

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 6280



Introduced by Honorable Cristina "Chiqui" Roa-Puno

EXPLANATORY NOTE

The number of Filipinos afflicted with and dying from cancer has reached alarming levels. Survival rates in the Philippines for the most common adult cancers are relatively low compared to other countries. The Philippines has the highest mortality rate for breast cancer (27 per 100,000 population) and for prostate cancer (13 per 100,000 population) among Asian countries.

Filipino children stricken with this debilitating disease have a smaller chance of survival compared to kids in high-income and middle-income economies. The numbers paint a harrowing scenario for Filipino kids diagnosed with the disease: there is a low 30 percent average survival rate for childhood cancers treated in the Philippines as compared to 84 percent in high-income countries.

This data becomes even more distressing given that most cancers are now curable. Survival rates for various types of cancers in middle to high-income countries now range from 60 to 96 percent, according to data from the World Health Organization.

A recent report by the Philippine Statistics Authority shows that 1 in every 10 registered deaths in the country is due to cancer. According to a 2012 study of the International Agency for Research on Cancer, every hour seven Filipinos die of cancer and 11 new adult cases are diagnosed. Experts agree that the actual cancer burden and cancer mortality in the Philippines are even higher, as many cases remain unreported.

Many of our fellow Filipinos are dying from cancer not because the disease is incurable, but because they lack the financial capacity for medical treatment, and government support remains unavailable to them. Cancer treatment drains patients and their families not only physically and emotionally, but more so

financially. A study has shown that the cost of cancer treatment far exceeds household incomes, often plunging many families into financial catastrophe.¹

Faced with an ever-increasing financial burden, many patients opt to abandon or discontinue treatment. In some areas and with certain types of cancer, up to 75% choose to either abandon or discontinue treatment. Thus, even if most cancers are now curable, our countrymen continue to suffer and die from this disease. Worse, according to the World Health Organization, the incidence of cancer by 2030 is projected to increase by as much as 80%, with the greatest impact to be felt in low-resource countries like the Philippines.

However, global experts have asserted that 50-60% of cancer mortality in low-resource countries like the Philippines can be averted with country-specific strategies for prevention and treatment.

This bill seeks to make quality, life-saving cancer treatment accessible to all Filipinos of all genders and ages by institutionalizing an integrated, multi-disciplinary, multi-sectoral, nationwide cancer control program. This proposed law aims to increase public investments in programs on robust cancer awareness and prevention, better screening, early detection, prompt and accurate diagnosis, responsive palliative care and pain management, timely and optimal treatment, effective survivorship care, late effects management, and rehabilitation.

The bill also aims to establish a network of cancer centers throughout the country and ease the financial woes of cancer patients by providing them with financial assistance, medical benefits, better access to affordable medicines, and all other benefits accorded to persons with disability.

To better understand cancer, a cancer registry shall be established, cancer awareness campaigns shall be implemented nationwide, and continued cancer research shall be undertaken as mandated under the proposed law.

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



CRISTINA "CHIQUT" ROA-PUNO

¹ Ngelangel et al (2016). Philippine Costs in Oncology Study.

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**AN ACT INSTITUTIONALIZING NATIONAL INTEGRATED CANCER
CONTROL AND APPROPRIATING FUNDS THEREFOR**

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

ARTICLE I
GENERAL PROVISIONS

SEC. 1. Title – This Act shall be known as the “National Integrated Cancer
Control Act”.

SEC. 2. Declaration of Policy. – It is the policy of the State to protect and promote
the right to health of people and instill health consciousness among them. 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 people at affordable cost. To this end, the State shall adopt an integrated and
comprehensive cancer control program, which shall:

- a. Improve survivorship from adult and childhood cancers, by scaling up
essential programs and increasing investments for robust prevention of
cancer, better screening, early detection, prompt and accurate diagnosis,
responsive palliative care and pain management, timely and optimal
treatment, effective survivorship care and late effects management and
rehabilitation;
- b. Support and expand efforts to strengthen integrative, multidisciplinary,
patient- and family-centered cancer control policies, programs, systems,
interventions, and services at all levels of the existing health care
delivery system from the national to the barangay community level;
- c. Provide appropriate, accessible, affordable, effective and efficient

cancer care services, from prevention, diagnosis, to treatment and rehabilitation, that will ensure that every citizen shall be able to continue to function and exercise their inherent civil, political, economic, social, religious, educational, and cultural rights;

- d. Make available best possible measures to promote the people's well-being and to prevent cancer;
- e. Provide effective mechanisms or measures to re-integrate into society individual persons with cancer and survivors, through sustainable programs of treatment and rehabilitation;
- f. Uphold, protect, and promote the basic right to health of all Filipinos with due attention to cancer care;
- g. Recognize the role of the private sector in promoting the welfare of persons with cancer, survivors, their family, and carers and shall encourage partnership in programs that address their needs and concerns.

SEC. 3. Objectives. Pursuant to the above declaration, the State shall adopt the following objectives:

- a. Decrease overall mortality and impact of all cancers; decrease incidence of preventable cancers; and prevent cancer relapse or recurrence and secondary cancers among persons with cancers and survivors;
- b. Provide the direction for a coherent, rational, and unified response to the nation's cancer problems, concerns and efforts;
- c. Remove inequities in timely access to optimal cancer treatment and care;
- d. Integrate cancer care, especially the programs of the Department of Health and the Department of Interior and Local Government;
- e. Promote health, protection of the rights and freedoms of persons with cancer, and the reduction of the burden and consequences of cancer on the persons with cancer, survivors, their families, and carers.
- f. Increase support and PhilHealth benefits to make cancer treatment and care more affordable;
- g. Support cancer survivors to recover, effectively reintegrate, and thrive;

- h. Ensuring availability and accessibility of essential, affordable and quality medicines for cancer treatment and care;
- i. Establishment of a National Cancer Registry, surveillance system, and evidence generation mechanism; and
- j. Establish research and development for cancer control.

SEC. 4. Definition of Terms. – As used in this Act:

- a. **Allied health professionals** refer to any formally educated and trained non-cancer health professionals such as (but not limited to) physicians, social workers, nurses, occupational therapists, recreational therapists, priests, ministers, pastors and nuns;
- b. **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, the latter process is referred to as metastasizing. Metastases are the major cause of death from cancer.
- c. **Cancer Control** refers to the aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of persons with cancer in a defined population, through the systemic implementation of evidence-based interventions along the continuum of care from prevention to end of life.
- d. **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 main types: (1) **Population-based cancer registries** seek to collect data on all new cases of cancer occurring in a well-defined population. (2) **Hospital-based cancer registries** are concerned with the recording of information on the cancer patients diagnosed and treated in a particular hospital.
- e. **Carer** refers to the person who may or may not be the next of kin nor relative of persons with cancer who maintains a close personal relationship with the person with cancer and manifests concern for his welfare;
- f. **Comprehensive Cancer Care Center (CCCC)** refers to a network of of cancer care centers, built on the fundamental premise that an integrated,

highly functioning network, with different categories of cancer centers, including Specialty Centers, Regional Cancer Centers, satellites, and other stand-alone clinics, equitably distributed geographically for easier patient access, which shall effectively and quickly address the multi-faceted challenges of cancer. CCCC has a focused program of work that is multidisciplinary and integrates cancer research, education, and clinical care to accelerate the control and cure of cancer.

g. Continuum of Care includes risk assessment, primary prevention, screening, detection, diagnosis, treatment, survivorship, and end-of-life care. Palliative care and pain management are considered as an integral, cross cutting part of the continuum of care. Movement across the span of the cancer care continuum involves several types of needed care, as well as transitions between the types of care. *Type* refers to the care delivered to accomplish a specific goal, such as detection, diagnosis, or treatment. *Transition* refers to the set of interactions necessary to go from one type of care to another, such as from detection to diagnosis. Each type and transition in care is subject to influences at multiple levels that can facilitate or impede successful achievement.

h. 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 and genotypic examination of tissue samples obtained by biopsy or fine-needle aspiration or blood samples obtained by blood extraction.

i. 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.

j. National Integrated Cancer Control Program (NICCP) refers to the program of the national government for the comprehensive and integrated control of cancer in the Philippines.

k. Notifiable Disease refers to a disease that, by legal requirements, must be reported to the public health authority when the diagnosis is made.

- 1 **l. Palliative Care** refers to treatment to relieve, rather than cure, symptoms
2 caused by cancer. It can help people live more comfortably. Palliative
3 care relieves suffering and improves quality of life for people of any age
4 and at any stage of a serious illness, whether that illness is curable, chronic,
5 life limiting or life-threatening.
- 6 **m. Patient Navigation** refers to individualized assistance offered to patients,
7 families, and carers to help overcome health care system barriers and
8 facilitate timely access to quality medical and psychosocial care, beginning
9 from pre-diagnosis and extending throughout the continuum of care.
- 10
- 11 **n. Patient Pathway** refers to the route that a patient shall take from their first
12 contact with the health worker, through referral, to the completion of their
13 treatment. It also covers the period from entry into a hospital or a health
14 care facility, until the patient leaves.
- 15
- 16 **o. Prevention** refers to the following:
- 17
- 18 **Primary Cancer Prevention** refers to measures and interventions that shall
19 decrease the likelihood or risk of an individual of acquiring cancer;
- 20 **Secondary Cancer Prevention** refers to the use of tests to detect a cancer
21 before the appearance of signs or symptoms (screening) followed by prompt
22 treatment;
- 23 **Tertiary Cancer Prevention** refers to diagnosis and treatment of clinically
24 apparent cancer.
- 25 **p. Social Welfare Assistance** refers to help on non-medical costs such as
26 financial assistance, transient housing, transportation, food and
27 nutrition, among others.
- 28
- 29 **q. Secondary Cancer** refers to either a second primary cancer or to cancer
30 that has spread from one part of the body to another (metastatic cancer).
- 31
- 32 **r. Supportive Care** refers to the prevention and management of the adverse
33 effects of cancer and its treatment, including management of physical and
34 psychological symptoms and side effects across the continuum of care,
35 rehabilitation, secondary cancer prevention, survivorship and end of life
36 care.
- 37
- 38 **s. Survivorship** refers to care of persons diagnosed with cancer, from the
39 time of diagnosis throughout their lives, as well as the impact of cancer on

1 family members, friends, and carers of survivors.

- 2 **t. Treatment** refers to the series of interventions, including psychosocial and
3 nutritional support, surgery, radiotherapy, radio-isotope therapy, and drug
4 therapy (chemotherapy, hormone therapy, biotherapeutics, immunotherapy,
5 gene therapy, supportive therapy), that is aimed at curing cancer or
6 prolonging the life of persons with cancer considerably while improving
7 the quality of life of persons with cancer.

8 **ARTICLE II**

9 **THE NATIONAL INTEGRATED CANCER CONTROL ADVISORY BOARD** 10 **AND THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM**

11
12 **SEC. 5. Establishment of the National Integrated Cancer Control Advisory**
13 **Board.** –The National Integrated Cancer Control Advisory Board (NICCAB), shall
14 be established as an attached agency under the DOH to provide for a coherent,
15 rational and unified response to cancer problems, concerns and efforts through the
16 formulation and implementation of the NICCP.

17 **SEC. 6. Duties and Responsibilities of the NICCAB.** – The NICCAB shall have
18 the following duties and responsibilities:

- 19 a. Formulate the NICCP in close coordination with, and active involvement of
20 persons with cancer and survivors, their families and their carers, their
21 respective organizations, and health professionals, with annual targets,
22 priorities and performance benchmarks, for the effective institutionalization of
23 integrated cancer control strategies, policies, programs and services in the
24 national and local health care system;
- 25 b. Plan, establish, and implement cancer control policies, guidelines and
26 standards for the whole continuum of care, including the development of
27 patient pathways, evidenced-based standards of care and clinical practice
28 guidelines, tailored to the Philippine setting and aimed at improving
29 survivorship, making cancer care more accessible and affordable, promoting
30 integrated, multidisciplinary, patient- and family-centered care, and enhancing
31 the well-being and quality of life of cancer patients and their families;
- 32 c. Plan the necessary and urgent capacity building reorientation and training
33 programs for all cancer health care providers, medical professionals, and
34 allied health professionals.
- 35 d. Ensure the implementation of packages of cancer services, for all ages and all
36 stages of cancer, ensuring they are provided in an equitable, affordable and
37 sustainable manner, throughout the continuum of care.

- e. Develop mechanisms on improvement of core systems and processes related to availability and affordability of quality, safe, and effective medicines, including but not limited to those in the World Health Organization List of Essential Medicines and the Philippine National Formulary, and to include vaccines, diagnostics for cancer, innovative medicines and technologies, and compassionate use protocols, as necessary;
- f. Empower and engage multi-sectoral and multi-stakeholder participation, especially in, health promotion, disease prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization;
- g. Establish mechanisms and platforms for persons with cancer, their family and carers, and community engagement, especially on protection and promotion of the rights of persons with cancer, survivors, their families and carers and their active involvement in multidisciplinary care, patient navigation, and survivors' follow-up care;
- h. 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;
- i. Create inter-agency committees, project task forces and other groups necessary to implement the policy and program framework of this Act; ;
- j. In coordination with relevant government agencies, establish an effective nationwide cancer education program that will promote the dissemination of effective strategies regarding cancer control, its components, and services.;
- k. Ensure the collection and analysis of data from Registry and Surveillance; and
- l. Establish a system for program review, monitoring and evaluation, inclusive of financial aspects and submit an annual report to the Secretary of Health on the progress, accomplishments, implementation challenges encountered, and recommendations for the improvement of the NICCP.
- m. Review all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services and other cancer initiatives;
- n. Perform other duties and functions necessary to carry out the purposes of this Act;

SEC. 7. Composition of the National Integrated Cancer Control Advisory Board. The NICCAB shall be composed of the following:

- a. The Secretary of the Department of Health, who shall serve as the Chairperson or a designated representative, not lower than Assistant Secretary, as ex officio member;
- b. The Executive Director for Cancer Control, as Vice Chairman;
- c. The Director General of the Food and Drug Administration (FDA) or a designated representative as ex officio member;
- d. The President and CEO of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative, as ex officio member;
- e. The Secretary of the Department of Social Welfare and Development (DSWD) or a designated representative, as ex officio member;
- f. The Secretary of the Department of Labor and Employment (DOLE), or a designated representative as ex officio member;
- g. The Secretary of the Department of the Interior and Local Government (DILG), or a designated representative as ex officio member;
- h. The Secretary of the Department of Finance (DOF), or a designated representative as ex officio member;
- i. The Secretary of the Department of Science and Technology (DOST), or a designated representative as ex officio member;
- j. The Secretary of National Economic Development Authority (NEDA), or a designated representative as ex-officio member;
- k. The Chairperson of the Commission on Higher Education (CHED), or a designated representative as ex officio member;
- l. Three (3) members drawn from among the cancer-focused professional societies, as may be determined in accordance with the criteria set under the Implementing Rules and Regulations of this law, to be appointed by the President of the Philippines;
- m. Three (3) members drawn from the academe representing key disciplines of oncology as may be determined in accordance with the criteria set under the Implementing Rules and Regulations of this law, to be appointed by the President of the Philippines; and

n. Two (2) members drawn from cancer-focused patient support organizations and advocacy networks, to be appointed by the President of the Philippines.

Within thirty (30) days from the date of this Act, the President of the Philippines shall appoint the members of the NICCAB.

The Cancer Program in the Disease Prevention and Control Bureau of the Department of Health shall act as the secretariat for the NICCAB.

SEC. 8. Term of Office. – The appointed members of the NICCAB shall serve for three (3) years. In case a vacancy occurs in the NICCAB, any person chosen to fill the vacancy shall serve only for the unexpired term of the member whom he/she succeeded.

SEC. 9. Meetings. – The NICCAB shall meet at least once per quarter or as frequently as necessary to discharge its duties and functions. The NICCAB shall be convened by the Chairman or upon written request of at least three (3) of its members.

SEC. 10. Quorum. – The presence of a majority of the members of the NICCAB shall constitute a quorum.

SEC. 11. Per Diem. – The members of the NICCAB shall receive reasonable per diems and transportation allowance, subject to the existing rules and regulations of the Department of Budget and Management.

SEC. 12. Appointment of an Executive Director for Cancer Control. (a) In order to ensure that this law shall be effectively operationalized and implemented, the NICCAB shall appoint an Executive Director for Cancer Control under the cancer unit of the Department of Health who shall serve for a term of three (3) years. The Executive Director shall be eligible for one (1) reappointment and shall not be removed from office except in accordance with existing laws.

SEC. 13. Duties and Responsibilities of the Executive Director for Cancer Control. The Executive Director for Cancer Control shall coordinate all of the activities of the Department of Health relating to cancer with the NICCAB. In carrying out the NICCP, the Executive Director shall:

a. Provide operational leadership, undertake coordination with program stakeholders, and ensure effective and sustainable implementation of the NICCP;

- b. Formulate, develop and implement, subject to the approval of the NICCAB, measures that will effectively carry out the policies laid down by the NICCAB;
- c. Execute and administer approved policies, programs and measures and allocate appropriate resources for their implementation;
- d. Recommend to the Secretary of Health the appointment of personnel required to implement the NICCP including supervisory, technical, clerical and other personnel in accordance with the staffing patterns and organizational structure approved by the NICCAB;
- e. Represent the NICCAB in all of its official transactions or dealings and authorize legal contracts, annual reports, financial statements and other documents;
- f. Oversee the development of cancer measures for sub-programs and components;
- g. Integrate the various programs, project and activities from the various program development and management groups for each sub-program.
- h. Manage the various sub-programs and components of the NICCP;
- i. Oversee the implementation of prevention and control measures for cancer issues and concerns;
- j. Maintain a close and functional relationship with the offices and bureaus of the DOH, other government and private entities concerning cancer;
- k. Responsible for the regulation, licensing, monitoring, and assessment of all cancer facilities in accordance with the NICCP; and
- l. Supervise the development and coordination of locally available cancer care services by the local government units in a manner consistent with this Act.

SEC. 14. Salary. – The Executive Director shall receive a salary to be fixed by the NICCAB in accordance with the Salary Standardization Law.

SEC. 15. National Integrated Cancer Control Program (NICCP) – Within six (6) months from the effectivity of this Act and immediately after the appointment of all members of the NICCAB, the NICCAB shall convene and develop the National

1 Integrated Cancer Control Program. For purposes of this Act, the NICCP shall
2 constitute a quality cancer control program, which shall:

- 3 a.) Enhance integrated cancer services;
- 4 b.) Promote the protection of persons utilizing cancer services;
- 5 c.) Prescribe measures for prevention and control of cancer through the
6 development of efficient and effective structures, systems and
7 mechanisms, and the effective delivery of cancer care to all its
8 stakeholders by qualified, competent, compassionate and ethical health
9 professionals and health workers.
- 10 d.) Provide for an age-specific schedule of cancer, including commonly
11 known cancer as well as risk factors that have been clinically
12 determined to cause cancer;
- 13 e.) Provide for the duties and responsibilities of each government agency
14 concerned with cancer control in the implementation of the NICCP;
- 15 f.) Provide the responsibilities of the service users, his or her family, carers,
16 professionals and facilities that will ensure maximum effectivity of
17 implemented cancer programs;
- 18 g.) Provide for innovative and cost-effective cancer care service models for
19 effectively delivering integrated cancer care in the most appropriate
20 settings and improving patient care flow from primary to tertiary care;
- 21 h.) Set quality and accreditation standards for classification of cancer
22 focused institutes/centers to Specialty Centers, Regional Cancer
23 Centers, satellites, stand-alone clinics, and other facilities and develop
24 clearly defined patient pathways to ensure integration and connection as
25 CCCC;
- 26 i.) Set quality and accreditation standards for cancer health care providers,
27 medical professionals, allied health professionals, as well as, ethical
28 cancer research; and
- 29 j.) Institute a nationwide cancer information and education program.

ARTICLE III
CANCER CONTROL IN THE COMMUNITY

SEC. 16. Strengthen Cancer Control in Public Health Systems. – The Department of Health in coordination with the Local Government Units (LGUs) and its instrumentalities, shall strengthen the capacity of public health systems and facilities, in the provision of services, in the continuum of care, through the performance of key activities, including, but not limited to:

- (a) Allocation of adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in the continuum of care;
- (b) Implementation of patient pathways as set by NICCAB across levels of health service delivery;
- (c) Provision of reliable supply of cancer drugs and cancer control related vaccines (HPV, Hepatitis B) to persons with cancer by ensuring that health facilities and local health centers, through coordination with LGUs, consistently have sufficient supply of essential medicines and vaccines;
- (d) Enhancement and strengthening of the oncology related competencies of health providers in all levels of care;
- (e) Establishment and strengthening community level of care for persons with cancer and survivors of all gender and ages;
- (f) Ensuring the proper recording, reporting and monitoring of cancer cases, of all gender and ages, in all levels of care;
- (g) Interconnect CCCC, regional cancer centers, specialty centers, privately managed cancer centers, relevant health facilities, and international institutions, for knowledge and resource sharing; and
- (h) All other activities and initiatives as may be identified by the NICCAB.

SEC. 17. Establishment of Comprehensive Cancer Care Centers in strategic areas of the country. – The NICCAB shall develop standards to classify cancer centers, accredit and designate Regional Cancer Centers, Specialty Centers, satellites, and other facilities that will ensure integration and their connection as CCCCs.

The Regional Cancer Centers shall have the following objectives and functions:

- (a) Provide timely and high-quality cancer services such as screening, diagnosis, optimal treatment and care, supportive care and palliative care, survivorship follow-up care and re-integration, rehabilitation, to persons with cancer and survivors of all gender and ages;
- (b) Establish CCCCs with both public and private facilities, to improve access, expand range of services, reduce costs and bring services closer to persons with cancer;
- (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 persons with cancer, their families and carers;
- (d) Ensure there are separate units and facilities for children/adolescents with cancer and that they 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, social workers, and other allied health professionals on evidence-based, good practice models for delivery of responsive, multidisciplinary, integrated cancer services;
- (g) Address the psychosocial and rehabilitation needs of persons with cancer and survivors;
- (h) Adapt 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 and civil society organization to make available programs and services for social welfare assistance to cancer families and cancer survivors;
- (j) Promote and/or assist in ethical scientific research on matters related to cancer; and
- (k) Institutionalize and implement the comprehensive and integrated NICCP.

SEC. 18. Capacity Building for Health Care Workers. – The Department of Health in collaboration with cancer-focused professional societies, LGU leagues and LGU-based health associations, academic institutions, human resources units of cancer centers, civil society organizations, and the private sector shall create and implement competency-based learning packages, for all health care workers

1 providing cancer care service and support at all levels of the healthcare delivery
2 system. This continuing learning program shall include adoption and
3 institutionalization of cost-effective, learner friendly, learning platforms and
4 modalities, so as to broaden reach and accelerate enhancement of key competencies
5 of health providers.

6 **SEC. 19. Local Budgetary Allocation** – Local Health Boards of municipalities,
7 cities and provinces shall allocate at least five percent (5%) of its annual budget for
8 cancer services and cancer facilities necessary for the effective implementation of
9 the provisions of this Act. This allocation for cancer control by local health boards
10 shall be used to develop and coordinate a system of affordable and locally available
11 cancer services in accordance with the provisions of this Act, including the
12 following:

- 13
- 14 a) Education and prevention services;
- 15 b) Screening services;
- 16 c) Emergency services;
- 17 d) Outpatient services; and
- 18 e) Residential treatment services.
- 19

20 **SEC. 20. Local Health Care Facilities.** – Each local government unit, upon its
21 determination of the necessity based on well-supported data provided by its local
22 health office, shall endeavor to establish or upgrade hospitals and facilities with
23 adequate and qualified personnel, equipment and supplies to be able to provide
24 cancer care services and to address cancer emergencies. Provided, that people on
25 geographically isolated and or highly populated and depressed areas shall have the
26 same level of access and shall not be neglected by providing other means such as
27 home visits or mobile health care clinics, as needed. Provided, further, that the
28 national government shall provide additional and necessary funding and other
29 necessary assistance for the effective implementation of this provision.

30

31 **ARTICLE IV**

32 **RIGHTS OF PERSONS WITH CANCER**

33

34 **SEC. 21. Rights of a Person with Cancer.** – Every Person with Cancer shall have
35 the following rights:

- 36
- 37 a) The right to be treated with humanity and respect for the inherent dignity
38 of the human person.
- 39
- 40 b) The right against discrimination on the ground of cancer.
- 41

- 1 c) The right to exercise all civil, political, economic, social and cultural rights
2 respecting individual qualities, abilities and diverse backgrounds and
3 without any discrimination on grounds of physical disability, age, gender,
4 sexual orientation, race, color, language, civil status, religion or national or
5 ethnic or social origin of the service user concerned as recognized in the
6 Universal Declaration of Human Rights, the International Covenant on
7 Economic, Social and Cultural Rights, and the International Covenant on
8 Civil Declaration on the Rights of Disabled Persons.
9
10 d) The right to receive treatment of the same quality and standards as other
11 individuals in a safe and conducive environment.
12
13 e) The right to be adequately informed about the disease and the services
14 available to cater to their needs and the treatment options available and to
15 actively consent to, and participate in the formulation of, such services and
16 treatment plans.
17
18 f) The right to live and work, to the extent possible, in the community.
19
20 g) The right to confidentiality of all information, communication and records
21 about themselves, illness and treatment in whatever form stored.
22

23 **SEC. 22. Designation of Persons with Cancer as Persons with Disabilities.** –
24 Persons with Cancer shall be deemed as persons with disabilities (PWDs) under
25 Republic Act No. 7277, as amended, or the Magna Carta for Disabled Persons. The
26 appropriate national government agency shall ensure that they are accorded the same
27 rights and privileges as PWDs, to wit:
28

- 29 (a) DSWD shall provide assistance to persons with cancer and survivors to ensure
30 that their social welfare and benefits provided under Republic Act No. 7277,
31 as amended, or the Magna Carta for Disabled Persons, are granted; and
32
33 (b) DOLE adopt programs that promote the availability of opportunities for work
34 and employment of able-persons with cancer and cancer survivors.
35

36 **SEC. 23. Prohibition against cancer-based discrimination.** – The State and its
37 instrumentalities shall ensure that Persons with Cancer and Survivors have the right
38 to freedom from discrimination with regard to access to and continued employment,
39 conditions of employment, access to education, use of public facilities, and other
40 social services.
41

42 The provisions on the prohibition against discrimination of persons with disabilities
43 (PWDs), in accordance with Republic Act No. 7277, as amended, or the Magna

1 Carta for Disabled Persons, shall likewise apply to Persons with Cancer and
2 Survivors.

3
4 **ARTICLE V**
5 **CANCER ASSISTANCE AND BENEFITS**
6

7 **SEC. 24. Establishment of Cancer Assistance Fund (CAF).** – The State shall
8 establish a Cancer Assistance Fund to be utilized for the medical diagnostics and
9 treatment assistance program to be administered by PhilHealth. Every year, the State
10 shall appropriate the necessary amount for the CAF, as recommended by DOH, in
11 coordination with the NICCAB. The relevant rules and regulations for the
12 administration of the fund shall be formulated by DOH, in coordination with the
13 NICCAB.
14

15 **SEC. 25. Expansion and Introduction of Innovative PhilHealth Benefits for**
16 **Cancers.** – PhilHealth shall expand current benefits to include screening, detection,
17 diagnosis, treatment assistance, palliative and supportive care, survivorship, follow
18 up care and rehabilitation, for all types and stages of cancer, in both adults and
19 children. It shall also develop innovative benefit packages such as community-based
20 models of care to improve cancer treatment journey and reduce costs of care; this
21 may include, but not limited to, stand-alone chemotherapy infusion centers,
22 ambulatory care, home-based palliative care and pain management, community
23 based hospice facility.
24

25 **SEC. 26. Institutionalizing Social Protection Mechanisms for persons with**
26 **cancer, survivors, their families and carers.** – The DOH, in close coordination
27 with SSS, GSIS, PCSO, PAGCOR, DOLE, DSWD, and LGUs shall develop
28 appropriate, easily accessible social protection mechanisms to provide social welfare
29 assistance to persons with cancer, survivors, their families and carers and to reduce,
30 if not eliminate catastrophic costs of cancer, so as to reduce distress and ensure their
31 well-being.
32

33 **ARTICLE VI**
34 **AVAILABILITY AND ACCESSIBILITY OF MEDICINES**
35

36 **SEC. 27. Facilitating Access to Cancer and Related Supportive Care Medicines.**
37 – The Department of Health and other concerned government agencies (Food and
38 Drug Administration, PhilHealth, Philippine Pharma Procurement Inc., Bureau of
39 Customs, among others) shall implement reforms supporting early access to
40 essential medicines, including but not limited to those in the World Health
41 Organization List of Essential Medicines and the Philippine National Formulary, and
42 health technologies to ensure highest possible fighting chance of survival among
43 people with cancer. This shall include facilitating quick access to drugs for

1 compassionate use and developing a more responsive system for effectively
2 addressing emergency cases.

3 **SEC. 28. Availability and Accessibility of Medicines for Palliative Care and Pain**
4 **Management.** – The Department of Health shall lead in the provision and
5 distribution of medicines for palliative care of persons with cancer, such as but not
6 limited to, analgesics, anesthetics, and opioids and shall be available and accessible
7 in the community.

8 **SEC. 29. Misinformation on Cancer Cure.** - False and misleading advertising and
9 claims in any of the multimedia and/or promotional marketing of drugs, devices,
10 agents or procedures without prior approval by the Food and Drug Administration
11 and without the requisite medical and scientific basis, purporting to be a cure for
12 cancer or a fail-safe prophylaxis against cancer, shall be prohibited.

13
14 **ARTICLE VII**
15 **NATIONAL CANCER REGISTRY AND SURVEILLANCE**
16

17 **SEC. 30. Establishment of National Cancer Registry and Surveillance System.** –
18 The DOH in collaboration with other private organizations shall design and
19 implement a national cancer registry and surveillance system covering all forms of
20 cancer among adults and children to guide policy development and program decision
21 making. The DOH shall undertake a review of the current population-based and
22 hospital-based cancer registries towards establishing a comprehensive and
23 harmonized national cancer registry and surveillance system compliant with the
24 National Health Data Standards and Data Privacy Act of 2012 and that allows
25 categorization by type of cancer and population groups including children.

26 **SEC. 31. Strengthen Population-Based and Hospital-Based Cancer Registries.** -
27 The Department of Health shall allocate resources to support the institutionalization
28 of hospital-based cancer registry. Moreover, it shall conduct population-based cancer
29 data collection on a regular basis or as necessary. Submission of cancer registry shall
30 be a requirement for the renewal of license to operate of the hospital.

31 **SEC. 32. Notification on Cancer Cases.** - Adult and childhood cancer shall be
32 considered as a notifiable disease in all levels of the health care system.

ARTICLE VIII
EDUCATION, RESEARCH AND DEVELOPMENT

SEC. 33. National Cancer Consciousness Month. – The Department of Health, in collaboration with partners, shall lead in the celebration of National Cancer Consciousness Month every February of every year.

SEC. 34. National Cancer Information Service. – The State shall intensify provision of up-to-date, evidence-based information, as well as practical advice, support, and referral for persons with cancer, survivors, their families, and carers. The service shall be provided through the existing Department of Health Call Center, website, help line or other platforms that may be developed, including that of the Department of Information, Technology and Communications. This shall increase cancer literacy and understanding of risk factors associated with cancers, help combat myths and misconceptions, as well as reduce the anxiety, fear, distress and uncertainty associated with cancer and/or a cancer diagnosis.

SEC 35. Health Programs in Educational Institutions. – Educational institutions such as schools, colleges, universities, and technical schools shall develop programs for students, educators, and other employees designed to: raise awareness on cancer; correct the stigma and discrimination associated with cancer; identify and provide support for individuals at risk; and facilitate access of individuals with cancer to treatment.

SEC 36. Strengthen oncology-related academic curricula of higher educational institutions (HEIs). – The Commission on Higher Education in collaboration with DOH and HEIs, professional oncology societies, accrediting institutions and patient support organizations, shall undertake an assessment of current oncology-related academic curriculum and ensure that it meets local needs and global practice standards. The Commission on Higher Education shall encourage HEIs to offer degree programs for high priority oncology related specializations as well as continuing education programs related to oncological treatment and care.

SEC. 37. Health Programs and Policies in the Workplace. – Employers shall develop appropriate policies and programs on cancer in the workplace designed to: raise awareness on cancer; correct the stigma and discrimination associated with cancer; identify and provide support for individuals at risk; and facilitate access of individuals with cancer to treatment.

SEC. 38. Health Education and Promotion in Communities. – The Department of Health, in collaboration with partners such as the Department of the Interior and Local Government, League of Provinces, League of Cities and League of Municipalities, DOH Regional Offices, local cancer-focused patient support organizations and professional oncology societies, shall implement a locally based,

1 multi-sectoral community response to cancer. This shall not be limited to information
2 and cancer focused health education but shall include assisting persons with cancer,
3 survivors and their families in accessing community resources for cancer services
4 and support for effectively coping and living with cancer.

5 The Department of the Interior and Local Government, in coordination with the
6 Regional Offices and the Department of Social Welfare and Development, shall
7 conduct age-appropriate cancer- focused health education and promotion for out-of-
8 school youth.

9 **SEC. 39. Health Education and Promotion for Special Communities and**
10 **Vulnerable Groups.** – The Department of Health shall collaborate with respective
11 national government agencies in developing and conducting cancer-related
12 information and education campaigns as well as providing much-needed services to
13 under-privileged and marginalized population, such as but not limited to, inmates,
14 indigenous people, workers in the informal sector, and internally displaced persons.

15 **SEC. 40. Research & Demonstration Projects.** – Research and demonstration
16 projects shall be undertaken, in collaboration with academic institutions, cancer
17 associations, and non-government organizations, to produce the information,
18 evidence, and research necessary to formulate and develop a culturally-relevant
19 NICCP incorporating indigenous concepts and practices related to cancer.

20
21 High ethical standards in cancer research shall be promoted to ensure that: research
22 is conducted only with the free and informed consent of the persons involved;
23 researchers do not receive any privileges, compensation or remuneration in exchange
24 for encouraging or recruiting participants; potentially harmful or dangerous research
25 is not undertaken; and all research is approved by an independent ethics committee,
26 in accordance with applicable law; and

27 28 **ARTICLE IX** 29 **MISCELLANEOUS PROVISIONS** 30

31 **SEC. 41. Report.** – The Secretary of Health shall submit an annual report to the
32 Committees on Health of the Senate and the House of Representatives on the
33 activities carried out to comply with the provisions of this Act on or before June 30
34 of every year

35
36 **SEC. 42. Appropriations.** – The amount necessary for the initial implementation of
37 the provisions of this Act shall be charged against the current year's appropriations
38 of the Department of Health. Thereafter, ten percent (10%) of the incremental
39 revenues from the excise tax on alcohol and tobacco products collected by the
40 government pursuant to Republic Act No. 10351 shall be earmarked for the
41 implementation of this Act.

1
2 **SEC. 43. Implementing Rules and Regulations (IRR).**– Within (90) days from the
3 effectivity of this Act, the Secretary of Health shall, in coordination with the
4 NICCAB, formulate the implementing rules and regulations necessary for the
5 effective implementation of this Act.

6
7 **SEC.44. Penalty Clause.** – Any person who violates any of the provisions of this
8 Act or its Implementing Rules and Regulations shall, upon conviction by final
9 judgment, be punished by imprisonment of not less than six (6) months nor more
10 than two (2) years or a fine of not less than Ten Thousand pesos (PhP10,000), nor
11 more than Two Hundred Thousand pesos (PhP200,000), or both, at the discretion of
12 the court. If the violation is committed by a juridical person, the officer responsible
13 therefor shall serve the imprisonment when imposed. If violation is committed by an
14 alien, he or she shall be immediately deported after service of sentence, without need
15 of further proceedings

16
17 **SEC. 45. Separability Clause.** - If any provision or part of this Act is held invalid or
18 unconstitutional, the remaining parts or provisions not affected thereby shall remain
19 in full force and effect

20
21 **SEC. 46. Repealing Clause.** – Any law, presidential decree or issuance, executive
22 order, letter of instruction, administrative order, rule or regulation contrary to or
23 inconsistent with the provisions of this Act is hereby repealed, modified or amended
24 accordingly.

25
26 **SEC. 47. Effectivity Clause.** - This Act shall take effect fifteen (15) days after its
27 publication in the Official Gazette or in a newspaper of general circulation.

28
29 Approved.