

HOUSE OF REPRESENTATIVES

H. No. 6496

BY REPRESENTATIVES TAN (A.), SUANSING (E.), ROMAN, UNGAB, GARCIA (J.E.), MOMO, BASCUG, BORDADO, GAITE, GO (M.), NATIVIDAD-NAGAÑO, ROMULO, TUTOR, JIMENEZ, ROMUALDEZ (F.M.), DALIPE, NIETO AND REVILLA, PER COMMITTEE REPORT NO. 270

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
2 amended to read as follows:

3 “SEC. 8 *Education Programs.* – The [Secretary of
4 Health] CHAIRPERSON OF THE COMMISSION ON HIGHER
5 EDUCATION (CHED), in coordination with the
6 [Commission on Higher Education (CHED)] SECRETARY
7 OF THE DEPARTMENT OF HEALTH (DOH), shall
8 encourage the faculty of schools of medicine, nursing
9 or medical technology and allied health institutions, to

2
1 intensify information and education programs, including
2 the development of curricula, to significantly increase
3 the opportunities for students and for practicing providers
4 to learn the principles and practices of preventing,
5 detecting, managing, and controlling tuberculosis.”
6 SEC. 2. Section 9 of the same Act is hereby amended to read
7 as follows:

8 “SEC. 9. *Inclusion in Basic Education.* – The
9 Secretary of [Health] THE DEPARTMENT OF EDUCATION
10 (DEPED), in coordination with the Secretary of the
11 [Department of Education (DepED)] DOH, shall [work
12 for] ENSURE the inclusion of modules on the principles
13 and practices of preventing, detecting, managing and
14 controlling tuberculosis in the [health curriculum of
15 every public and private elementary and high school]
16 BASIC EDUCATION CURRICULUM.”

17 SEC. 3. Section 10 of the same Act is hereby amended to read
18 as follows:

19 “SEC. 10. *Media Campaign.* – The [Secretary of
20 Health] DIRECTOR – GENERAL OF THE PHILIPPINE
21 INFORMATION AGENCY (PIA), in coordination with
22 the [Philippine Information Agency (PIA)] SECRETARY
23 OF THE DOH, shall encourage local media outlets to
24 launch a MASSIVE, NATIONWIDE, CONSISTENT AND
25 SUSTAINED media campaign on tuberculosis control,
26 treatment and management, using all forms of

1 multimedia and other electronic means of
2 communication.

3 "x x x."

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

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

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

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

26 SEC. 5. Section 13 of the same Act is hereby amended to read
27 as follows:

1 "SEC. 13. *PhilHealth TB Package.* — The
2 Philippine Health Insurance Corporation, otherwise
3 known as the PhilHealth, shall, as far as practicable,
4 expand its benefit package for TB patients to
5 include new, relapse and return-after-default cases,
6 [and extension of treatment] MULTIDRUG-RESISTANT
7 TUBERCULOSIS (MDR-TB), AND EXTENSIVELY
8 DRUG-RESISTANT TB (XDR-TB), FOR BOTH ADULTS
9 AND CHILDREN. THE DEVELOPMENT OR EXPANSION
10 OF ANY PHILHEALTH BENEFIT SHALL UNDERGO
11 A PROPER, TRANSPARENT AND STANDARDIZED
12 PRIORITIZATION SETTING PROCESS, SUCH AS
13 HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL
14 FEASIBILITY STUDY TO AVOID INEQUITABLE
15 ALLOCATION OF FUNDS FOR HEALTHCARE SERVICES.

16 "x x x."

17 SEC. 6. A new section denominated as Section 14 of the same
18 Act is added to read as follows:

19 **"SEC. 14. TB REGISTRY AND MONITORING**
20 **SYSTEM. — THE DOH, IN COLLABORATION WITH THE**
21 **APPROPRIATE AGENCIES AND STAKEHOLDERS, SHALL**
22 **ESTABLISH A TB REGISTRY AND MONITORING SYSTEM**
23 **WHICH SHALL COVER ALL FORMS OF TB AMONG ADULTS**
24 **AND CHILDREN. THE POPULATION-BASED TB REGISTRY**
25 **SHALL CONTAIN DATA ON ALL NEW CASES OF TB**
26 **ACCORDING TO GEOGRAPHICAL REGIONS, PROVIDE THE**
27 **FRAMEWORK FOR ASSESSING AND CONTROLLING THE**
28 **IMPACT OF THE DISEASE AND SHALL SERVE AS A**

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

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

27 SEC. 7. A new section denominated as Section 15 of the same
 28 Act is added to read as follows:

1 "SEC. 15. TB PATIENTS' RIGHTS AND
 2 RESPONSIBILITIES. -

3 "(A) A PERSON WITH TB SHALL HAVE THE
 4 FOLLOWING RIGHTS:

5 "(1) THE RIGHT TO BE TREATED HUMANELY AND
 6 WITH RESPECT FOR THE INHERENT DIGNITY OF THE
 7 HUMAN PERSON IN THE DELIVERY OF SERVICES
 8 WITHOUT STIGMA, PREJUDICE OR DISCRIMINATION;

9 "(2) THE RIGHT TO FREE AND EQUITABLE ACCESS
 10 TO TB CARE FROM THE TIME OF DIAGNOSIS TO
 11 COMPLETION OF TREATMENT;

12 "(3) THE RIGHT TO RECEIVE MEDICAL ADVICE
 13 AND TREATMENT THAT MEETS INTERNATIONAL
 14 STANDARDS FOR TB CARE, CENTERING ON PATIENT
 15 NEEDS, INCLUDING THOSE OF PATIENTS WITH
 16 XDR-TB, MDR-TB OR TB-HUMAN IMMUNODEFICIENCY
 17 VIRUS (HIV) COINFECTION, AND PREVENTIVE
 18 TREATMENT FOR YOUNG CHILDREN AND OTHERS
 19 CONSIDERED TO BE AT HIGH RISK;

20 "(4) THE RIGHT TO BENEFIT FROM PROACTIVE
 21 HEALTH SECTOR COMMUNITY OUTREACH, EDUCATION
 22 AND PREVENTION CAMPAIGNS AS PART OF
 23 COMPREHENSIVE HEALTHCARE PROGRAMS;

24 "(5) THE RIGHT TO INFORMATION ABOUT THE
 25 AVAILABILITY OF HEALTHCARE SERVICES FOR TB AND
 26 THE RESPONSIBILITIES, ENGAGEMENTS AND DIRECT OR
 27 INDIRECT COSTS INVOLVED;

28 "(6) THE RIGHT TO CONFIDENTIALITY RELATING
 29 TO THE MEDICAL CONDITION WITHOUT PREJUDICE TO

1 THE RESPONSIBILITY OF HEALTHCARE PROVIDERS TO
 2 NOTIFY TB CASES AS PROVIDED FOR UNDER THIS ACT;

3 “(7) THE RIGHT TO PARTICIPATE AS
 4 STAKEHOLDERS IN THE DEVELOPMENT, IMPLEMENTATION,
 5 MONITORING AND EVALUATION OF TB POLICIES
 6 AND PROGRAMS WITH LOCAL, NATIONAL, AND
 7 INTERNATIONAL HEALTH AUTHORITIES;

8 “(8) THE RIGHT TO JOB SECURITY AFTER
 9 DIAGNOSIS OR APPROPRIATE REHABILITATION AND
 10 UPON COMPLETION OF TREATMENT;

11 “(9) THE RIGHT TO NUTRITIONAL SECURITY OR
 12 FOOD SUPPLEMENTS NEEDED TO MEET TREATMENT
 13 REQUIREMENTS;

14 “(10) THE RIGHT TO EXERCISE ALL CIVIL,
 15 POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS
 16 RESPECTING INDIVIDUAL QUALITIES, ABILITIES AND
 17 DIVERSE BACKGROUNDS AND WITHOUT ANY
 18 DISCRIMINATION ON GROUNDS OF PHYSICAL DISABILITY,
 19 AGE, GENDER, SEXUAL ORIENTATION, RACE, COLOR,
 20 LANGUAGE, CIVIL STATUS, RELIGION OR ETHNIC OR
 21 SOCIAL ORIGIN OF THE TB PATIENT CONCERNED AS
 22 RECOGNIZED IN THE UNIVERSAL DECLARATION OF
 23 HUMAN RIGHTS, THE INTERNATIONAL COVENANT ON
 24 CIVIL AND POLITICAL RIGHTS, THE INTERNATIONAL
 25 COVENANT ON ECONOMIC, SOCIAL AND CULTURAL
 26 RIGHTS; AND

27 “(11) THE RIGHT TO EMPLOYMENT WITHOUT
 28 DISCRIMINATION, REASONABLE WORKING ARRANGEMENTS

1 AND RESTORATION TO WORK UPON CERTIFICATION
 2 FROM THE COMPANY BY A TB-DOTS PHYSICIAN.

3 “(B) A PERSON WITH TB SHALL HAVE THE
 4 FOLLOWING RESPONSIBILITIES:

5 “(1) TO PROVIDE AS MUCH INFORMATION AS
 6 POSSIBLE TO HEALTHCARE PROVIDERS ABOUT THEIR
 7 PRESENT HEALTH CONDITION, PAST ILLNESSES AND
 8 OTHER RELEVANT DETAILS;

9 “(2) TO PROVIDE INFORMATION TO HEALTHCARE
 10 PROVIDERS ABOUT CONTACTS WITH IMMEDIATE
 11 FAMILY, FRIENDS AND OTHER PERSONS WHO MAY BE
 12 VULNERABLE TO TB OR WHO MAY HAVE BEEN INFECTED;

13 “(3) TO FOLLOW THE PRESCRIBED AND AGREED
 14 TREATMENT REGIMEN AND TO CONSCIENTIOUSLY
 15 COMPLY WITH THE INSTRUCTIONS GIVEN TO PROTECT
 16 THEIR HEALTH AND THOSE OF OTHER PERSONS;

17 “(4) TO INFORM HEALTHCARE PROVIDERS OF
 18 ANY DIFFICULTY OR PROBLEM IN UNDERGOING OR
 19 COMPLETING THE PRESCRIBED TREATMENT, OR IF
 20 ANY PART OF THE TREATMENT IS NOT CLEARLY
 21 UNDERSTOOD;

22 “(5) TO CONTRIBUTE TO COMMUNITY
 23 WELL-BEING BY ENCOURAGING THOSE WHO EXHIBIT
 24 SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;

25 “(6) TO SHOW CONSIDERATION FOR THE RIGHTS
 26 OF OTHER PATIENTS AND HEALTHCARE PROVIDERS,
 27 UNDERSTANDING THAT THIS IS THE DIGNIFIED BASIS
 28 AND RESPECTFUL FOUNDATION OF THE TB COMMUNITY;

1 “(7) TO SHOW MORAL RESPONSIBILITY AND
2 SOLIDARITY WITH OTHER PATIENTS WHO ARE ON THE
3 WAY TO RECOVERY AND CURE;

4 “(8) TO SHARE INFORMATION AND KNOWLEDGE
5 GAINED DURING TREATMENT AND TO SHARE THIS
6 EXPERTISE WITH OTHERS IN THE COMMUNITY,
7 THUS EMPOWERING OTHERS; AND

8 “(9) TO JOIN IN EFFORTS TO PROMOTE HEALTHY
9 AND TB-FREE COMMUNITIES.”

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

12 **“SEC. 16. PRIVATE SECTOR PARTICIPATION. –**
13 THE DOH SHALL ENCOURAGE THE PARTICIPATION
14 OF THE PRIVATE SECTOR IN THE NATIONAL TB
15 ELIMINATION PROGRAM, WHICH SHALL INCLUDE
16 PRIVATE CORPORATIONS, CIVIL SOCIETY
17 ORGANIZATIONS (CSOs), NONGOVERNMENT
18 ORGANIZATIONS (NGOs) AND SUCH OTHER GROUPS
19 OR ORGANIZATIONS, BOTH FOREIGN AND LOCAL,
20 THAT MAY WISH TO PARTICIPATE IN THE
21 IMPLEMENTATION OF THIS ACT.

22 “ALL BUSINESS ORGANIZATIONS ESTABLISHED
23 AND OPERATING UNDER PHILIPPINE LAWS, WHETHER
24 DOMESTIC OR FOREIGN, ARE ENCOURAGED TO
25 CONTRIBUTE IN THE GOVERNMENT'S CONTINUING
26 EFFORTS TO REDUCE THE INCIDENCE OF TB IN THE
27 COUNTRY BY CONDUCTING TB-PREVENTION OR OTHER
28 PROJECTS THAT ENCOURAGE HEALTHY LIFESTYLES

1 AND EARLY DETECTION OF TB AS PART OF
2 THEIR CORPORATE SOCIAL RESPONSIBILITY (CSR)
3 PROGRAMS. THE DOH SHALL GIVE NATIONAL
4 RECOGNITION AND REWARDS TO ALL BUSINESS
5 ORGANIZATIONS FOR OUTSTANDING, INNOVATIVE AND
6 WORLD-CLASS CSR-RELATED SERVICES FOR TB
7 ELIMINATION.”

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

10 **“SEC. 17. CONVERGENCE OF TB SERVICES. –**

11 EACH LOCAL GOVERNMENT UNIT (LGU) SHALL
12 HAVE A TB STRATEGIC PLAN TO BE INITIATED BY
13 ITS LOCAL HEALTH BOARD AND APPROVED BY
14 ITS SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL
15 HEALTH BOARD AT THE PROVINCIAL, CITY, MUNICIPAL
16 OR BARANGAY LEVEL SHALL ASSIST THE
17 CORRESPONDING SANGGUNIAN IN THE CRAFTING
18 OF TB LOCAL ORDINANCE AND BUILDING LOCAL
19 OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS
20 TERRITORIAL JURISDICTION.

21 “THE LGUs, THROUGH THEIR LOCAL SOCIAL
22 WELFARE AND DEVELOPMENT OFFICES, SHALL
23 COVER ALL INDIRECT COSTS OF ACCESSING TB
24 TREATMENT, INCLUDING TRANSPORTATION, MEALS,
25 ACCOMMODATION OR HALFWAY HOUSE, AMONG
26 OTHERS. THE DEPARTMENT OF SOCIAL WELFARE
27 AND DEVELOPMENT (DSWD) MAY HELP DEFRAY

1 THESE EXPENSES THROUGH THE CRISIS INTERVENTION
2 UNIT.

3 "THE DEPARTMENT OF LABOR AND EMPLOYMENT
4 (DOLE) SHALL REQUIRE ALL PRIVATE WORKPLACES
5 TO DEVELOP THEIR OWN POLICIES ON TB PREVENTION,
6 WHICH SHALL BE IMPLEMENTED IN ACCORDANCE
7 WITH NATIONAL LAWS AND POLICIES, PREVENTION
8 STRATEGIES THROUGH ADVOCACY, EDUCATION AND
9 TRAINING. MEASURES TO IMPROVE OCCUPATIONAL
10 SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE
11 SHALL BE EMPHASIZED.

12 "THE CIVIL SERVICE COMMISSION (CSC) SHALL
13 REQUIRE ALL GOVERNMENT WORKPLACES TO
14 DEVELOP THEIR OWN POLICIES ON TB PREVENTION,
15 WHICH SHALL BE IMPLEMENTED IN ACCORDANCE
16 WITH NATIONAL LAWS AND POLICIES, PREVENTION
17 STRATEGIES THROUGH ADVOCACY, EDUCATION AND
18 TRAINING. MEASURES TO IMPROVE OCCUPATIONAL
19 SAFETY AND HEALTH CONDITIONS IN THE WORKPLACE
20 SHALL BE EMPHASIZED.

21 "THE TECHNICAL EDUCATION AND SKILLS
22 DEVELOPMENT AUTHORITY (TESDA) SHALL
23 IMPLEMENT A NONDISCRIMINATORY APPROACH IN
24 DEALING WITH CLIENTS SUFFERING FROM TB
25 AND SHALL INCORPORATE TB AWARENESS IN
26 THE TRAINING PROGRAM OF ITS TECHNICAL AND
27 VOCATIONAL EDUCATION AND TRAINING (TVET)
28 INSTITUTIONS THROUGH THE CONDUCT OF RELEVANT
29 SEMINARS FOR ALL ITS STUDENTS. THE TESDA SHALL

1 ESTABLISH FOCUS GROUPS FOR CLIENTS WHO ARE
2 AFFLICTED WITH THE DISEASE.

3 "THE DEPED, CHED, TESDA, DOLE,
4 DEPARTMENT OF THE INTERIOR AND LOCAL
5 GOVERNMENT, AND OTHER APPROPRIATE GOVERNMENT
6 AGENCIES SHALL DEVELOP A COMPREHENSIVE
7 PROGRAM OF SUPPORT SERVICES FOR TB VICTIMS
8 AND THEIR AFFECTED CHILDREN AND FAMILIES."

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

11 "SEC. 18. SERVICE DELIVERY NETWORK (SDN). -
12 THE DOH, THROUGH ITS REGIONAL OFFICES, AND IN
13 COORDINATION WITH LGUS, SHALL INTEGRATE AND
14 STRENGTHEN THE PROVISION OF TB SERVICES INTO
15 ESTABLISHED SDNs OR LOCAL HEALTH REFERRAL
16 SYSTEM, WHICH SHALL NOT BE RESTRICTED WITHIN
17 THE GEOGRAPHIC OR POLITICAL BOUNDARIES OF
18 LGUS. COLLABORATION ACROSS LGUS SHALL BE
19 ENCOURAGED.

20 "THE SDN SHALL BE A NETWORK OF FACILITIES
21 RANGING FROM BARANGAY HEALTH STATIONS (BHS),
22 RURAL HEALTH UNITS (RHUs), DISTRICT AND/OR
23 CITY HOSPITALS, TO THE PROVINCIAL AND/OR
24 DOH-RETAINED HOSPITALS. THE DOH AND LGUS
25 MAY ENGAGE PRIVATE HEALTH FACILITIES OR
26 PROVIDERS TO FORM PART OF THE SDN."

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

1 **"SEC. 19. COMPLETION OF TB TREATMENT AS
2 CONDITION FOR RETENTION IN THE CONDITIONAL
3 CASH TRANSFER PROGRAM. – BENEFICIARIES OF THE
4 CONDITIONAL CASH TRANSFER PROGRAM OF THE
5 GOVERNMENT WHO ARE DIAGNOSED WITH TB,
6 INCLUDING DRUG-SUSCEPTIBLE AND DRUG-RESISTANT
7 TB SHALL BE REQUIRED TO UNDERGO TB-DOTS AS
8 ONE OF THE ESSENTIAL CONDITIONS FOR RETENTION
9 IN THE PROGRAM."**

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

12 **"SEC. 20. SCREENING FOR HIGH-RISK
13 POPULATION. – AS A POLICY, TB SCREENING SHALL BE
14 HIGHLY RECOMMENDED FOR HIGH-RISK POPULATIONS
15 AND MAY INCLUDE THE FOLLOWING:**

16 **"(A) THOSE THAT ARE IN CLOSE CONTACT WITH
17 PERSONS KNOWN OR SUSPECTED TO HAVE TB;**

18 **"(B) THOSE INFECTED WITH HIV AND ACQUIRED
19 IMMUNE DEFICIENCY SYNDROME (AIDS);**

20 **"(C) THOSE WHO ARE SMOKERS OF CIGARETTES
21 AND USERS OF ILLEGAL DRUGS;**

22 **"(D) THOSE WHO INJECT ILLICIT DRUGS OR
23 ARE USERS OF OTHER LOCALLY IDENTIFIED HIGH-RISK
24 SUBSTANCE;**

25 **"(E) THOSE WHO HAVE MEDICAL RISK FACTORS,
26 SUCH AS DIABETES AND OTHER COMPARABLE DISEASES,
27 KNOWN TO INCREASE THE RISK FOR DISEASE WHEN
28 INFECTION OCCURS;**

1 **"(F) RESIDENTS AND EMPLOYEES OF HIGH-RISK
2 CONGREGATE SETTINGS;**

3 **"(G) HEALTHCARE WORKERS WHO SERVE
4 HIGH-RISK CLIENTS;**

5 **"(H) INFANTS, CHILDREN AND ADOLESCENTS
6 EXPOSED TO ADULTS IN HIGH-RISK CATEGORIES; AND**

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

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

15 **"THE DOH SHALL ENSURE ACCESS TO ROUTINE
16 TB SCREENING TESTS AS PART OF CLINICAL AND
17 MEDICAL CARE IN ALL HEALTHCARE SETTINGS AND
18 FACILITIES."**

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

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

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

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

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

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

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

21 **"SEC. 24. PERSONNEL COMPLEMENT.** – TO
 22 ENSURE THE EFFECTIVE IMPLEMENTATION OF THIS
 23 ACT, THE DOH SHALL ENSURE THAT THERE SHALL
 24 BE ADEQUATE COMPETENT AND QUALIFIED STAFF AND
 25 ALLIED PROFESSIONALS WHO SHALL EFFECTIVELY
 26 CARRY OUT THE OBJECTIVES OF THE TB ELIMINATION
 27 PROGRAM. THE FORMULATION OF QUALIFICATION
 28 STANDARDS OF THE STAFF COMPLEMENT MUST BE DONE
 29 PURSUANT TO CIVIL SERVICE RULES AND REGULATIONS.

1 THE SECRETARY OF THE DOH SHALL SUBMIT THE
 2 PROPOSED ORGANIZATIONAL AND STAFFING
 3 MODIFICATION TO THE DEPARTMENT OF BUDGET AND
 4 MANAGEMENT (DBM) FOR REVIEW AND APPROVAL.

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

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

11 **"SEC. 25. MOBILIZATION.** – THE DOH, IN
 12 COORDINATION WITH THE LGUS AND OTHER RELEVANT
 13 GOVERNMENT AGENCIES, PRIVATE SECTOR, CSOS AND
 14 TB PATIENTS' GROUPS, SHALL SPEARHEAD THE
 15 MOBILIZATION OF KEY Affected POPULATION FOR
 16 PUBLIC AWARENESS CAMPAIGNS AND STIGMA
 17 REDUCTION ACTIVITIES. TB PATIENTS' GROUPS SHALL
 18 BE INVOLVED IN THE PLANNING AND IMPLEMENTATION
 19 OF THE POLICIES AND PROGRAMS THAT AFFECT THEM."

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

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

1 EXPAND THE PROVISION OF TB DIAGNOSIS AND
2 TREATMENT SERVICES NATIONWIDE."

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

5 **"SEC. 27. TAX EXEMPTION. - ALL GRANTS,**
6 BEQUESTS, ENDOWMENTS, DONATIONS AND
7 CONTRIBUTIONS MADE TO THE DOH TO BE USED
8 ACTUALLY, DIRECTLY AND EXCLUSIVELY BY THE DOH
9 FOR THE PRIMARY PURPOSE OF CONTRIBUTING TO TB
10 ERADICATION ACTIVITIES SHALL BE EXEMPT FROM
11 DONOR'S TAX AND THE SAME SHALL BE CONSIDERED AS
12 ALLOWABLE DEDUCTION FROM THE GROSS INCOME OF
13 THE DONOR FOR PURPOSES OF COMPUTING THE
14 TAXABLE INCOME OF THE DONOR IN ACCORDANCE WITH
15 THE PROVISIONS OF THE NATIONAL INTERNAL
16 REVENUE CODE OF 1997, AS AMENDED."

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

19 **"SEC. 28. OTHER SOURCES OF FUNDS. - THE**
20 NATIONAL GOVERNMENT SHALL PRIORITIZE THE
21 OUTSOURCING OF FUNDS FOR THIS ACT THROUGH
22 NEGOTIATION AND UTILIZATION OF LONG-TERM
23 CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE
24 (ODA), OTHER SOURCES OF FUNDS SUCH AS GRANTS,
25 DONATIONS, COLLECTIONS AND OTHER FORMS OF
26 ASSISTANCE FROM LOCAL AND FOREIGN DONORS OR
27 OTHER PUBLIC OR PRIVATE ENTITIES. OTHER PRIVATE
28 DOMESTIC AND INTERNATIONAL SOURCES MAY BE
29 TAPPED AND FACILITATED BY THE DOH TO SUPPORT

1 THE HEALTH SERVICES UNDER THIS ACT, SUBJECT TO
2 THE REGULAR ACCOUNTING AND AUDITING GUIDELINES
3 AND PROCEDURES: **PROVIDED**, THAT IN CASE OF
4 DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE
5 THEREOF SHALL BE SUBJECT TO EXISTING GOVERNMENT
6 RULES AND REGULATIONS."

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

9 **"SEC. 29. JOINT CONGRESSIONAL OVERSIGHT**
10 **COMMITTEE ON THE ELIMINATION OF TB (JCOC-ETB).**

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

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

1 BY THE CHAIRPERSONS OF THE SENATE COMMITTEE ON
 2 HEALTH AND DEMOGRAPHY AND THE HOUSE OF
 3 REPRESENTATIVES' COMMITTEE ON HEALTH."

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

6 SEC. 23. Section 15 of the same Act is hereby renumbered as
 7 Section 31 and amended to read as follows:

8 "SEC. [15] 31. *Appropriations.* – The amount
 9 necessary to [implement] CARRY OUT the provisions of
 10 this Act shall be charged against the CURRENT YEAR
 11 appropriations of the [DOH, the DepED, the CHED and
 12 the PIA under the General Apprорiations Act]
 13 CONCERNED GOVERNMENT AGENCIES. IN ADDITION TO,
 14 AND CONSISTENT WITH THE COUNTRY'S COMMITMENT
 15 TO ENSURE SUFFICIENT AND SUSTAINABLE FINANCIAL
 16 SUPPORT TO END THE TB EPIDEMIC, PARTICULARLY ON
 17 THE DEVELOPMENT OF A NATIONAL STRATEGIC
 18 PROGRAM TO LOCATE AND TREAT OVER TWO (2)
 19 MILLION FILIPINOS INFILCTED WITH TB IN THE NEXT
 20 FIVE (5) YEARS, AN AMOUNT TO BE DETERMINED BY THE
 21 DOH, IN CONSULTATION WITH THE DOF AND THE
 22 DBM, SHALL BE INCLUDED IN THE ANNUAL
 23 APPROPRIATION OF THE DOH: *Provided*, THAT THE
 24 ADMINISTRATIVE EXPENSES TO IMPLEMENT THE
 25 PROGRAM SHALL NOT EXCEED ONE PERCENT (1%) OF
 26 THE PROGRAM COST."

1 SEC. 24. A new section denominated as Section 32 of the same
 2 Act is added to read as follows:

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

12 SEC. 25. A new section denominated as Section 33 of the same
 13 Act is added to read as follows:

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

19 "THE CSC SHALL HAVE THE AUTHORITY TO
 20 SUSPEND FROM PUBLIC OFFICE A CIVIL SERVANT
 21 WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.

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

1 AGENCY, CORPORATION OR LEGAL ENTITY SHALL BE
 2 SUSPENDED ACCORDINGLY."

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

5 "SEC. 34. *TRANSITORY PROVISION.* – THE
 6 PENALTIES CONTEMPLATED IN SECTION 33 OF THIS
 7 ACT SHALL BE IMPLEMENTED ONLY AFTER EFFICIENT
 8 AND MASSIVE TRAINING AND ORIENTATION FOR
 9 PHYSICIANS AND ALLIED HEALTH PROFESSIONALS
 10 AND A FRAMEWORK AND SYSTEM SUPPORT FOR
 11 THE IMPLEMENTATION AND MONITORING OF THE
 12 REQUIREMENTS OF SECTION 11 ON THE REGULATION
 13 ON SALE AND USE OF TB DRUGS AND SECTION 12
 14 ON TB CASES NOTIFICATION OF REPUBLIC ACT NO.
 15 10767 HAS BEEN ESTABLISHED: *PROVIDED*, THAT SUCH
 16 PERIOD OF IMPLEMENTATION SHALL BE COMPLETED BY
 17 THE YEAR 2025."

18 SEC. 27. Section 16 of Republic Act No. 10767 is hereby
 19 renumbered as Section 35 and amended to read as follows:

20 "SEC. 35. *Implementing Rules and Regulations.* –
 21 The DOH, in consultation with the DepED, the CHED,
 22 the PIA, the LGUs, nongovernment organizations,
 23 CSOs, BROADCAST MEDIA, PRINT MEDIA and other
 24 concerned entities, shall issue the rules and regulations
 25 [implementing] TO IMPLEMENT the provisions of this
 26 Act within ninety (90) days from its effectivity."

27 SEC. 28. Sections 17, 18, and 19 of the same Act are hereby
 28 renumbered as 36, 37, and 38, respectively.

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

Approved,

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