



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**EIGHTEENTH CONGRESS**  
First Regular Session



**COMMITTEE REPORT NO. 270**

Submitted by the Committee on Health, the Committee on Appropriations, and the Committee on Ways and Means on MAR 05 2020

Re : House Bill No. 6496

Recommending its approval in substitution of House Bill No. 0167

Sponsors : Reps. Angelina "Helen" D.L. Tan, M.D., Isidro T. Ungab and Joey Sarte Salceda

*Mr. Speaker:*

The Committee on Health, the Committee on Appropriations, and the Committee on Ways and Means to which was referred House Bill No. 0167 introduced by Rep. Angelina "Helen" D.L. Tan M.D., entitled:

**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"**

have considered the same and recommend that the attached House Bill No. 6496, entitled

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

be approved in substitution of House Bill No. 0167 and with Reps. Angelina "Helen" Tan, M.D., Estrellita B. Suansing, Geraldine B. Roman, Isidro T. Ungab, Jose Enrique "Joet" S. Garcia III, Romeo S. Momo, Sr., Alfel M. Bascug, Gabriel H. Bordado, Jr., Ferdinand R. Gaite, Mark O. Go, Maricel G. Natividad-Nagaño, Roman T. Romulo, and Kristine Alexie B. Tutor as authors thereof.

Respectfully submitted:

**HON. ISIDRO T. UNGAB**  
Chairperson  
Committee on Appropriations

**HON. ANGELINA "Helen" D.L. TAN, M.D.**  
Chairperson  
Committee on Health

**HON. JOEY SARTE SALCEDA**  
Chairperson  
Committee on Ways and Means

**THE HONORABLE SPEAKER**  
**HOUSE OF REPRESENTATIVES**  
**QUEZON CITY**

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**EIGHTEENTH CONGRESS**

First Regular Session

**HOUSE BILL NO. 6496**

(In substitution of House Bill Numbered 0167)

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Introduced by: Reps. Angelina "Helen" D.L. Tan, M.D., Estrellita B. Suansing, Geraldine B. Roman, Isidro T. Ungab, Jose Enrique "Joet" S. Garcia III, Romeo S. Momo, Sr., Alfel M. Bascug, Gabriel H. Bordado, Jr., Ferdinand R. Gaite, Mark O. Go, Maricel G. Natividad-Nagaño, Roman T. Romulo, and Kristine Alexie B. Tutor

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**AN ACT**

**STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE "COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT"**

*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 as  
2           follows:  
3

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

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

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

20           **SEC. 3.** Section 10 of the same Act is hereby amended, to read as follows:  
21

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

1 local media outlets to launch A MASSIVE, NATIONWIDE, CONSISTENT AND  
2 SUSTAINED media campaign on tuberculosis control, treatment and management,  
3 using all forms of multimedia and other electronic means of communication.”  
4

5 “Xxx                           xxx                           xxx.”  
6

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

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

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

21                                   ALL TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR TB  
22                                   NOTIFICATION COMPLIANCE REPORTS TO THEIR RESPECTIVE DOH REGIONAL  
23                                   COORDINATING COMMITTEES, WHICH SHALL MAKE A CONSOLIDATED TB  
24                                   NOTIFICATION COMPLIANCE REPORTS TO THE DOH NATIONAL COORDINATING  
25                                   COMMITTEE.”  
26

27                                   **SEC. 5.** Section 13 of R.A. No. 10767 is hereby amended, to read as follows:  
28

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

40                                   “Xxx                           xxx                           xxx.”  
41

42                                   **SEC. 6.** A new section denominated as Section 14 of the same Act is added, to read as  
43 follows:  
44

45                                   **“SEC. 14. TB REGISTRY AND MONITORING SYSTEM. – THE DOH, IN**  
46                                   **COLLABORATION WITH THE APPROPRIATE AGENCIES AND STAKEHOLDERS,**  
47                                   **SHALL ESTABLISH A TB REGISTRY AND MONITORING SYSTEM WHICH SHALL**  
48                                   **COVER ALL FORMS OF TB AMONG ADULTS AND CHILDREN. THE POPULATION-**  
49                                   **BASED TB REGISTRY SHALL CONTAIN DATA ON ALL NEW CASES OF TB**  
50                                   **ACCORDING TO GEOGRAPHICAL REGIONS, PROVIDE THE FRAMEWORK FOR**

1 ASSESSING AND CONTROLLING THE IMPACT OF THE DISEASE AND SHALL  
2 SERVE AS A REGULAR FEEDBACK OR NOTIFICATION SYSTEM TO REFERRING  
3 HEALTH CARE PROVIDERS. THE TB REGISTRY SHALL FORM PART OF THE  
4 ELECTRONIC MEDICAL RECORDS REQUIREMENT OF THE DOH IN  
5 ACCORDANCE WITH NATIONAL HEALTH DATA STANDARDS AND REPUBLIC  
6 ACT NO. 10173, OTHERWISE KNOWN AS THE "DATA PRIVACY ACT OF 2012".  
7

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

22       SEC. 7. A new section denominated as Section 15 of the same Act is added, to read as  
23 follows:  
24

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

26           A. A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:  
27

- 28           (1) THE RIGHT TO BE TREATED HUMANELY AND WITH RESPECT FOR  
29           THE INHERENT DIGNITY OF THE HUMAN PERSON IN THE DELIVERY  
30           OF SERVICES WITHOUT STIGMA, PREJUDICE OR DISCRIMINATION;  
31  
32           (2) THE RIGHT TO FREE AND EQUITABLE ACCESS TO TB CARE FROM  
33           THE TIME OF DIAGNOSIS TO COMPLETION OF TREATMENT;  
34  
35           (3) THE RIGHT TO RECEIVE MEDICAL ADVICE AND TREATMENT THAT  
36           MEETS INTERNATIONAL STANDARDS FOR TB CARE, CENTERING ON  
37           PATIENT NEEDS, INCLUDING THOSE OF PATIENTS WITH XDR-TB,  
38           MDR-TB OR TB-HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
39           COINFECTION, AND PREVENTIVE TREATMENT FOR YOUNG  
40           CHILDREN AND OTHER CONSIDERED TO BE AT HIGH RISK;  
41  
42           (4) THE RIGHT TO BENEFIT FROM PROACTIVE HEALTH SECTOR  
43           COMMUNITY OUTREACH, EDUCATION AND PREVENTION CAMPAIGNS  
44           AS PART OF COMPREHENSIVE HEALTHCARE PROGRAMS;  
45  
46           (5) THE RIGHT TO INFORMATION ABOUT THE AVAILABILITY OF  
47           HEALTHCARE SERVICES FOR TB AND THE RESPONSIBILITIES,  
48           ENGAGEMENTS AND DIRECT OR INDIRECT COSTS INVOLVED;

- 1  
2       (6) THE RIGHT TO CONFIDENTIALITY RELATING TO THE MEDICAL  
3           CONDITION WITHOUT PREJUDICE TO THE RESPONSIBILITY OF  
4           HEALTHCARE PROVIDERS TO NOTIFY TB CASES AS PROVIDED  
5           UNDER THIS ACT;
- 6  
7       (7) THE RIGHT TO PARTICIPATE AS STAKEHOLDERS IN THE  
8           DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION  
9           OF TB POLICIES AND PROGRAMS WITH LOCAL, NATIONAL, AND  
10          INTERNATIONAL HEALTH AUTHORITIES;
- 11  
12      (8) THE RIGHT TO JOB SECURITY, AFTER DIAGNOSIS OR APPROPRIATE  
13          REHABILITATION AND UPON COMPLETION OF TREATMENT;
- 14  
15      (9) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD SUPPLEMENTS  
16          NEEDED TO MEET TREATMENT REQUIREMENTS;
- 17  
18      (10) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL, ECONOMIC, SOCIAL  
19          AND CULTURAL RIGHTS RESPECTING INDIVIDUAL QUALITIES,  
20          ABILITIES AND DIVERSE BACKGROUNDS AND WITHOUT ANY  
21          DISCRIMINATION ON GROUNDS OF PHYSICAL DISABILITY, AGE,  
22          GENDER, SEXUAL ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL  
23          STATUS, RELIGION OR ETHNIC OR SOCIAL ORIGIN OF THE TB  
24          PATIENT CONCERNED AS RECOGNIZED IN THE UNIVERSAL  
25          DECLARATION OF HUMAN RIGHTS, THE INTERNATIONAL COVENANT  
26          ON CIVIL AND POLITICAL RIGHTS, THE INTERNATIONAL COVENANT  
27          ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; AND
- 28  
29      (11) THE RIGHT TO EMPLOYMENT WITHOUT DISCRIMINATION,  
30          REASONABLE WORKING ARRANGEMENTS AND RESTORATION TO  
31          WORK UPON CERTIFICATION FROM THE COMPANY BY A TB-DOTS  
32          PHYSICIAN.

33  
34      B. A PERSON WITH TB SHALL HAVE THE FOLLOWING RESPONSIBILITIES:

- 35  
36      (1) TO PROVIDE AS MUCH INFORMATION AS POSSIBLE TO HEALTHCARE  
37          PROVIDERS ABOUT THEIR PRESENT HEALTH CONDITION, PAST  
38          ILLNESSES AND OTHER RELEVANT DETAILS;
- 39  
40      (2) TO PROVIDE INFORMATION TO HEALTHCARE PROVIDERS ABOUT  
41          CONTACTS WITH IMMEDIATE FAMILY, FRIENDS AND OTHER  
42          PERSONS WHO MAY BE VULNERABLE TO TB OR WHO MAY HAVE  
43          BEEN INFECTED;
- 44  
45      (3) TO FOLLOW THE PRESCRIBED AND AGREED TREATMENT REGIMEN  
46          AND TO CONSCIENTIOUSLY COMPLY WITH THE INSTRUCTIONS  
47          GIVEN TO PROTECT THEIR HEALTH AND THOSE OF OTHER  
48          PERSONS;
- 49

- 1                     (4) TO INFORM HEALTHCARE PROVIDERS OF ANY DIFFICULTY OR  
2                     PROBLEM IN UNDERGOING OR COMPLETING THE PRESCRIBED  
3                     TREATMENT, OR IF ANY PART OF THE TREATMENT IS NOT CLEARLY  
4                     UNDERSTOOD;
- 5
- 6                     (5) TO CONTRIBUTE TO COMMUNITY WELL-BEING BY ENCOURAGING  
7                     THOSE WHO EXHIBIT SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;
- 8
- 9                     (6) TO SHOW CONSIDERATION FOR THE RIGHTS OF OTHER PATIENTS  
10                     AND HEALTHCARE PROVIDERS, UNDERSTANDING THAT THIS IS THE  
11                     DIGNIFIED BASIS AND RESPECTFUL FOUNDATION OF THE TB  
12                     COMMUNITY;
- 13
- 14                     (7) TO SHOW MORAL RESPONSIBILITY AND SOLIDARITY WITH OTHER  
15                     PATIENTS WHO ARE ON THE WAY TO RECOVERY AND CURE;
- 16
- 17                     (8) TO SHARE INFORMATION AND KNOWLEDGE GAINED DURING  
18                     TREATMENT AND TO SHARE THIS EXPERTISE WITH OTHERS IN THE  
19                     COMMUNITY, THUS EMPOWERING OTHERS; AND
- 20
- 21                     (9) TO JOIN IN EFFORTS TO PROMOTE HEALTHY AND TB-FREE  
22                     COMMUNITIES.”
- 23

24                     SEC. 8. A new section denominated as Section 16 of the same Act is added, to read as  
25                     follows:

26                     “SEC. 16. *PRIVATE SECTOR PARTICIPATION.* – THE DOH SHALL  
27                     ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN THE NATIONAL  
28                     TB ELIMINATION PROGRAM, WHICH SHALL INCLUDE PRIVATE CORPORATIONS,  
29                     CIVIL SOCIETY ORGANIZATIONS (CSOs) AND NON-GOVERNMENT  
30                     ORGANIZATIONS (NGOs) AND SUCH OTHER GROUPS OR ORGANIZATIONS,  
31                     BOTH FOREIGN AND LOCAL, THAT MAY WISH TO PARTICIPATE IN THE  
32                     IMPLEMENTATION OF THIS ACT.”

33

34                     ALL BUSINESS ORGANIZATIONS ESTABLISHED AND OPERATING UNDER  
35                     PHILIPPINE LAWS, WHETHER DOMESTIC OR FOREIGN, ARE ENCOURAGED TO  
36                     CONTRIBUTE IN THE GOVERNMENT’S CONTINUING EFFORTS TO REDUCE THE  
37                     INCIDENCE OF TB IN THE COUNTRY BY CONDUCTING TB-PREVENTION OR  
38                     OTHER PROJECTS THAT ENCOURAGE HEALTHY LIFESTYLES AND EARLY  
39                     DETECTION OF TB AS PART OF THEIR CORPORATE SOCIAL RESPONSIBILITY  
40                     (CSR) PROGRAMS. THE DOH SHALL GIVE NATIONAL RECOGNITION AND  
41                     REWARDS TO ALL BUSINESS ORGANIZATION FOR OUTSTANDING, INNOVATIVE  
42                     AND WORLD-CLASS CSR-RELATED SERVICES FOR TB ELIMINATION.”

43

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

46

47                     “SEC. 17. *CONVERGENCE OF TB SERVICES.* – EACH LOCAL  
48                     GOVERNMENT UNIT (LGU) SHALL HAVE A TB STRATEGIC PLAN TO BE  
49                     INITIATED BY ITS LOCAL HEALTH BOARD AND APPROVED BY ITS

1                   SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL HEALTH BOARD AT THE  
2 PROVINCIAL, CITY, MUNICIPAL OR BARANGAY LEVEL, SHALL ASSIST THE  
3 CORRESPONDING SANGGUNIAN IN THE CRAFTING OF TB LOCAL ORDINANCE  
4 AND BUILDING LOCAL OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS  
5 TERRITORIAL JURISDICTION.

6                   THE LGUs, THROUGH THEIR LOCAL SOCIAL WELFARE AND  
7 DEVELOPMENT OFFICES, SHALL COVER ALL INDIRECT COSTS OF ACCESSING  
8 TB TREATMENT, INCLUDING TRANSPORTATION, MEALS, ACCOMMODATION OR  
9 HALFWAY HOUSE, AMONG OTHERS. THE DEPARTMENT OF SOCIAL WELFARE  
10 AND DEVELOPMENT (DSWD) MAY HELP DEFRAY THESE EXPENSES THROUGH  
11 THE CRISIS INTERVENTION UNIT.

12                  THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE) SHALL  
13 REQUIRE ALL PRIVATE WORKPLACES TO DEVELOP THEIR OWN POLICIES ON  
14 TB PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH  
15 NATIONAL LAWS AND POLICIES, PREVENTION STRATEGIES THROUGH  
16 ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE  
17 OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE  
18 SHALL BE EMPHASIZED.

19                  THE CIVIL SERVICE COMMISSION (CSC) SHALL REQUIRE ALL  
20 GOVERNMENT WORKPLACES TO DEVELOP THEIR OWN POLICIES ON TB  
21 PREVENTION, WHICH SHALL BE IMPLEMENTED IN ACCORDANCE WITH  
22 NATIONAL LAW AND POLICIES, PREVENTION STRATEGIES THROUGH  
23 ADVOCACY, EDUCATION AND TRAINING. MEASURES TO IMPROVE  
24 OCCUPATIONAL SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE  
25 SHALL BE EMPHASIZED.

26                  THE TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY  
27 (TESDA) SHALL IMPLEMENT A NON – DISCRIMINATORY APPROACH IN DEALING  
28 WITH CLIENTS SUFFERING FROM TB AND SHALL INCORPORATE TB  
29 AWARENESS IN THE TRAINING PROGRAM OF ITS TECHNICAL AND  
30 VOCATIONAL EDUCATION (TVET) INSTITUTIONS THROUGH THE CONDUCT OF  
31 RELEVANT SEMINARS FOR ALL ITS STUDENTS. THE TESDA SHALL ESTABLISH  
32 FOCUS GROUPS FOR CLIENTS WHO ARE AFFLICTED WITH THE DISEASE.

33                  THE DepEd, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR AND  
34 LOCAL GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT AGENCIES  
35 SHALL DEVELOP A COMPREHENSIVE PROGRAM OF SUPPORT SERVICES FOR  
36 TB VICTIMS AND THEIR Affected CHILDREN AND FAMILIES.”

37                  SEC. 10. A new section denominated as Section 18 of the same Act is added, to read as  
38 follows:

39                  “SEC. 18. SERVICE DELIVERY NETWORK (SDN). – THE DOH, THROUGH  
40 ITS REGIONAL OFFICES, AND IN COORDINATION WITH LGUs, SHALL  
41 INTEGRATE AND STRENGTHEN THE PROVISION OF TB SERVICES INTO  
42 ESTABLISHED SDNs OR LOCAL HEALTH REFERRAL SYSTEM, WHICH SHALL  
43 NOT BE RESTRICTED WITHIN THE GEOGRAPHIC OR POLITICAL BOUNDARIES  
44 OF LGUs. COLLABORATION ACROSS LGUs SHALL BE ENCOURAGED.

1  
2        THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM  
3        BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS (RHUs), DISTRICT  
4        AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOH-RETAINED  
5        HOSPITALS. THE DOH AND LGUs MAY ENGAGE PRIVATE HEALTH FACILITIES  
6        OR PROVIDERS TO FORM PART OF THE SDN.”  
7

8        SEC. 11. A new section denominated as Section 19 of the same Act is added, to read as  
9        follows:  
10

11        “SEC. 19. **COMPLETION OF TB TREATMENT AS CONDITION FOR**  
12        **RETENTION IN THE CONDITIONAL CASH TRANSFER PROGRAM.** –  
13        BENEFICIARIES OF THE CONDITIONAL CASH TRANSFER PROGRAM OF THE  
14        GOVERNMENT WHO ARE DIAGNOSED WITH TB, INCLUDING DRUG-  
15        SUSCEPTIBLE AND DRUG-RESISTANT TB SHALL BE REQUIRED TO UNDERGO  
16        TB-DOTS AS ONE OF THE ESSENTIAL CONDITIONS FOR RETENTION IN THE  
17        PROGRAM.”  
18

19        SEC. 12. A new section denominated as Section 20 of the same Act is added to read as  
20        follows:  
21

22        “SEC. 20. **SCREENING FOR HIGH RISK POPULATION.** – AS A POLICY, TB  
23        SCREENING SHALL BE HIGHLY RECOMMENDED FOR HIGH RISK POPULATIONS  
24        AND MAY INCLUDE THE FOLLOWING:  
25

- 26        (A) THOSE THAT ARE IN CLOSE CONTACT WITH PERSONS KNOWN OR  
27        SUSPECTED TO HAVE TB;
- 28        (B) THOSE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
29        AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);  
30
- 31        (C) THOSE WHO ARE SMOKERS OF CIGARETTES AND USERS OF  
32        ILLEGAL DRUGS;  
33
- 34        (D) THOSE WHO INJECT ILLICIT DRUGS OR ARE USERS OF OTHER  
35        LOCALLY IDENTIFIED HIGH-RISK SUBSTANCE;  
36
- 37        (E) THOSE WHO HAVE MEDICAL RISK FACTORS, SUCH AS DIABETES  
38        AND OTHER COMPARABLE DISEASES, KNOWN TO INCREASE THE  
39        RISK FOR DISEASE WHEN INFECTION OCCURS;  
40
- 41        (F) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE  
42        SETTINGS;  
43
- 44        (G) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;  
45
- 46        (H) INFANTS, CHILDREN AND ADOLESCENTS EXPOSED TO ADULTS IN  
47        HIGH-RISK CATEGORIES; AND  
48

**(I) SUCH OTHER PERSONS AS MAY BE IDENTIFIED BY THE SECRETARY OF HEALTH**

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

THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING TESTS AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTHCARE SETTINGS AND FACILITIES.”

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

**"SEC. 21. INTEGRATION OF TB SCREENING IN HIV AND AIDS PREVENTION AND CONTROL. – SYMPTOMATIC TB SCREENING AND TB PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND AIDS WITHOUT TB SYMPTOMS SHALL BE PROVIDED AS PART OF THE DELIVERY OF HIV AND AIDS RELATED SERVICES."**

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

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

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

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

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

**"SEC. 24. PERSONNEL COMPLEMENT. - TO ENSURE THE EFFECTIVE IMPLEMENTATION OF THIS ACT, THE DOH SHALL ENSURE THAT THERE SHALL BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND ALLIED PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE OBJECTIVES OF THE TB ELIMINATION PROGRAM. THE FORMULATION OF QUALIFICATION STANDARDS OF THE STAFF COMPLEMENT MUST BE DONE PURSUANT TO CIVIL SERVICE RULES AND REGULATIONS. THE SECRETARY OF THE DOH SHALL SUBMIT THE PROPOSED ORGANIZATIONAL AND STAFFING**

1 MODIFICATION TO THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM)  
2 FOR REVIEW AND APPROVAL.

4 ALL DOH EMPLOYEES AND STAFF INVOLVED IN TB ELIMINATION  
5 PROGRAM SHALL PARTICIPATE IN CAPACITY BUILDING PROGRAMS AND  
6 ACTIVITIES TO BOOST COMPETENCE AND SKILL PROFICIENCY.”

8 SEC. 17. A new section denominated as Section 25 of the same Act is added, to read as  
9 follows:

11 “SEC. 25. **MOBILIZATION.** – THE DOH, IN COORDINATION WITH THE LGUs  
12 AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR, CIVIL  
13 SOCIETY ORGANIZATIONS AND TB PATIENTS’ GROUPS, SHALL SPEARHEAD  
14 THE MOBILIZATION OF KEY AFFECTED POPULATION FOR PUBLIC AWARENESS  
15 CAMPAIGNS AND STIGMA REDUCTION ACTIVITIES. TB PATIENTS’ GROUPS  
16 SHALL BE INVOLVED IN THE PLANNING AND IMPLEMENTATION OF THE  
17 POLICIES AND PROGRAMS THAT AFFECT THEM.”

19 SEC. 18. A new section denominated as Section 26 of the same Act is added, to read as  
20 follows:

22 “SEC. 26. **ALTERNATIVE FINANCING SCHEMES.** – THE DOH IS HEREBY  
23 MANDATED TO EXPLORE ALTERNATIVE FINANCING SCHEMES, IN  
24 CONSULTATION WITH THE DEPARTMENT OF FINANCE (DOF), AND TO ENTER  
25 INTO CONTRACTS WITH ANY PRIVATE HOSPITAL OR HEALTH FACILITY UNDER  
26 THE PUBLIC-PRIVATE PARTNERSHIP (PPP) APPROACH TO STRENGTHEN AND  
27 EXPAND THE PROVISION OF TB DIAGNOSIS AND TREATMENT SERVICES  
28 NATIONWIDE.”

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

33 “SEC. 27. **TAX EXEMPTION.** – ALL GRANTS, BEQUEST, ENDOWMENTS,  
34 DONATIONS AND CONTRIBUTIONS MADE TO THE DOH TO BE USED ACTUALLY,  
35 DIRECTLY AND EXCLUSIVELY BY THE DOH FOR THE PRIMARY PURPOSE OF  
36 CONTRIBUTING TO TUBERCULOSIS ERADICATION ACTIVITIES SHALL BE  
37 EXEMPT FROM DONOR’S TAX AND THE SAME SHALL BE CONSIDERED AS  
38 ALLOWABLE DEDUCTION FROM THE GROSS INCOME OF THE DONOR FOR  
39 PURPOSES OF COMPUTING THE TAXABLE INCOME OF THE DONOR IN  
40 ACCORDANCE WITH THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE  
41 CODE OF 1997, AS AMENDED.”

43 SEC. 20. A new section denominated as Section 28 of the same Act is added, to read as  
44 follows:

46 “SEC. 28. **OTHER SOURCES OF FUNDS.** – THE NATIONAL GOVERNMENT  
47 SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR THIS ACT THROUGH  
48 NEGOTIATION AND UTILIZATION OF LONG-TERM CONCESSIONAL OFFICIAL  
49 DEVELOPMENT ASSISTANCE (ODA), OTHER SOURCES OF FUNDS SUCH AS  
50 GRANTS, DONATIONS, COLLECTIONS AND OTHER FORMS OF ASSISTANCE  
51 FROM LOCAL AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE

1 ENTITIES AND OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES  
2 MAY BE TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH  
3 SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR ACCOUNTING AND  
4 AUDITING GUIDELINES AND PROCEDURES: *PROVIDED*, THAT IN CASE OF  
5 DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE THEREOF SHALL BE  
6 SUBJECT TO EXISTING GOVERNMENT RULES AND REGULATIONS."

7  
8  
9 SEC. 21. A new section denominated as Section 29 of the same Act is added, to read as  
10 follows:

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

20  
21 THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE  
22 COMPOSED OF FIVE (5) MEMBERS FROM THE SENATE AND FIVE (5) MEMBERS  
23 FROM THE HOUSE OF REPRESENTATIVES TO BE APPOINTED BY THE SENATE  
24 PRESIDENT AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES,  
25 RESPECTIVELY. THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL  
26 BE JOINTLY CHAIRED BY THE CHAIRPERSONS OF THE SENATE COMMITTEE  
27 ON HEALTH AND DEMOGRAPHY AND THE HOUSE OF REPRESENTATIVES  
28 COMMITTEE ON HEALTH."

29  
30 SEC. 22. Section 14 of the same Act is hereby renumbered as Section 30.

31  
32 SEC. 23. Section 15 of R.A. 10767 is hereby renumbered as Section 31 and amended, to  
33 read as follows:

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

47  
48 SEC. 24. A new section denominated as Section 32 of the same Act is added, to read as  
49 follows:

1           **"SEC. 32. SUNSET PROVISION. – TWO (2) YEARS AFTER THE**  
2           **EFFECTIVITY OF THIS ACT, CONGRESS, THROUGH THE JCOC-ETB, SHALL**  
3           **CONDUCT A "SUNSET REVIEW" OF THE MANDATED APPROPRIATIONS WHICH**  
4           **SHALL ENTAIL A SYSTEMATIC EVALUATION OF SUCH APPROPRIATION TO**  
5           **DETERMINE WHETHER OR NOT ITS PERFORMANCE, IMPACT, AND**  
6           **ACCOMPLISHMENTS WITH RESPECT TO THE TB ELIMINATION GOAL MERITS**  
7           **CONTINUED EXISTENCE."**

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

12           **"SEC. 33. PENALTIES. – THE PROFESSIONAL REGULATION COMMISSION**  
13          **(PRC) SHALL HAVE THE AUTHORITY TO SUSPEND THE LICENSE TO PRACTICE**  
14          **ANY MEDICAL PROFESSIONAL FOR ANY VIOLATION OF THIS ACT.**

16           **THE CSC SHALL HAVE THE AUTHORITY TO SUSPEND FROM PUBLIC**  
17          **OFFICE A CIVIL SERVANT WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.**

19           **IF THE OFFENSE IS COMMITTED BY A PUBLIC OR PRIVATE HEALTH**  
20          **FACILITY, INSTITUTION, AGENCY, CORPORATION OR OTHER JURIDICAL ENTITY**  
21          **DULY ORGANIZED IN ACCORDANCE WITH LAW, THE CHIEF EXECUTIVE**  
22          **OFFICER, PRESIDENT, GENERAL MANAGER OR SUCH OTHER OFFICER IN**  
23          **CHARGE SHALL BE LIABLE. IN ADDITION, THE BUSINESS PERMIT AND LICENSE**  
24          **TO OPERATE OF THE CONCERNED FACILITY, INSTITUTION, AGENCY,**  
25          **CORPORATION OR LEGAL ENTITY SHALL BE SUSPENDED ACCORDINGLY."**

27           **SEC. 26.** A new section denominated as Section 34 of the same Act is added to read as  
28          follows:

30           **"SEC. 34. TRANSITORY PROVISION. – THE PENALTIES CONTEMPLATED**  
31          **IN SECTION 33 OF THIS ACT SHALL BE IMPLEMENTED ONLY AFTER EFFICIENT**  
32          **AND MASSIVE TRAINING AND ORIENTATION FOR PHYSICIANS AND ALLIED**  
33          **HEALTH PROFESSIONALS AND A FRAMEWORK AND SYSTEM SUPPORT FOR**  
34          **THE IMPLEMENTATION AND MONITORING OF THE REQUIREMENTS OF SECTION**  
35          **11 ON THE REGULATION ON SALE AND USE OF TB DRUGS AND SECTION 12 ON**  
36          **TB CASES NOTIFICATION OF R.A. 10767 HAS BEEN ESTABLISHED: PROVIDED,**  
37          **THAT SUCH PERIOD OF IMPLEMENTATION SHALL BE COMPLETED BY THE**  
38          **YEAR 2025."**

40           **SEC. 27.** Section 16 of RA 10767 is hereby renumbered as Section 35 and amended to  
41          read as follows:

43           **"SEC. 35. *Implementing Rules and Regulations.* – The DOH, in consultation**  
44          **with the DepEd, the CHED, the PIA, the LGUs, non-government organizations, CSOs,**  
45          **BROADCAST MEDIA, PRINT MEDIA and other concerned entities, shall issue the rules**  
46          **and regulations [implementing] TO IMPLEMENT the provisions of this Act within ninety**  
47          **(90) days from its effectivity."**

49           **SEC. 28.** Section 17, 18 and 19 of the same Act are hereby renumbered as 36, 37, and  
50          38 respectively.

1           **SEC. 29. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in  
2           the *Official Gazette* or in a newspaper of general circulation.  
3  
4

*Approved,*

## **FACT SHEET**

**House Bill Number** 6496

(As approved by the Committee on September 30, 2019)

In substitution to House Bill Numbered 0167

### **AN ACT**

### **STRENGTHENING THE NATIONAL PROGRAM FOR THE ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10767 OR THE "COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT"**

Introduced by: Reps. Angelina "Helen" D.L. Tan, M.D., Estrellita B. Suansing and Geraldine B. Roman

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Committee Referral: Committee on Health (Primary)

Committee Chairperson: Rep. Angelina "Helen" D.L. Tan, M.D.

Committee Referral: Committee on Appropriations (Secondary)

Committee Chairperson: Rep. Isidro T. Ungab

Committee Referral: Committee on Appropriations (Secondary)

Committee Chairperson: Rep. Joey Sarte Salceda

### **OBJECTIVE:**

- To support and expand efforts to eliminate tuberculosis (TB) by the comprehensive monitoring of TB patients, the implementation of a wider public awareness program, and harnessing the support of the private sector thereto.

### **KEY PROVISIONS:**

- Inclusion in the module of the basic education curriculum while intensifies information and education programs for the allied health care students to learn the principles and practices of preventing, detecting, managing and controlling tuberculosis.
- Launch media campaign regarding awareness on tuberculosis treatment, control, and management.
- Promotes for the establishment of the TB Registry and Monitoring System by Service Delivery Networks and the DOH in all hospital and health facilities including clinics which shall include information on new cases of TB, patient's TB type, prescribed treatment and after treatment results.

- Requires TB registry for the renewal of license to operate of the health center, hospital, and health facilities.
- Prescribes on level II and level III private hospitals to seek accreditation from PhilHealth as TB-DOTS provider.
- Expands PhilHealth's benefit package for TB patients which include TB screening, multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR TB), in both adults and children and on TB-DOTS.
- Ensures that there are adequate competent and qualified staffs and allied professionals to effectively carry out the objectives of the TB elimination program. Staffs shall also participate in capacity building programs and activities to boost competence and skill proficiency.
- Provides patient's rights and responsibilities, corporate social responsibility to encourage business corporations to contribute in the ongoing efforts to reduce the incidence of TB in the country.

#### **RELATED LAWS:**

- Republic Act No. 10767 – Comprehensive Tuberculosis Elimination Plan Act
- Republic Act No. 10606 – National Insurance Act of 2013
- Article 694 and 695 of R.A. 386 – Civil code of the Philippines