FIFTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES

First Regular Session

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SENATE

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s. Bill No. 2130

month in the

Introduced by Senator Ralph G. Recto

Explanatory Note

Tuberculosis (TB) is an ancient infectious disease which has probably killed more people than any other disease in history. Around 2 billion people in the world are infected with the TB bacilli, of which about 10% become ill with TB at some point in their life.

In the Philippines, tuberculosis remains to be a major public health concern. It ranks 6^{th} in the leading causes of mortality and morbidity in the country. Although diagnosed as curable, an average of 75 Filipinos still die of the disease everyday.

The tragedy of TB is that it continues to spread and kill, despite the availability of a cure for the past 50 years. Poverty, poor living conditions, limited health sector budgets, unfair financing systems that burden the poor, and inferior health systems have led to a resurgence of TB.

The Philippines ranks ninth in the World Health Organization (WHO) watch-list of 22 high-burdened countries in the world which constitute 80% of global tuberculosis cases. Burden of TB incidence in the Philippines is at 296 per 100,000 population per year.

In 2006, our country signed the Global Plan on TB, which seeks to reduce the prevalence and mortality of tuberculosis by 50% between 2006 and 2015. The Global Plan outlines a benchmark figure of 70% case detection rate, 85% treatment success rate and 85% cure rate.

However, despite government efforts to improve our program on the early detection and treatment of TB through the Tuberculosis - Directly Observed Treatment Short Courses or TB-DOTS, a 2010 technical briefer on the National TB Program prepared by the DOH showed a declining trend in the three benchmarks.

As early as 2006, the Philippines already attained the 75% target for case detection and maintained that rate until 2007. But figures dropped to 72% in 2008. Treatment success rate also slightly dropped from 90% in 2006 to 89% in 2008. Cure rate registered the biggest decline among the three benchmarks. The technical briefer showed the cure rate reaching 83% in 2006, slightly dipped to 82% the following year, and dropped to 79% in 2008, or six percent short of the 85% cure rate targeted by 2015.

These below target levels are mainly due to various systemic and social factors, such as widespread poverty and the difficulty of breaking down the stigma of TB, which keeps many of those infected from seeking care. Aside from the health and social implications of the disease, tuberculosis also exacts serious economic consequences caused by loss of income due to disability and premature death.

This bill aims to treat and eradicate all TB cases in the Philippines by allowing all Filipinos afflicted with the disease all the benefits provided under the National Health Insurance Program of the Philippine Health Insurance Corporation, without the need to pay the monthly contributions. This would mean that all TB patients, whether he or she is a Philhealth card holder or not, will be entitled to free hospitalization and treatment benefits in any public or private hospital. Expenses to be incurred will be chargeable against the National Health Insurance Fund created by Republic Act 7875.

With the cost of treating regular TB pegged at between P8,000 and P10,000, treatment of the 500,000 estimated TB cases in the country would cost about P4 billion to P5 billion pesos. This amount may be a little cost to pay in ensuring a TB-free population. Moreover, cost in the long term will be reduced once the disease is controlled if not totally eradicated.

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

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S. Bill No. 2130

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AN ACT

PROMOTING THE TREATMENT AND ERADICATION OF TUBERCULOSIS. AMENDING FOR THE PURPOSE SECTION 12 OF REPUBLIC ACT NO. 7875, AS AMENDED, OTHERWISE KNOWN AS "AN ACT INSTITUTING A NATIONAL HEALTH INSURANCE PROGRAM FOR ALL FILIPINOS AND ESTABLISHING THE PHILIPPINE HEALTH INSURANCE CORPORATION FOR THE PURPOSE"

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

SECTION 1. Short Title. This Act shall be known as the "Alis TB Act of 2010."

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SEC. 2. Section 12 of Republic Act No. 7875, as amended, otherwise known as "An Act Instituting a National Health Insurance Program for All Filipinos and Establishing the Philippine Health Insurance Corporation for the Purpose" is hereby amended to read as follows:

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"SEC. 12. Entitlement to Benefits – A member whose premium contributions for at least three (3) months have been paid within the six (6) months prior to the first day of his or his dependents' availment, shall be entitled to the benefits of the Program: Provided, That such member can show that he contributes thereto with sufficient regularity, as evidenced in their health insurance ID card: and Provided further, That he is not currently subject to legal penalties as provided for in Section 44 of this Act.

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"The following need not pay the monthly contributions to be entitled to the Program's benefits:

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a) Retirees and pensioners of the SSS and GSIS prior to the effectivity of this Act;

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b) Members who reach the age of retirement as provided for by law and have paid at least one hundred twenty (120) monthly contributions; [and]

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c) Enrolled indigents[.]; AND

1	"D) ANY FILIPINO WHO IS AFFLICTED WITH TUBERCULOSIS:
2	PROVIDED, THAT ALL EXPENSES INCURRED FOR THE
3	TREATMENT/CONFINEMENT OF THE SAID DISEASE SHALL BE
4	CHARGED AGAINST THE NATIONAL HEALTH INSURANCE FUND
5	CREATED UNDER SEC. 24, ARTICLE VI OF REPUBLIC ACT NO.
6	7875, AS AMENDED."
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8	SEC. 3. All laws, decrees, executive orders, rules and regulations, or parts thereof which
9	are inconsistent with this Act are hereby repealed, amended or modified accordingly.
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1	SEC. 4. This Act shall take effect fifteen days (15) days following its publication in the
.2	Official Gazette or in at least two (2) newspapers of general circulation.

Approved,