

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 9160



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

**AN ACT STRENGTHENING THE TRADITIONAL AND COMPLEMENTARY
MEDICINE SYSTEM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 8423,
OTHERWISE KNOWN AS THE “TRADITIONAL AND ALTERNATIVE MEDICINE
ACT OF 1997”**

EXPLANATORY NOTE

In 1992, the Department of Health, through former Health Secretary and Senator Juan M. Flavio, issued Administrative Order No. 12 establishing a Traditional Medicine Program in the country. The program was set to promote and advocate traditional medicine in the Philippines. In 1997, Congress enacted Republic Act No. 8423, "Traditional and Alternative Medicine Act (TAMA) of 1997".¹ The law recognizes the importance of traditional and alternative medicine in providing essential health care to the people.

Traditional and alternative health care, as defined in the Traditional and Alternative Medicine Act (TAMA) of 1997, is “any knowledge, skill and practice, other than those in the biomedicine, which is used in the prevention, diagnosis and elimination of physical or mental disorder”. Associate professional of traditional and complementary medicine, as listed in the Philippine Standard Occupational Classification (PSOC), includes drugless treatment healer, bonesetter, faith healer, healer of indigenous people (i.e. Mansi-bok, Mansip-ok), herbalist, scraping and cupping therapist, village healer, witch doctor, and acupressure therapist. Acupuncturist, ayurvedic practitioner, Chinese herbal medicine practitioner, homeopath, hydrotherapist, naturopath, and unani practitioner, on the other hand, were listed as traditional and complementary medicine professionals.

According to the Philippine Traditional Knowledge Digital Library on Health, as of 2017 there were 16,690 documented medicinal plants, 66 healing practices (rituals), 509 traditional healers and 43 research sites.² The growing interest in, and the increasing use of traditional and Complementary Medicine (T&CM) requires government intervention to not only ensure safety of practice but also to encourage consumers to obtain services from qualified practitioners, clinics and training centers. Proper regulation is essential to the provision of quality, safe and effective T&CM services. This is particularly important in rural areas where T&CM services are the only affordable and available source of health care.

According to the World Health Organization (WHO), the registration of products, practices and practitioners will facilitate better understanding and respect for traditional medicine, as well as support its safe and effective use. In the Western Pacific, WHO reported that Australia, Hong Kong, and Singapore have already established a registration system for practitioners. Australia has a national registration system for full and partially registered health professions

¹ Republic Act No. 8423.

² WHO Global Report on Traditional and Complementary Medicine 2019

such as Traditional Chinese Medicine and Chiropractic. Likewise, Hong Kong and Singapore regulate their Chinese Medicine Practitioners.³

Nonetheless, it is unfortunate to note that the rise in the demand for traditional and alternative health care services in the Philippines is not met with a concurrent increase in safeguards that will adequately ensure safety, standardization, efficacy, quality, availability and preservation of the services that are made available to the public.

Truly, it is not just opportune but it is also of great necessity to revisit the Traditional and Alternative Medicine Act of 1997 because after the passage of time from its enactment, the law may now, indeed, be apt for an amendment to make it more responsive to the call of the present times. This bill is primarily designed to enable the State more to meet head-on the challenges besetting the Traditional and Alternative Health Care Industry and to attain its ultimate goal of providing the people with a wider range of quality, safe, effective and cost-efficient health services. Further, this bill would enable PITAHC to have exclusive authority as well as to unify all the regulations concerning traditional and complementary medicine that may facilitate the establishment of a one-stop-shop for the provision of licenses, certificates and the likes for the practitioners and operators.

Further, traditional and complementary medicine (T&CM) can make a significant contribution to the achievement of the goals of Universal Health Care in the provision of essential health services and improving health outcomes.



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³ World Health Organization (2012). The Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020). WHO Press, World Health Organization, Switzerland.

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

SECTION 1. Section 2 of the Traditional and Alternative Medicine Act (TAMA) of 1997 is hereby amended to read as follows:

Section 2. Declaration of Policy – It is hereby declared policy of the State to improve the quality and delivery of health care services to the Filipino people through the development of traditional and alternative health care and its integration into the national health care delivery system THAT WILL PROVIDE THE PEOPLE WITH A WIDER RANGE OF HEALTH SERVICES THAT ARE PROVEN TO BE SAFE, EFFICIENT, EFFECTIVE AND AFFORDABLE.

It shall also be the policy of the State to seek a legally workable basis by which indigenous societies would own their knowledge of traditional medicine. When such knowledge is used by outsiders, the indigenous societies can require the permitted users to acknowledge its source and can demand a share of any financial return that may come from its authorized commercial use

SEC. 2. Section 4 of the same act shall is hereby amended to read as follows:

“Section 4. Definition of Terms. As used in this Act, the following terms shall mean:

“a. Traditional and Alternative Health Care SYSTEM – the sum total of knowledge, skills, and practices on health care other than those embodied in biomedicine, used in the prevention, diagnosis and elimination of physical or mental disorder.

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“d. Alternative health care modalities – other forms of non-allopathic, occasionally non-indigenous or imported healing methods, though not necessarily practiced for centuries nor handed down from one generation to another [. Some alternative health care modalities include], WHICH SHALL INCLUDE, reflexology, ACUPUNCTURE, NATUROPATHY, HOMEOPATHY/ HOMOTOXICOLOGY, TUINA MASSAGE,

OSTEOPATHY, ANTHROPOSOPHIC MEDICINE and other similar [methods] MODALITIES.”

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“h. PHILIPPINE traditional healers – [The relatively old, highly-respected people with a profound knowledge of traditional remedies.] PERSONS WITH KNOWLEDGE IN INDIGENOUS AND/OR PHILIPPINE BELIEF SYSTEMS, ORAL TRADITIONS AND HEALTH PRACTICES, WHO USE THE TRADITIONAL MEDICINE OF THE INDIGENOUS CULTURAL COMMUNITIES/INDIGENOUS PEOPLES (ICCPS/IPS) AND/OR OTHER ETHNO-LINGUISTIC GROUPS IN THE PHILIPPINES”

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“i. COMPLEMENTARY MEDICINE – A BROAD SET OF HEALTH CARE PRACTICES THAT ARE NOT PART OF THE COUNTRY’S OWN TRADITIONAL OR CONVENTIONAL MEDICINE AND ARE NOT FULLY INTEGRATED INTO THE DOMINANT HEALTH CARE SYSTEM. IT SHALL BE USED INTERCHANGEABLY WITH THE TERMS ALTERNATIVE MEDICINE.”

“j. “TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM)” – MERGES THE TERMS TRADITIONAL MEDICINE AND COMPLEMENTARY MEDICINE, ENCOMPASSING PRACTICES, PRACTITIONERS AND PRODUCTS.”

SEC. 3. Section 6 of the same Act, is hereby amended by inserting additional powers and functions and the same are hereby renumbered accordingly:

“i. To formulate, ESTABLISH, AND PRESCRIBE RULES, REGULATIONS, standards, code of ethics and REQUIREMENTS for the practice of traditional and alternative health care modalities. [for approval and adoption by the appropriate professional and government agencies.]

“j. TO INSPECT AND MONITOR ALL T&CM FACILITIES TO ENSURE THEIR CONTINUED COMPLIANCE WITH THE RULES AND REGULATIONS IN ACCORDANCE WITH THIS ACT AND TO MAKE RECOMMENDATIONS FOR THE CORRECTION OF DEFICIENCIES FOUND DURING INSPECTION AND MONITORING.”

“k. TO PROMULGATE AND IMPLEMENT RULES AND REGULATIONS GOVERNING THE LICENSURE OF T&CM PRACTICES INCLUDING THE OPERATION OF T&CM FACILITIES AND TO PERIODICALLY REVIEW AND AMEND THE SAME, SUBJECT TO THE APPROVAL OF THE BOARD OF TRUSTEES AND IN CONSULTATION WITH THE SECTORS CONCERNED.”

“l. TO GRANT LICENSE FOR THE PRACTICE OF T&CM MODALITIES AND FOR THE OPERATION, MAINTENANCE OF T&CM FACILITIES,

AND TO SUSPEND OR REVOKE THE SAME IN ACCORDANCE WITH THE PROVISIONS OF THIS ACT.”

Sec. 3. A new provision is hereby added to read as follows:

“SEC. 7. QUASI JUDICIAL POWERS. – TO CARRY OUT ITS TASKS MORE EFFECTIVELY, THE INSTITUTE SHALL BE VESTED WITH THE FOLLOWING QUASI-JUDICIAL POWERS:

- A) TO INVESTIGATE, HEAR AND DECIDE ADMINISTRATIVE CASES INITIATED BY ANY PERSON AGAINST A T&CM PRACTITIONER AND T&CM FACILITY OR ESTABLISHMENT VIOLATING ANY PROVISION OF THIS ACT AND ITS IMPLEMENTING RULES AND REGULATIONS AND TO IMPOSE APPROPRIATE ADMINISTRATIVE SANCTIONS OR PENALTIES PROVIDED IN THIS ACT;
- B) TO PROMULGATE RULES GOVERNING THE CONDUCT OF ADMINISTRATIVE HEARINGS: PROVIDED, THAT IN SUCH PROCEEDINGS, THE INSTITUTE SHALL NOT BE BOUND BY THE TECHNICAL RULES OF EVIDENCE OF THE RULES OF COURT: PROVIDED, FURTHER THAT THE LATTER MAY BE APPLIED IN A SUPPLEMENTARY MANNER;
- C) TO ISSUE SUBPOENA DUCES TECUM AND AD TESTIFICANDUM, REQUIRING THE PRODUCTION OF SUCH BOOKS, CONTRACTS, CORRESPONDENCE, RECORDS, STATEMENTS OF ACCOUNTS AND OTHER DOCUMENTS AND THE ATTENDANCE AND TESTIMONY OF PARTIES AND WITNESSES MATERIAL TO THE INVESTIGATION BEING CONDUCTED BY THE INSTITUTE. FOR THIS PURPOSE, THE INSTITUTE IS VESTED WITH THE POWER TO CITE ANY PARTY FOR CONTEMPT WHICH MAY BE EXERCISED PURSUANT TO THE APPLICABLE PROVISIONS OF RULE 71 OF THE RULES OF COURT;
- D) TO CAUSE THE PROSECUTION OF ALL CASES INVOLVING VIOLATIONS OF THIS ACT AND ITS IMPLEMENTING RULES AND REGULATIONS
- E) TO SUMMARILY ORDER THE CLOSURE OF T&CM FACILITIES AND OTHER RELATED FACILITIES OPERATING WITHOUT A LICENSE
- F) TO PREVENTIVELY SUSPEND T&CM FACILITIES FOUND DURING INSPECTION OR MONITORING TO HAVE COMMITTED GROSS VIOLATIONS OF THE RULES AND REGULATIONS; FRAUDULENT MISREPRESENTATIONS; OPERATING WITH UNLICENSED T&CM PERSONNEL, USING AND PROMOTING T&CM PRODUCTS WITHOUT FDA CERTIFICATE OF COMPLIANCE; AND THE COMMISSION OR OMISSION OF ANY ACT WHICH MAY RESULT TO SERIOUS INJURY, PERMANENT DISABILITY OR LOSS OF LIFE OF A PATIENT OR STAFF, OR WOULD COMPROMISE PUBLIC SAFETY

“SEC. 8. SPECIAL RULES AND EXEMPTIONS – RECOGNIZING THE UNIQUE MANNER OF OBTAINING THE KNOWLEDGE AND SKILLS OF TRADITIONAL MEDICINE, IT BEING HANDED DOWN FROM ONE GENERATION TO ANOTHER WITHOUT THE INFLUENCE OF FORMAL

EDUCATION OR TRAINING, PHILIPPINE TRADITIONAL HEALERS AS DEFINED UNDER THIS ACT SHALL BE EXEMPT FROM THE ASSESSMENT REQUIRED BY THE INSTITUTE UNDER ITS RULES, PROVIDED THAT THE LENGTH OF TIME FOR WHICH THEY HAVE BEEN KNOWN TO HAVE PRACTICED TRADITIONAL MEDICINE IS ESTABLISHED AND THAT IN THE COURSE OF THEIR PRACTICE, NO RELATED FORMAL OR INFORMAL COMPLAINT HAS BEEN MADE AGAINST THEM; PROVIDED FURTHER, THAT UPON COMPLIANCE, THEY SHALL BE ISSUED A CERTIFICATE OF RECOGNITION/GRANT OF AUTHORITY IN LIEU OF THE LICENSE TO BE ISSUED BY THE INSTITUTE.

Section 4. The succeeding sections of the same Act are hereby renumbered accordingly.

Section 5. New provisions are hereby added to read as follows:

“Sec. 18. PROHIBITED ACTS

- A. THE PRACTICE OF ANY OF THE APPROVED T&CM MODALITIES BY ANY PERSON WITHOUT THE APPROPRIATE LICENSE OR GRANT OF AUTHORITY TO PRACTICE;
- B. THE CONTINUOUS PRACTICE OF ANY OF THE APPROVED T&CM MODALITIES BY ANY PRACTITIONER OR T&CM FACILITIES WHOSE ACCREDITATION OR GRANT OF AUTHORITY HAS ALREADY EXPIRED OR HAS BEEN CANCELLED OR REVOKED;
- C. THE PRACTICE OF ANY UNAPPROVED T&CM MODALITIES BY ANY PERSON, WHETHER OR NOT CERTIFIED TO PRACTICE IN THE PHILIPPINES;
- D. THE MERE ACT OF INTRODUCING TO THE PUBLIC BY ANY PERSON, CERTIFIED OR NOT, OF A T&CM MODALITY THAT IS NOT VALIDLY APPROVED BY THE INSTITUTE;
- E. THE ACT OF A CERTIFIED PRACTITIONER OF ALLOWING A PERSON TO COMMIT AN UNAUTHORIZED PRACTICE OF T&CM WHETHER IT BE UNDER HIS/HER NAME OR INDIRECT SUPERVISION;
- F. THE ACT OF ASSISTING OR AIDING IN THE UNAUTHORIZED PRACTICE OF T&CM, WHETHER FOR PROFIT OR NOT;
- G. THE ACT OF USING T&CM TO CAUSE INJURY, ILLNESS OR DEATH TO A CONSUMER/CUSTOMER;
- H. OFFERING T&CM PROGRAMS AND TRAININGS OR RENDERING T&CM SERVICES BY SCHOOLS WITHOUT THE APPROPRIATE LICENSE OR AUTHORITY FROM PITAHC;
- I. RENDERING T&CM SERVICES BY ACCREDITED SCHOOLS OR TRAINING CENTERS THAT ARE BEYOND THE SCOPE OF THEIR APPROVED PROGRAMS AND TRAININGS;
- J. THE ACT OF INTENTIONALLY COMMITTING FRAUD AND MISREPRESENTATION OR USE OF FALSIFIED OR FORGED DOCUMENTS IN OBTAINING THE NECESSARY PITAHC APPROVAL OR CERTIFICATE OR GRANT OF AUTHORITY; AND

K. THE MANUFACTURE, IMPORTATION, EXPORTATION, SALE, OFFERING FOR SALE, DISTRIBUTION, TRANSFER, USE, PROMOTION, ADVERTISING, OR SPONSORSHIP BY ANY PERSON OR A T&CM FACILITY OF ANY T&CM PRODUCT WITHOUT A CERTIFICATE OF COMPLIANCE FROM THE FOOD AND DRUG ADMINISTRATION (FDA).

“SEC. 19. PENALTIES.

A. ANY PERSON WHO VIOLATES ANY OF THE PROVISIONS OF SECTION 18 HEREOF SHALL, UPON CONVICTION, SUFFER THE PENALTY OF IMPRISONMENT RANGING FROM ONE (1) YEAR BUT NOT MORE THAN TEN (10) YEARS OR A FINE OF NOT LESS THAN FIFTY THOUSAND PESOS (P50,000.00) BUT NOT MORE THAN FIVE HUNDRED THOUSAND PESOS (P500,000.00), OR BOTH, AT THE DISCRETION OF THE COURT.

THE IMPOSITION OF PENALTIES UNDER THIS SECTION SHALL BE WITHOUT PREJUDICE TO THE EXERCISE OF INSTITUTE OF ITS POWER TO REVOKE OR CANCEL CERTIFICATES, APPROVALS OR GRANTS IT HAS ISSUED AND/OR TO THE FILING OF APPROPRIATE CIVIL OR CRIMINAL ACTION WHENEVER APPROPRIATE OR NECESSARY.

HOWEVER, IN CASE OF ILLNESS, INJURY OR DEATH AS PROVIDED UNDER SECTION 18(G), THE INTENTIONAL USE OF T&CM SERVICES SHALL NOT CONSTITUTE A SEPARATE CRIME, RATHER, THE USE OR EMPLOYMENT OF SUCH SERVICE SHALL SERVE AS AN AGGRAVATING CIRCUMSTANCE TO QUALIFY THE APPLICABLE CRIME/S AS PROVIDED UNDER THE REVISED PENAL CODE.

SHOULD THE OFFENSE BE COMMITTED BY A JURIDICAL PERSON, THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE PRESIDENT, GENERAL MANAGER, OR THE PARTNERS AND/OR THE PERSONS DIRECTLY RESPONSIBLE THEREFORE SHALL HE PENALIZED.

SHOULD THE OFFENSE BE COMMITTED BY A FOREIGN NATIONAL, HE/SHE SHALL, IN ADDITION TO THE PENALTIES PRESCRIBED, BE DEPORTED WITHOUT FURTHER PROCEEDINGS AFTER SERVICE OF SENTENCE.

A. ANY PERSON OR T&CM FACILITY WHO VIOLATES SECTION 18(K) SHALL HAVE THEIR LICENSE, ACCREDITATION OR GRANT OF AUTHORITY REVOKED WITHOUT PREJUDICE TO THE FILING OF APPROPRIATE CHARGES UNDER THIS ACT, FDA ACT OF 2009 OR OTHER RELEVANT LAWS.

“SEC. 20. HUMAN RESOURCE - THE PITAHC SHALL REVIEW ITS EXISTING ORGANIZATIONAL STRUCTURE WITH ITS STAFFING PATTERN, POSITIONS, AND TITLES. NEW OR ADDITIONAL POSITIONS, TITLES, OR RANKS, SHALL BE CREATED IF THERE BE A NEED FOR ADDITIONAL MANPOWER AS IDENTIFIED AND DETERMINED BY THE DIRECTOR-GENERAL AND APPROVED BY THE BOARD.

“SEC. 21. RETENTION OF INCOME – PITAHC SHALL HAVE THE RIGHT TO RETAIN ALL OF ITS INCOME DERIVED FROM THE OPERATIONS OF THE

HERBAL PROCESSING PLANTS AND ITS OTHER INCOME GENERATING SERVICES/ACTIVITIES AND SHALL BE UTILIZED TO AUGMENT ITS NEEDED MAINTENANCE AND OPERATING EXPENSES, CAPITAL OUTLAYS, UPGRADING AND MODERNIZATION.

Section 6. Succeeding sections of this Act are hereby renumbered accordingly.

Section 7. Appropriations - The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the Philippine Institute of Traditional and Alternative Health Care. Thereafter, the amount needed for the operations and maintenance of PITAHC shall be included in the General Appropriations Act.

Section 8. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, PITAHC in collaboration with the concerned agencies and stakeholders, shall promulgate the rules and regulations to effectively implement the provisions of this Act.

Section 9. Separability Clause. – If any part or provision of this Act is declared invalid or unconstitutional, all other provisions not affected thereby shall remain valid.

Section 10. Repealing clause. – Chapter XIII of Presidential Decree No. 856, otherwise known as the “Code on Sanitation of the Philippines,” is hereby repealed. All laws, decrees, executive orders and issuances, ordinances, rules and regulations, or parts thereof which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 11. Effectivity. – This Act shall take effect fifteen (15) days after publication in the Official Gazette or in any newspaper of general circulation.

Approved,