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
(DEPED), in coordination with the Secretary of the
[Department of Education (DepED)] DOH, shall [work
for] ENSURE the inclusion of modules on the principles
and practices of preventing, detecting, managing and
controlling tuberculosis 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 DOH, 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.

"x x x."

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

"SEC. 12-A. TB NOTIFICATION COMMITTEE. -

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

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

"ALL 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. Section 13 of the same Act is hereby amended to read as follows:

"SEC. 13. 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] MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB), AND EXTENSIVELY DRUG-RESISTANT TB (XDR-TB), 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 HEALTHCARE SERVICES.

"x x x."

Sec. 6. 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 contain data on all new cases of TB according to geographical regions, provide the framework for assessing and controlling the impact of the disease and shall serve as a
REGULAR FEEDBACK OR NOTIFICATION SYSTEM TO
REFERRING HEALTHCARE PROVIDERS. THE 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, OTHERWISE
KNOWN AS THE 'DATA PRIVACY ACT OF 2012'.

"EVERY PUBLIC AND PRIVATE HEALTH CENTER,
HOSPITAL AND HEALTH FACILITY, INCLUDING
CLINICS, SHALL ESTABLISH AND MAINTAIN THEIR
OWN INTERNAL TB REGISTRY WHICH SHALL COVER ALL
TYPES OF TB. THE TB 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 JURISDICTIONS
HAVE A TB REGISTRY. ALL INFORMATION IN THE TB
REGISTRY SHALL BE TREATED WITH UTMOST
CONFIDENTIALITY AND SHALL NOT BE RELEASED TO
THIRD PARTIES, IN ACCORDANCE WITH THE DATA
PRIVACY ACT. COMPLIANCE WITH THE REQUIREMENT
TO MAINTAIN A TB REGISTRY AND SUBMISSION SHALL
BE A REQUIREMENT FOR THE RENEWAL OF A LICENSE TO
OPERATE A HEALTH CENTER, HOSPITAL OR HEALTH
FACILITY."

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

"SEC. 15. TB PATIENTS' RIGHTS AND
RESPONSIBILITIES.

(a) A person 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) CONFECTION, 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 healthcare programs;

(5) The right to information about the
availability of healthcare 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 HEALTHCARE PROVIDERS TO
NOTIFY TB CASES AS PROVIDED FOR 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 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 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) A PERSON WITH TB SHALL HAVE THE
FOLLOWING RESPONSIBILITIES:

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

"(2) TO PROVIDE INFORMATION TO HEALTHCARE
PROVIDERS ABOUT CONTACTS WITH IMMEDIATE
FAMILY, FRIENDS AND OTHER PERSONS 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
THEIR HEALTH AND THOSE OF OTHER PERSONS;

"(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 THOSE WHO EXHIBIT
SYMPTOMS OF TB TO SEEK MEDICAL ADVICE;

"(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 who are on the way to recovery and cure;

“(8) To share information and knowledge gained during treatment and to share this expertise with others in the community, thus empowering others; and

“(9) To join in efforts to promote healthy and TB-free communities.”

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

“Sec. 16. Private Sector Participation. – The DOH shall encourage the participation of the private sector in the national TB elimination program, which shall include private corporations, civil society organizations (CSOs), nongovernment organizations (NGOs) and such other groups or organizations, both foreign and local, that may wish to participate in the implementation of this Act.

“All business organizations established and operating under Philippine laws, whether domestic or foreign, are encouraged to contribute in the government’s 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 corporate social responsibility (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.”

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

“Sec. 17. Convergence of TB Services. – Each local government unit (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.

“The LGUs, through their local social welfare and development offices, shall cover all indirect costs of accessing TB treatment, including transportation, meals, accommodation or halfway house, among others. The Department of Social Welfare and Development (DSWD) may help defray
THESE EXPENSES THROUGH THE CRISIS INTERVENTION UNIT.

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

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

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

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

"THE DEPED, CHED, TESDA, DOLE, DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT, 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 18 of the same Act is added to read as follows:

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

"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 LGUs MAY ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDERS TO FORM PART OF THE SDN."

SEC. 11. A new section denominated as Section 19 of the same Act is added, to read as follows:
“Sec. 19. Completion of TB Treatment 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. 12. A new section denominated as Section 20 of the same Act is added to read as follows:

“Sec. 20. Screening for High-Risk Population. — As a policy, TB screening shall be highly recommended for high-risk populations and may include the following:

(a) Those that are in close contact with persons known or suspected to have TB;

(b) Those infected with 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) Health care workers who serve high-risk clients;

(h) Infants, children and adolescents exposed to adults in high-risk categories; and

(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 TB 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. 17. A new section denominated as Section 25 of the same Act is added to read as follows:

"SEC. 25. MOBILIZATION. - THE DOH, IN COORDINATION WITH THE LGUs AND OTHER RELEVANT GOVERNMENT AGENCIES, PRIVATE SECTOR, CSOs 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. 18. A new section denominated as Section 26 of the same Act is added to read as follows:

"SEC. 26. 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. 19. A new section denominated as Section 27 of the same Act is added to read as follows:

“Sec. 27. Tax Exemption. — All grants, bequests, endowments, donations and contributions made to the DOH to be used actually, directly and exclusively by the DOH for the primary purpose of contributing to TB eradication activities shall be exempt from donor’s tax and the same shall be considered as allowable deduction from the gross income of the donor for purposes of computing the taxable income of the donor in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.”

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

“Sec. 28. 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. 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 29 of the same Act is added to read as follows:

“Sec. 29. Joint Congressional Oversight Committee on the Elimination of TB (JCOC-ETB). — There is hereby created a JCOC-ETB which shall conduct a regular review of the implementation of this Act. The JCOC-ETB shall conduct a systematic evaluation of the performance, impact, and 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 30.
SEC. 23. Section 15 of the same Act is hereby renumbered as
Section 31 and amended to read as follows:
necessary to [implement] carry out the provisions of
this Act shall be charged against the current year
appropriations of the [DOH, the DepED, the CHED and
the PIA under the General Appropriations Act]
concerned government agencies. 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 (2)
million Filipinos inflicted 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 cost."

SEC. 24. A new section denominated as Section 32 of the same
Act is added to read as follows:
"SEC. 32. Sunset Provision. — 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, and accomplishments
with respect to the TB elimination goal merits
continued existence."
SEC. 25. A new section denominated as Section 33 of the same
Act is added to read as follows:
"SEC. 33. Penalties. — The Professional
Regulation Commission (PRC) shall have
the authority to suspend the license to
practice of any medical professional for any
violation of this Act.

The CSC shall have the authority to
suspend from public office a civil 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
SUSPENDED ACCORDINGLY."

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

"Sec. 34. Transitory Provision. — The
penalties contemplated in Section 33 of this
Act shall be implemented only after efficient
and massive training and orientation for
physicians and allied health professionals
and a framework and system support for
the implementation and monitoring of the
requirements of Section 11 on the regulation
on sale and use of TB drugs and Section 12
on TB cases notification of Republic Act No.
10767 has been established: PROVIDED, That such
period of implementation shall be completed by
the year 2025."

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

"Sec. 35. Implementing Rules and Regulations. —
The DOH, in consultation with the DepED, the CHED,
the PIA, the LGUs, nongovernment organizations,
CSOs, broadcast media, print media and other
concerned entities, shall issue the rules and regulations
[implementing] TO IMPLEMENT the provisions of this
Act within ninety (90) days from its effectivity."

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

Sec. 29. Effectivity. — This Act shall take effect fifteen (15)
days after its publication in the Official Gazette or in a newspaper of
general circulation.

Approved,