

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

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. 4998



Introduced by **DIWA Party-list Representative Emmeline Y. Aglipay – Villar**

EXPLANATORY NOTE

It is heartbreaking and devastating for any family to hear doctors say there is nothing more they can do for the patient.

Under the 1987 Constitution, Congress shall give highest priority to the enactment of measures that protect and enhance the right of all people to human dignity. (Section 1, Article XII).

But with palliative care, patients and their families can face the prospect of death more courageously.* More importantly, the patient is given the opportunity to die with dignity and comfort.

The World Health Organization defines Palliative care as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care --

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable in the early course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

This legislative measure features the following:

- (1) The government and private hospitals and health centers shall provide palliative care and end of life services to all patients with life-threatening illness. Provinces, cities, municipalities and barangays shall establish community based hospice units and palliative care centers in every barangay in their respective jurisdiction.
- (2) There shall be continuing research and collection of data on palliative and end-of-life care. The public shall have an access to good health data, including, socioeconomic issues of palliative and end-of-life care, and the physical, mental and economic impact on the patients, their families and informal caregivers;
- (3) Immediate family members or relatives who actually look after or take care of a critically-ill patient shall be entitled to an appropriate care leave benefit of sixty (60) days a year with full pay, whether in public or private employment sector.
- (4) A Palliative Care Trust Fund shall be established exclusively for the financial and support and assistance for the medical needs of indigent patients.

This bill was previously filed by Senator Aquilino Pimentel in the Fourteenth (14th) Congress who was inspired by the initiative of Canadian Senator Sharon Carstairs who pioneered on his work to help make life somehow pleasant for the people of her country up to the very last hour of their existence.

Considering the increasing number of patients with terminal illness in the country, and owing to its importance, I have filed this measure.

In light of the foregoing reasons, the enactment of this bill is earnestly sought.



EMMELINE Y. AGLIPAY – VILLAR
Representative, DIWA Party-list

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AN ACT
PROVIDING PALLIATIVE AND END OF LIFE CARE,
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Be 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 “*The Palliative and End of Life Care Act of 2017.*”

SEC. 2. Declaration of Policy. – The State guarantees the right of the people to quality health care. It is likewise mandated by the Constitution to adopt an integrated and comprehensive approach to health development which 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 and degenerative diseases. The services aim to improve the quality of life of the patients and their families, and as far as practicable, alleviate their physical, emotional, psychosocial, and spiritual distress. Palliative care and end of life services include, but not limited to, the following:

- 1) Pain management;
- 2) Support to terminally-ill patients to live as best as possible a comfortable life;
- 3) Prolong as far as practicable, the life span of critically-ill patients through therapies, such as chemotherapy, radiation, and other natural or alternative methods of healing;
- 4) Provide support and counseling to the families of terminally-ill patients, especially in times of distress and bereavement;
- 5) Integrate physiological, emotional and spiritual assistance to patients and their families;
- 6) Enhance the quality of life of patients and their families.

SEC. 3. Mandatory Palliative Care and End of Life Services. – All government and private hospitals and health centers shall provide palliative care and end of life services to all patients with life-threatening illness. Provinces, cities and municipalities shall jointly establish community-based hospice units and palliative care centers in their respective jurisdiction.

SEC. 4. *Education and Training of Health Care Professionals and Volunteers.* - Physicians, nurses, midwives, social workers, pharmacists, occupational therapists, nutritionists, private volunteers, caregivers, or members of religious community shall undergo multi-disciplinary education and specialized training with respect to an integrated and coordinated approach towards palliative and end-of-life care support services.

SEC. 5. *Continuing Research.* -There shall be a continuing research and collection of data on palliative and end-of-life care. The public shall have access to good health data, including, socioeconomic issues of palliative and end-of-life care, including the physical, mental and economic impact on the patients, their families and informal caregivers.

SEC. 6. *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.

Employees availing of this leave privilege shall submit to their employers the following:

- 1) Name of patient-relative undergoing palliative treatment;
- 2) Copy of Medical Abstract of the patient-relative;
- 3) A Certification from the hospital or hospice providing palliative services to a critically-ill patient, and
- 4) The nature of the care that is required of them under the circumstances.

SEC. 7. *Disqualification from Leave Benefits.* - The following employees shall not be allowed to avail of this leave:

- 1) Those who are absent from work without official leave;
- 2) Those who are on vacation, sick, forced or study leave;
- 3) In times of emergency, those whose services are necessary to prevent loss of life or damage property, brought about by serious accidents, fires, floods, typhoons, earthquake, epidemic or other disasters.

SEC. 8. *Establishment of Palliative Care Trust Fund.* - Palliative Care Trust Fund, hereafter referred to as the Fund, is hereby established exclusively for the financial support and assistance for the medical needs of indigent patients. Indigent patient who needs palliative and end of life care who has no money or property sufficient and available for food, shelter and basic necessities for him and his family, shall be eligible for assistance in payment for the palliative care treatment.

The Fund shall be subject to the following:

- a) The contribution to the Fund shall be sourced from the following:
 1. The amount of Fifty million pesos (P50,000,000.00) shall be allotted in the annual General Appropriations Act (GAA) for the next five (5) years starting from the enactment of this law;

2. The amount of Fifty million pesos (P50,000,000.00) shall be taken from the Philippine Amusement and Gaming Corporation (PAGCOR) fund at the Five million pesos (P5,000,000.00) per month for ten (10) months;
 3. Another amount of Fifty million pesos (P50,000,000.00) shall be taken from the Philippine Charity Sweepstakes Office (PCSO) at five million pesos (P5,000,000.00) per month for ten (10) months;
 4. Ten percent (10%) of the health budget of all local government units shall be contributed annually to such fund.
- b) Only the interest drawn from the Fund from sources cited in Section 9(a1), (a2) and (a3) shall be awarded only after one (1) year from the organization of the Fund;
 - c) The grants can be awarded only after (1) year from the organization of the Fund;
 - d) Government-owned and/or controlled corporations are authorized to give grants to the Fund at their discretion;
 - e) Private donations and other conveyances including funds, materials, property and services, by gratuitous title are also allowed and encouraged under this Act;
 - f) Contributions to the Fund shall be exempt from 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.

SEC. 9. *The Palliative Care Assistance Board.* – There is hereby created for every province, city or municipality a Palliative Care assistance Board hereinafter referred to as the Board. The Board shall be composed of five (5) members who shall be chaired by the Governor or the Mayor of the local government concerned.

The other four (4) members of the Board shall be composed of, (1) a representative from the Department of Health; (2) the Chair of the Committee of Health of the Sangguniang concerned; (3) a representative of the opposition party or parties in the Sangguniang concerned; and (4) a representative of the families or family organization mentioned in Article XV (3[4]) of the Constitution.

The members of the Board shall serve for a term of three (3) years: *Provided*, that no member shall serve for more than (2) consecutive terms.

The members of the Board shall serve and continue to hold office until their successors shall have been appointed and qualified. Should the private representative member of the Board fail to complete his or her term, the successor shall be replaced by the families or family associations mentioned above only for the unexpired portion of the term.

No person shall be appointed to the Board unless he or she is a citizen of the Philippines, at least thirty (30) years of age, and of good reputation and probity. The members of the Board shall receive such per diems and allowances as may be authorized for every meeting actually attended and subject to pertinent laws, rules and regulations.

For the sound and judicious management of the Fund, the PCAB shall appoint a government financial institution, with a sound track record on fund management, as portfolio manager of the Fund, subject to guidelines promulgated by the PCAB;

The PCAB shall prepare the implementing guidelines and decision-making mechanisms, subject to the following:

- 1) No part of the seed capital of the Fund, including earnings thereof, shall be used to underwrite overhead expenses for the administration; and
- 2) There shall be an external auditor to perform an annual audit of the Fund's performance.

SEC. 10. *Accreditation of Private Hospices.* – The Department of Health with the participation of the duly authorized member of families or family associations mentioned in Article XV (3[4]) of the Constitution shall promote the rules and guidelines for the accreditation of private hospices providing palliative and end of life care to patients to ensure standard quality services.

SEC. 11. *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 duly authorized representative of the families or family associations mentioned in the Constitution.

SEC. 12. *Appropriations.* – For the initial implementation of this Act, the amount of One Hundred Million pesos (P100,000,000.00), in addition to the budget of the Department of Health, is hereby allotted. The amount shall be equitably allotted to the provinces, cities and municipalities to start the implementation of this Act.

Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act and shall be apportioned accordingly.

SEC. 13. *Repealing Clause.* – All laws, decrees, orders, rules and regulations or any part thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

SEC. 14. *Separability Clause.* – In case any provision, section, or 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.

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

Approved,