

Republic of the Philippines
House of Representatives
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

70 4707
HOUSE BILL NO. _____



INTRODUCED BY CONGRESSMAN ALFRED VARGAS

EXPLANATORY NOTE

Cancer is affecting more and more Filipinos everyday with at least 98,200 diagnosed patients every year. While this number has grown over the years, in reality, the number of Filipinos whose lives are gravely affected by cancer is much larger.

Filipinos diagnosed with cancer as well as their families face the twin hardships of managing the disease and protecting themselves from financial disaster. Furthermore, many patients are diagnosed when their cancer has already progressed to a later stage. This translates to higher cost of care and narrowing odds of survival.

Informational, cultural, and monetary obstacles that risk the health of the patient intensify the hardships experienced by these Filipino families. For most, surmounting these obstacles is vital, pressing, and spells a difference in the health and welfare of the entire household.

Cancer is now the third leading cause of death in the Philippines. The number of diagnoses continuously rises. Worldwide, cancer incidences are expected to increase in developed and developing countries alike; for less developed countries, cancers are expected to increase by 85% by 2030.¹

Cancer has progressed from the private concern of some families to a matter requiring public attention and support. At present, Filipino families living with cancer patients receive insufficient support from their healthcare insurance, Local Government Units, and the Department of Health as national cancer policies are inconsistently prioritized. As their numbers grow, patients and their families have organized themselves for mutual aid and support, through groups like ICanServe Foundation, Philippine Society of Oncology, Cancer Warriors Foundation, Carewell Foundation, and Cancer Coalition Philippines.

The variety of stakeholders in the Philippine health landscape has a role to play in improving the quality and affordability of services to patients and their families. For the legislature, it is our responsibility to institutionalize good policies into law and increasing the availability of financial support through the creation of a Philippine Cancer Prevention and

¹ H.Lam (2016), *A Vision for a National Cancer Plan*

Control Program (PCPCP). This would have a tremendous impact for patients, their families, and Philippine society.

In view of this, the swift passage of this bill is earnestly sought.



ALFRED VARGAS

Republic of the Philippines
House of Representatives
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. **4707**

INTRODUCED BY CONGRESSMAN ALFRED VARGAS

AN ACT
INSTITUTIONALIZING THE PHILIPPINE CANCER PREVENTION AND CONTROL PROGRAM

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

SECTION 1. Short Title. - This Act shall be known as the "Philippine Cancer Prevention and Control Program (PCPCP) Act of 2016".

SECTION. 2. Declaration of Policy. - It shall be the policy of the State to reduce the impact of cancer and improve the well-being of Filipino people with cancer and their families by providing holistic services from cancer prevention, screening, diagnosis, palliative care and treatment, until recovery and end-of-life or hospice care. To this end, the overall policy direction on cancer prevention and control must be set, and the roles and functions of the Department of Health (DOH), its offices and partner agencies must be clearly identified.

SECTION. 3. Objectives. - This Act is promulgated toward the attainment of the following objectives:

1. To operationalize the National Cancer Registry and Surveillance System;
2. To reduce mortality and improve overall survival and quality of life of people with various cancer types through early diagnosis and prompt treatment;
3. To reduce the incidence of prioritized cancers associated with the most common avoidable risk factors;
4. To ensure that prioritized cancer control services are provided in an equitable and sustainable way at all levels of care;
5. To increase and expand the coverage of cancer treatment, including but not limited to the use of innovative drugs and psychosocial support in the preventive, treatment, and survivorship stage of the patient and family, if necessary;
6. To set regulatory and accreditation standards for cancer institute / center, as an integral part of DOH and government hospitals including private hospitals as

applicable, that follows a multi-disciplinary and interdisciplinary team approach to cancer management;

7. To develop and update regularly a compendium of guidelines or standards for prioritized cancers including childhood cancer; and
8. To establish research and development for cancer control.

SECTION. 4. *Definition of Terms.* - As used in and for the purposes of this Act, the following terms shall mean:

- A. **Cancer** refers to a generic term for a large group of diseases that can affect any part of the body, which shall include terms such as 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, the latter process is referred to as metastasizing. Metastases are the major cause of death from cancer;
- B. **Cancer Control** refers to the aim to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systemic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care;
- C. **Cancer Diagnosis** refers to the various techniques and procedures used to detect or confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic examination of tissue samples obtained by biopsy or fine-needle aspiration;
- D. **Cancer Prevention** refers to measures and interventions that will decrease the likelihood or risk of an individual of acquiring cancer;
- E. **Cancer Survivorship** starts at the time of disease diagnosis and continues throughout the rest of the patient's life. Family caregivers and friends are also considered survivors. It has three distinct phases: living through, with and beyond cancer;
- F. **Cancer Treatment** refers to the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, chemotherapy and hormone therapy, that is aimed at curing the disease or prolonging the patient's life considerably while improving the patient's quality of life;
- G. **Hospice care** refers to the end-of-life care provided by health professionals and volunteers. They give medical, psychological and spiritual support. The goal of the care is to help people who are dying to have peace, comfort and dignity;

- H. **Interdisciplinary** refers to integrating knowledge and methods from different disciplines, using a real synthesis of approaches, e.g. oncologist - nurse - social worker – caregiver;
- I. **Palliative Care** refers to the treatment to relieve, rather than cure, symptoms caused by cancer. It can help people live more comfortably;
- J. **Patient Navigation** refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience;
- K. **Premature Mortality** refers to deaths that occur before a person reaches the average life expectancy as specified by the Philippine Statistics Authority.

SECTION. 4. Coverage. - This Act shall apply to all stakeholders of cancer control - bureaus, national centers, services and attached agencies of the DOH and other key government agencies; local government units (LGUs); government-owned and - controlled corporations (GOCCs); health professionals and other health care providers, both public and private; anti-cancer health product providers; professional organizations and societies, civil society organizations (CSOs); non-government organizations (NGOs), research and development partners; academe; patients and patients' groups.

SECTION. 5. Implementing Mechanism. - The National Cancer Control Committee shall be created to lead in the implementation of the Philippine Cancer Prevention and Control Program (PCPCP). In line with this, the following guidelines shall be observed:

- A. The National Cancer Control Committee (NCCC) shall lead in the implementation of the National Cancer Control Program;
- B. The Regional Cancer Control Committee shall adopt the national policies and standards and oversee their implementation at the regional level;
- C. The Provincial Cancer Control Committee shall adopt the regional policies and standards and implement them at the local or grassroots level;
- D. The Experts Group shall formulate and update protocols and standards on cancer screening, diagnosis, and treatment;
- E. The NCCC shall come up with a compendium of all updated protocols and standards on cancer prevention, screening, diagnosis, treatment, and palliative care;
- F. The NCCC shall develop the Comprehensive Cancer Management Guidelines for hospitals and community-based facilities;
- G. The NCCC shall develop the implementing guidelines on Cancer Patient Navigation.

SECTION. 6. *Composition of the National Cancer Control Committee.* – The NCCC shall be composed of the following:

MEMBERS	OFFICE/AGENCY/ORGANIZATION
Undersecretary/Asst. Secretary as Chair	DOH – Office for Technical Services
Director IV	Disease Prevention and Control Bureau (DCPB)
Senior Vice President	PhilHealth – Health Finance Policy Sector
Director General	Food and Drug Administration (FDA)
Executive Director	Philippine Cancer Society Inc.
President	Philippine Alliance of Patient Organization (PAPO)
Chairman	UP-PGH Cancer Institute
Director IV	Health Promotion and Communications Service (HPCS)
Executive Director	Philippine Children’s Medical Center
Division Chief	Office for Health Regulations – Pharmaceutical Division
Secretariat: Chief/ Program Manager, PCPCP	Lifestyle-Related Disease Division (LRRD)

SECTION. 7. *Duties and Responsibilities of the National Cancer Control Committee.* – The NCCC shall have the following duties and responsibilities:

- A. Set the roadmap of PCPCP;
- B. Plan, establish and implement policies, guidelines and standards throughout the continuum of holistic health care (preventive, promotive, curative, rehabilitative and palliative) through an interdisciplinary team and patient-centered approach;
- C. Advise or recommend upgrading of existing cancer management facilities in the country;
- D. Act as the coordinating body for all cancer works in the country;
- E. Ensure the implementation of PCPCP down to the local government units;
- F. Establish and carry out an effective nationwide cancer education program and its dissemination;
- G. Provide technical and financial support on cancer prevention, early detection, palliative care, treatment and hospice care;
- H. Establish and carry out effective training programs;
- I. Ensure the collection and analysis of data from registry and surveillance;
- J. Implement, monitor and evaluate the PCPCP regularly through implementation review and impact evaluation;

- K. Empower and engage all the stakeholders to actively work on and participate in various areas of PCPCP;
- L. Endorse support for researchers in the clinical, epidemiological, public health and knowledge management areas and in collaboration with international institutes; and
- M. Provide other forms of assistance as may be identified and approved by the Secretary of Health.

SECTION. 8. *Regional Cancer Control Committee (RCCC).* – An RCCC shall be established to be composed of the following Offices:

- a) NEDA-Regional Development Council
- b) DOH-Regional Office
- c) PhilHealth Regional Office
- d) Office of the Governor
- e) Provincial Health Office.

RCCC shall formulate and implement policies, programs, activities and projects related to cancer prevention and control. The members of the committee shall hold a regular meeting to be presided by the DOH Regional Office representative being the Chairperson.

The Office of the Governor and Provincial Health Office shall create their own Provincial Cancer Control Committee (PCCC) which shall be composed of the City and Municipal Health Officers and all stakeholders of cancer control as members. PCCC shall hold regular meetings to be presided by the Provincial Health Officer being the Chairperson.

SECTION. 9. *Roles and Responsibilities of the Offices under the DOH and other agencies and organizations concerned.* – The concerned offices, agencies, and other organizations shall have the following roles:

A. Office of the Secretary of Health (OSEC)

The Secretary of Health, upon recommendation of the Office of the Undersecretary or Assistant Secretary of Health in charge of DPCB, shall approve appropriate policies, standards and guidelines to further implement this Order.

B. Disease Prevention and Control Bureau (DPCB)

The DPCB shall provide overall direction, coordination and oversight; establish standards and package of services on cancer control and ensure their quality, access, and availability at all levels of the healthcare system; and support the design of health financing as related and applicable to cancer screening, diagnosis, and treatment in collaboration with PhilHealth and other partners.

C. Health Promotion and Communications Service (HPCS)

The HPCS shall be the lead agency in the development of the promotion and communication plan including IEC materials and tools for cancer control in coordination with DPCB and other relevant offices/agencies.

D. Health Facility Development Bureau (HFDB)

The HFDB shall upgrade and enhance health facilities at all levels of care so as to make them capable of providing appropriate cancer control services.

E. Health Human Resource Development Bureau (HHRDB)

The HHRDB shall provide technical assistance in the development of learning interventions for health professionals involved in cancer control.

F. Bureau of Local Health Systems Development (BLHSD)

The BLHSD shall ensure the adoption, implementation and sustainability of cancer control program down to the grassroots level through the regional and provincial cancer control committees.

G. Pharmaceutical Division (PD)

The PD shall support the National Cancer Control Program in assuring the sustainable supply of essential cancer medicines through supply chain strengthening that will ensure affordability, availability and rational use of medicines.

H. Knowledge Management and Information Technology Service (KMITS)

The KMITS shall oversee the operation and maintenance of the health facility/hospital-based National Cancer Registry.

I. Epidemiology Bureau (EB)

The EB shall establish and sustain the National Cancer Surveillance Systems; oversee the management and dissemination of data related to cancer* control; and support the conduct of population-based cancer registry.

J. Bureau of International Health Cooperation (BIHC)

The BIHC shall coordinate with international development partners and other external institutions for technical and resource assistance for the implementation of this Order.

K. Logistics Management Division (LMD)

The LMD shall ensure proper storage, distribution, and disposal of all forms of evidence-based therapies.

L. Food and Drug Administration (FDA)

The FDA shall ensure the safety, efficacy and quality of all health products used for cancer diagnosis and management.

M. Philippine Health Insurance Corporation (PhilHealth)

PhilHealth shall work with DPCB in crafting the national policy that will set the guidelines for designing health care benefit packages; and develop and implement health insurance packages for clients requiring cancer screening, diagnosis, and treatment services to reduce the financial burden and impoverishment of individuals and their families.

N. Regional Offices (ROs)

The ROs shall provide technical assistance to the LGUs and ensure the operationalization of the regional cancer control committee and establish the standards and guidelines for an efficient hospital referral system within the locality.

O. DOH Hospitals

The DOH hospitals, especially those with a cancer institute or center, shall ensure the provision of quality cancer screening, diagnosis and treatment for eligible patients.

P. Local Government Units (LGUs)

The LGUs shall adopt the establishment of regional and provincial cancer control committees and provide services and necessities in selected health care facilities and hospitals in their localities.

Q. Department of Labor and Employment-Bureau of Working Conditions (DOLE-BWC) / Civil Service Commission (CSC)

The DOLE-BWC and the CSC shall be encouraged to develop workplace policies and procedures that are relevant to cancer prevention and control.

R. Philippine Council on Health Research and Development (PCHRD)

PCHRD as the lead agency of Philippine National Health Research System (PNHRS) shall coordinate research and development of the National Cancer Control Program

S. Non-government organizations (NGOs), professional groups, other national government agencies / organizations, private sector, and the academe DepEd and CHED) shall adopt, provide support and assist in the implementation of this Order.

SECTION. 10. *National Cancer Institute.* - There is hereby established a National Cancer Institute which shall compile data, conduct, coordinate researches, investigations, experiments, and studies relating to the cause, diagnosis, and treatment of cancer. This Institute shall assist and foster similar research activities by other institutions and organizations, both public and private, including individuals. The Institute is further established to promote coordination in all such researches and the useful application of their results with a view to the development and prompt widespread use of the most effective methods of prevention, diagnosis and treatment of cancer. Linkages with the National Institutes of Health and the Department of Science and Technology through the Philippine Council for Health Research and Development will be coordinated to avoid overlap of the projects.

SECTION. 11. *Regional Cancer Center.* - Each Regional Cancer Center shall have the following objectives and functions:

- a) To provide medical services such as diagnosis, appropriate treatment and the care to cancer patients, taking into account cost-effectiveness, affordability, and social and ethical aspects;
- b) To promote palliative care including pain management, hospice care and other measures to improve the quality of life of cancer patients;
- c) To disseminate information and create awareness on cancer and its prevention, control and treatment options;
- d) To promote, encourage, engage and assist in scientific research on matters related to cancer;

- e) To encourage and undertake the training of physicians, nurses, medical technicians, health officers and social workers on the practical and scientific conduct and implementation of cancer related services;
- f) To manage the psychosocial and rehabilitation needs of cancer patients and their families and provide programs that include assistance to cancer survivors; and
- g) To implement the Philippine Cancer Prevention and Control Program under this Act.

SECTION. 12. *Inclusion in Health Curriculum.* - The Secretary of Health, in coordination with the Secretary of the Department of Education (DepEd) and the Chair of the Commission on Higher Education (CHED), shall work for the inclusion of modules on the principles and practices of cancer prevention and control in the health curriculum of every public and private elementary, high school and college.

SECTION. 13. *Media Campaign.* - The Secretary of Health, in coordination with the Philippine Information Agency (PIA), shall encourage local media outlets to launch a media campaign on cancer control, using all forms of multimedia and other electronic means of communication.

SECTION. 14. *PhilHealth Benefit Package.* - The PhilHealth, shall enhance and further expand its benefit packages for Cancer patients to include innovative therapies thru its TSeKaP (Tamang Serbisyo para sa Kalusugan ng Pamilya) and in-patient through its Z-Benefit package.

SECTION. 15. *Monitoring and Evaluation.* -The Secretary of Health shall submit an annual report to the Committees on Health of the Senate and the House of Representatives on the programs, projects and activities carried out to comply with the provisions of this Act.

SECTION. 16. *Funding.* - The amount of ONE BILLION PESOS (Php1,000,000,000.00) shall be charged against the corporate funds of PhilHealth and the appropriations of the DOH, DepEd, CHED and the PIA under the General Appropriations Act.

SECTION. 17. *Separability Clause.* - The provisions of this Act are hereby declared to be separable and, in the event of any such provisions are declared unconstitutional, the other provisions which are not affected thereby shall remain in force and effect.

SECTION. 18. *Repealing Clause.* - All provisions in laws, decrees, issuances and other regulations inconsistent with this present law shall be deemed amended or repealed if the inconsistency is irreconcilable.

SECTION. 19. *Implementing rules and regulations.* - The DOH, in consultation with the DepEd, CHED, PIA, LGUs, nongovernment organizations, and other concerned entities, shall issue the rules and regulations implementing the provisions of this Act within ninety (90) days from its effectivity.

SECTION. 20. *Effectivity.* - This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or in at least two newspapers of general circulation.

Approved.