

SENATE
S. B. No. 1748

20 JUL 28 P1 :43

INTRODUCED BY SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO

**AN ACT
STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF
TUBERCULOSIS AS A PUBLIC HEALTH PROBLEM, AMENDING FOR THE
PURPOSE REPUBLIC ACT NO. 10767 OR THE "COMPREHENSIVE
TUBERCULOSIS ELIMINATION PLAN ACT"**

EXPLANATORY NOTE

Tuberculosis (TB) is a major public health problem in the Philippines. In 2010, TB was the 6th leading cause of mortality with a rate of 26.3 deaths for every 100,000 population and accounts for 5.1% of total deaths. ¹

According to the World Health Organization report last 24 March 2019, about 1 million Filipinos have active TB disease. This is the third highest prevalence rate in the world, after South Africa and Lesotho. It is a highly curable disease. Yet, it is the number one killer among all infectious diseases. Every day more than 70 people lose their lives to TB in the Philippines needlessly. Many of these patients develop drug resistant tuberculosis, which are more expensive and difficult to treat. ²

Last 23 April 2019, the Department of Health (DOH) and the World Health Organization had launched an 'all-out-war' against TB. The DOH has committed to find, notify, and treat 2.5 million people with active TB and 1.4 million people with latent TB by 2022 and had pledged its fight to achieve Sustainable Development Goal of beating tuberculosis by 2030. ³

In light of the current efforts and initiatives, there is a compelling need to strengthen the national program for the elimination of tuberculosis by amending Republic Act No. 10767, otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act", to ensure the realization of our country's vision of zero deaths, disease, and suffering due to tuberculosis.

¹ <http://www.ntp.doh.gov.ph/magnitudeTB.php>

² <https://www.who.int/philippines/news/commentaries/detail/it-s-time-to-end-tb-in-the-philippines>

³ <https://www.who.int/philippines/news/detail/23-04-2019-doh-who-call-for-all-out-war-against-tb>

As identified in the 2016 National TB Prevalence Survey (NTPS), the "missing TB cases" and accessibility issues of the poor were two of the key programmatic gaps. According to the survey, under-reporting of TB cases to the National TB registry is likely, possibly giving our health department erroneous figures.

So as to achieve solutions for the current gaps in the program, this bill seeks to provide a TB registry and monitoring system. To further help TB patients, this proposal will also expand PhilHealth's benefit package to include new, relapse and return-after-default cases, provide extension of treatment including TB screening, MDR TB, XDR TB and TB-DOTS, for both children and adults.

This bill also provides for TB patients' rights and responsibilities and private sector participation that will encourage business organizations to contribute in the continuing efforts to reduce the incidence of TB in the country.

Moreover, the DepEd, CHED, TESDA, DOLE, DILG and other appropriate government agencies shall develop a comprehensive program of support services for TB victims and their affected children and families. Provisions for personnel complement, mobilization, alternative financing schemes, tax exemption and other sources of funds are included to realize the country's vision of ending TB epidemic by 2030.

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



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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
2 as follows:
3

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

13 **SEC. 2.** Section 9 of the same Act is hereby amended, to read as follows:
14

15 **"SEC. 9. Inclusion in Basic Education.** – The Secretary of [Health] **THE**
16 **DEPARTMENT OF EDUCATION (DepEd)**, in coordination with the Secretary of the
17 Department of Education (DepEd)] **DOH**, shall [work for] **ENSURE** the inclusion of
18 modules on the principles and practices of preventing, detecting, managing and
19 controlling tuberculosis (TB) in the [health curriculum of every public and private
20 elementary and high school] **BASIC EDUCATION CURRICULUM."**
21

22 **SEC. 3.** Section 10 of the same Act is hereby amended, to read as follows:
23

24 **"SEC. 10. Media Campaign.**– The [Secretary of Health] **DIRECTOR –**
25 **GENERAL OF THE PHILIPPINE INFORMATION AGENCY (PIA)**, in coordination
26 with the [Philippine Information Agency (PIA)] **SECRETARY OF THE DOH**, shall

1 with the [Philippine Information Agency (PIA)] **SECRETARY OF THE DOH**, shall
2 encourage local media outlets to launch **A MASSIVE, NATIONWIDE,**
3 **CONSISTENT AND SUSTAINED** media campaign on tuberculosis control,
4 treatment and management, using all forms of multimedia and other electronic
5 means of communication."

6
7 "xxx."
8

9 **SEC. 4.** A new section denominated as Section 12-A of the same Act is
10 added, to read as follows:

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

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

25
26 **ALL TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR TB**
27 **NOTIFICATION COMPLIANCE REPORTS TO THE DOH NATIONAL**
28 **COORDINATING COMMITTEE."**

29
30 **SEC. 5.** Section 13 of R.A. No. 10767 is hereby amended, to read as follows:

31
32 **"SEC .13. PhilHealth TB Package –** The Philippine Health Insurance
33 Corporation, otherwise known as the Philhealth, shall, as far as practicable, expand
34 its benefit package for TB patients to include new, relapse and return-after-default
35 cases, [and extension of treatment], **MULTIDRUG-RESISTANT TUBERCULOSIS**
36 **(MDR TB), EXTENSIVELY DRUG RESISTANT TB (XDR TB), FOR BOTH**
37 **ADULTS AND CHILDREN. THE DEVELOPMENT OR EXPANSION OF ANY**
38 **PHILHEALTH BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT AND**
39 **STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS HEALTH**
40 **TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY TO**
41 **AVOID INEQUITABLE ALLOCATION OF FUNDS FOR HEALTHCARE**
42 **SERVICES."**

43
44 "xxx."
45

46 **SEC. 6.** A new section denominated as Section 14 of the same Act is added,
47 to read as follows:
48

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

14
15 **EVERY PUBLIC AND PRIVATE HEALTH CENTER, HOSPITAL AND**
16 **HEALTH FACILITY, INCLUDING CLINICS, SHALL ESTABLISH AND**
17 **MAINTAIN THEIR OWN INTERNAL TB REGISTRY WHICH SHALL COVER**
18 **ALL TYPES OF TUBERCULOSIS. THE TB REGISTRY SHALL RECORD THE**
19 **PERSONAL INFORMATION OF TB PATIENTS, TB TYPE, TREATMENT**
20 **RECEIVED AND THE RESULTS, AND OTHER DATA THAT THE DOH MAY**
21 **PRESCRIBE. THE REGIONAL COORDINATING COMMITTEES SHALL**
22 **ENSURE THAT ALL FACILITIES WITHIN THEIR RESPECTIVE**
23 **JURISDICTIONS HAVE A TB REGISTRY. ALL INFORMATION IN THE TB**
24 **REGISTRY SHALL BE TREATED WITH UTMOST CONFIDENTIALITY AND**
25 **SHALL NOT BE RELEASED TO THIRD PARTIES, IN ACCORDANCE WITH THE**
26 **DATA PRIVACY ACT. THE COMPLIANCE WITH THE REQUIREMENT TO**
27 **MAINTAIN A TB REGISTRY AND SUBMISSION SHALL BE A REQUIREMENT**
28 **FOR THE RENEWAL OF A LICENSE TO OPERATE A HEALTH CENTER,**
29 **HOSPITAL OR HEALTH FACILITY.**

30
31 **SEC. 7. A new section denominated as Section 15 of the same Act is added,**
32 **to read as follows:**

33
34 **"SEC. 15. TB PATIENTS' RIGHTS AND RESPONSIBILITIES. –**

35 **a) A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:**

36
37 **(1) THE RIGHT TO BE TREATED HUMANELY AND WITH RESPECT FOR**
38 **THE INHERENT DIGNITY OF THE HUMAN PERSON IN THE**
39 **DELIVERY OF SERVICES WITHOUT STIGMA, PREJUDICE OR**
40 **DISCRIMINATION;**

41
42 **(2) THE RIGHT TO FREE AND EQUITABLE ACCESS TO TB CARE FROM**
43 **THE TIME OF DIAGNOSIS TO COMPLETION OF TREATMENT;**

44
45 **(3) THE RIGHT TO RECEIVE MEDICAL ADVICE AND TREATMENT**
46 **THAT MEETS INTERNATIONAL STANDARDS FOR TB CARE,**
47 **CENTERING ON PATIENT NEEDS, INCLUDING THOSE OF**
48 **PATIENTS WITH XDR-TB, MDR-TB OR TB-HUMAN**

1 **IMMUNODEFICIENCY VIRUS (HIV) COINFECTION, AND**
2 **PREVENTIVE TREATMENT FOR YOUNG CHILDREN AND OTHER**
3 **CONSIDERED TO BE AT HIGH RISK;**
4

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

10 **(5) THE RIGHT TO INFORMATION ABOUT THE AVAILABILITY OF**
11 **HEALTHCARE SERVICES FOR TB AND THE RESPONSIBILITIES,**
12 **ENGAGEMENTS AND DIRECT OR INDIRECT COSTS INVOLVED;**
13

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

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

24 **(8) THE RIGHT TO JOB SECURITY, AFTER DIAGNOSIS OR**
25 **APPROPRIATE REHABILITATION AND UPON COMPLETION OF**
26 **TREATMENT;**
27

28 **(9) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD**
29 **SUPPLEMENTS NEEDED TO MEET TREATMENT REQUIREMENTS;**
30

31 **(10) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL, ECONOMIC,**
32 **SOCIAL AND CULTURAL RIGHTS RESPECTING INDIVIDUAL**
33 **QUALITIES, ABILITIES AND DIVERSE BACKGROUNDS AND**
34 **WITHOUT ANY DISCRIMINATION ON GROUNDS OF PHYSICAL**
35 **DISABILITY, AGE, GENDER, SEXUAL ORIENTATION, RACE,**
36 **COLOR, LANGUAGE, CIVIL STATUS, RELIGION OR ETHNIC OR**
37 **SOCIAL ORIGIN OF THE TB PATIENT CONCERNED AS**
38 **RECOGNIZED IN THE UNIVERSAL DECLARATION OF HUMAN**
39 **RIGHTS, THE INTERNATIONAL COVENANT ON CIVIL AND**
40 **POLITICAL RIGHTS, THE INTERNATIONAL COVENANT ON**
41 **ECONOMIC, SOCIAL AND CULTURAL RIGHTS; AND**
42

43 **(11) THE RIGHT TO EMPLOYMENT WITHOUT DISCRIMINATION,**
44 **REASONABLE WORKING ARRANGEMENTS AND RESTORATION**
45 **TO WORK UPON CERTIFICATION FROM THE COMPANY BY A TB-**
46 **DOTS PHYSICIAN.**
47

1 **B. A PERSON WITH TB SHALL HAVE THE FOLLOWING**
2 **RESPONSIBILITIES:**

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

42
43 **SEC. 8.** A new section denominated as Section 16 of the same Act is added,
44 to read as follows:

45
46 **"SEC. 16. PRIVATE SECTOR PARTICIPATION. – THE DOH SHALL**
47 **ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN THE**
48 **NATIONAL TB ELIMINATION PROGRAM, WHICH SHALL INCLUDE PRIVATE**

1 CORPORATIONS, CIVIL SOCIETY ORGANIZATIONS (CSOs) AND NON-
2 GOVERNMENT ORGANIZATIONS (NGOs) AND SUCH OTHER GROUPS OR
3 ORGANIZATIONS, BOTH FOREIGN AND LOCAL, THAT MAY WISH TO
4 PARTICIPATE IN THE IMPLEMENTATION OF THIS ACT.”
5

6 ALL BUSINESS ORGANIZATIONS ESTABLISHED AND OPERATING
7 UNDER PHILIPPINE LAWS, WHETHER DOMESTIC OR FOREIGN, ARE
8 ENCOURAGED TO CONTRIBUTE IN THE GOVERNMENT’S CONTINUING
9 EFFORTS TO REDUCE THE INCIDENCE OF TB IN THE COUNTRY BY
10 CONDUCTING TB-PREVENTION OR OTHER PROJECTS THAT ENCOURAGE
11 HEALTHY LIFESTYLES AND EARLY DETECTION OF TB AS PART OF THEIR
12 CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAMS. THE DOH SHALL
13 GIVE NATIONAL RECOGNITION AND REWARDS TO ALL BUSINESS
14 ORGANIZATION FOR OUTSTANDING, INNOVATIVE AND WORLD-CLASS
15 CSR-RELATED SERVICES FOR TB ELIMINATION.
16

17 SEC. 9. A new section denominated as Section 17 of the same Act is added,
18 to read as follows:
19

20 “SEC. 17. *CONVERGENCE OF TB SERVICES.* – EACH LOCAL
21 GOVERNMENT UNIT (LGU) SHALL HAVE A TB STRATEGIC PLAN TO BE
22 INITIATED BY ITS LOCAL HEALTH BOARD AND APPROVED BY ITS
23 *SANGGUNIAN*. FOR THIS PURPOSE, THE LOCAL HEALTH BOARD AT THE
24 PROVINCIAL, CITY, MUNICIPAL OR *BARANGAY* LEVEL, SHALL ASSIST THE
25 CORRESPONDING SANGGUNIAN IN THE CRAFTING OF TB LOCAL
26 ORDINANCE AND BUILDING LOCAL OWNERSHIP FOR TB INTERVENTIONS
27 WITHIN ITS TERRITORIAL JURISDICTION.”
28

29 THE LGUs, THROUGH THEIR LOCAL SOCIAL WELFARE AND
30 DEVELOPMENT OFFICES, SHALL COVER ALL INDIRECT COSTS OF
31 ACCESSING TB TREATMENT, INCLUDING TRANSPORTATION, MEALS,
32 ACCOMMODATION OR HALFWAY HOUSE, AMONG OTHERS. THE
33 DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD) MAY
34 HELP DEFRAY THESE EXPENSES THROUGH THE CRISIS INTERVENTION
35 UNIT.
36

37 THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE) SHALL
38 REQUIRE ALL PRIVATE WORKPLACES TO DEVELOP THEIR OWN POLICIES
39 ON TB PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE
40 WITH NATIONAL LAWS AND POLICIES, PREVENTION STRATEGIES
41 THROUGH ADVOCACY, EDUCATION AND TRAINING. MEASURES TO
42 IMPROVE OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE
43 WORKPLACE SHALL BE EMPHASIZED.
44

45 THE CIVIL SERVICE COMMISSION (CSC) SHALL REQUIRE ALL
46 GOVERNMENT WORKPLACES TO DEVELOP THEIR OWN POUICIES ON TB
47 PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH
48 NATIONAL LAWS AND POUICIES, PREVENTION STRATEGIES THROUGH

1 **ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE**
2 **OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE**
3 **SHALL BE EMPHASIZED.**

4
5 **THE TECHNICAL EDUCATION AND SKILLS AUTHORITY (TESDA)**
6 **SHALL IMPLEMENT A NON – DISCRIMINATORY APPROACH IN DEALING**
7 **WITH CLIENTS SUFFERING FROM TB AND SHALL INCORPORATE TB**
8 **AWARENESS IN THE TRAINING PROGRAM OF ITS TECHNICAL AND**
9 **VOCATIONAL EDUCATION (TVET) INSTITUTIONS THROUGH THE**
10 **CONDUCT OF RELEVANT SEMINARS FOR ALL ITS STUDENTS. THE TESDA**
11 **SHALL ESTABLISH FOCUS GROUPS FOR CLIENTS WHO ARE AFFLICTED**
12 **WITH THE DISEASE.**

13
14 **THE DEPED, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR**
15 **AND LOCAL GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT**
16 **AGENCIES SHALL DEVELOP A COMPREHENSIVE PROGRAM OF SUPPORT**
17 **SERVICES FOR TB VICTIMS AND THEIR AFFECTED CHILDREN AND**
18 **FAMILIES."**

19
20 **SEC. 10.** A new section denominated as Section 18 of the same Act is added,
21 to read as follows:

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

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

36
37 **SEC. 11.** A new section denominated as Section 19 of the same Act is added,
38 to read as follows:

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

1 **SEC. 12.** A new section denominated as Section 20 of the same Act is added
2 to read as follows:

3
4 **"SEC. 20. SCREENING FOR HIGH RISK POPULATION. – AS A POLICY,**
5 **TB SCREENING SHALL BE HIGHLY RECOMMENDED FOR HIGH RISK**
6 **POPULATIONS AND MAY INCLUDE THE FOLLOWING:**

- 7
8 **(A) THOSE THAT ARE IN CLOSE CONTACT WITH PERSONS KNOWN OR**
9 **SUSPECTED TO HAVE TB;**
- 10
11 **(B) THOSE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)**
12 **AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);**
- 13
14 **(C) THOSE WHO ARE SMOKERS OF CIGARETTES AND USERS OF**
15 **ILLEGAL DRUGS;**
- 16
17 **(D) THOSE WHO INJECT ILLICIT DRUGS OR ARE USERS OF OTHER**
18 **LOCALLY IDENTIFIED HIGH-RISK SUBSTANCE;**
- 19
20 **(E) THOSE WHO HAVE MEDICAL RISK FACTORS, SUCH AS DIABETES**
21 **AND OTHER COMPARABLE DISEASES, KNOWN TO INCREASE THE**
22 **RISK FOR DISEASE WHEN INFECTION OCCURS;**
- 23
24 **(F) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE**
25 **SETTINGS;**
- 26
27 **(G) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;**
- 28
29 **(H) INFANTS, CHILDREN AND ADOLESCENTS EXPOSED TO ADULTS IN**
30 **HIGH-RISK CATEGORIES; AND**
- 31
32 **(I) SUCH OTHER PERSONS AS MAY BE IDENTIFIED BY THE**
33 **SECRETARY OF HEALTH**

34
35 **THE ROUTINE TB SCREENING TEST SHALL FORM PART OF THE**
36 **NORMAL STANDARD OF CARE OFFERED IRRESPECTIVE OF WHETHER OR**
37 **NOT THE PATIENTS EXHIBIT SIGNS AND SYMPTOMS OF UNDERLYING TB**
38 **INFECTION OR HAS OTHER REASONS FOR PRESENTING TO THE FACILITY.**

39
40 **THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING**
41 **TESTS AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTHCARE**
42 **SETTINGS AND FACILITIES."**

43
44 **SEC. 13.** A new section denominated as Section 21 of the same Act is added,
45 to read as follows:

46
47 **"SEC. 21. INTEGRATION OF TB SCREENING IN HIV AND AIDS**
48 **PREVENTION AND CONTROL. – SYMPTOMATIC TB SCREENING AND TB**

1 **PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND AIDS**
2 **WITHOUT TB SYMPTOMS SHALL BE PROVIDED AS PART OF THE DELIVERY**
3 **OF HIV AND AIDS RELATED SERVICES."**

4
5 **SEC. 14.** A new section denominated as Section 22 of the same Act is added,
6 to read as follows:

7
8 **"SEC. 22. PRIVATE HEALTH FACILITIES FOR TB-DOTS. – TO**
9 **ENHANCE AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH**
10 **FACILITIES IN TB CONTROL, ALL PRIVATE HEALTH FACILITIES ARE**
11 **MANDATED TO SEEK ACCREDITATION FROM PHILHEALTH AS TB-DOTS**
12 **PROVIDER."**

13
14 **SEC. 15.** A new section denominated as Section 23 of the same Act is added,
15 to read as follows:

16
17 **"SEC. 23. CONTACT TRACING AND PROPHYLACTIC TREATMENT. –**
18 **SCREENING BY CHEST X-RAY SHALL BE INITIATED AMONG ALL**
19 **CONTACTS OF AN INDEX CASE WITH BACTERIOLOGICALLY-**
20 **CONFIRMED OR CLINICALLY DIAGNOSED PULMONARY TUBERCULOSIS IN**
21 **ORDER TO OFFER PREVENTIVE TREATMENT WHEN NECESSARY TO THOSE**
22 **WITH LATENT TB INFECTION, FOLLOWING PRESCRIBED GUIDELINES**
23 **AND STANDARDS."**

24
25 **SEC. 16.** A new section denominated as Section 24 of the same Act is added,
26 to read as follows:

27
28 **"SEC. 24. PERSONNEL COMPLEMENT. – TO ENSURE THE EFFECTIVE**
29 **IMPLEMENTATION OF THIS ACT, THE DOH SHALL ENSURE THAT THERE**
30 **SHALL BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND ALLIED**
31 **PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE OBJECTIVES**
32 **OF THE TB ELIMINATION PROGRAM. THE FORMULATION OF**
33 **QUALIFICATION STANDARDS OF THE STAFF COMPLEMENT MUST BE DONE**
34 **PURSUANT TO CIVIL SERVICE RULES AND REGULATIONS. THE**
35 **SECRETARY OF THE DOH SHALL SUBMIT THE PROPOSED**
36 **ORGANIZATIONAL AND STAFFING MODIFICATION TO THE DEPARTMENT**
37 **OF BUDGET AND MANAGEMENT (DBM) FOR REVIEW AND APPROVAL.**

38
39 **ALL DOH EMPLOYEES AND STAFF SHALL PARTICIPATE IN CAPACITY**
40 **BUILDING PROGRAMS AND ACTIVITIES TO BOOST COMPETENCE AND**
41 **SKILL PROFICIENCY."**

42
43 **SEC. 17.** A new section denominated as Section 25 of the same Act is added,
44 to read as follows:

45
46 **"SEC. 25. MOBILIZATION. – THE DOH, IN COORDINATION WITH**
47 **THE LGUs AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE**
48 **SECTOR, CIVIL SOCIETY ORGANIZATIONS AND TB PATIENTS' GROUPS,**

1 SHALL SPEARHEAD THE MOBILIZATION OF KEY AFFECTED POPULATION
2 FOR PUBLIC AWARENESS CAMPAIGNS AND STIGMA REDUCTION
3 ACTIVITIES. TB PATIENTS' GROUPS SHALL BE INVOLVED IN THE
4 PLANNING AND IMPLEMENTATION OF THE POLICIES AND PROGRAMS
5 THAT AFFECT THEM."
6

7 **SEC. 18.** A new section denominated as Section 26 of the same Act is added,
8 to read as follows:
9

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

18 **SEC. 19.** A new section denominated as Section 27 of the same Act is added,
19 to read as follows:
20

21 **"SEC. 27. TAX EXEMPTION. – All GRANTS, BEQUESTS,**
22 **ENDOWMENTS, DONATIONS AND CONTRIBUTIONS MADE TO THE DOH TO**
23 **BE USED ACTUALLY, DIRECTLY AND EXCLUSIVELY BY THE DOH FOR THE**
24 **PRIMARY PURPOSE OF CONTRIBUTING TO TB ERADICATION ACTTVITIES**
25 **SHALL BE EXEMPT FROM DONOR'S TAX AND THE SAME SHALL BE**
26 **CONSIDERED AS ALLOWABLE DEDUCTION FROM THE GROSS INCOME OF**
27 **THE DONOR FOR PURPOSES OF COMPUTING THE TAXABLE INCOME OF**
28 **THE DONOR IN ACCORDANCE WITH THE PROVISIONS OF THE NATIONAL**
29 **INTERNAL REVENUE CODE OF 1997, AS AMENDED."**
30

31 **SEC. 20.** A new section denominated as Section 28 of the same Act is added,
32 to read as follows:
33

34 **"SEC. 28. OTHER SOURCES OF FUNDS. – THE NATIONAL**
35 **GOVERNMENT SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR**
36 **THIS ACT THROUGH NEGOTIATION AND UTILIZATION OF LONG-TERM**
37 **CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA), OTHER**
38 **SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS, COLLECTIONS AND**
39 **OTHER FORMS OF ASSISTANCE FROM LOCAL AND FOREIGN DONORS OR**
40 **OTHER PUBLIC OR PRIVATE ENTITIES AND OTHER PRIVATE DOMESTIC**
41 **AND INTERNATIONAL SOURCES MAY BE TAPPED AND FACILITATED BY**
42 **THE DOH TO SUPPORT THE HEALTH SERVICES UNDER THIS ACT, SUBJECT**
43 **TO THE REGULAR ACCOUNTING AND AUDITING GUIDELINES AND**
44 **PROCEDURES: PROVIDED, THAT IN CASE OF DONATIONS FROM FOREIGN**
45 **SOURCES, ACCEPTANCE THEREOF SHALL BE SUBJECT TO EXISTING**
46 **GOVERNMENT RULES AND REGULATIONS."**
47
48

1 **SEC. 21.** A new section denominated as Section 29 of the same Act is added,
2 to read as follows:

3
4 **"SEC. 29. JOINT CONGRESSIONAL OVERSIGHT COMMITTEE ON THE**
5 **ELIMINATION OF TB (JCOC-ETB).** – THERE IS HEREBY CREATED A JCOC-
6 **ETB WHICH SHALL CONDUCT A REGULAR REVIEW OF THE**
7 **IMPLEMENTATION OF THIS ACT. THE JCOC-ETB SHALL CONDUCT A**
8 **SYSTEMATIC EVALUATION OF THE PERFORMANCE, IMPACT, AND**
9 **ACCOMPLISHMENTS OF THE COMPREHENSIVE PHILIPPINE PLAN OF**
10 **ACTION TO ELIMINATE TUBERCULOSIS AND THE VARIOUS AGENCIES**
11 **INVOLVED IN THE TB ELIMINATION PROGRAM, PARTICULARLY WITH**
12 **RESPECT TO THEIR OBJECTIVES AND FUNCTIONS.**

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

23
24 **SEC. 22.** Section 14 of the same Act is hereby renumbered as Section 30.

25
26 **SEC. 23.**Section 15 of R.A. 10767 is hereby renumbered as Section 31 and
27 amended, to read as follows:

28
29 **"SEC. [15] 31. Appropriations.** – The amount necessary to [implement]
30 **CARRY OUT** the provisions of this Act shall be charged against the **CURRENT**
31 **YEAR** appropriations of the **CONCERNED GOVERNMENT AGENCIES** [~~the DOH,~~
32 ~~the DepEd, the CHED and the PIA under the General Appropriations Act~~]. **IN**
33 **ADDITION TO, AND CONSISTENT WITH THE COUNTRY'S COMMITMENT TO**
34 **ENSURE SUFFICIENT AND SUSTAINABLE FINANCIAL SUPPORT TO END**
35 **THE TB EPIDEMIC, PARTICULARLY ON THE DEVELOPMENT OF A**
36 **NATIONAL STRATEGIC PROGRAM TO LOCATE AND TREAT OVER TWO**
37 **MILLION FILIPINOS INFLECTED WITH TB IN THE NEXT FIVE (5) YEARS,**
38 **AN AMOUNT TO BE DETERMINED BY THE DOH, IN CONSULTATION WITH**
39 **THE DOF AND THE DBM, SHALL BE INCLUDED IN THE ANNUAL**
40 **APPROPRIATION OF THE DOH: PROVIDED, THAT THE ADMINISTRATIVE**
41 **EXPENSES TO IMPLEMENT THE PROGRAM SHALL NOT EXCEED ONE**
42 **PERCENT (1%) OF THE PROGRAM COST."**

43
44 **SEC. 24.** A new section denominated as Section 32 of the same Act is added,
45 to read as follows:

46
47 **"SEC. 32. SUNSET PROVISION.** – **TWO (2) YEARS AFTER THE**
48 **EFFECTIVITY OF THIS ACT, CONGRESS, THROUGH THE JCOC-ETB, SHALL**

1 CONDUCT A "SUNSET REVIEW" OF THE MANDATED APPROPRIATIONS
2 WHICH SHALL ENTAIL A SYSTEMATIC EVALUATION OF SUCH
3 APPROPRIATION TO DETERMINE WHETHER OR NOT ITS PERFORMANCE,
4 IMPACT, AND ACCOMPLISHMENTS WITH RESPECT TO THE TB
5 ELIMINATION GOAL MERITS CONTINUED EXISTENCE."
6

7 SEC. 25. A new section denominated as Section 33 of the same Act is added
8 to read as follows:
9

10 "SEC. 33. *TRANSITORY PROVISION.* – THE PENALTIES
11 CONTEMPLATED IN SECTION 33 OF THIS ACT SHALL BE IMPLEMENTED
12 ONLY AFTER EFFICIENT AND MASSIVE TRAINING AND ORIENTATION FOR
13 PHYSICIANS AND ALLIED HEALTH PROFESSIONALS AND A FRAMEWORK
14 AND SYSTEM SUPPORT FOR THE IMPLEMENTATION AND MONITORING OF
15 THE REQUIREMENTS OF SECTION 11 ON THE REGULATION ON SALE AND
16 USE OF TB DRUGS AND SECTION 12 ON TB CASES NOTIFICATION OF R.A.
17 10767 HAS BEEN ESTABLISHED: *PROVIDED*, THAT SUCH PERIOD OF
18 IMPLEMENTATION SHALL BE COMPLETED BY THE YEAR 2025."
19

20 SEC. 26. Section 16 of RA 10767 is hereby renumbered as Section 34 and
21 amended to read as follows:
22

23 "SEC. 34. *Implementing Rules and Regulations.* – The DOH, in
24 consultation with the DepEd, the CHED, the PIA, the LGUs, non-government
25 organizations, **CSOs, BROADCAST MEDIA, PRINT MEDIA** and other concerned
26 entities, shall issue the rules and regulations [implementing] **TO IMPLEMENT** the
27 provisions of this Act within ninety (90) days from its effectivity.
28

29 SEC. 27. Section 17, 18 and 19 of the same Act are hereby renumbered as
30 35, 36, and 37 respectively.
31

32 SEC. 28. *Effectivity.* – This Act shall take effect fifteen (15) days after its
33 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,