSOs,**  
39           **BROADCAST MEDIA, PRINT MEDIA, DIGITAL MEDIA** and other  
40           concerned entities, shall issue the rules and regulations [implementing] to  
41           implement the provisions of this Act within ninety (90) days from its effectivity.  
42

43           Sec. 31. Sections 17, 18, and 19 of the same Act are hereby renumbered as  
44 36, 37, and 38, respectively.

45  
46           Sec. 32. Effectivity. – This Act shall take effect fifteen (15) days after its  
47 publication in the Official Gazette or in a newspaper of general circulation.

          Approved,