

SENATE S. No. <u>1533</u>

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Introduced by Senator Ronald "Bato" Dela Rosa

AN ACT

AMENDING REPUBLIC ACT NO. 11332, OTHERWISE KNOWN AS THE MANDATORY REPORTING OF NOTIFIABLE DISEASES AND HEALTH OF PUBLIC HEALTH CONCERN ACT, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Republic Act No. 11332 (R. A. No. 11332 otherwise known as the Mandatory Reporting of Notifiable Diseases and Health of Public Concern Act was enacted into law on April 26, 2019. This was an act of Congress to update the 90-year old law Act No. 3573 on Reporting of Communicable Diseases. R. A. No. 11332 law ensured the establishment and maintenance of effective and efficient disease and surveillance and response system for rapid containment and implementation of measures for disease prevention and control. Further, it gives the Department of Health (DOH) the authority to identify what is a notifiable disease and jointly with the President, to declare public health emergency based on the criteria provided in the law.

While R.A. No. 11332 keeps up with emerging diseases and health events, it was not able to anticipate the response of the people with regard to the implementation of disease prevention and control systems.

In March 2020, the magnitude of the COVID-19 pandemic forced the government to implement extraordinary measures to slow down the spread of the virus after confirming local transmission. One of the non-medical interventions implemented was the Enhanced Community Quarantine (ECQ), a measure similar to what was implemented in other countries during the Spanish Flu in 1918.

During the ECQ, everyone was advised to stay at home. Only persons authorized to conduct essential services were given exception and allowed to travel. Health workers and law enforcers, collectively called as "*frontliners*", were called upon to protect the health and security of the citizenry. Given the apparent travel restrictions and limitations on freedom of movement, many was caught violating the "stay at home advisory". As of April 21, 2020, there are 136,517 ECQ violators¹.

Meanwhile, health workers and other *frontliners* were forced to overcome not only the hazards of fighting COVID-19 but more so the stigma and discrimination created by the assumption of some citizens that, because of their line of work, they might have already been infected and hence, transmit the virus to their community. There were also instances where suspected COVID-19 patients provided false information to health workers that would consequently lead to health workers being infected by the virus. Almost 20% of the confirmed cases in the country are health workers. 1,694 health workers tested positive for COVID19 as of 1 May 2020.

The proposed measure seeks to prevent any form of discrimination against our *frontliners* and update the law based on our country's recent pandemic experience. To ensure the safety of our health workers while performing their duties, this bill proposes to expressly prohibit the willful act of providing inaccurate or false information to health workers.

We do not wish for another COVID-19 pandemic during and even after our lifetime. However, we need to be prepared to ensure the safety of everyone at all times. As such, I earnestly seek the passage of this proposed measure.



¹ https://www.gmanetwork.com/news/news/nation/734926/number-of-ecq-violators-now-at-136-517-says-pnp-chief-gamboa/story/ retrieved on 1 May 2020



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

1	Sec. 1. Se	ction 9 of Republic Act No. 11332, otherwise known as the
2	"Mandatory Repor	ting of Notifiable Diseases and Health of Public Health Concern Act"
3	is hereby amende	d as follows:
4		
5	"Sec. 9. Prohibited Act. – The following shall be prohibited under	
6	this	Act:
7	(a)	Unauthorized disclosure of private and confidential
8		information pertaining to a patient's medical condition and
9		treatment;
10	(b)	[Tampering of records or intentionally providing
11		misinformation;] WILLFULLY PROVIDING
12		INACCURATE, FALSE OR MISLEADING
13		INFORMATION BY PERSON SUBJECT OF THE
14		MANDATORY REPORTING AS DEFINED IN THIS ACT;
15	(c)	Non-cooperation of the disease surveillance and response
16		systems;
17	(d)	Non-cooperation of persons and entities that should report
18		and/or respond to notifiable diseases or health of public

1	concern; and	
2	(e) Non-cooperation of the person or entities identified as	
3	having notifiable disease, or affected by the health event of	
4	public concern;	
5	(f) ANY ACT THAT CAUSES INFLICTION OF STIGMA,	
6	UNFAIR TREATMENT, REFUSAL OF ACCESS TO	
7	GOODS AND SERVICES, HARASSMENT OR ANY FORM	
8	OF DISCRIMINATION AGAINST HEALTH WORKERS	
9	AND LAW ENFORCEMENT PERSONNEL AND PERSONS	
10	IDENTIFIED OR SUSPECTED TO BE INFECTED OF	
11	NOTIFIABLE DISEASE; AND	
12	(g) VIOLATION OF ANY RULES AND REGULATIONS	
13	PROMULGATED BY THE NATIONAL GOVERNMENT,	
14	CONCERNED GOVERNMENT AGENCIES AND LOCAL	
15	GOVERNMENT UNITS, IN RESPONSE TO THE	
16	DECLARED EPIDEMIC OR PUBLIC HEALTH	
17	EMERGENCY.	
18	xxx."	
19	Sec. 2. Separability Clause. – If any portion or provision of this Act is declared	
20	unconstitutional, the remainder of this Act or any provisions not affected thereby shall	
21	remain in force and effect.	
22	Sec. 3. Repealing Clause All other laws, decrees, executive orders and rules	
23	and regulations contrary to or inconsistent with the provisions of this Act are hereby	
24	repealed or modified accordingly.	
25	Sec. 4. Effectivity - This Act shall take effect fifteen (15) days after its	
26	publication in the Official Gazette or in one (1) newspaper of general circulation.	

Approved,