

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



Senate  
Office of the Secretary

'19 NOV -4 P 2 :25

SENATE

S. No. 1135

RECEIVED BY.

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Introduced by Senator Ralph G. Recto

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**AN ACT**  
**CREATING ONE REGIONAL LUNG CENTER IN EACH OF THE**  
**ADMINISTRATIVE REGIONS IN THE PHILIPPINES, PROVIDING FUNDS**  
**THEREFOR AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

Lung and chest diseases are one of the top 10 causes of deaths in the Philippines. The most common of these diseases affecting millions of Filipinos every year are pneumonia, chronic obstructive pulmonary disease (COPD), tuberculosis and other respiratory system illness which ranked 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup>, respectively, as leading cause of mortality. Many cases of pulmonary illnesses also remain unreported and untreated as most incidence occur in poorer population with no access to medical facilities.

For tuberculosis alone, the Department of Health (DOH) is now exerting efforts to detect at least 2.5 million tuberculosis cases to prevent it from spreading further.<sup>1</sup> Tuberculosis is still considered as a deadly disease worldwide and the Philippines was reported to have the most number of cases in Southeast Asia last year.

Meanwhile, according to the Philippine College of Chest Physicians, one in five Filipinos has COPD but only 3% of them will consult a doctor and 50% are not even aware that they are afflicted with the disease.

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<sup>1</sup> <https://news.abs-cbn.com/life/08/25/19/pulmonologists-push-for-more-lung-disease-awareness>.

Pneumonia cases have been consistently on the rise over the years. In 2018, PhilHealth paid P11 Billion on claims for pneumonia, making the disease the highest paid medical case rate.

Other respiratory system diseases including asthma also made it to the top ten medical cases with highest PhilHealth reimbursements last year.

Data from the Lung Center of the Philippines (LCP) indicate that almost 80% of Filipino patients with lung diseases are aged 36 years old and above. This means that lung diseases hit the most productive years in a man's life. These are said to be caused by several factors such as unabated pollution, industrialization, and cigarette smoking, among others.

Respiratory diseases have been a priority concern of the government since many decades ago. In fact, the increasing cases of these diseases led to the creation of the LCP in 1981. The LCP was envisioned to provide the Filipino people with specialized care for lung and other chest diseases – from prevention to treatment to rehabilitation.

Lung diseases to some extent, are said to be preventable and curable with early and adequate medical care, immunization, and through prompt and intensive preventive and health education programs. Hence, it is important to make the facilities that provide the necessary pulmonary care and services available to as many Filipinos as possible.

It is in this regard that this bill aims to create one Regional Lung Center in each of the administrative regions in the country. By doing so, the government will be able to bring the specialized lung and chest care closer to many Filipinos in the countryside as the LCP and other tertiary hospitals that provide quality medical care are mostly concentrated in Metro Manila. Bringing this specialized lung and chest care will not only lessen the burden of our fellow Filipinos in terms of cost and time

spent for travelling to the city, but it will also lead to more patients benefiting from specialized care, hence, will prevent the further spread of lung diseases.

The Regional Lung Centers shall be administered by the DOH and may be created within the existing DOH Regional Hospitals and Medical Centers. The Centers shall be equipped with essential pulmonary care equipment and necessary medical supplies and shall tap the services of lung and chest specialists and other professionals who shall render services at a subsidized cost.

In light of the foregoing, immediate passage of this bill is earnestly sought.



**RALPH G. RECTO**

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

1       Section 1. *Short Title.* – This Act shall be known as the "Regional Lung  
2       Centers Act".

3       Sec. 2. *Declaration of Policy.* – It is hereby declared as the policy of the State  
4       to secure the well-being of its people by providing them with specialized pulmonary  
5       care services and to address the increasing incidences of lung and chest diseases in  
6       the country. It is also the policy of the state to ensure that every region in the  
7       country shall have the equal opportunity to benefit from public specialty healthcare  
8       services. Towards this end, the State shall create regional lung centers throughout  
9       the country.

10       Sec. 3. *Regional Lung Centers.* – There is hereby created one (1) Regional  
11       Lung Center in each of the administrative regions in the country. The Regional Lung  
12       Centers shall provide specialized pulmonary care services for Filipinos suffering from  
13       lung and chest diseases with special consideration for the marginalized members of  
14       the society: *Provided,* That the Regional Lung Centers shall pursue excellence in  
15       developing and establishing the highest level of pulmonary-related training and  
16       research for physician and paramedical personnel: *Provided, further,* That the  
17       operation and maintenance of the Regional Lung Centers shall be under the  
18       Department of Health (DOH): *Provided, even further,* That the Regional Lung  
19       Centers may be created within the existing DOH Regional Hospitals and Medical

1 Centers as deemed feasible by the DOH: *Provided, finally,* That the Regional Lung  
2 Centers shall provide comparable quality of pulmonary care as that of the Lung  
3 Center of the Philippines.

4 Sec. 4. *Appropriations.* – The fund requirement necessary for the  
5 implementation of this Act and the initial operation and maintenance of the Regional  
6 Lung Centers shall be charged against the Contingent Fund. Thereafter, such sums  
7 as may be necessary for the implementation of this Act shall be included in the  
8 subsequent annual General Appropriations Act under the budget of the DOH.

9 Sec. 5. *Implementing Rules and Regulations.* - Within ninety days (90) after  
10 the effectivity of this Act, the DOH and the Department of Budget and Management  
11 shall promulgate the necessary rules and regulations for the proper implementation of  
12 this Act.

13 Sec. 6. *Effectivity.* – This Act shall take effect fifteen days (15) days following  
14 its publication in at least two (2) newspapers of general circulation or in the *Official*  
15 *Gazette*.

Approved,

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