

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
TWENTIETH CONGRESS
First Regular Session
House Bill No. 1744



Introduced by Representative

BRIAN DANIEL POE LLAMANZARES, PhD, MNSA

**AN ACT EXPANDING THE COVERAGE OF THE UNIVERSAL HEALTH CARE LAW
AND THE NATIONAL INTEGRATED CANCER CONTROL ACT TO INCLUDE
POST-CHEMOTHERAPY AND RADIATION THERAPY MEDICATIONS,
ESTABLISHING A CANCER MEDICATION ASSISTANCE PROGRAM, AMENDING
SECTIONS 4 OF REPUBLIC ACT NO. 11223 AND REPUBLIC ACT NO. 11215, AND
FOR OTHER PURPOSES**

EXPLANATORY NOTE

Cancer remains one of the leading causes of morbidity and mortality in the Philippines. While the passage of the Universal Health Care (UHC) Act (Republic Act No. 11223) and the National Integrated Cancer Control Act (NICCA) (Republic Act No. 11215) were significant milestones in ensuring that Filipino cancer patients receive timely diagnosis, treatment, and care, there remains a critical gap in the continuum of cancer care—particularly in the coverage of post-chemotherapy and radiation therapy medications.

Patients who have undergone chemotherapy or radiation therapy continue to face significant health challenges, including managing side effects, preventing recurrence, and maintaining quality of life. Many of these patients rely on supportive medications such as pain management drugs, anti-nausea treatments, immune boosters, and nutritional supplements to recover and regain their strength. Unfortunately, the high cost of these post-treatment medications often forces families to make impossible choices between continued care and other essential needs.

This measure seeks to expand the benefits provided under the UHC and NICCA by including post-treatment medications as part of the covered services. It proposes to institutionalize a Cancer Medication Assistance Program (CMAP) under the Department of Health (DOH) to ensure the availability and affordability of these life-saving medicines, especially for indigent and low-income patients.

By amending Sections 4 of Republic Act Nos. 11223 and 11215, this bill strengthens the State's commitment to comprehensive cancer care, ensures that no Filipino cancer patient is left to shoulder the burden of costly post-treatment medications alone, and upholds the constitutional right to health and access to essential services.

In light of the continuing struggle of cancer patients and their families, the immediate passage of this bill is earnestly sought.

A handwritten signature in black ink, reading "Brian Poe", with a stylized, flowing script.

HON. BRIAN DANIEL POE LLAMANZARES, PhD, MNSA
Representative
FPJ Panday Bayanihan Party-List

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

SECTION 1. Short Title. – This Act shall be known as the “Expanded Cancer Care and Support Act.”

SECTION 2. Declaration of Policy. – It is the policy of the State to uphold the right to health of all Filipinos, particularly those battling cancer, by ensuring comprehensive, continuous, and affordable cancer care, including post-chemotherapy and radiation therapy medications. The State shall strengthen the Universal Health Care system and the National Integrated Cancer Control Program to provide equitable access to life-saving treatments and support services.

SECTION 3. Expansion of Universal Health Care Coverage. – Section 4 of Republic Act No. 11223 (Universal Health Care Act) is hereby amended to include the following provision:

“Post-Treatment Cancer Care: The Philippine Health Insurance Corporation (PhilHealth) shall cover the cost of post-chemotherapy and radiation therapy medications prescribed by licensed oncologists, including but not limited to:

- a) Pain management medications (e.g., opioids, non-opioid analgesics);
- b) Anti-nausea and antiemetic medications;
- c) Immune system boosters and supportive care drugs;
- d) Dermatologic and skin care treatments for radiation-induced side effects;
- e) Nutritional supplements and related supportive therapies.

Coverage shall extend up to one (1) year post-treatment, or longer as medically necessary based on the attending oncologist’s certification.”

SECTION 4. Expansion of the National Integrated Cancer Control Program. – Republic Act No. 11215 (National Integrated Cancer Control Act) is hereby amended to include:

a) Post-Treatment Care as a Core Component – The National Integrated Cancer Control Program shall include a comprehensive post-treatment care framework that ensures access to supportive medications and therapies for cancer patients completing chemotherapy or radiation therapy.

b) Establishment of the Cancer Medication Assistance Program (CMAP) – A dedicated program under the Department of Health (DOH) to:

1. Procure, distribute, and ensure availability of post-treatment cancer medications in all government hospitals and accredited private institutions;
2. Provide subsidized or free medications to indigent and low-income cancer patients;
3. Prioritize the needs of patients in geographically isolated and disadvantaged areas (GIDAs).

SECTION 5. Eligibility for Coverage. – The following individuals shall be eligible for coverage under this Act:

- a) All patients who have completed chemotherapy or radiation therapy, certified by an oncologist or cancer specialist;
- b) Patients with valid prescriptions for post-treatment medications as part of their cancer care plan;

c) Indigent and low-income patients, as determined by the DSWD's means-testing system, shall receive full subsidies for medications under the CMAP.

SECTION 6. Funding. – The implementation of this Act shall be jointly funded by:

- a) PhilHealth – Through expanded benefit packages under the Universal Health Care program;
- b) The Department of Health (DOH) – Through annual appropriations in the General Appropriations Act (GAA), including dedicated funding for the CMAP;
- c) Additional Sources – Such as grants, donations, and international partnerships, subject to existing laws.

SECTION 7. Monitoring and Accountability.

- a) The DOH and PhilHealth shall jointly monitor the implementation of this Act, including the availability of medications, beneficiary data, and program outcomes.
- b) An annual report shall be submitted to Congress detailing:
 - 1. The number of patients served;
 - 2. Types and costs of medications provided;
 - 3. Gaps in access and areas for improvement.

SECTION 8. Implementing Rules and Regulations (IRR). – Within ninety (90) days from the effectivity of this Act, the DOH, PhilHealth, the Department of Budget and Management (DBM), the Department of Social Welfare and Development (DSWD), and other relevant agencies shall issue the necessary rules and regulations for the effective implementation of this Act.

SECTION 9. Separability Clause. – If any provision of this Act is declared unconstitutional, the remaining provisions shall remain in full force and effect.

SECTION 10. Repealing Clause. – All laws, executive orders, and rules inconsistent with this Act are hereby repealed or modified accordingly.

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

Approved,

A handwritten signature in black ink, reading "Brian Poe". The signature is fluid and cursive, with the first name "Brian" and last name "Poe" clearly distinguishable.

HON. BRIAN DANIEL POE LLAMANZARES, PhD, MNSA

Representative

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