

SIXTEENTH CONGRESS OF THE REPUBLIC )  
OF THE PHILIPPINES )  
Second Regular Session )



14 JUL 28 P1:41

SENATE  
S. No. **2331**

RECEIVED BY: *ji*

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Introduced by Senator Miriam Defensor Santiago

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AN ACT  
DIRECTING THE SECRETARY OF HEALTH TO ESTABLISH AN INTERAGENCY  
COORDINATING COMMITTEE ON PULMONARY HYPERTENSION TO  
DEVELOP RECOMMENDATIONS TO ADVANCE RESEARCH,  
INCREASE AWARENESS AND EDUCATION,  
AND IMPROVE HEALTH AND HEALTH CARE

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 provides:

SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

Pulmonary hypertension is a type of high blood pressure that affects the arteries in the lungs and the right side of the heart. Pulmonary hypertension begins when tiny arteries in your lungs, called pulmonary arteries, and capillaries become narrowed, blocked or destroyed. This makes it harder for blood to flow through the lungs, and raises pressure within the lungs' arteries. As the pressure builds, the heart's lower right chamber (right ventricle) must work harder to pump blood through the lungs, eventually causing the heart muscle to weaken and eventually fail.<sup>1</sup>

Pulmonary hypertension is a serious illness that becomes progressively worse and is sometimes fatal. Although pulmonary hypertension is not curable, treatments are available that can help lessen symptoms and improve your quality of life.<sup>2</sup>

Hence, this bill seeks to direct the Secretary of Health to establish an Interagency Pulmonary Hypertension Coordinating Committee to make recommendations on, and

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<sup>1</sup> <http://www.mayoclinic.org/diseases-conditions/pulmonary-hypertension/basics/definition/con-20030959>.

<sup>2</sup> *Id.*

coordinate, all efforts within the Department of Health concerning pulmonary hypertension. Under the proposed measure, the Committee shall:

(1) develop and update annually a summary of pulmonary hypertension advances in medical research and treatment development and improvement, early and accurate diagnosis, appropriate and timely intervention, transplantation, and access to care and therapies for patients;

(2) monitor national and local government activities respecting pulmonary hypertension;

(3) make recommendations regarding appropriate changes to such activities as well as stakeholder participation in decisions relating to pulmonary hypertension; and

(4) develop and update annually a comprehensive strategic plan to cooperatively improve health outcomes for pulmonary hypertension patients.<sup>3</sup>

*ass.*   
MIRIAM DEFENSOR SANTIAGO

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<sup>3</sup> This bill was originally filed by Representatives Brady, Capps, King, Norton, Roskam, Costa, and Bishop in the U.S. House of Representatives (H.R. 2073; 113<sup>th</sup> Congress, First Session).

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Introduced by Senator Miriam Defensor Santiago

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

1 AN ACT  
2 DIRECTING THE SECRETARY OF HEALTH TO ESTABLISH AN INTERAGENCY  
3 COORDINATING COMMITTEE ON PULMONARY HYPERTENSION TO  
4 DEVELOP RECOMMENDATIONS TO ADVANCE RESEARCH,  
5 INCREASE AWARENESS AND EDUCATION,  
6 AND IMPROVE HEALTH AND HEALTH CARE

7 SECTION 1. *Short Title.* – This Act shall be known as the “Pulmonary  
8 Hypertension Research and Diagnosis Act.”

9 SECTION 2. *Interagency Pulmonary Hypertension Coordinating Committee.* –

10 (a) *Establishment.* – The Secretary of Health (referred to as the “Secretary”) shall  
11 establish a committee, to be known as the “Interagency Pulmonary Hypertension  
12 Coordinating Committee” (referred to as the “Committee”), to make recommendations  
13 on, and coordinate, all efforts within the Department of Health concerning pulmonary  
14 hypertension.

15 (b) *Responsibilities.* – In carrying out its duties under this Act, the Committee  
16 shall:

17 (1) develop and annually update a summary of pulmonary hypertension  
18 advances in medical research and treatment development and improvement, early  
19 and accurate diagnosis, appropriate and timely intervention, transplantation, and  
20 access to care and therapies for patients;

1           (2) monitor national and local government activities with respect to  
2 pulmonary hypertension;

3           (3) make recommendations to the Secretary regarding appropriate changes  
4 to such activities, including recommendations with respect to the strategic plan  
5 developed under paragraph (5);

6           (4) make recommendations to the Secretary regarding stakeholder  
7 participation in decisions relating to pulmonary hypertension;

8           (5) develop and annually update a comprehensive strategic plan to  
9 cooperatively improve health outcomes for pulmonary hypertension patients  
10 which includes—

11                   (A) recommendations to improve professional education concerning  
12 accurate diagnosis and appropriate intervention for health care providers;

13                   (B) recommendations to improve the transplantation criteria and  
14 process concerning lung and heart-lung transplants for pulmonary  
15 hypertension patients;

16                   (C) recommendations to improve public awareness and recognition  
17 of pulmonary hypertension;

18                   (D) recommendations to improve health care delivery and promote  
19 early and accurate diagnosis for pulmonary hypertension patients; and

20                   (E) recommendations to systematically advance the full spectrum of  
21 biomedical research, including specific recommendations for basic,  
22 translational, clinical, and pediatric research, and research training and  
23 career development; and

24           (6) submit to the Congress the strategic plan under paragraph (5) and any  
25 updates to such plan.

1 (c) *Membership.* –

2 (1) *In General.* – The Committee shall be composed of:

3 (A) the Director of the National Center for Health Promotion;

4 (B) the Director of the National Center for Disease Control and  
5 Prevention;

6 (C) the Director of the National Institutes of Health;

7 (D) the Director of the Agency for Health Facilities Development;

8 (E) the Administrator of Food and Drug Administration;

9 (F) the heads and directors of other relevant government agencies as  
10 the Secretary deems appropriate; and

11 (G) the additional members appointed under paragraph (2).

12 (2) *Additional Members.* – Not fewer than six members of the Committee  
13 or 1/3 of the total membership of the Committee, whichever is greater, shall be  
14 appointed by the Secretary, of which:

15 (A) at least one such member shall be an individual with a diagnosis  
16 of pulmonary hypertension;

17 (B) at least one such member shall be the primary caregiver for an  
18 individual with a diagnosis of pulmonary hypertension; and

19 (C) at least one such member shall be a representative of a leading  
20 research, advocacy, and support organization primarily serving individuals  
21 with a diagnosis of pulmonary hypertension.

22 (d) *Administrative Support; Terms of Service; Other Provisions.* – The following  
23 provisions shall apply with respect to the Committee:

24 (1) The Committee shall receive necessary and appropriate administrative  
25 support from the Secretary.

1 (2) Members of the Committee appointed under subsection (c)(2) shall  
2 serve for a term of four years, and may be appointed for one or more additional 4  
3 to 7 year terms. Any member appointed to fill a vacancy for an unexpired term  
4 shall be appointed for the remainder of such term. A member may serve after the  
5 expiration of the member's term until a successor has taken office.

6 (3) The Committee shall meet at the call of the chairperson or upon the  
7 request of the Secretary. The Committee shall meet not fewer than two times each  
8 year.

9 (4) All meetings of the Committee shall be public and shall include  
10 appropriate time periods for questions and presentations by the public.

11 (e) *Subcommittees; Establishment and Membership.* – In carrying out its  
12 functions, the Committee may establish subcommittees and convene workshops and  
13 conferences. Such subcommittees shall be composed of Committee members and may  
14 hold such meetings as are necessary to enable the subcommittees to carry out their duties.

15 (f) *Sunset.* – This Act shall not apply after 31 December 2019, and the Committee  
16 shall be terminated on such date.

17 SECTION 3. *Report to Congress.* –

18 (a) *In General.* – On a biennial basis after the date of effectivity of this Act, the  
19 Secretary, in coordination with the Committee, shall prepare and submit to the  
20 Committees on Health, Education, Labor, and Energy of the House of Representatives  
21 and Senate a progress report on activities related to improving health outcomes for  
22 pulmonary hypertension patients.

23 (b) *Contents.* – The report submitted under subsection (a) shall contain—

24 (1) information on the incidence of pulmonary hypertension and trend data  
25 of such incidence since the date of effectivity of this Act;

1 (2) information on the average time between initial screening and accurate  
2 diagnosis as well as the average stage of pulmonary hypertension when  
3 appropriate intervention begins and up-to-date, related trend data;

4 (3) information on the effectiveness and outcomes of interventions for  
5 individuals diagnosed with pulmonary hypertension, including:

6 (A) mortality rate, as well as the frequency of drastic treatment  
7 options like lung and heart-lung transplants; and

8 (B) up-to-date, related trend data;

9 (4) information on breakthroughs in basic science as well as translational  
10 and clinical research activities;

11 (5) information on activity to facilitate the development of innovative  
12 treatment options and diagnostic tools; and

13 (6) information on services and supports provided to individuals with a  
14 diagnosis of pulmonary hypertension.

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16 SECTION 4. *Separability Clause.* – If any provision or part hereof, is held invalid  
17 or unconstitutional, the remainder of the law or the provision not otherwise affected shall  
18 remain valid and subsisting.

19 SECTION 5. *Repealing Clause.* – Any law, presidential decree or issuance,  
20 executive order, letter of instruction, administrative order, rule or regulation contrary to  
21 or is inconsistent with the provision of this Act is hereby repealed, modified, or amended  
22 accordingly.

23 SECTION 6. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after  
24 its publication in at least two (2) newspapers of general circulation.

Approved,

/fldp18july2014