



HOUSE OF REPRESENTATIVES

H. No. 6422

BY REPRESENTATIVES VILLARICA, ARROYO, MACAPAGAL-ARROYO, VILLAR,
CO, BATOCABE, RELAMPAGOS, QUIMBO, DEL MAR, GARIN (S.),
SUANSING, NOEL, TAMBUNTING, ABAYON, PIAMONTE, BRAVO (A.),
ESCUDERO, GUANLAO, REYES, TINIO AND LANETE, PER COMMITTEE
REPORT NO. 1000

AN ACT INTEGRATING HOSPICE AND PALLIATIVE CARE INTO THE PHILIPPINE HEALTH CARE SYSTEM

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

1 SECTION 1. *Title.* – This Act shall be known as the “Hospice and
2 Palliative Care Act”.

3 SEC. 2. *Declaration of Policy.* – The State guarantees the right of the
4 people to quality health care, and ensures that the health of the people is
5 protected over the entire life cycle. Pursuant to the Constitution, the State
6 shall adopt an integrated and comprehensive approach to health development
7 which shall endeavor to make essential goods, health and other social services
8 available to all the people at affordable cost, including patients suffering from
9 life threatening illnesses.

10 SEC. 3. *Definition of Term.* – As used in this Act:

11 *Hospice and Palliative care* refers to an approach that improves the
12 quality of life of patients with life threatening, complex and chronic illnesses
13 or those experiencing progressively debilitating diseases beyond any benefit

1 from curative or definitive treatment, regardless of life expectancy. The
2 approach covers the prevention and relief of suffering by means of early
3 identification, assessment, and management of pain and symptoms.

4 **SEC. 4. Accreditation.** – Hospitals, private hospice institutions,
5 medical practitioners, health workers, and social workers for hospice and
6 palliative care shall be accredited by the Department of Health (DOH). The
7 DOH, in partnership with the National Hospice and Palliative Care Council of
8 the Philippines, Inc. (NHPCCP) shall formulate the rules and guidelines for
9 accreditation to ensure a standard quality of hospice and palliative care
10 services.

11 **SEC. 5. Quality Assurance.** – Key elements necessary to ensure
12 quality hospice and palliative care services in accredited hospitals and
13 hospices include the following:

- 14 (a) Adequate number of multi-specialty personnel;
- 15 (b) Assured financing for health and custodial services;
- 16 (c) Clear and practical standards for facilities and services;
- 17 (d) Appropriately designed and equipped facilities; and
- 18 (e) Regular and systematic supervision and reporting to the DOH.

19 **SEC. 6. Mandatory Hospice and Palliative Care Services.** – All
20 government and private hospitals shall provide hospice and palliative care
21 services to patients with life-threatening illnesses.

22 Hospitals are required to link with a referral and aftercare network that
23 is organized and made functional by all provincial, city and municipal
24 governments under the guidance and monitoring of the DOH.

25 Rural health units, health centers and health offices are required to
26 develop home-based or near home palliative care program in coordination with
27 government-owned and privately-owned hospices in the local government
28 units (LGUs).

1 *SEC. 7. Leave Benefits.* – Immediate family members or relatives
2 who are employed, whether in the public or private sectors, and are assigned
3 by the family to provide hospice and palliative care to a critically-ill relative
4 shall be allowed to use all existing leave benefits granted by their employers
5 subject to the guidelines on the use of leave benefits.

6 The DOH, in coordination with the Civil Service Commission (CSC),
7 the Social Security System (SSS), the Government Service Insurance System
8 (GSIS), and the Department of Labor and Employment (DOLE), shall be
9 tasked to formulate the necessary guidelines in the availment of leave benefits.

10 *SEC. 8. Education and Training of Health Care Professionals and*
11 *Volunteers.* – The DOH, in partnership with the NHPCCP and other
12 accredited members, shall develop the education and training modules for
13 health care professionals, workers and volunteers.

14 The Commission on Higher Education (CHED) shall integrate courses
15 on the principles and practice of hospice and palliative care into the curriculum
16 of Medicine and Nursing, as well as in all paramedical and allied health
17 courses.

18 *SEC. 9. Continuing Research.* – The DOH, in coordination with the
19 Philippine Council for Health Research and Development (PCHRD) of the
20 Department of Science and Technology (DOST), shall ensure a continuing
21 research and collection of data on hospice and palliative care, and availability
22 of funds for this purpose.

23 *SEC. 10. Program Implementor.* – The DOH-Office for Technical
24 Services, in coordination with other offices of the Department, is hereby
25 mandated to perform the following functions:

26 (a) Promote hospice and palliative care in the Philippines through
27 advocacy and social marketing;

28 (b) Formulate policies and develop standards on quality hospice and
29 palliative care;

1 (c) Monitor the enforcement of standards and implementation of the
2 program on hospice and palliative care;

3 (d) Mobilize and generate resources for sustainability of operation;

4 (e) Network with international hospice associations;

5 (f) Coordinate research undertakings with other institutions and
6 agencies;

7 (g) Serve as repository of database for policy-making and maintenance
8 of palliative care registry;

9 (h) Organize and develop continuing training programs for physicians,
10 nurses, physical therapists, and other professional health workers and
11 volunteer workers in the field of palliative care;

12 (i) Serve as the coordinating center of a national palliative care
13 network located in the different regions of the country; and

14 (j) Establish a Code of Ethics and Standards in the Practice of
15 Hospice and Palliative Health Care.

16 SEC. 11. *Philippine Health Insurance Corporation (PhilHealth)*
17 *Benefit Package.* – Pursuant to this Act, the PhilHealth shall increase its
18 present benefit package to include inpatient palliative services, outpatient
19 hospice care, and home-based palliative care.

20 SEC. 12. *Funding Support.* – All nonprofit, DOH accredited hospice
21 and palliative care institutions which are serving indigent patients shall
22 qualify as institutional beneficiaries under the Philippine Charity Sweepstakes
23 Office (PCSO) Institutional Financial Assistance Program: *Provided*, That the
24 hospice care institutions comply with the documentary and other requirements
25 of the Program.

26 SEC. 13. *Tax Exemptions.* – All grants, bequests, endowments,
27 donations, and contributions made to the DOH to be used actually, directly,
28 and exclusively for hospice and palliative care program shall be exempt from
29 donor's tax and the same shall be allowed as deduction from the gross income

1 of the donor for purposes of computing the taxable income of the donor in
2 accordance with the provisions of the National Internal Revenue Code of
3 1997, as amended.

4 SEC. 14. *Appropriations.* – The initial amount necessary to
5 implement the provisions of this Act shall be charged against the current
6 year’s appropriation of the DOH. Thereafter, such sums as may be necessary
7 for the continued implementation of this Act shall be included in the annual
8 General Appropriations Act.

9 SEC. 15. *Rules and Regulations.* – Within sixty (60) days from the
10 approval of this Act, the Secretary of Health, after consultation with the
11 NHPCCP shall promulgate the rules and regulations to implement the
12 provisions of this Act.

13 SEC. 16. *Separability Clause.* – In case any provision of this Act is
14 declared unconstitutional or invalid, the other provisions hereof which are not
15 affected thereby shall continue in full force and effect.

16 SEC. 17. *Repealing Clause.* – All laws, executive orders, rules and
17 regulations or parts thereof inconsistent herewith are deemed repealed,
18 modified or amended accordingly.

19 SEC. 18. *Effectivity.* – This Act shall take effect fifteen (15) days
20 after its publication in the *Official Gazette* or in a newspaper of general
21 circulation.

Approved,

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