



Seventeenth Congress
Second Regular Session

HOUSE BILL NO. **6210**

**Introduced by Hon. Karlo Alexei B. Nograles and
Hon. Jericho Jonas B. Nograles**

EXPLANATORY NOTE

This bill seeks to institutionalize the National Integrated Cancer Control Program that will address the growing and alarming cancer incidence in the country.

Section 15, Article II and Section 11, Article XIII of the 1987 Constitution provide:

"SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them."

"SEC. 11. The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women and children. The State shall endeavor to provide free medical and care to paupers."

Cancer is a growing and serious public health concern in the Philippines, which requires urgent and concerted action. Every day, people are needlessly dying and suffering; families are robbed of their loved ones; communities lose

Statistical Authority states that one in every ten registered deaths in the country is attributable to cancer. Since 2010, cancer is ranked 3rd in the list of top ten leading causes of adult mortality and morbidity and ranked 4th for child mortality and morbidity. As of 2012, the International Agency for Research on Cancer estimates that in the Philippines, there are 269 new adult cancer cases every day, 11 every hour. Moreover, there are at least 7 Filipinos dying from cancer every hour. This does not yet include deaths from childhood cancer. Experts opine that the actual cancer burden and cancer mortality in the Philippines is in fact very much higher. Many more cases and deaths from cancer remain uncounted, unrecorded and unreported.

Cancer affects not just the patient. It has a significant impact on their families, friends, communities and the country. The World Health Organization (WHO) and the Harvard based Global Task Force on Expanded Access to Cancer Care has recognized this enormous burden, both in years of life lost, human pain and suffering, as well as in economic terms. The economic impact of cancer is significant and is increasing. It is now considered as one of the three leading global economic risks based on its immense impact on global productivity and economic growth. The total annual economic cost of cancer in 2010 was estimated at approximately US\$ 1.16 trillion which includes the direct and indirect costs of treatment and the income loss by patients and their families as a result of being unable to work during treatment. Most importantly, the lost productivity of the patient and the family from premature death, disability and the demands of care-giving numerous studies have emphasized that the value of lost productivity from cancer is very much more than the estimated costs of government support for prevention and treatment. Given the country's focus on reducing poverty and accelerating achievement of development goals, it becomes imperative for the government to address the cancer challenge.

Cancer pushes Filipino families deeper into poverty. Cancer treatment costs are catastrophic and the economic burden is overwhelming. This is because financial risk protection mechanisms are limited, with patients and their families often shelling out money from their own pockets to cover not only treatment but other costs, such as laboratory tests, medicines, medical supplies, nutritional supplements, food, temporary housing arrangements and transportation. The study called Philippine Costs in Oncology shows that the mean out-of-pocket expenditure for cancer treatment far exceeded their mean household income and leads the cancer patients to financial catastrophe. These huge out of pocket costs often deter health seeking behavior or leads to discontinuance and abandonment of treatment, such as voluntary stoppage by

patient, beyond one month of necessary treatment. In some areas and with certain types of cancer, abandonment or discontinuance of treatment can be as high as seventy-five percent (75%). These conditions are most observed among the poor and marginalized sectors but occur even among the so called middle class.

Current mortality statistics from various types of cancer in the Philippines are alarming. Survival rates for the most common adult cancer, such as lung, breast, colon, cervical, prostate and liver, are relatively low compared to other countries in Asia and the world. For females, the Philippines ranks second highest among 15 countries in Asia, with 124 deaths per 100,000 population. Compared to other Asian countries, the Philippines has the highest mortality rate for two (2) types of cancer: breast – 27 per 100,000 population and prostate cancer – 13 per 100,000 population. Lung cancer mortality rates are also high, exceeding 40 per 100,000 population. For breast cancer, the Philippines also has the lowest survival – .58 mortality to incidence ratio. For childhood cancer, which now has an average survival rate of 84 percent in high income countries and a growing number of middle income countries, average survival rate in the Philippines is at a low 30 percent. All these become doubly distressing when we consider that most cancer are now curable and the survival rates for various types of cancer are now ranging from a high of 60-96 percent in high income countries and a growing number of middle income countries.

Cancer poses a substantial challenge to our health systems. Many of the preventable and premature deaths from adult and childhood cancer are attributable to combination of the following factors:

- (a) low awareness of signs and symptoms of cancer;
- (b) delayed diagnosis or misdiagnosis;
- (c) poor access to health facilities;
- (d) limited health systems infrastructure for cancer treatment and care as many regions and provinces in the country do not have health facilities with necessary equipment, vital technologies and workforce ready to provide cancer related services;

(e) limited number of trained health professionals for oncology related services such as pathology, surgery, radiotherapy, psychosocial support, palliative care and pain management; and

(f) weak or absent referral systems, patient pathways, programs and mechanisms for early detection, accurate diagnosis, timely and optimal treatment, palliative care and pain management, survivorship follow up care, detection and management of late effects and rehabilitation.

Global experts have asserted that 50-60% of cancer mortality in low resource countries like the Philippines could be avoided with country-specific strategies for prevention and treatment.

Given the limitations of the health system in addressing current requirements for cancer care, the country is unprepared and is likely to be further overwhelmed to effectively care for the expected upsurge of new cancer cases. Per WHO, incidence of cancer by 2030, is projected to exponentially increase by as much as 80%, with the greatest impact being felt in low resource countries like the Philippines. Thus, the government must act now to institutionalize an integrated, multidisciplinary, multisectoral, nationwide cancer control and management for all types of cancer, for all genders and ages. It needs to achieve a progressive and sustainable increase in its response capacity as well as accelerate preparations for expected future needs and requirements. It must scale up its investments in the different components and patient pathways of cancer control, provide high-quality, adequately resourced, geographically distributed and connected networks of patient and family focused integrated cancer care services for the whole cancer care continuum. Failure to do so will be costlier and can lead to a health system crisis in cancer care. Moreover, strengthening health systems capacity for cancer care will also provide opportunities for timely and effective response to the burden of other non-communicable diseases.

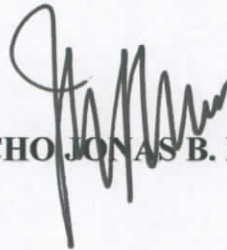
Finally, besides adhering and fulfilling the mandate enshrined in the Constitution, the passage of this bill is compliance to international commitments. The United Nations requires that member states should increase efforts to strengthen health systems at the national and local levels to ensure early diagnosis, accessible, affordable and high-quality care for all cancer patients as well as reduce risk factors for cancer through adequate policies and programs. Further, the bill is supportive of the country's commitment to the 70th World Health Assembly Resolution of WHO on Integrated Prevention,

Control and Management of Cancer which calls for strengthening and expanding national level actions and initiatives. The bill will also contribute to the country's attainment of Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all ages as well as to reduce premature mortality from cancer and non-communicable diseases by at least one-third (1/3) by 2030.

In view of the foregoing, the enactment of this bill is earnestly sought



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HOUSE BILL NO. 6210

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

ARTICLE I

INTRODUCTORY PROVISIONS

SEC. 2. ***Declaration of Policy.*** – The State recognizes that cancer is one of the leading causes of death in the Philippines. It adopts an integrated and comprehensive approach to health development which includes 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

1 of cancer, better screening, prompt and accurate diagnosis, responsive palliative
2 care and pain management, timely and optimal treatment, effective survivorship
3 care and late effects management and rehabilitation. It shall likewise make
4 cancer treatment and care more equitable and affordable for all, especially for
5 the underprivileged, poor and marginalized Filipinos.

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

7 (a) *Cancer control* refers to the method to reduce the incidence,
8 morbidity and mortality of cancer which aims to improve the quality of life of
9 cancer patients in a defined population, through the systemic implementation of
10 evidence-based interventions for prevention, early detection, diagnosis,
11 treatment and palliative care;

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

18 (c) *Cancer registry* refers to an organization for the systematic
19 collection, storage, analysis, interpretation and reporting of data on subjects
20 with cancer;

21 (d) *Cancer treatment* refers to the series of interventions, including
22 psychosocial and nutritional support, surgery, radiotherapy, radio-isotope
23 therapy, and drug therapy, which includes chemotherapy, hormonotherapy,
24 biotherapeutics, immunotherapy, gene therapy and supportive therapy, that is
25 aimed at curing the disease or prolonging the patient's life considerably for
26 several years while improving the patient's quality of life;

1 (e) *Carer* refers to anyone who provides unpaid care for a friend or
2 family member;

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

6 (g) *Continuum of care* refers to delivery of comprehensive healthcare
7 which includes risk assessment, primary prevention, screening, detection,
8 diagnosis, treatment, survivorship and end-of-life care;

9 (h) *Hospice care* refers to the palliation of a chronically ill, terminally
10 ill or seriously ill patient's pain and symptoms, and attending to their emotional
11 and spiritual needs to help the patient die in peace, comfort and dignity;

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

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

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

21 (l) *Patient navigation* refers to individualized assistance, through all
22 the phases of cancer experience, offered to patients, families and carers to help
23 overcome health care system barriers and facilitate timely access to quality
24 medical and psychosocial care;

25 (m) *Practical assistance* refers to help on non-medical costs such as
26 financial assistance, transient housing, transportation, food and nutrition and the
27 like;

(n) *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 post-treatment care.

ARTICLE II

THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

SEC. 4. *National Integrated Cancer Control Program.* – There is hereby established a National Integrated 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;

(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;

(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 Board.* – There is hereby created the National Integrated Cancer Control Advisory Board.

1 hereinafter referred to as the Board, which shall carry out the implementation of
2 the National Integrated Cancer Control Program. The Board shall provide
3 technical guidance and support and oversee the implementation of this Act,
4 ensuring judicious and best use of available resources for the benefit of all,
5 especially the most vulnerable sectors of society, the elderly, women and
6 children, the poor, marginalized and disadvantaged. The Board is composed of:

7 (a) The Secretary of Health or a designated representative, not lower
8 than Assistant Secretary, as chairperson in an *ex officio* capacity;

9 (b) The vice chairperson shall be elected by the non-ex officio
10 members, from among themselves, and shall serve for a term of two (2) years;

11 (c) The ex-officio members of the Board are as follows:

12 (1) Director General of the Food and Drug Administration or a
13 designated representative;

14 (2) Director General of the National Economic and
15 Development Authority or a designated representative;

16 (3) President and CEO of the Philippine Health Insurance
17 Corporation (PhilHealth) or a designated representative;

18 (4) Secretary of Social Welfare and Development or a
19 designated representative;

20 (5) Secretary of Labor and Employment, or a designated
21 representative;

22 (6) Secretary of the Interior and Local Government, or a
23 designated representative;

24 (7) Secretary of Finance, or a designated representative;

25 (8) Secretary of Science and Technology, or a designated
26 representative; and

1 (9) Chairperson of the Commission on Higher Education
2 (CHED), or a designated representative.

3 (d) Three (3) distinguished medical doctors, nurses or researchers who
4 are well known in the field of oncology, chosen from at least five (5) persons
5 recommended by the Secretary of Health, to be appointed by the President for a
6 term of three (3) years;

7 (e) Two (2) prominent professors from the academe representing key
8 disciplines of oncology to be appointed by the President for a term of three (3)
9 years from at least five (5) professors recommended by the Secretary of Health;
10 and

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

15 The Board shall utilize the services and facilities of the Disease
16 Prevention and Control Bureau under the Department of Health (DOH) as the
17 Secretariat of the Board. The non-ex officio members may receive honoraria in
18 accordance with the existing laws, rules and regulations.

19 **SEC. 6. Roles and Functions.** – The Board shall recommend policies,
20 programs and reforms that enhance synergies among stakeholders and ensure
21 well-coordinated, effective and sustainable implementation of the provisions of
22 this Act. It shall advise and assist in planning, policy making, program
23 development, development of good practice models, standard setting,
24 stakeholder engagement, program monitoring, evaluation and assessment,
25 strategic, programmatic and operational review. It shall, as necessary, create
26 experts' groups or technical working groups to assist the DOH to undertake any
27 of the following key tasks:

1 (a) Secure from government agencies and other stakeholders,
2 recommendations and plans pertinent to the respective mandates of the agencies
3 and other stakeholders for the implementation of the provisions of this Act;

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

8 (c) Develop integrated and responsive cancer control policies and
9 programs tailored to the socio-economic context and epidemiological profiles of
10 the Philippines which aims to improve survivorship, make cancer care more
11 accessible and affordable, expand cancer care to include the whole continuum
12 of care, promote integrated, multidisciplinary, patient- and family-centered care,
13 and enhance the well-being and quality of life of cancer patients and their
14 families;

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

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

21 (f) Develop clearly defined patient care pathways and evidence based
22 standards of care for the network of cancer centers;

23 (g) Set quality and accreditation standards for oncology focused health
24 service facilities, health care providers, medical professionals, allied health
25 professionals, as well as, ethical cancer research;

26 (h) Monitor and assess the implementation of prioritized packages of
27 cancer services for all ages and all stages of cancer, ensuring that they are

1 provided in an equitable, affordable and sustainable manner, at all levels of
2 care;

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

5 (1) Availability and affordability of quality, safe, and effective
6 medicines, not limited to those in the World Health Organization List of
7 Essential Medicines and the Philippine National Formulary;

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

10 (3) Diagnostics for cancer;

11 (4) Innovative medicines and technologies; and

12 (5) Compassionate use protocols, as necessary.

13 (j) Establish mechanisms and platforms for multisectoral and multi-
14 stakeholder collaboration, coordination, and cooperation, especially in health
15 promotion, disease prevention, capacity development, education, training and
16 learning, information and communication, social mobilization and resource
17 mobilization;

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

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

26 (m) Establish a system for program review, monitoring and evaluation,
27 inclusive of financial aspects, and submit an annual report and recommendation

1 to the Secretary of Health on the progress, accomplishments and
2 implementation challenges encountered.

3 SEC. 7. *Personnel Complement.* – To ensure the effective
4 implementation of this Act, the personnel complement for the cancer program in
5 the Disease Prevention and Control Bureau of the DOH shall be increased.

6 A Director for Cancer Control shall be designated to provide operational
7 leadership, undertake coordination with program stakeholders and ensure
8 effective and sustainable implementation of the National Integrated Cancer
9 Control Program. The Secretary of Health shall, in coordination with the
10 Department of Budget and Management (DBM), determine the additional
11 plantilla positions to be created and filled up.

12 **ARTICLE III**
13 **QUALITY HEALTH CARE SYSTEMS**
14

15 SEC. 8. *Cancer Care Infrastructure.* – The DOH, local government
16 units (LGUs) and other government agencies concerned shall strengthen the
17 capability of public health systems and facilities, provision of services and
18 continuum of care, through the following key activities:

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

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

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

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

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

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

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

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

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

18 (j) All other activities and initiatives as may be identified by the
19 Board.

20 SEC. 9. ***Cancer Care Centers.*** – The Secretary of Health, in coordination
21 with the Board, shall develop standards to classify, accredit and designate
22 comprehensive cancer centers, specialty cancer centers, regional cancer centers
23 and cancer satellites or stand-alone clinics. The network of cancer care centers
24 that is easily accessible to patients shall be established strategically in the
25 country.

26 SEC. 10. ***Regional Cancer Center.*** – The objectives and functions of a
27 regional cancer center are as follows:

1 (a) Provide timely and high quality cancer services such as screening,
2 diagnosis, optimal treatment and care, supportive care and palliative care,
3 survivorship follow-up care, and re-integration and rehabilitation, to cancer
4 patients of all gender and ages;

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

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

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

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

18 (f) Undertake and support the training of physicians, nurses, medical
19 technicians, pharmacists, health officers and social workers on evidence-based
20 and good practice models for the delivery of responsive, multidisciplinary,
21 integrated cancer services;

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

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

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

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

7 SEC. 11. ***Capacity Development.*** – The DOH, in collaboration with
8 cancer focused professional societies, LGUs leagues and LGU-based health
9 associations, academic institutions, human resources units of cancer care
10 centers, civil society organizations, and the private sector, shall formulate,
11 implement and update capacity development program for all health care
12 workers providing cancer care service and support at all levels of the healthcare
13 delivery system.

14 SEC. 12. ***Oncology-Related Academic Curriculum.*** – The CHED, in
15 collaboration with DOH, higher education institutions (HEIs), cancer focused
16 professional societies, accrediting institutions and patient support organizations,
17 shall undertake an assessment of current oncology-related academic curriculum
18 and ensure that the curriculum meets local needs and global practice standards.
19 The CHED shall encourage HEIs to offer degree programs for high priority
20 oncology related specializations and continuing education programs related to
21 oncological treatment and care.

22 **ARTICLE IV**
23 **CANCER AWARENESS**
24

25 SEC. 13. ***Cancer Awareness Campaign.*** – The DOH shall intensify its
26 cancer awareness campaign and provide the latest and evidence-based
27 information for the prevention and treatment of cancer including practical
28 advice, support and referral for cancer patients, people living with cancer,

1 survivors, their families and carers. The DOH, in collaboration with the
2 Department of Information and Communications Technology, shall make full
3 use of the latest technology to disseminate information to reach every Filipino.

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

7 **SEC. 14. *Health Education and Promotion in Schools, Colleges, and***
8 ***Universities.*** – The CHED and Department of Education, in coordination with
9 DOH, shall develop policies and provide technical guidance to academic
10 institutions and administrators to:

11 (a) Promote and facilitate integration of age appropriate key messages
12 on cancer risk factors, early warning signs and symptoms of adult cancer and
13 childhood cancer, cancer prevention and control, and adoption of healthy
14 lifestyles and healthy diets in their curriculum, health and wellness programs,
15 and co-curricular activities;

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

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

23 **SEC. 15. *Health Education and Promotion in the Workplace.*** – The
24 DOLE, Civil Service Commission, and Technical Education and Skills
25 Development Authority, in coordination with DOH, shall develop policies and
26 provide technical guidance to employers, employees associations, and unions
27 to:

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

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

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

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

14 SEC. 16. *Health Education and Promotion in Communities.* – The
15 Department of the Interior and Local Government (DILG) and LGUs, in
16 collaboration with the DOH, centers for health development, local cancer
17 focused patient support organizations and cancer focused professional societies,
18 shall lead the health education and promotion campaign in the local
19 communities. The DILG, in coordination with the Department of Social
20 Welfare and Development (DSWD), shall conduct age appropriate cancer
21 focused health education and promotion for out-of-school youth.

22 **ARTICLE V**
23 **AFFORDABLE CANCER CARE AND TREATMENT**
24

25 SEC. 17. *Cancer Assistance Fund.* – There is hereby established a trust
26 fund to be known as Cancer Assistance Fund for the purpose of providing
27 financial assistance to people with cancer. The ten percent (10%) of the
28 incremental revenue from the excise tax on alcohol and tobacco products

1 collected by government pursuant to Republic Act (RA) No. 10351, entitled
2 "*An Act Restructuring the Excise Tax on Alcohol and Tobacco Products by*
3 *Amending Sections 141, 142, 143, 144, 145, 8, 131 and 288 of Republic Act No.*
4 *8424, otherwise known as the National Internal Revenue Code of 1997, as*
5 *Amended by Republic Act No. 9334, and for Other Purposes,"* shall be
6 earmarked and be the main source of the fund. The DOH may solicit and
7 receive donations which shall form part of the fund and such donations shall be
8 exempt from income or donor's tax and all other taxes, fees and charges
9 imposed by the government. Likewise, fund raising activities may be
10 conducted by the Board and the proceeds of which shall accrue to the fund and
11 shall be exempt from any and all taxes.

12 The DOH shall manage the fund in accordance with the existing
13 budgeting, accounting and auditing rules and regulations and shall make a
14 quarterly report to the Office of the President and Congress on the disbursement
15 of the fund.

16 SEC. 18. ***PhilHealth Benefits for Cancer.*** – The Philippine Health
17 Insurance Corporation shall expand current benefits to include screening,
18 detection, diagnosis, treatment assistance, supportive care, survivorship follow
19 up care and rehabilitation, for all types and stages of cancer, in both adults and
20 children. It shall also develop innovative benefits such as support for
21 community-based models of care to improve cancer treatment journey and
22 reduce costs of care, including stand-alone chemotherapy infusion centers,
23 ambulatory care, community or home based palliative care and pain
24 management and community-based hospice facility.

25 SEC. 19. ***Social Protection Mechanisms.*** – The DOH, in collaboration
26 with Social Security System, Government Service Insurance System, Philippine
27 Charity Sweepstakes Office, Department of Labor and Employment (DOLE),

1 DSWD and LGUs, shall develop appropriate and easily accessible social
2 protection mechanisms for cancer patients, people living with cancer, survivors,
3 their families and carers. Such mechanisms must be intended to encourage the
4 underprivileged and marginalized people living with cancer to undergo the
5 necessary treatment and care.

6 **ARTICLE VI**
7 **ESSENTIAL MEDICINES**
8

9 SEC. 20. *Cancer and Related Supportive Care Medicines.* – The DOH,
10 Philippine Pharma Procurement, Inc. and other concerned government agencies
11 shall implement reforms supporting early access to essential medicines,
12 innovative medicines and health technologies, to ensure highest possible chance
13 of survival among people with cancer. The reforms include facilitating quick
14 access to drugs for compassionate use and developing a more responsive system
15 for effectively addressing emergency cases.

16 SEC. 21. *Palliative Care and Pain Management Medicines.* – The DOH
17 shall ensure sufficient supply of medicines for palliative care and pain
18 management that are available at affordable prices. Further, the DOH shall
19 formulate a monitoring system to check that pain medications are safe and
20 administered in correct dosages.

21 SEC. 22. *Unlawful Acts and Penalties.* – It shall be unlawful for any
22 person, natural or juridical, to make any false or misleading claims, through
23 advertisement in any media outlet, about any drug, device, agent or procedure
24 purporting to be a cure or prophylactic against cancer. It shall also be unlawful
25 to advertise any drug, device, agent or procedure related to cancer without prior
26 approval or authority from the appropriate regulatory bodies.

27 Any person who commits the unlawful acts provided in this section shall
28 be punished with imprisonment of not less than six (6) months but not more

1 than one (1) year or a fine of not less than One hundred thousand pesos
2 (P100,000.00) nor more than Five hundred thousand pesos (P500,000.00) or
3 both. If the offender is a corporation or association, the president, manager,
4 managing partner or any officer of the corporation or association who directly
5 participated in the violation of this section shall be held liable.

6 **ARTICLE VII**
7 **SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER**
8 **AND CANCER SURVIVORS**
9

10 SEC. 23. *Persons with Disabilities.* – Cancer patients, persons living
11 with cancer and cancer survivors are considered as persons with disabilities
12 (PWDs) in accordance with RA No. 7277, as amended, otherwise known as the
13 “*Magna Carta for Disabled Persons.*”

14 SEC. 24. *Rights and Privileges.* – The cancer patients, persons living
15 with cancer and cancer survivors are accorded the same rights and privileges as
16 PWDs and the DSWD shall ensure that their social welfare and benefits
17 provided under RA 7277, as amended, are granted to them. Further, the DOLE
18 shall adopt programs which promote work and employment opportunities for
19 able persons with cancer and cancer survivors.

20 SEC. 25. *Non-discrimination.* – The appropriate government agencies
21 shall ensure that people living with cancer and cancer survivors are free from
22 any form of discrimination in school, workplace and community.

23 **ARTICLE VIII**
24 **CANCER REGISTRY AND MONITORING SYSTEM**
25

26 SEC. 26. *National Cancer Registry and Monitoring System.* – The
27 DOH, in collaboration with the Board and other stakeholders, shall establish a
28 national cancer registry and monitoring system. The registry must cover all
29 forms of cancer among adults and children and serve as guide in the policy
30 development of the Board. The national cancer registry shall be a population-

1 based cancer registry seeking to collect data on all new cases of cancer by
2 geographical region to provide framework for assessing and controlling the
3 impact of cancer in the community.

4 SEC. 27. ***Hospital Based Cancer Registry.*** – Every hospital, including
5 clinics, shall have its own cancer registry. The registry must record the personal
6 identification of cancer patients, cancer type, treatment received and its results
7 and other data that the DOH may prescribe. The regional offices of the DOH
8 shall ensure that all hospitals within their respective jurisdiction have cancer
9 registry.

10 SEC. 28. ***Recording and Reporting of Cancer Cases.*** – Adult and
11 childhood cancer are considered as a notifiable disease in all levels of the health
12 care system. Any hospital or clinic which diagnosed a patient with cancer shall
13 report the same to the DOH. The DOH shall provide the form and manner of
14 reporting of cancer cases.

15 **ARTICLE IX**
16 **FINAL PROVISIONS**
17

18 SEC. 29. ***Annual Report.*** – The Secretary of Health shall submit to the
19 Committees on Health of the Senate and the House of Representatives an annual
20 report on the progress of the implementation of this Act.

21 SEC. 30. ***Appropriations.*** – The amount necessary for the initial
22 implementation of this Act shall be charged against the current appropriation of
23 the DOH. Thereafter, the required budget for the continued implementation of
24 this Act shall be submitted to DBM for inclusion in the General Appropriations
25 Act.

26 SEC. 31. ***Implementing Rules and Regulations.*** – Within ninety (90)
27 days from the approval of this Act, the Secretary of Health, in consultation with
28 the concerned stakeholders, shall promulgate the rules and regulations

1 implementing the provisions of this Act. The implementing rules and
2 regulations issued pursuant to this section shall take effect thirty (30) days after
3 its publication in two (2) newspapers of general circulation.

4 SEC. 32. ***Repealing Clause.*** – All laws, presidential decrees or
5 issuances, executive orders, letters of instruction, administrative orders, rules or
6 regulations inconsistent with the provisions of this Act are hereby repealed or
7 modified accordingly.

8 SEC. 33. ***Separability Clause.*** – If any provision of this Act is declared
9 unconstitutional, the remainder of this Act or any provision not affected thereby
10 shall remain in full force and effect.

11 SEC. 34. ***Effectivity.*** – This Act shall take effect fifteen (15) days after
12 its publication in the *Official Gazette* or in a newspaper of general circulation.

13 Approved,