CONGRESS OF THE PHILIPPINES
SEVENTEENTH CONGRESS
Third Regular Session

HOUSE OF REPRESENTATIVES

H. No. 8636

BY REPRESENTATIVES ROMAN, VARGAS, TAN (A.), SUANSING (E.), RODRIGUEZ (M.), ARAGONES, CASTELO, ESCUDERO, BRAVO (M.V.), ALEJANO, BOLILIA, GATCHALIAN, NOGRALES (K.A.), NOGRALES (J.J.), ROA-PUNO, HERRERA-DY, LANETE, YAP (V.), MACEDA, NIETO, LOBREGAT, VIOLAGO, RADAZA, DALIPE, SAVELLANO, DE VENECIA, SUANSING (H.), CATAMCO, DURANO, ORTEGA (V.N.), CUEVA, CAMINERO, AGGABAO, CORTUNA, DE VERA, NOEL, SALCEDA, GARIN (S.), ACOP, YU, SACDALAN, ALVAREZ (M.), GONZALES (A.D.), TUPAS, DIMAPORO (A.), SIAO, FERNANDO, TOLENTINO, RAMOS, GARCIA (J.E.), NUÑEZ-MALANYAON, CALDERON, ACHARON, CERAFICA, MARIÑO, TEJADA, GARCIA (G.), MONTORO, DALOG, PADUANO, BANAL, MADRONA, ROMUALDO, GERON, BELMONTE (J.C.), ZUBIRI, CUARESMA, GORRICETA, FERRER (J.), ABU, ORTEGA (P.), SANDOVAL, DUAVIT, MACAPAGAL-ARROYO, DEL ROSARIO, AGARAO, UNGAB, PIMENTEL, BAGUILAT, ABELLANOSA, BRAVO (A.), ROMERO, UY (J.), QUIMBO, VERGARA, COJUANGCO, ALVAREZ (F.), ACOSTA, LACSON, CAGAS, MARCOS, TING, PANOTES, DE JESUS, GASATAYA, MERCADO, ALMARIO, LOYOLA, SILVERIO, MALAPITAN, LEACHON, SALO, BELARO, RELAMPAGOS, VILLARICA, ZAMORA (R.), CHIPECO, RODRIGUEZ (I.), DEL MAR, LAZATIN, ARCILLAS, SANTOS-RECTO, SAHALI, PLAZA, ENVERGA, BAUTISTA-BANDIGAN, GO (M.), FERRER (L.), ESTRELLA, VELASCO-CATERA, UY (R.), VELOSO, FORTUNO, ERIGUEL, VILLARAZA-SUAREZ, ANTONIO, ALVAREZ (P.), DY, BILLONES, JALOSJOS, ADVINCULA, TY, DIMAPORO (M.K.), FORTUN, LOPEZ (M.L.), ATIENZA, HERNANDEZ (F.), GONZAGA, SARMIENTO (E.M.), GONZALES (A.P.), SAMBAR, PANCHO, UNICO, BONDOC, CELESTE, ALBANO, BATAOIL, ABUEG, ANGARA-CASTILLO, AUMENTADO, MANGAOANG, COSALAN, VARGAS-ALFONSO,

MANGUDADATU (Z.), BERTIZ, AMANTE, MIRASOL, PINEDA, CHAVEZ, NAVA, VILLAFUERTE, AMATONG, SALIMBANGON, AGLIPAY-VILLAR, FUENTEBELLA, YAP (M.), ERICE, CAMPOS, ACOSTA-ALBA, VELARDE, ZARATE, ROBES, DELOSO-MONTALLA, ROQUE, SY-ALVARADO, TAMBUNTING, OLIVAREZ, GARBIN, BATOCABE, SALON, ANDAYA, MARCOLETA, DEFENSOR, HOFER, CRISOLOGO, PALMA, ESPINA, ALONTE, SUAREZ, ABAYON, LOPEZ (B.), MATUGAS AND GULLAS, PER COMMITTEE REPORT NO. 946

AN ACT INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER CONTROL PROGRAM AND APPROPRIATING FUNDS THEREFOR

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

ARTICLE I

INTRODUCTORY PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the "National Integrated Cancer Control Act".

SEC. 2. *Declaration of Policy.* – Recognizing that cancer is one of the leading causes of death in the Philippines, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family centered cancer control policies, programs, systems, interventions and services at all levels of the existing health care delivery system.

Towards this end, the State shall endeavor to improve survivorship by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, prompt and accurate diagnosis, responsive palliative care and pain management, timely and optimal treatment, effective survivorship care and late effects management and rehabilitation. It shall

likewise make cancer treatment and care more equitable and affordable for all, especially for the underprivileged, poor and marginalized Filipinos.

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

(a) *Allied health workers* refer to any trained non-cancer health professionals such as physicians, social workers, nurses, occupational therapists, recreational therapists, dietitians, among others;

(b) *Biobank* refers to a biorepository that accepts, processes, stores and distributes biospecimens such as blood and tissue, and associated data for use in research and clinical care;

(c) *Cancer* refers to a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs;

(d) *Cancer burden* refers to a difference in the burden of cancer between different countries which relate to cancer incidence, cancer mortality and prevalence of individuals with cancer.

(1) Cancer incidence represents the number of new cases in a defined population over a specific time period; and

(2) Cancer prevalence represents the disease burden in a population at a specific time and is related to survival of individuals diagnosed with cancer;

(e) *Cancer control* refers to the method to reduce the incidence, morbidity and mortality of cancer which aims to improve

the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment and palliative care;

(f) *Cancer diagnosis* refers to the various techniques and procedures used to detect or confirm the presence of cancer and typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic and genotypic examination of tissue samples obtained by biopsy or fine-needle aspiration or blood samples obtained by blood extraction;

(g) *Cancer prevention* refers to the following:

(1) *Primary cancer prevention* refers to measures and interventions that shall decrease the likelihood or risk of an individual of acquiring cancer; and

(2) *Secondary cancer prevention* refers to the use of tests to detect a cancer before the appearance of signs or symptoms (screening) followed by prompt treatment;

(3) *Tertiary cancer prevention* refers to diagnosis and treatment of clinically apparent cancer.

(h) *Cancer registry* refers to a database that contains information about people diagnosed with various types of cancer. The registry shall require systematic collection, storage, analysis, interpretation and reporting of data on subjects with cancer. There are two (2) main types of cancer registry:

(1) *Population-based cancer registry* refers to the collection of data on all new cases of cancer occurring in a well-defined population, including mortality and survivorship;

(2) *Hospital-based cancer registry* refers to the recording of information on the cancer patients diagnosed and treated in a particular hospital;

(i) *Cancer rehabilitation* refers to a program that helps people with cancer maintain and restore physical and emotional well-being. Cancer rehabilitation is available before, during and after cancer treatment;

(j) *Cancer screening* refers to the detection of cancer before symptoms start to appear. This may involve blood tests, deoxyribonucleic acid (DNA) tests, urine tests, other tests, or medical imaging;

(k) *Cancer survivorship* refers to the period starting at the time of disease diagnosis and continues throughout the rest of the patient's life. Family carers and friends are also considered survivors. Survivorship care has three (3) distinct phases: living through, with, and beyond cancer;

(l) *Cancer treatment* refers to the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, radioisotope therapy, and drug therapy, which includes chemotherapy, hormonotherapy, biotherapeutics, immunotherapy, gene therapy and supportive therapy, that are aimed at curing the disease or prolonging the patient's life considerably for several years while improving the patient's quality of life;

(m) *Carer* refers to anyone who provides care for a friend or family member;

(n) *Comprehensive cancer care center* refers to a care center with a focused program of work that is multidisciplinary and integrates cancer research, education and clinical care to accelerate the control and cure of cancer;

(o) *Continuum of care* refers to delivery of comprehensive health care which includes risk assessment, primary prevention, screening, detection, diagnosis, treatment, survivorship and end-of-life care;

(p) *Hospice care* refers to the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, otherwise known as end-of-life care that essentially consists of medical, psychological and spiritual support so the patient's life is spent comfortably, peacefully and with dignity;

(q) *Indirect medical cost or Psychosocial support Intervention* or *Social Welfare Assistance* refers to practical assistance on non-medical costs such as financial assistance, transient housing, transportation, food and nutrition and the like;

(r) *Management of late effects* refer to the management of health problems, which may be short-term side effects or long-term side effects, that occur months or years after cancer treatment;

(s) *Metastasis* refers to the spread of cancer cells from the place where they first formed to new areas of the body often by way of the lymph system or bloodstream;

(t) *Multidisciplinary care* refers to an integrated (interdisciplinary) team approach to cancer care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for

each patient. The multidisciplinary team includes professionals from different disciplines forming a team to implement multidisciplinary-interdisciplinary process to cancer management. The multidisciplinary care process involves the bringing of insights from different disciplines together, contributing to one plan of management for the patient;

(u) *National Integrated Cancer Control Program* refers to the program of the national government for the comprehensive and integrated control of cancer in the Philippines;

(v) *Notifiable disease* refers to a disease that, by legal requirements, must be reported to the public health authority when the diagnosis is made;

(w) *Optimal treatment and care* refers to a quality treatment care that adheres to the standards of treatment and care based on evidence-based guidelines;

(x) *Out-of-pocket expenditure* refers to any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. It is part of private health expenditure;

(y) *Palliative care* refers to treatment to relieve, rather than cure, symptoms caused by cancer which helps relieve suffering and improve quality of life for people of any age and at any stage in a serious illness, whether that illness is curable, chronic, life limiting or life threatening;

(z) *Panomics* or *pan-omics* refers to the range of molecular biology technologies including genomics, proteomics, metabolomics, transcriptomics, or the integration of their combined use. *Genomics* is the study of the genes in an organism while proteomics is the study of all the proteins in a cell;

(aa) *Patient navigation* refers to individualized assistance, through all the phases of cancer experience, offered to patients, families and carers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care beginning from pre-diagnosis and extending throughout the continuum of care;

(bb) *Patient pathway* refers to the route that a patient shall take from their first contact with the health worker, through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a health care facility, until the patient leaves;

(cc) *Premature mortality* refers to deaths that occur between the ages of 30 and 70;

(dd) *Secondary cancer* refers to either a second primary cancer or to cancer that has spread from one part of the body to another (metastatic cancer); and

(ee) *Supportive care* refers to prevention and management of the adverse effects of cancer and its treatment which includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anti-cancer treatment to posttreatment care.

ARTICLE II

THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

SEC. 4. *National Integrated Cancer Control Program.* – There is hereby established a National Integrated Cancer Control Program which shall serve as the framework for all cancer related activities of the government. The program shall have the following objectives:

(a) Decrease the overall mortality and impact of all adult and childhood cancer;

(b) Lessen the incidence of preventable cancer in adults and children;

(c) Prevent cancer recurrence and secondary cancer among survivors and people living with cancer;

(d) Provide timely access to optimal cancer treatment and care for all cancer patients;

(e) Make cancer treatment and care more affordable and accessible;

(f) Improve the experience of cancer treatment and care of patients and families;

(g) Support the recovery and reintegration to society of cancer survivors; and

(h) Eliminate various forms of burden on patients, people living with cancer, survivors and their families.

SEC. 5. *National Integrated Cancer Control Advisory Council.* – There is hereby created a National Integrated Cancer Control Advisory Council, hereinafter referred to as the Council, which shall act as a recommendatory body for policy matters related to cancer

control. The Council shall provide technical guidance and support and oversee the implementation of this Act, ensuring judicious and best use of available resources for the benefit of all, especially the most vulnerable sectors of society, the elderly, women and children, the poor, marginalized and disadvantaged.

SEC. 6. *Composition of the Council.* – The Council shall be composed of the following:

(a) The Secretary of Health, or a designated representative, with a rank not lower than assistant secretary, as chairperson in an *ex officio* capacity;

(b) A vice chairperson, who shall be elected by the non *ex officio* members, from among themselves, and who shall serve for a term of three (3) years;

(c) *Ex officio* members consisting of the following:

(1) Secretary of Social Welfare and Development, or a designated representative;

(2) Secretary of Science and Technology, or a designated representative;

(3) Secretary of Labor and Employment, or a designated representative;

(4) Secretary of the Interior and Local Government, or a designated representative;

(5) Chairperson of the Commission on Higher Education (CHED), or a designated representative;

(6) President and Chief Executive Order of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative; and

(7) Director General of the Food and Drug Administration, or a designated representative;

(d) Three (3) medical doctors, who must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, have distinguished themselves professionally in public, civic or academic service in the field of oncology, and must have been in the active practice of their professions for at least ten (10) years, chosen from at least five (5) persons recommended by the Secretary of Health, to be appointed by the President for a term of three (3) years; and

(e) Two (2) representatives from cancer-focused patient support organizations and advocacy network, to be appointed by the President for a term of three (3) years from the list of organizations and advocacy network recommended by the Secretary of Health.

The Council shall utilize the services and facilities of the Disease Prevention and Control Bureau under the Department of Health (DOH) as the Secretariat of the Council.

The non *ex officio* members may receive honoraria in accordance with existing laws, rules and regulations.

SEC. 7. *Roles and Functions.* – The Council shall recommend policies, programs and reforms that enhance the synergy among stakeholders and ensure a well-coordinated, effective and sustainable implementation of the provisions of this Act. It shall advise and assist in planning, policy making, program development, development of good practice models, standard setting, stakeholder engagement, program monitoring, evaluation and assessment, strategic, programmatic and operational review.

It shall, as necessary, create experts' groups or technical working groups to assist the DOH to undertake any of the following key tasks:

(a) Develop integrated and responsive cancer control policies and programs tailored to the socioeconomic context and epidemiological profiles of the Philippines which aim to improve survivorship, make cancer care more accessible and affordable, expand cancer care to include the whole continuum of care, promote integrated, multidisciplinary, developmentally-appropriate patient and family-centered care, and enhance the well-being and quality of life of cancer patients and their families;

(b) Develop the National Integrated Cancer Control roadmap with annual targets, priorities and performance benchmarks, for the effective institutionalization of strategies, policies, programs and services in the national and local health care system;

(c) Develop, update and promote, evidence-based treatment standards and guidelines for all adult and childhood cancer, of all stages, including the management of late effects;

(d) Develop innovative and cost-effective cancer care service models for effectively delivering integrated cancer care in the most appropriate settings and improve patient care flow from primary to tertiary care;

(e) Develop clearly defined patient care pathways and evidence-based standards of care for the network of cancer centers;

(f) Set quality and accreditation standards for oncology focused health service facilities, health care providers, medical

professionals, allied health professionals, as well as, ethical cancer research;

(g) Monitor and assess the implementation of prioritized packages of cancer services for all ages and all stages of cancer, ensuring that they are provided in an equitable, affordable and sustainable manner, at all levels of care;

(h) Recommend responsive and proactive medicine access programs, including improvements of core systems and processes related to:

(1) Availability and affordability of quality, safe, and effective medicines;

(2) Increased access to cost effective vaccinations to prevent infections associated with cancer;

(3) Diagnostics for cancer;

(4) Innovative medicines and technologies; and

(5) Compassionate use of protocols, as necessary;

(i) Establish mechanisms and platforms for multisectoral and multistakeholder collaboration, coordination, and cooperation, especially in health promotion, disease prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization;

(j) Establish mechanisms and platforms for patient, family and community engagement, especially on protection and promotion of the rights of patients, survivors and their families and their active involvement in multidisciplinary patient care, patient navigation and survivors' follow-up care;

(k) Strengthen linkages with local and international organizations for possible partnerships in treatment and management of challenging and rare cases, education, training and learning, advocacy, research, resource mobilization and funding assistance;

(l) Institute the provision of child life services in all appropriate hospitals and facilities;

(m) Establish a system for program review, monitoring and evaluation, inclusive of financial aspects, and submit an annual report and recommendation to the Secretary of Health on the progress, accomplishments and implementation challenges encountered; and

(n) Secure from government agencies and other stakeholders, recommendations and plans pertinent to the respective mandates of the agencies and other stakeholders for the implementation of the provisions of this Act.

SEC. 8. *Personnel Complement.* – The personnel complement for the Cancer Control Program in the Disease Prevention and Control Bureau of the DOH shall be increased to ensure the effective implementation of this Act.

A director for Cancer Control Program shall be designated to provide operational leadership, undertake coordination with program stakeholders and ensure effective and sustainable implementation of the National Integrated Cancer Control Program. The Secretary of Health shall, in coordination with the Secretary of Budget and Management (DBM), create the

additional plantilla positions for health personnel required in the program.

ARTICLE III

QUALITY HEALTH CARE SYSTEMS

SEC. 9. *Cancer Care Infrastructure.* – The DOH, local government units (LGUs), and other government agencies concerned shall strengthen the capability of public health systems and facilities, provision of services and continuum of care, through the following key activities:

(a) Allocate adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in cancer treatment and care from diagnosis to rehabilitation;

(b) Develop robust and effective patient referral pathways across levels of health service delivery;

(c) Provide reliable supply of cancer drugs and cancer control related vaccines to patients by ensuring that health facilities and local health centers have sufficient supply of essential medicines and vaccines;

(d) Enhance the oncology related competencies of health providers in all levels of care and the capacity to collaborate and work effectively in an integrated, multidisciplinary settings;

(e) Institute work place retention programs for priority oncology disciplines, disciplines where shortages exist and in underserved areas, where there are no oncology related practitioners;

(f) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and patient navigation;

(g) Establish and strengthen community level of care for cancer patients, cancer survivors, and people living with cancer, of all genders and ages;

(h) Ensure the proper recording, reporting and monitoring of cancer cases of all genders and ages, in all levels of care;

(i) Network and link-up with comprehensive cancer centers, regional cancer centers, specialty centers, privately managed cancer centers and relevant health facilities and international institutions, for knowledge and resource sharing; and

(j) All other activities and initiatives as may be identified by the Council.

SEC. 10. *Cancer Care Centers.* – The Secretary of Health, in coordination with the Council, shall develop standards to classify, accredit and designate comprehensive cancer centers, specialty cancer centers, regional cancer centers and cancer satellites or stand-alone clinics. The network of cancer care centers that is easily accessible to patients shall be established strategically in the country. The required diagnostic, therapeutic, research capacities and facilities, technical, operational and personnel standards of these centers shall be defined in the implementing rules and regulations of this law. If necessary, the use of public-private partnership shall be allowed in the procurement of cancer care facilities and services to hasten delivery of essential oncological

services and promote efficiency in fiscal utilization for cancer programs and projects.

SEC. 11. *Regional Cancer Center.* – The objectives and functions of a regional cancer center are as follows:

(a) Provide timely, developmentally appropriate, and high-quality cancer services such as screening, diagnosis, optimal treatment and care, supportive care and palliative care, survivorship follow-up care, and reintegration and rehabilitation, to cancer patients of all genders and ages;

(b) Establish as necessary, networks with both public and private facilities to improve access, expand range of services, reduce costs and bring services closer to patients;

(c) Provide and promote supportive care, palliative care and pain management, patient navigation, hospice care and other measures to improve the well-being and quality of life of cancer patients, people living with cancer, their families and carers;

(d) Provide separate units and facilities for children and adolescents with cancer and ensure that such children and adolescents are not mixed with the general population;

(e) Design and implement high-impact, innovative, and relevant local communications campaigns that are context and culture-sensitive, and aligned with national programs;

(f) Undertake and support the training of physicians, nurses, medical technicians, pharmacists, health officers and social workers on evidence-based and good practice models for

the delivery of responsive, multidisciplinary, integrated cancer services;

(g) Address the psychosocial and rehabilitation needs of cancer patients and survivors;

(h) Adopt and promote evidence-based innovations, good practice models, equitable, sustainable strategies and actions across the continuum of care;

(i) Engage and collaborate with LGUs, private sector, philanthropic institutions, cancer focused patient support, advocacy organizations and civil society organizations to make available programs and services and practical assistance to cancer families and cancer survivors; and

(j) Promote and assist in ethical scientific research on matters related to cancer.

SEC. 12. *Capacity Development.* – The DOH, in collaboration with cancer focused professional societies, LGUs leagues, and LGU-based health associations, academic institutions, human resources units of cancer care centers, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing cancer care service and support at all levels of the health care delivery system.

SEC. 13. *Oncology-Related Academic Curriculum.* – The CHED, in collaboration with the DOH, higher education institutions (HEIs), cancer focused professional societies, accrediting institutions and patient support organizations, shall undertake an assessment of current oncology-related academic curriculum and

ensure that the curriculum meets local needs and global practice standards. The CHED shall encourage HEIs to offer degree programs for high priority oncology-related specializations and continuing education programs related to oncological treatment and care.

ARTICLE IV

CANCER AWARENESS

SEC. 14. *Cancer Awareness Campaign.* – The DOH shall intensify its cancer awareness campaign and provide the latest and evidence-based information for the prevention and treatment of cancer including practical advice, support and referral for cancer patients, people living with cancer, cancer survivors, their families and carers. The DOH, in collaboration with the Department of Information and Communications Technology, shall make full use of the latest technology to disseminate information to reach every Filipino.

The awareness campaign must increase cancer literacy and understanding of risk factors associated with cancer, dispel myths and misconceptions about cancer, and reduce the anxiety, fear, distress and uncertainty related to cancer.

SEC. 15. *Health Education and Promotion in Schools, Colleges, and Universities.* – The CHED and the Department of Education, in coordination with the DOH, shall develop policies and provide technical guidance to academic institutions and administrators to:

(a) Promote and facilitate integration of age appropriate and gender sensitive key messages on cancer risk factors, early warning

signs and symptoms of adult cancer and childhood cancer, cancer prevention and control, and adoption of healthy lifestyles and healthy diets in their curriculum, health and wellness programs, and cocurricular activities;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with cancer, cancer survivors, and their family members, especially those who act as carers for cancer patients; and

(c) Adopt initiatives that minimize or eliminate stigma and discrimination in schools, colleges, and universities that are experienced by people with cancer, cancer survivors and their families.

SEC. 16. *Health Education and Promotion in the Workplace.* – The DOLE, Civil Service Commission, and Technical Education and Skills Development Authority, in coordination with the DOH, shall develop policies and provide technical guidance to employers, employees associations, and unions to:

(a) Promote and facilitate integration of gender sensitive key messages on cancer risk factors, early warning signs and symptoms of adult cancer and childhood cancer, cancer prevention and control, adoption of healthy lifestyles and healthy diets, in their communication initiatives, health and wellness programs, and employee development programs;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with cancer, cancer survivors, and their family members;

(c) Integrate appropriate cancer services in their health services and clinics; and

(d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that is experienced by people living with cancer, cancer survivors, and their families.

SEC. 17. *Health Education and Promotion in Communities.* – The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local cancer focused patient support organizations and cancer focused professional societies, shall lead the health education and promotion campaign in the local communities. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age appropriate and gender sensitive cancer focused health education including to out-of-school youth.

ARTICLE V

AFFORDABLE CANCER CARE AND TREATMENT

SEC. 18. *Establishment of Cancer Assistance Fund.* – There is hereby established a cancer assistance fund to support the cancer medicine and treatment assistance program. The DOH shall manage the fund in accordance with the existing budgeting, accounting and auditing rules and regulations and shall make a quarterly report to the Office of the President and Congress on the disbursement of the fund.

The DOH may solicit and receive donations which shall form part of the fund. Likewise, fund raising activities may be

conducted by the Council, the proceeds of which shall accrue to the fund.

SEC. 19. *Tax Exemption.* – All grants, bequests, endowments, donations, and contributions made to the DOH to be used actually, directly and exclusively to support the cancer medicine and treatment assistance program shall be exempt from donor's tax and the same shall be considered as allowable deduction from the gross income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

SEC. 20. *PhilHealth Benefits for Cancer.* – The Philippine Health Insurance Corporation shall expand its benefit packages to include screening, detection, diagnosis, treatment assistance, supportive care, survivorship follow-up care rehabilitation, and end-of-life care, for all types and stages of cancer, in both adults and children. It shall also develop innovative benefits such as support for community-based models of care to improve cancer treatment journey and reduce costs of care, including stand-alone chemotherapy infusion centers, ambulatory care, community or home based palliative care and pain management and community-based hospice facility. The development or expansion of any PhilHealth benefit shall go through a proper, transparent and standardized prioritization setting process, such as the Health Technology Assessment and actuarial feasibility study, to avoid inequitable allocation of funds for health care services.

SEC. 21. *Social Protection Mechanisms.* – The DOH, in collaboration with Social Security System (SSS), Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office, Department of Labor and Employment (DOLE), DSWD, PhilHealth and LGUs, shall develop appropriate and easily accessible social protection mechanisms for cancer patients, people living with cancer, cancer survivors, their families and carers. The mechanisms must be intended to encourage the underprivileged and marginalized people living with cancer to undergo the necessary treatment and care.

A Cancer Control Policy shall be established in every workplace. It shall form part of employee benefits in the formal sector covering the entire cancer continuum, from prevention, including genetic counselling and testing, to screening, diagnosis and palliative care, treatment, rehabilitation, survivorship or hospice care.

The Insurance Commission shall mandate the Health Maintenance Organizations (HMOs) to cover genetic counselling and testing, cancer screening, diagnostics and palliative care as well as certain therapeutics of all member employees.

The cancer-related absences from work of member employees as well as voluntary members shall be covered and compensated by the Sickness Benefits of the SSS and Disability Benefits of the GSIS.

The employees in the informal sector shall be prioritized in the cancer control packages of PhilHealth while the employees in

the formal sector shall be offered cost-sharing PhilHealth benefit packages.

ARTICLE VI

ESSENTIAL MEDICINES

SEC. 22. *Cancer and Related Supportive Care Medicines.* – The DOH, and other concerned government agencies shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible chance of survival among people with cancer. The reforms include facilitating quick access to drugs for compassionate use and developing a more responsive system for effectively addressing emergency cases.

SEC. 23. *Palliative Care and Pain Management Medicines.* – The DOH shall ensure sufficient supply of medicines for palliative care and pain management that are available at affordable prices. Further, the DOH shall formulate a monitoring system to check that pain medications are safe and administered in correct dosages.

ARTICLE VII

SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER AND CANCER SURVIVORS

SEC. 24. *Persons with Disabilities.* – Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons".

SEC. 25. *Rights and Privileges.* – The cancer patients, persons living with cancer and cancer survivors are accorded the same rights and privileges as PWDs and the DSWD shall ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the DOLE shall adopt programs which promote work and employment opportunities for able persons with cancer and cancer survivors.

In addition, every person with cancer shall have the following rights:

(a) The right to be treated humanely and with respect for the inherent dignity of the human person;

(b) The right against discrimination on the ground of cancer;

(c) The right to exercise all civil, political, economic, social and cultural rights respecting individual abilities and diverse backgrounds and without any discrimination on grounds of physical disability, age, gender, sexual orientation, race, color, language, civil status, religion, national or ethnic or social origin of the service user concerned as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil Declaration on the Rights of Disabled Persons;

(d) The right to receive treatment of the same quality and standards as other individuals in a safe and conducive environment;

(e) The right to be adequately informed about the disease and the services available to cater to their needs and the treatment options available and to actively consent to, and participate in the formulation of, such services and treatment plans;

(f) The right to live and work, to the extent possible, in the community; and

(g) The right to confidentiality of all information, communication and records about themselves, their illness and treatment, in whatever form stored.

SEC. 26. *Nondiscrimination.* – The appropriate government agencies shall ensure that people living with cancer and cancer survivors are free from any form of discrimination in school, workplace and community.

ARTICLE VIII

CANCER REGISTRY AND MONITORING SYSTEM

SEC. 27. *National Cancer Registry and Monitoring System.* – The DOH, in collaboration with the Council and other stakeholders, shall establish a national cancer registry and monitoring system. The registry must cover all forms of cancer among adults and children and serve as guide in the policy development of the Council. The national cancer registry shall be a population-based cancer registry seeking to collect data on all new cases of cancer by geographical region to provide framework for assessing and controlling the impact of cancer on the community. Cancer registries shall form part of the Electronic Medical Records requirement of the DOH, and that it shall be in accordance with the National Health Data Standards and Data Privacy Act of 2012.

SEC. 28. *Hospital-Based Cancer Registry.* – Every hospital, including clinics, shall have its own cancer registry. The registry must record the personal identification of cancer patients, cancer type, treatment received and its results and other data that the

DOH may prescribe. The regional offices of the DOH shall ensure that all hospitals within their respective jurisdiction have cancer registry. The information shall be treated with utmost confidentiality and shall not be released to third parties, in accordance with the Data Privacy Act of 2012. Submission of the cancer registry data to the DOH shall be a requirement for the renewal of a license to operate of a hospital.

SEC. 29. *Recording and Reporting of Cancer Cases.* – Adult and childhood cancer are considered as a notifiable disease in all levels of the health care system. Any hospital or clinic which diagnosed a patient with cancer shall report the same to the DOH. The DOH shall provide the form and manner of reporting of cancer cases.

ARTICLE IX

FINAL PROVISIONS

SEC. 30. *Unlawful Acts and Penalties.* – It shall be unlawful for any person, natural or juridical, to make any false or misleading claims, through advertisement in any media outlet, about any drug, device, agent or procedure purporting to be a cure or prophylactic against cancer. It shall also be unlawful to advertise any drug, device, agent or procedure related to cancer without prior approval or authority from the appropriate regulatory bodies.

Any person who commits the unlawful acts provided in this section shall be punished with imprisonment of not less than six (6) months but not more than one (1) year or a fine of not less than One hundred thousand pesos (P100,000.00), nor more than Five hundred thousand pesos (P500,000.00) or both. If the offender is a

corporation or association, the president, member of the Board, manager, managing partner or any officer of the corporation or association who directly participated in the violation of this section shall suffer the penalty imposed under this section.

SEC. 31. *Annual Report.* – The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Act.

SEC. 32. *Appropriations.* – The amount necessary to cover the initial implementation of this Act shall be charged against the current year's appropriations of the Department of Health for the National Integrated Cancer Control Program. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 33. *Implementing Rules and Regulations.* – Within ninety (90) days from the approval of this Act, the Secretary of Health, in consultation with the Philippine Society of Medical Oncologist, Philippine Society of Oncology, Cancer Coalition Philippines and other concerned stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SEC. 34. *Separability Clause.* – If any provision of this Act is declared unconstitutional, the remainder of this Act or any provision not affected thereby shall remain in full force and effect.

SEC. 35. *Repealing Clause.* – All laws, presidential decrees or issuances, executive orders, letters of instruction, administrative

orders, rules or regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 36. *Effectivity*. – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

O