

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

0167

HOUSE BILL NO. _____



Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

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"

EXPLANATORY NOTE

This bill seeks to amend Republic Act No. 10767 otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act", which was enacted in 2016 to support and expand efforts to eliminate tuberculosis as a public health problem in the country.

Albeit the law is barely being implemented, there is a compelling need to strengthen the same in light of the recent approval of the Political Declaration on the Fight Against Tuberculosis (TB) which was endorsed at the UN High-Level Meeting (HLM) on TB by the heads of state and government and their representatives.

The UN HLM on TB on 26 September 2018 in New York under the theme "United to end tuberculosis: an urgent global response to a global epidemic" is a tremendous and unprecedented step forward by governments and all partners engaged in the fight against TB. It aims at accelerating efforts in ending TB and reaching all affected people with prevention and care and follows on from a very successful Ministerial Conference on Ending TB in Moscow on 16-17 November 2017 which resulted in high-level commitments from Ministers and other leaders from 120 countries to accelerate progress to end TB.

The Philippines as one of the high burden TB countries (it has the fourth highest burden of tuberculosis in the world after India, China and Indonesia) is signatory to the Political Declaration on the Fight Against Tuberculosis. It has committed to end the TB epidemic by 2030 as envisioned in the Agenda 2030 of the Sustainable Development Goals. The country as represented by Secretary Francisco T. Duque III of the Department of Health has, among others, affirmed its commitment to:

- Ensure adequate social protection measures for our indigent TB patients through multi-sectoral approach with the engagement of other government agencies, the private sector and other stakeholders;
- Accelerate efforts to improve access to rapid TB diagnostic tools, introduce new TB treatment regimens enhance the logistics management system, adopt cutting-edge digital tools, and guarantee adequate and competent health human resources;
- ensure better health outcomes, a more responsive health system, and a more equitable health care financing; and
- forge partnerships in the areas of effective referral system development to ensure continuum of care, prevent discrimination, and development of drug resistance and TB research networks establishment and expansion.

In light of this development, there is a need to strengthen R.A. 10767, considered as one of the most comprehensive laws on TB in the world, in order to enable the country to keep track of its

commitment to develop a national strategic plan to find and treat over two (2) million Filipinos with TB in the next five (5) years.

One of the recommendations of the Joint Tuberculosis Program Review 2016 is to enforce the notification of TB cases, especially on the part of private doctors. Section 12 of R.A. 10767 mandates that "All public and private health centers, hospitals and facilities shall "... notify the DOH of all TB cases as prescribed under the Manual of Procedures of the National TB Program and the Philippine Plan of Action on Tuberculosis Control."

Moreover, "missing TB cases" along with accessibility issues of the poor were among the key programmatic gaps that were identified in the 2016 National TB Prevalence Survey (NTPS). It reveals that "Under-reporting of TB cases to the national TB registry is likely. It shows that prevalence to notification ratio for smear-positive pulmonary TB across all ages was 3.1, with the highest ratios found in the age groups 15-24 years (4.2) and 45-54 years (3.3) and among men (3.3). One-half of those who claimed to be on anti-TB treatment at the time of the survey were not found in the national TB registry. Of those found in the TB registry, 94% cases were reported by public providers, suggesting insufficient notification and reporting from private providers."

Given the current gaps in the program, notification of TB cases and the expansion of TB DOTS benefit package are crucial provisions in the implementation of R.A. 10767. Unfortunately, the law, while providing for notification on TB cases, does not provide for appropriate sanctions or incentives that would effectively deter non-compliance. Hence, this proposal seeks to amend R.A. 10767 by providing fines and penalties for non-compliance to the "No prescription, No anti-TB drugs" policy and non-observance of the national protocol on TB management and TB notification. It also expands PhilHealth's benefit package for TB patients to include TB screening, MDR TB, and XDR TB, in both adults and children.

Among the other significant features of the bill are provisions on patients' right and responsibilities, corporate social responsibility to encourage business corporations to contribute in the ongoing efforts to reduce the incidence of TB in the country; convergence of services to address the problem of indirect costs borne out of accessing TB treatment including transportation, accommodation or halfway house and meals, among others; TB Strategic Plan for local government units; integration of TB services into established Service Delivery Networks (SDNs) or local health referral system; and inclusion of TB-DOTS treatment as one of the requirements for the conditional cash transfer program.

Also included are provisions for personnel complement, alternative financing schemes, and other sources of funds in order to ensure sufficient and sustainable financing for the country's commitment to end the TB epidemic by 2030.

In view of the expediency of attaining the vision of a world free of TB, the immediate approval of this measure is earnestly sought.


ANGELINA "HELEN" D.L. TAN, M.D.
4th District, Quezon

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HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 0167

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

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"

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

SECTION 1. Section 8 of Republic Act No. 10767 is hereby amended to read as follows:

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

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

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

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

"SEC. 10. Media Campaign. – The ~~[Secretary of Health]~~ **DIRECTOR-GENERAL OF THE PHILIPPINE INFORMATION AGENCY (PIA)**, in coordination with the ~~[Philippine Information Agency (PIA)]~~ **SECRETARY OF THE DEPARTMENT OF HEALTH**, shall encourage local media outlets to launch **A MASSIVE, NATIONWIDE, CONSISTENT AND SUSTAINED** media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication."

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SEC. 4. A new section denominated as Section 13 of the same Act is added to read as follows:

SEC. 13. TUBERCULOSIS (TB) NOTIFICATION COMMITTEE. – ADULT AND

CHILDHOOD TB SHALL BE CONSIDERED AS A NOTIFIABLE DISEASE IN ALL LEVELS OF HEALTH CARE SYSTEM. ANY HOSPITAL OR CLINIC WHICH DIAGNOSED A PATIENT WITH TB SHALL REPORT THE SAME TO THE DOH. THE DOH SHALL PROVIDE THE FORM AND MANNER ON THE REPORTING OF TB CASES.

TO ENSURE THAT COMPLIANCE TO THE MANDATORY NOTIFICATION OF TB CASES IS OBSERVED AND ENFORCED, A TB NOTIFICATION COMMITTEE SHALL BE ORGANIZED IN ALL PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS AND FACILITIES, WHICH SHALL BE COMPOSED OF MEMBERS AS MAY BE DETERMINED BY THE SECRETARY OF HEALTH.

TB NOTIFICATION COMMITTEES SHALL SUBMIT REGULAR TB NOTIFICATION COMPLIANCE REPORTS TO THEIR RESPECTIVE DOH REGIONAL COORDINATING COMMITTEES, WHICH SHALL MAKE A CONSOLIDATED TB NOTIFICATION COMPLIANCE REPORTS TO THE DOH NATIONAL COORDINATING COMMITTEE."

SEC. 5. A new section denominated as Section 14 of the same Act is added to read as follows:

"SEC. 14. TB REGISTRY AND MONITORING SYSTEM. – THE DOH, IN COLLABORATION WITH THE APPROPRIATE AGENCIES AND STAKEHOLDERS, SHALL ESTABLISH A TB REGISTRY AND MONITORING SYSTEM, WHICH SHALL COVER ALL FORMS OF TB AMONG ADULTS AND CHILDREN. THE POPULATION-BASED TB REGISTRY SHALL SEEK TO COLLECT DATA ON ALL NEW CASES OF TB ACCORDING TO GEOGRAPHICAL REGIONS, PROVIDE FRAMEWORK FOR ASSESSING AND CONTROLLING THE IMPACT OF THE DISEASE AND SHALL SERVE AS A REGULAR FEEDBACK OR NOTIFICATION ALERTS TO REFERRING PROVIDERS. TB REGISTRY SHALL FORM PART OF THE ELECTRONIC MEDICAL RECORDS REQUIREMENT OF THE DOH IN ACCORDANCE WITH THE NATIONAL HEALTH DATA STANDARDS AND REPUBLIC ACT NO. 10173, ENTITLED "AN ACT PROTECTING INDIVIDUAL PERSONAL INFORMATION IN INFORMATION AND COMMUNICATIONS SYSTEMS IN THE GOVERNMENT AND THE PRIVATE SECTOR, CREATING FOR THIS PURPOSE A NATIONAL PRIVACY COMMISSION, AND FOR OTHER PURPOSES," OTHERWISE KNOWN AS THE "DATA PRIVACY ACT OF 2012".

EVERY PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS AND HEALTH FACILITIES, INCLUDING CLINICS, SHALL HAVE ITS OWN INTERNAL TB REGISTRY. THE REGISTRY SHALL RECORD THE PERSONAL INFORMATION OF TB PATIENTS, TB TYPE, TREATMENT RECEIVED AND THE RESULTS AND OTHER DATA THAT THE DOH MAY PRESCRIBE. THE REGIONAL COORDINATING COMMITTEES SHALL ENSURE THAT ALL FACILITIES WITHIN THEIR RESPECTIVE JURISDICTION HAVE TB REGISTRY. THE INFORMATION SHALL BE TREATED WITH UTMOST CONFIDENTIALITY AND SHALL NOT BE RELEASED TO THIRD PARTIES, IN ACCORDANCE WITH THE DATA PRIVACY ACT. THE SUBMISSION OF TB REGISTRIES SHALL BE A REQUIREMENT FOR THE RENEWAL OF LICENSE TO OPERATE HEALTH CENTERS, HOSPITALS AND HEALTH FACILITIES.

SEC. 6. Section 13 of R.A. No. 10767 is hereby renumbered as Section 15 and amended to read as follows:

"SEC. 15. PhilHealth TB Package. – The Philippine Health Insurance Corporation, otherwise known as the Philhealth, shall [~~as far as practicable,~~] expand its benefit package for TB patients to include new, relapse and return-after-default cases,

[and] extension of treatment INCLUDING TB SCREENING, MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB), EXTENSIVELY DRUG-RESISTANT TB (XDR TB), AND TB-DIRECTLY OBSERVED TREATMENT SHORT-COURSE (TB-DOTS), FOR BOTH ADULTS AND CHILDREN. THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH BENEFIT SHALL UNDERGO A PROPER, TRANSPARENT AND STANDARDIZED PRIORITIZATION SETTING PROCESS, SUCH AS HEALTH TECHNOLOGY ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY TO AVOID INEQUITABLE ALLOCATION OF FUNDS FOR HEALTH CARE SERVICES."

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SEC. 7. A new section denominated as Section 16 of the same Act is added to read as follows:

"SEC. 16. TB PATIENTS' RIGHTS AND RESPONSIBILITIES. –

A. PERSONS WITH TB SHALL HAVE THE FOLLOWING RIGHTS:

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

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

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

(4) THE RIGHT TO BENEFIT FROM PROACTIVE HEALTH SECTOR COMMUNITY OUTREACH, EDUCATION AND PREVENTION CAMPAIGNS AS PART OF COMPREHENSIVE HEALTH-CARE PROGRAMS;

(5) THE RIGHT TO INFORMATION ABOUT THE AVAILABILITY OF HEALTH-CARE SERVICES FOR TB AND THE RESPONSIBILITIES, ENGAGEMENTS, AND DIRECT OR INDIRECT COSTS INVOLVED;

(6) THE RIGHT TO CONFIDENTIALITY RELATING TO THE MEDICAL CONDITION WITHOUT PREJUDICE TO THE RESPONSIBILITY OF HEALTH CARE PROVIDERS TO NOTIFY TB CASES AS PROVIDED UNDER THIS ACT;

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

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

(9) THE RIGHT TO NUTRITIONAL SECURITY OR FOOD SUPPLEMENTS IF NEEDED TO MEET TREATMENT REQUIREMENTS;

(10) THE RIGHT TO EXERCISE ALL CIVIL, POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS RESPECTING INDIVIDUAL QUALITIES, ABILITIES, AND

DIVERSE BACKGROUNDS AND WITHOUT ANY DISCRIMINATION ON GROUNDS OF PHYSICAL DISABILITY, AGE, GENDER, SEXUAL ORIENTATION, RACE, COLOR, LANGUAGE, CIVIL STATUS, RELIGION OR NATIONAL OR ETHNIC OR SOCIAL ORIGIN OF THE TB PATIENT CONCERNED AS RECOGNIZED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, THE INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS, THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; AND

(11) THE RIGHT TO EMPLOYMENT WITHOUT DISCRIMINATION, REASONABLE WORKING ARRANGEMENTS, AND RESTORATION TO WORK UPON CERTIFICATION FROM THE COMPANY BY A TB-DOTS PHYSICIAN.

B. PERSONS WITH TB SHALL HAVE THE FOLLOWING RESPONSIBILITIES:

(1) TO PROVIDE AS MUCH INFORMATION AS POSSIBLE TO HEALTH-CARE PROVIDERS ABOUT PRESENT HEALTH, PAST ILLNESSES, AND OTHER RELEVANT DETAILS;

(2) TO PROVIDE INFORMATION TO HEALTH-CARE PROVIDERS ABOUT CONTACTS WITH IMMEDIATE FAMILY, FRIENDS AND OTHERS WHO MAY BE VULNERABLE TO TB OR WHO MAY HAVE BEEN INFECTED;

(3) TO FOLLOW THE PRESCRIBED AND AGREED TREATMENT REGIMEN AND TO CONSCIENTIOUSLY COMPLY WITH THE INSTRUCTIONS GIVEN TO PROTECT THE PATIENT'S HEALTH AND THAT OF OTHERS;

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

(5) TO CONTRIBUTE TO COMMUNITY WELL-BEING BY ENCOURAGING OTHERS TO SEEK MEDICAL ADVICE IF THEY EXHIBIT SYMPTOMS OF TB;

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

(7) TO SHOW MORAL RESPONSIBILITY AND SOLIDARITY WITH OTHER PATIENTS MARCHING TOGETHER TOWARDS CURE;

(8) TO SHARE INFORMATION AND KNOWLEDGE GAINED DURING TREATMENT AND TO SHARE THIS EXPERTISE WITH OTHERS IN THE COMMUNITY, MAKING EMPOWERMENT CONTAGIOUS; AND

(9) TO JOIN IN EFFORTS TO MAKE THE COMMUNITY FREE OF TB."

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

"SEC. 17. CORPORATE SOCIAL RESPONSIBILITY (CSR). – ALL BUSINESS ORGANIZATIONS ESTABLISHED AND OPERATING UNDER PHILIPPINE LAWS, WHETHER DOMESTIC OR FOREIGN, ARE STRONGLY ENCOURAGED TO CONTRIBUTE IN THE CONTINUING EFFORTS TO REDUCE THE INCIDENCE OF TB IN THE COUNTRY BY CONDUCTING TB-PREVENTION OR OTHER PROJECTS THAT ENCOURAGE HEALTHY LIFESTYLES AND EARLY DETECTION OF TB AS PART OF THEIR CSR PROGRAMS. THE DOH SHALL GIVE NATIONAL RECOGNITION AND REWARDS TO ALL BUSINESS ORGANIZATIONS FOR

OUTSTANDING, INNOVATIVE AND WORLD-CLASS CSR-RELATED SERVICES FOR TB ELIMINATION.

NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THERE WILL BE NO IMPOSITION OF DONOR'S TAX FOR ALL MONETARY CONTRIBUTIONS AND THE EQUIVALENT MONETARY VALUE OF ITEMS DONATED, GRANTED, OR BESTOWED FOR TB ERADICATION ACTIVITIES. PROVIDED THAT SUCH DONATIONS, GRANTS, ENDOWMENTS OR CONTRIBUTIONS WERE USED ACTUALLY, DIRECTLY AND EXCLUSIVELY FOR THE PRIMARY PURPOSE OF CONTRIBUTING TO TB ERADICATION ACTIVITIES.

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

THE TECHNICAL EDUCATION AND SKILLS AUTHORITY (TESDA) SHALL IMPLEMENT A NON-DISCRIMINATORY APPROACH IN DEALING WITH CLIENTS SUFFERING FROM TB AND SHALL RAISE TB AWARENESS IN ALL ITS TECHNICAL AND VOCATIONAL EDUCATION TRAINING (TVET) INSTITUTIONS THROUGH THE CONDUCT OF RELEVANT SEMINARS TO ALL ITS STUDENTS. TESDA SHALL ESTABLISH FOCUS GROUPS FOR CLIENTS WHO ARE AFFLICTED WITH THE DISEASE AND ALSO PROMOTE THE REGULATION OF TB DRUGS UNDER THE "NO PRESCRIPTION, NO ANTI-TB DRUGS" POLICY AS MANDATED UNDER THIS ACT, WHICH IS RELEVANT IN TESDA QUALIFICATIONS SUCH AS PHARMACY SERVICES NC III.

THE DOH SHALL ENCOURAGE THE PARTICIPATION OF THE PRIVATE SECTOR IN A NATIONAL TB ELIMINATION PROGRAM WHICH SHALL INCLUDE, AMONG OTHERS, PRIVATE CORPORATIONS, PEOPLES AND NON-GOVERNMENT ORGANIZATIONS AND SUCH OTHER GROUPS OR ORGANIZATIONS, BOTH FOREIGN AND LOCAL, THAT MAY WANT TO BE PARTNERS IN THE IMPLEMENTATION OF THIS ACT."

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

"SEC. 18. *CONVERGENCE OF TB SERVICES.* – THE DOLE AND THE LOCAL GOVERNMENT UNITS (LGUS) THROUGH THEIR LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICES SHALL COVER ALL INDIRECT COSTS BORNE OUT OF ACCESSING TB TREATMENT INCLUDING TRANSPORTATION, ACCOMMODATION OR HALFWAY HOUSE, AND MEALS AMONG OTHERS. THE DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD) MAY AUGMENT THE EXPENSES THROUGH THE CRISIS INTERVENTION UNIT.

TB PATIENTS AND SURVIVORS SHALL NOT BE DEPRIVED OF ANY EMPLOYMENT, LIVELIHOOD, MICRO-FINANCE, SELF-HELP, AND COOPERATIVE PROGRAMS BY REASON OF THEIR BEING DIAGNOSED OR AFFLICTED WITH TB. THE DSWD, IN COORDINATION WITH THE DOLE, DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT (DILG), AND TESDA, SHALL DEVELOP ENABLING POLICIES AND GUIDELINES TO ENSURE ECONOMIC EMPOWERMENT AND INDEPENDENCE OF MARGINALIZED TB VICTIMS.

THE DEPARTMENT OF EDUCATION (DepEd), CHED, TESDA, DOLE, DILG

AND OTHER APPROPRIATE GOVERNMENT AGENCIES SHALL DEVELOP A COMPREHENSIVE PROGRAM OF SUPPORT SERVICES FOR TB VICTIMS AND THEIR AFFECTED CHILDREN AND FAMILIES."

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

"SEC. 19. *TB STRATEGIC PLAN FOR LOCAL GOVERNMENT UNITS.* - EACH LGU SHALL HAVE A TB STRATEGIC PLAN TO BE INITIATED BY ITS LOCAL HEALTH BOARD AND APPROVED BY ITS SANGGUNIAN. FOR THIS PURPOSE, THE LOCAL HEALTH BOARD AT THE PROVINCIAL, CITY, MUNICIPAL, OR BARANGAY LEVEL, SHALL ASSIST THE CORRESPONDING SANGGUNIAN IN THE CRAFTING OF TB LOCAL ORDINANCE AND BUILDING LOCAL OWNERSHIP FOR TB INTERVENTIONS WITHIN ITS TERRITORIAL JURISDICTION."

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

"SEC. 20. *SERVICE DELIVERY NETWORK.* - THE DOH, THROUGH ITS REGIONAL OFFICES, AND IN COORDINATION WITH THE LGUS, SHALL INTEGRATE AND STRENGTHEN ITS TB SERVICES INTO ESTABLISHED SERVICE DELIVERY NETWORKS (SDNS) OR LOCAL HEALTH REFERRAL SYSTEM WHICH SHALL NOT BE RESTRICTED WITHIN THEIR GEOGRAPHIC OR POLITICAL BOUNDARIES OF LGUs COLLABORATION ACROSS LGUs IN THE PROVISION OF TB SERVICES SHALL BE CONSIDERED.

THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS RHUS, DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOH-RETAINED HOSPITALS. THE DOH AND/OR THE LGU MAY ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDERS TO FORM PART OF THE SDN."

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

"SEC. 21. *TB-DIRECTLY OBSERVED TREATMENT, SHORT-COURSE (TB-DOTS) AS CONDITION FOR RETENTION IN THE CONDITIONAL CASH TRANSFER PROGRAM.* - BENEFICIARIES OF THE CONDITIONAL CASH TRANSFER PROGRAM OF THE GOVERNMENT WHO ARE DIAGNOSED WITH TB, INCLUDING DRUG-SUSCEPTIBLE AND DRUG-RESISTANT TB SHALL BE REQUIRED TO UNDERGO TB-DOTS AS ONE OF THE ESSENTIAL CONDITIONS FOR RETENTION IN THE PROGRAM."

SEC. 13. A new section denominated as Section 22 of the same Act is added to read as follows:

"SEC. 22. *MANDATORY SCREENING FOR HIGH-RISK POPULATION.* - AS A POLICY, TB SCREENING SHALL BE REQUIRED FOR HIGH-RISK POPULATION WHICH MAY INCLUDE THE FOLLOWING:

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

(B) THOSE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS);

(C) THOSE WHO ARE SMOKERS OF CIGARETTES AND USERS OF ILLEGAL DRUGS;

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

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

(F) RESIDENTS AND EMPLOYEES OF HIGH-RISK CONGREGATE SETTINGS;

(G) HEALTHCARE WORKERS WHO SERVE HIGH-RISK CLIENTS;

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

(I) SUCH OTHERS AS MAY BE IDENTIFIED BY THE SECRETARY OF HEALTH.

THE DOH SHALL ENSURE ACCESS TO ROUTINE TB SCREENING TEST AS PART OF CLINICAL AND MEDICAL CARE IN ALL HEALTH CARE SETTINGS AND FACILITIES. THE ROUTINE TB SCREENING TEST SHALL FORM PART OF THE NORMAL STANDARD OF CARE OFFERED IRRESPECTIVE OF WHETHER OR NOT THE PATIENT EXHIBITS SIGNS AND SYMPTOMS OF UNDERLYING TB INFECTION OR HAS OTHER REASONS FOR PRESENTING TO THE FACILITY."

SEC. 14. A new section denominated as Section 23 of the same Act is added to read as follows:

"SEC. 23. INTEGRATION OF TB SCRTENING IN HIV AND AIDS PREVENTION AND CONTROL. - SYMPTOMATIC TB SCREENING AND TB PREVENTIVE THERAPY OF ALL PERSONS LIVING WITH HIV AND AIDS WITHOUT TB SYMPTOM SHALL BE PROVIDED AS PART OF THE DELIVERY OF HIV AND AIDS RELATED SERVICES."

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

"SEC. 24. PRIVATE HEALTH FACILITIES FOR TB-DOTS. - TO ENHANCE AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH FACILITIES IN TB CONTROL, ALL LEVEL 3 AND LEVEL 2 PRIVATE HEALTH FACILITIES ARE MANDATED TO SEEK ACCREDITATION FROM PHILHEALTH AS TB-DOTS PROVIDER."

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

"SEC. 25. CONTACT TRACING AND PROPHYLACTIC TREATMENT. - SCREENING BY CHEST X-RAY SHALL BE INITIATED AMONG ALL CONTACTS OF AN INDEX CASE WITH BACTERIOLOGICALLY-CONFIRMED PULMONARY TUBERCULOSIS IN ORDER TO OFFER PREVENTIVE TREATMENT WHEN NECESSARY TO THOSE WITH LATENT TB INFECTION, FOLLOWING PRESCRIBED GUIDELINES AND STANDARDS."

SEC. 17. A new section denominated as Section 26 of the same Act is added to read as

follows:

"SEC. 26. 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 HEALTH 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. CAPACITY BUILDING MECHANISM SHALL BE PROVIDED TO ALL EMPLOYEES AND STAFF TO BOOST COMPETENCE AND SKILLS PROFICIENCY.

THE SECRETARY OF HEALTH SHALL SUBMIT THE PROPOSED ORGANIZATIONAL AND STAFFING MODIFICATION TO THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM) FOR REVIEW AND APPROVAL."

SEC. 18. A new section denominated as Section 27 of the same Act is added to read as follows:

"SEC. 27. MOBILIZATION. - THE DOH, IN COORDINATION WITH THE LGUS AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR, CIVIL SOCIETY ORGANIZATIONS, AND TB PATIENTS' GROUPS, SHALL SPEARHEAD THE MOBILIZATION OF KEY AFFECTED POPULATION FOR PUBLIC AWARENESS CAMPAIGNS AND STIGMA REDUCTION ACTIVITIES. TB PATIENTS' GROUPS SHALL BE INVOLVED IN THE PLANNING AND IMPLEMENTATION OF THE POLICIES AND PROGRAMS THAT AFFECT THEM."

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

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

SEC. 20. A new section denominated as Section 29 of the same Act is added to read as follows:

"SEC. 29. OTHER SOURCES OF FUNDS. - THE NATIONAL GOVERNMENT SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR THIS ACT THROUGH NEGOTIATION AND UTILIZATION OF LONG-TERM CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA), OTHER SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS, COLLECTIONS, AND OTHER FORMS OF ASSISTANCE FROM LOCAL AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE ENTITIES, AND OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES MAY BE TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR ACCOUNTING AND AUDITING GUIDELINES AND PROCEDURES: PROVIDED THAT IN CASE OF DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE THEREOF SHALL BE SUBJECT TO EXISTING GOVERNMENT RULES AND REGULATIONS."

SEC. 21. A new section denominated as Section 30 of the same Act is added to read as follows:

"SEC. 30. JOINT CONGRESSIONAL OVERSIGHT COMMITTEE ON THE

ELIMINATION OF TB (JCOC-ETB). – THERE IS HEREBY CREATED A JCOC-ETB TO CONDUCT A REGULAR REVIEW OF THE IMPLEMENTATION OF THIS ACT. THE JCOC-ETB SHALL LOOK INTO THE SYSTEMATIC EVALUATION OF THE PERFORMANCE, IMPACT OR ACCOMPLISHMENTS OF THE COMPREHENSIVE PHILIPPINE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS AND THE VARIOUS AGENCIES INVOLVED IN THE TB ELIMINATION PROGRAM, PARTICULARLY WITH RESPECT TO THEIR OBJECTIVES AND FUNCTIONS.

THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE COMPOSED OF FIVE (5) MEMBERS FROM THE SENATE AND FIVE (5) MEMBERS FROM THE HOUSE OF REPRESENTATIVES TO BE APPOINTED BY THE SENATE PRESIDENT AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, RESPECTIVELY. THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL BE JOINTLY CHAIRED BY THE CHAIRPERSONS OF THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY AND THE HOUSE OF REPRESENTATIVES COMMITTEE ON HEALTH.”

SEC. 22. Section 14 of the same Act is hereby renumbered as Section 31.

SEC. 23. Section 15 of R.A. No. 10767 is hereby renumbered as Section 32 and amended to read as follows:

“SEC. [15] 32. MANDATED Appropriations FOR THE DOH. – The amount necessary to [implement] **CARRY OUT** the provisions of this Act shall be charged against the **CURRENT YEAR** appropriations of the **CONCERNED GOVERNMENT AGENCIES** [~~the DOH, the DepEd, the CHED and the PIA under the General Appropriations Act~~]. **IN ADDITION TO, AND CONSISTENT WITH THE COUNTRY’S COMMITMENT TO ENSURE SUFFICIENT AND SUSTAINABLE FINANCIAL SUPPORT TO END THE TB EPIDEMIC, PARTICULARLY ON THE DEVELOPMENT OF A NATIONAL STRATEGIC PROGRAM TO LOCATE AND TREAT OVER TWO MILLION FILIPINOS INFLECTED WITH TB IN THE NEXT FIVE (5) YEARS, AN AMOUNT TO BE DETERMINED BY THE DOH, IN CONSULTATION WITH THE DOF AND THE DBM, SHALL BE INCLUDED IN THE ANNUAL APPROPRIATION OF THE DOH. PROVIDED, THAT THE ADMINISTRATIVE EXPENSES TO IMPLEMENT THE PROGRAM SHALL NOT EXCEED ONE PERCENT (1%) OF THE PROGRAM COSTS.**

SEC. 24. A new section denominated as Section 33 of the same Act is added to read as follows:

“SEC. 33. SUNSET PROVISION. - EVERY TWO (2) YEARS AFTER THE EFFECTIVITY OF THIS ACT, CONGRESS THROUGH THE JCOC-ETB SHALL CONDUCT A “SUNSET REVIEW” OF THE MANDATED APPROPRIATIONS WHICH SHALL ENTAIL A SYSTEMATIC EVALUATION OF SUCH APPROPRIATION TO DETERMINE WHETHER OR NOT ITS PERFORMANCE, IMPACT OR ACCOMPLISHMENTS WITH RESPECT TO THE TB ELIMINATION GOAL MERITS CONTINUED EXISTENCE.”

SEC. 25. A new section denominated as Section 34 of the same Act is added to read as follows:

“SEC. 34. PENALTIES.- ANY PERSON OR ENTITY FOUND TO HAVE VIOLATED THE “NO PRESCRIPTION, NO ANTI-TB DRUGS” POLICY UNDER SECTION 11 OF REPUBLIC ACT 10767 OTHERWISE KNOWN AS THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT” SHALL BE PENALIZED WITH A FINE OF NOT LESS THAN FIFTY THOUSAND PESOS P(50,000.00) BUT NOT MORE THAN ONE HUNDRED THOUSAND PESOS (P100,000.00) OR IMPRISONMENT OF NOT LESS THAN ONE (1) MONTH BUT

NOT MORE THAN SIX (6) MONTHS, OR BOTH, AT THE DISCRETION OF THE PROPER COURT.

ANY PERSON OR ENTITY FOUND TO HAVE VIOLATED THE REQUIREMENT FOR ALL PUBLIC AND PRIVATE HEALTH CENTERS, HOSPITALS AND HEALTH FACILITIES ON THE OBSERVANCE OF THE NATIONAL PROTOCOL ON TUBERCULOSIS MANAGEMENT AND THE NOTIFICATION REQUIREMENT OF THE DOH OF ALL TUBERCULOSIS CASES UNDER SECTION 12 OF R.A. 10767 SHALL BE PENALIZED WITH A FINE OF NOT LESS THAN TWENTY THOUSAND PESOS (P20,000.00) BUT NOT MORE THAN FIFTY THOUSAND PESOS (50,000.00) OR IMPRISONMENT OF NOT LESS THAN ONE (1) MONTH BUT NOT MORE THAN SIX (6) MONTHS, OR BOTH, AT THE DISCRETION OF THE PROPER COURT.

THE PROFESSIONAL REGULATION COMMISSION (PRC) SHALL HAVE THE AUTHORITY TO SUSPEND OR REVOKE THE LICENSE TO PRACTICE OF ANY MEDICAL PROFESSIONAL FOR ANY VIOLATION OF THIS ACT.

THE CIVIL SERVICE COMMISSION SHALL HAVE THE AUTHORITY TO SUSPEND OR REVOKE THE ELIGIBILITY OF A PUBLIC SERVANT WHO IS FOUND TO BE IN VIOLATION OF THIS ACT.

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

SEC. 26. A new section denominated as Section 35 of the same Act is added to read as follows:

"SEC. 35. TRANSITORY PROVISION. – THE PENALTIES CONTEMPLATED IN SECTION 34 OF THIS ACT SHALL BE IMPLEMENTED ONLY AFTER EFFICIENT AND MASSIVE TRAINING AND ORIENTATION FOR PHYSICIANS AND ALLIED MEDICAL PROFESSIONALS AND A FRAMEWORK AND SYSTEM SUPPORT FOR THE IMPLEMENTATION AND MONITORING OF THE REQUIREMENTS OF SECTIONS 11 AND 12 OF R.A. 10767 HAS BEEN ESTABLISHED: PROVIDED THAT SUCH PERIOD OF IMPLEMENTATION SHALL BE COMPLETED BY THE YEAR 2025."

SEC. 27. Sections 16, 17, 18 and 19 of the same Act are hereby renumbered as 36, 37, 38 and 39 respectively.

SEC. 28. Implementing Rules and Regulations. – The DOH, in consultation with the concerned agencies, LGUs, Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), broadcast media, print media and other entities, shall issue the rules and regulations implementing the provisions of this Act within ninety (90) days from its effectivity.

SEC. 29. Separability Clause. – If any provision of this Act is declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall remain in full force and effect.

SEC. 30. Repealing Clause. – All laws, orders, decrees, rules and regulations, and other parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 31. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,