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**Republic of the Philippines**  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**FIFTEENTH CONGRESS**  
First Regular Session

House Bill No. 479

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**Introduced by AKBAYAN Party-List Representatives**  
**Hon. Kaka Bag-ao and Hon. Walden Bello**

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**EXPLANATORY NOTE**

That asbestos is a dangerous, disease-causing substance is neither novel nor disputed. Asbestosis, lung cancer, and mesothelioma are only some of the devastating illnesses that are attributed to exposure to this substance, even in very minute amounts. The use of asbestos has thus been the subject of strict regulation since the 1970s, with outright bans put in place in most developed nations and many in the developing world.

Because of its ubiquitous use in the past, little can be done to completely avoid exposure to asbestos. In the United States, for instance, an estimated 10,000 persons die each year due to asbestos-related diseases. A special risk group is composed of men over the age of 50, and those who are working in the construction and building industries, where exposure to asbestos-containing construction materials and structures continues. There are new products, too, that contain asbestos, such as potting soil and brake linings. The US Environmental Protection Agency (EPA) has in fact, admitted its shortcoming when it stated that it "does NOT track the manufacture, processing, or distribution in commerce of asbestos-containing products" and suggested that consumers "inquire as to the presence of asbestos in a particular product."

In the Philippines, the current policy is one of control by regulation of the use and disposal of asbestos products. There is a ban on crocidolite or blue asbestos and amosite or brown asbestos, while the use of chrysolite or white asbestos is not banned which is permitted in high density products such as fire-proofing, clothing, roofing felts or related products, asbestos cement roofing and flat sheet, friction materials, high temperature textile products, etc. While there is much room for improvement insofar as this policy itself is concerned, it is also noteworthy that the current regulations are either weak, poorly implemented, or both. Recent statistics show that Philippines is the fourth largest importer of asbestos at 76.32 million dollars per year. The current Philippine consumption level is more or less 0.1 kg/capita/year, a trend that as of 2001 was increasing.

The safety of white asbestos is a controversial topic in some parts of the world, with chrysolite-exporting countries being the main proponents that it is risk-free. However, the weight of scientific evidence and historical experience tend to prove otherwise. In fact, the World Health Organization (WHO) has adopted policies to provide assistance particularly to Member States that still allow use of chrysolite asbestos, in addition to assistance in relation to exposures arising from historical use of all forms of asbestos. In the Philippines, at the 11<sup>th</sup> National Occupational Safety and Health Congress concluded last October 2008, it was resolved that there should be a total ban on asbestos. This call is buttressed by the WHO which, in collaboration with the International Labor Organization (ILO) and other intergovernmental organizations and civil society, also resolved to work with countries towards elimination of asbestos-related diseases in the following strategic directions:


- 1  
2 - recognizing that the most efficient way to eliminate asbestos-related diseases is to  
3 **stop the use of all types of asbestos;**  
4 - by providing information about solutions for replacing asbestos with safer substitutes  
5 and developing economic and technological mechanisms to stimulate its replacements;  
6 - by taking measures to prevent exposure to asbestos in place and during asbestos  
7 removal (abatement); and  
8 - by improving early diagnosis, treatment, social and medical rehabilitation of asbestos-  
9 related diseases and by establishing registries of people with past and/or current  
10 exposures to asbestos.  
11

12 It is according to these strategic directions, and with the conviction that the only practicable  
13 means by which the dire consequences attributed directly to asbestos could be avoided in a  
14 significant way is by an outright ban on all forms of this product, that the enactment of this  
15 bill is earnestly sought. The protection of the health and safety of workers and all Filipinos in  
16 all places, whether it is the workplace, the home, or elsewhere, should be the primary concern  
17 and non-negotiable consideration of this Congress as it passes upon and approves this  
18 measure.  
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**Hon. KAKA BAG-AO**  
Representative, Akbayan Party-list



**Hon. WALDEN BELLO**  
Representative, Akbayan Party-list

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AN ACT BANNING THE IMPORTATION, MANUFACTURE, PROCESSING,  
USE, OR DISTRIBUTION IN COMMERCE OF ASBESTOS  
AND ASBESTOS-CONTAINING PRODUCTS

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

**Section 1. Short Title.** -- This Act shall be known as the "Ban Asbestos Act of 2010."

**Section 2. Declaration of Policy.** -- It is the policy of the state to promote the general welfare of the people and to assure the rights of workers to just, humane and healthful working conditions in all places of work. Pursuant to this policy, this act shall ban the importation, manufacture, processing or use of all types of asbestos and asbestos-containing products whether for commercial or non-commercial purposes.

**Section 3. Definition of Terms.** -- For purposes of this Act, the term:

(A) "Asbestos" means the fibrous form of mineral silicates belonging to rock-forming minerals of the serpentine group, i.e. chrysotile (white asbestos), and of the amphibole group, i.e. actinolite, amosite (brown asbestos, cummingtonite-grunite) anthophyllite, crocidolite (blue asbestos), tremolite, or any mixture containing one or more of these;

(B) "Asbestos-containing product" means any product (including any part) to which asbestos is deliberately or knowingly added or in which asbestos is deliberately or knowingly used in any concentration;

(C) "Asbestos dust" means airborne particles of asbestos or settled particles of asbestos which are liable to become airborne in the working environment.

(D) "Biopersistent durable fiber" means a silicate fiber that occurs naturally in the environment; and is similar to asbestos in resistance to dissolution; leaching; and other physical, chemical, or biological processes expected from contact with lung cells and other cells and fluids in the human body.

The term "biopersistent durable fiber" includes richterite; winchite; erionite; and non-asbestiform varieties of amosite, crocidolite, anthophyllite, tremolite, and actinolite.

(E) "Contaminant-asbestos product" means any product that contains asbestos as a contaminant of any mineral or other substance, in any concentration.

(F) "Distribute in commerce" means an action taken with respect to an asbestos-containing product in connection with the end use of the asbestos-containing product by a person that is an end user; or distribution of an asbestos-containing product by a person solely for the purpose of disposal of the asbestos-containing product in compliance with applicable laws;

(G) "Fiber" means an acicular single crystal or similarly elongated polycrystalline aggregate particle with a length to width ratio of 3 to 1 or greater; and

(H) "Person" means any individual, corporation, company, association, firm, partnership, joint venture, sole proprietorship, or other for-profit or nonprofit business entity (including any manufacturer, importer, distributor, or processor); or any government department, agency, or instrumentality.

**Section 4. Research and Reporting.** - The Department of Health shall conduct a study and, not later than eighteen (18) months after the date of enactment of this Act, submit to Congress, and government departments and agencies, as appropriate,

(A) A report containing a description of the current state of the science relating to the disease mechanisms and health effects of exposure to asbestos and other biopersistent durable fibers; and methods for measuring and analyzing asbestos;

(B) Recommendations for proper medical surveillance of exposed workers, including continuing monitoring after exposure has ceased, a national registration system for exposed workers that is accessible or open to the public and a national health service system for asbestos;

(C) A description of the current status of labeling practices relating to asbestos-containing material;

(D) A description of the current usage, handling and disposal of asbestos and asbestos-containing products in Philippine industry and in construction;

(E) Recommendations for the development of the framework for the identification, management and removal of asbestos raw materials, installed products and wastes.

(F) Recommendations for the effective dissemination of information in the education of all concerns with regard to health hazards due to exposure to asbestos and to methods of prevention and control;

(G) Recommendations for a national program on occupational safety and health for the protection of workers;

(H) Recommendations for the establishment of a compliance monitoring program to enforce the provisions of this Act;

(I) Recommendations for future asbestos-related disease research and exposure assessment practice needs; and

(J) Recommendations for the development of a reporting mechanism on the presence of asbestos in buildings and in construction materials.

**Section 5. Prohibition on Asbestos and Asbestos-containing Products.** - The importation, manufacture, processing, using, and distribution of any and all asbestos and asbestos-containing products shall be prohibited; *Provided*, that such ban shall be effective not later than two (2) years from the date of effectivity of this Act.



As provided for in Section 15 hereof, the Secretary of Health shall promulgate rules and regulations for the implementation of this ban; *Provided*, that in no case shall it allow the two-year period mentioned in the preceding paragraph be extended.

**Section 6. Demolition of Buildings.** – Demolition of buildings containing asbestos, and removal of asbestos from buildings in which asbestos is liable to become airborne, shall be undertaken only by employers or demolition contractors as certified in accordance with existing laws and regulations.

No demolition shall be allowed without safety measures formulated by the employer or contractor. The employer or contractor shall specify measures to be taken, including measures to provide all necessary protection to the workers, limit the release of asbestos dust into the air, and provide for the disposal of waste containing asbestos. Workers involved in demolition shall be subject to regular monitoring as to exposure to asbestos.

The disposal of waste containing asbestos shall conform to safety standards established in accordance with this Act and shall take into account the health risk to the workers concerned, including to the population in the vicinity of the building.

**Section 7. Public Education and Safety Program.** - Not later than one (1) year after the date of enactment of this Act, the Secretary of Health, in consultation with the Secretary of Trade and Industry and the Secretary of Labor and Employment, shall establish a plan and implementing programs and activities to:

(A) Increase awareness of the dangers posed by asbestos-containing products and contaminants in homes and workplaces; and asbestos-related diseases;

(B) Ensure that work involving potential exposure to asbestos and asbestos-containing products are carried out only by accredited employers or contractors and whose workers have prior instruction or training regarding health risks and work methods;

(C) Provide information about safer asbestos substitutes, alternative technologies and technical solutions and introduce incentives for conversion to non-asbestos products and technologies;

(D) Provide guidelines for safe use, handling, cleaning and maintenance of protective clothing and equipment and management of asbestos-related health risks in work processes;

(E) Provide and update occupational exposure limits of asbestos, e.g., establish resources for determining the mineralogical form of asbestos and for measuring and monitoring its concentration in the air, introduce practical tools for assessment and management of the risk from potential exposure;

(F) Provide an effective system of inspection and enforcement of technical standards and safety measures involving labor and working conditions, building maintenance and construction, environment, public health, accreditation and standardization;

(G) Provide current and comprehensive information to asbestos-related disease patients, family members of patients, and front-line health care providers on the dangers of asbestos exposure; asbestos-related labeling information; health effects of exposure to asbestos; symptoms of asbestos exposure; and available and developing treatments for asbestos-related diseases, including clinical trials;

(H) Encourage asbestos-related disease patients, family members of patients, and frontline health care providers to participate in research and treatment endeavors relating to asbestos;

(I) Encourage health care providers and researchers to provide to asbestos-related disease patients and family members of patients information relating to research, diagnostic, and clinical treatments relating to asbestos; and

(J) Provide for the consideration of asbestos related diseases as under the category of catastrophic illness and therefore eligible for additional compensation and/or increased benefits under the PHIC and ECC.

In establishing the program, the Secretary of Health shall give priority to asbestos-containing products and contaminant-asbestos products used by consumers and workers that pose the greatest risk of injury to human health.

**Section 8. Research on Asbestos-related Diseases; Asbestos-related Disease Registry; Registry of workers exposed to asbestos.** -- The Secretary of Health shall expand, intensify, and coordinate programs for the conduct and support of research on diseases caused by exposure to asbestos, particularly mesothelioma, asbestosis, and pleural injuries.

Not later than one (1) year after the date of enactment of this Act, the Secretary of Health shall establish a mechanism by which to obtain, coordinate, and provide data and specimens from cancer registries; public and private hospitals; and entities participating in the asbestos-related disease research and treatment network in Section 10. The data and specimens obtained shall form the basis for establishing a national clearinghouse for data and specimens relating to asbestos-related diseases, with a particular emphasis on mesothelioma.

A central registry of all workers exposed to asbestos, including past exposures shall be established and maintained in coordination with appropriate government agencies. The registry shall contain information about the company, occupation, form of asbestos, level and duration of exposure. The registry shall be accessible to the public and unions.

**Section 9. Asbestos-Related Disease Research and Treatment Network.** - (A) For each fiscal year in the next five years from the effectivity of this , the Secretary of Health, in collaboration with other applicable government agencies and instrumentalities, shall establish and maintain an asbestos-related disease research and treatment network (hereinafter, Network) to support the detection, prevention, treatment, and cure of asbestos-related diseases, with particular emphasis on malignant mesothelioma.

The Network shall include intramural research initiatives of the Department of Health; and at least ten (10) extramural asbestos-related disease research and treatment centers, as selected by the Secretary of Health in accordance with the immediately succeeding paragraph.

(B) *Extramural Asbestos-Related Disease Research and Treatment Centers.* - For each fiscal year during which the Network is operated and maintained, the Secretary of Health shall select for inclusion in the Network not less than ten (10) nonprofit hospitals, universities, or medical or research institutions incorporated or organized in the Philippines that, as determined by the Secretary of Health, have exemplary experience and qualifications in research and treatment of asbestos-related diseases; access to an appropriate population of patients with asbestos-related diseases; and are geographically distributed throughout the Philippines, with special consideration given to areas of high incidence of asbestos-related diseases.

(C) *Requirements.* - Each center selected under paragraph B above shall be chosen by the Secretary of Health after competitive peer review; the conduct of laboratory and clinical research, including clinical trials, relating to mechanisms for effective therapeutic treatment of asbestos-related diseases; early detection and prevention of asbestos-related diseases; palliation of asbestos-related disease symptoms; and pain management with respect to asbestos-related diseases; offer to asbestos-related disease patients travel and lodging assistance as necessary to accommodate the maximum number of patients practicable; and to serve a number of patients at the center sufficient to conduct a meaningful clinical trial; coordinate the research and treatment efforts of the center with other entities included in the Network.

1 A center selected by the Secretary of Health shall be included in the Network for the one  
2 (1) year period beginning on the date of selection of the center; or such longer period as the  
3 Secretary of Health determines to be appropriate.

4  
5 (D) *Grants.* – The Secretary of Health shall provide to each center selected for inclusion  
6 in the Network for the fiscal year a financial grant to support the detection, prevention,  
7 treatment, and cure of asbestos-related diseases, with particular emphasis on malignant  
8 mesothelioma.

9  
10 **Section 10. *Inter-agency Technical Advisory Council.***

11  
12 (A) There is hereby created an inter-agency technical advisory council attached to the  
13 Department of Health which shall be composed of the Secretary of Health or his or her  
14 representative as chairperson and the following officials or their duly authorized  
15 representatives as members:

- 16  
17 (1) Secretary of Labor and Employment;  
18 (2) Secretary of Environment and Natural Resources;  
19 (3) Secretary of Trade and Industry;  
20 (4) Secretary of Science and Technology;  
21 (5) Secretary of Finance;  
22 (6) Secretary of Interior and Local Government;  
23 (7) Representative from Philippine Health Insurance Corporation;  
24 (8) Representative from Employees' Compensation Commission;  
25 (9) Representative from the workers' organized sector;  
26 (10) Representative from a non-governmental organization on health and safety;  
27 (11) Representative from the employers' sector; and  
28 (12) Representative from the civil society.

29  
30 The representatives from the private sector shall be appointed by the President for a term of  
31 three (3) years.

32  
33 (B) The council shall have the following functions:

- 34  
35 (1) To assist the Department of Health in the formulation of the pertinent rules and  
36 regulations for the effective implementation of this Act;  
37  
38 (2) To assist the Department of Health in the preparation and conduct of the research and  
39 reporting, the public education and safety program and other requirements that fall within  
40 the coverage of this Act; and  
41  
42 (3) To perform such other functions as the Secretary of Health may, from time to time,  
43 require.

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45 **Section 11. *Issuance of Cease and Desist Orders by the Department.*** – Immediately  
46 upon receipt of a report of violation of this Act, whether written or verbal, the Department of  
47 Health shall conduct an *ex parte* examination of the evidence presented. If a prima facie case  
48 is established, a Cease and Desist Order (CDO) shall be issued by the Secretary of Health or  
49 the DOH Regional Director, as the case may be.

50  
51 Non-compliance with the CDO shall be ground for the imposition of administrative sanctions.  
52 The issuance of the CDO shall be without prejudice to the imposition of the appropriate  
53 administrative sanction, if so warranted, after due notice and hearing.

54  
55 **Section 12. *Citizen Suits.*** – For purposes of enforcing the provisions of this Act or its  
56 implementing rules and regulations, any citizen may file an appropriate civil, criminal, or  
57 administrative action, including one for damages for any harm suffered as a result of a  
58 violation of any provision of this Act, in the proper courts against:  
59



1 (a) Any person who violates or fails to comply with the provisions of this Act or its  
2 implementing rules and regulations;

3  
4 (b) Any public officer who willfully or grossly neglects the performance of an act especially  
5 required as a duty by this Act or its implementing rules and regulations; or abuses his  
6 authority in the performance of his duty; or, in any manner, improperly performs his  
7 duties under this Act or its implementing rules and regulations: Provided, however,  
8 That no suit can be filed until after thirty (30) days from notice given to the concerned  
9 public officer and the alleged violator or violators, and no appropriate action has been  
10 taken thereon.

11  
12 The court shall exempt such action from the payment of filing fees, except fees for actions not  
13 capable of pecuniary estimation, and shall, likewise, upon prima facie showing of the non-  
14 enforcement or violation complained of, exempt the plaintiff from the filing of an injunction  
15 bond for the issuance of a preliminary injunction.

16  
17 Within thirty (30) days, the court shall make a determination if the complaint filed herein is  
18 malicious and baseless and shall accordingly dismiss the action and award attorney's fees and  
19 damages, as it may seem appropriate.

20  
21 **Section 13. Independence of action.** - The filing of an administrative suit against any  
22 person or entity under the preceding section does not preclude the right of any other person  
23 to file any criminal or civil action. Such civil and/or criminal action shall proceed independently.

24  
25 **Section 14. Penal provisions.** - Any person who violates the provisions of this Act or its  
26 rules and regulations shall, upon conviction, be punished by a penalty of six (2) months to two  
27 (2) years imprisonment or a fine of not less than One Hundred Thousand Pesos (P100,000.00)  
28 nor more than One Million Pesos (P1,000,000.00) or both. Should the offense be committed  
29 by a juridical person, the Chairman of the Board of Directors, the president, general manager,  
30 or the partners and/or the persons directly responsible therefore, shall be penalized.

31  
32 **Section 15. Implementing Rules and Regulations.** - The Secretary of Health shall  
33 promulgate not later than six (6) months after the date of enactment of this Act, rules and  
34 regulations for its implementation.

35  
36 **Section 16. Appropriations.** - Such sums as may be necessary for the initial  
37 implementation of this Act shall be taken from the current appropriations of the Department of  
38 Health. Thereafter, the fund necessary to carry out the provisions of this Act shall be included  
39 in the annual General Appropriations Act.

40  
41 **Section 17. Repealing Clause.** -- Any law, presidential decree or issuance, executive order,  
42 presidential proclamation, rule and regulation or parts thereof inconsistent with the provisions  
43 of this Act, are hereby repealed, modified, or amended accordingly.

44  
45 **Section 18. Separability Clause.** - If any provision of this Act or its implementing rules and  
46 regulations is declared unconstitutional, the same shall not affect the validity and effectivity of  
47 the other provisions thereof.

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49 **Section 19. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in at  
50 least two newspapers of general circulation.

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53 *Approved,*