

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 49



Authored by **HON. LINABELLE RUTH R. VILLARICA**

EXPLANATORY NOTE

When a life threatening illness, like cancer, no longer responds to treatment and reaches its terminality, patients and family are often told, **"I'm sorry, there is nothing more we can do."** It's devastating but it's also inaccurate— something can and still should be done through a study of medicine called **Palliative Care**, and the embodiment of a compassionate caring philosophy called **Hospice Care** so that the patient can still have **quality of life** in his or her remaining days free from pain and suffering.

When diagnosed early, a third of cancer cases can still be treated but usually, two thirds (2/3) of diagnosed cases are already in an advanced and incurable stage. In 2009, there were 47,732 cancer-caused deaths or a rate of 51.8 per 100,000 population, based on figures from the DOH. While Cancer is No. 3 in Cause of Mortality, figures for the equally incurable HIV-AIDS is a cause for alarm because it is infectious and the rate of new infection cases in the country is spiking. The National Epidemiological Center of the Department of Health (NEC-DOH) in April 2010 alone shows a five-fold increase in number of reported cases from the end-2007 figures. Figures from 2012 show that every month an average of 278 new cases of HIV infection are reported. That's a total of 3,338 new HIV-AIDS cases for last year alone.

This bill proposes that it is time that the Philippine Health Care Delivery System, also provide a systematic framework for palliative or end-of-life care. Let's have preventive, curative, and the missing link of palliative for a comprehensive health care for our people. The benefits to be derived include the following:

- (a) Improved quality of life for the terminally ill patient while minimizing the financial burden of their families.

- (b) De-clogging of government hospitals from emergency admissions of terminally ill patients and preventing the draining of public hospital resources for indigent patients.
- (c) An easing of the burden of local government units to support the medical and financial expenses of terminally ill indigent patients, which will result in better channeling of resources to benefit a greater number of beneficiaries.
- (d) The development of a home-based Palliative and Hospice Care program at the grassroots level will increase access of quality health service, especially by the poor.
- (e) Creation of more jobs and opportunities for nurses and other allied medical health workers for the demands of the local and global Palliative and Hospice Care industry.

During the 15th Congress, the bill was referred to the House Committee on Health but no further action was taken due to time constraints. It is filed for the consideration of the 16th Congress.

Support for its enactment is earnestly requested.



REP. LINABELLE RUTH R. VILLARICA

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**AN ACT TO INTEGRATE PALLIATIVE AND HOSPICE CARE
INTO THE PHILIPPINE HEALTH CARE DELIVERY SYSTEM**

SECTION 1. *Title.* This Act shall be known as "The Palliative and Hospice Care Act of 2013".

SECTION 2. *Declaration Of Policy.* The State guarantees the right of the people to quality health care; ensuring that the health status of the people is to be made as good as possible over the entire life cycle. As the Constitution mandates, an integrated and comprehensive approach to health development shall endeavor to make essential goods, health and other social services available to all people at affordable cost even to patients suffering from life threatening illnesses.

SECTION 3. *Definition Of Terms.*

Palliative and Hospice Care. As per the World Health Organization definition, is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and management of pain and other problems, physical, psychosocial and spiritual.

Terminally Ill. Patients who are certified by primary physician and palliative care specialist physicians as terminally ill have active, progressive, far-advanced disease with six (6) months or less to live.

SECTION 4. *Services And Site Of Care.* They can avail of Palliative and Hospice Care services either in hospitals, hospice institutions, or in the privacy of their homes.

Palliative and Hospice Care services include, but are not limited to the following:

- (a) Palliative Physician care
- (b) Palliative Nursing care
- (c) Medications for pain and symptom control
- (d) Medical supplies (bandages, catheters, etc.)
- (e) Medical equipment (oxygen machine, wheelchair, hospital bed, etc.)
- (f) Counseling (spiritual, emotional) to help patients live as actively as possible until death and to help the family cope during the patient's illness and in their own bereavement
- (g) Palliative surgery, palliative chemotherapy, and palliative radiation to better manage distressing clinical complications

SECTION 5. *Compassionate Care Leave Benefits.* Notwithstanding any law, rules and regulations to the contrary, immediate family members or relatives who actually look after or take care of a critically-ill patient, shall be entitled to a compassionate care leave benefit of sixty (60) days a year with full pay, whether in public or private employment sector.

SECTION 6. *Mandatory Palliative Care And Hospice Services.* All government and private hospitals shall provide Palliative and Hospice Care services to all patients with life-threatening illness. Provinces, cities and municipalities shall include Palliative and Hospice Care into their Rural Health Unit services as a **home-based care program**.

SECTION 7. *Accreditation.* Private hospice institutions, medical practitioners, health workers, and social workers for Palliative and Hospice Care shall be accredited by the Department of Health in partnership with the National Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.) shall promote the rules and guidelines for accreditation to ensure standard quality services.

SECTION 8. *Education And Training Health Care Professionals and Volunteers.* Physicians especially Provincial Health Officer (PHO) and Municipal Health Officers (MHOs), nurses, barangay health workers (BHWs), social workers, occupational therapists, nutritionists, volunteers, caregivers, or members of religious community shall undergo multi-disciplinary education and specialized training, under the Department of Health through partnerships with accredited Palliative and Hospice Care institutions, with respect to an integrated and coordinated approach towards Palliative and Hospice Care support services.

SECTION 9. *Continuing Research.* There shall be a continuing research and collection of data on palliative and hospice care. The public shall have access to good health data, including, socioeconomic issues of palliative and hospice care, including the physical, mental and economic impact on the patients, their families and informal caregivers.

SECTION 10. *Designation Of The National Palliative And Hospice Care Council Of The Philippines (HOSPICE Phils., Inc.).* As the attached agency of the Department of Health it shall perform the following functions;

- (a) To promote Palliative care in the Philippines through advocacy.
- (b) To provide policy formulation, standard development and monitor implementation of its programs.
- (c) To mobilize and generate resources or sustainability of operation.
- (d) To network with the international hospice association.
- (e) To plan and carry out or coordinate research with other institutions and agencies.
- (f) To provide the database for policy formulation that will stimulate and sustain palliative care registry
- (g) To organize and develop continuing training programs for physicians, nurses, physical therapists, and other professional health workers and volunteers workers in the field of palliative care.
- (h) To serve as the coordinating center of a national palliative care network located in the different regions of the country.
- (i) To formulate a code of ethics and standards for the practice of palliative care modalities.

SECTION 11. *Grants And Donations.* All non-profit Palliative and Hospice Care institutions that are serving indigent patients are to be included as beneficiaries of PAGCOR and PCSO funding to support programs and services.

- (a) All government-owned and/or controlled corporations are authorized to give grants to accredited Palliative and Hospice Care providers at their discretion;
- (b) Private donations and other conveyances including funds, materials, property and services, by gratuitous title are also allowed and encouraged under this Act;
- (c) Contributions shall be exempt from the donor's tax and the same shall be considered as allowable deductions from the gross income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

SECTION 12. *Appropriations.* Congress shall allocate funds for training, education, promotion, and mobilization for the implementation of this Act throughout the provinces, cities and municipalities. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act. The local government units shall also appropriate ten percent (10%) of their health budget for Palliative and Hospice Care.

SECTION 13. *Implementing Rules And Regulation.* Within ninety (90) days from the effectivity of this Act, the rules and regulations necessary to effectively implement its provisions shall be promulgated by the Department of Health with the assistance of the National Palliative and Hospice Care Council of the Philippines (Hospice Philippines).

SECTION 14. *Repealing Clause.* All laws, executive orders, rules and regulations or any part thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

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

SECTION 16. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in two (2) national newspapers of general circulation.

Approved,