

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5126



INTRODUCED BY REPRESENTATIVE MILAGROS AQUINO – MAGSAYSAY

EXPLANATORY NOTE

This bill seeks to amend Republic Act (RA) No. 11215, otherwise known as the “National Integrated Cancer Control Act” or NICCA, providing for its resources and maximizing its functionality for the benefit of Filipino cancer patients.

RA 11215 or NICCA was passed in 2018 as a landmark legislation aimed at increasing the rate of cancer survival and easing the financial burden on patients and their families. It is a comprehensive and integrated law, one of only two (2) known cancer control laws in Asia. However, after almost seven (7) years, it is imperative that this law is amended to make it more operational and functional, and to be optimized to provide quality healthcare and adequate social services and improve the quality of life for our beloved Filipino cancer patients.

At this point, there is clearly an insufficient budget or funding for the financial assistance mandated under the NICCA for cancer screening, diagnosis, treatment and care. It is reported that of the estimated 188,000 cancer cases annually, only 90,000 patients are able to avail of the Cancer Assistance Fund (CAF). Even with PhilHealth’s coverage for cancer-related procedures, the Z-Benefit Package is quite limited and only covers certain types of cancers. In addition, patients and their families often complain of lacking or limited supply of cancer medicines in government medical facilities, with available supply of hard-to-find cancer medicines found only in private establishments that would require large personal out-of-pocket expense of the patient.

In terms of infrastructure and institutional arrangements, there are very few or lacking cancer care facilities in communities, especially in the provinces; while existing hospitals may need to upgrade their facilities to provide cancer care that include diagnostic tests, chemotherapy and other related treatments. In fact, there are also very few Philhealth-accredited hospitals implementing the PhilHealth Z-Benefit Package. Moreover, it has also been observed that there is a limited number of cancer specialists or oncologists, including the required accreditation with the Philippine Society of Medical Oncology as its primary professional association.

Local Government Units, like the DOH and the NICCA Council, have institutional roles to play under the NICCA law, if not the actual provision of cancer care facilities, and/or services

in the continuum of cancer care. Government agencies, including LGUs, must have a strong advocacy program for referrals and dissemination of information about cancer prevention, early detection and treatment because there is still a general lack of awareness about NICCA and knowledge about the programs under it that can provide support and assistance to cancer patients and their families. A simple issuance of local ordinance declaring promotion of awareness about cancer and available government programs and services can go a long way already.

It likewise appears that hospitals and doctors themselves are not proactive in doing referrals under NICCA, whether informing them of benefits under PhilHealth's Z-Benefit package, or availing of financial assistance from DSWD, PCSO, etc. or if cancer patients are considered PWDs and can be issued IDs. Thus, competencies of cancer specialists/oncologists must also be enhanced to improve communication skills and develop empathic, rights-based, patient-centered approach to care. Moreover, it is also high time that besides the physical aspect of cancer care and treatment, the mental health component of cancer care is also given focus because cancer causes much mental and emotional stress, anxiety, depression or feelings of hopelessness; Counseling is an important care feature that must be provided, not only for the patient, but must be made available also to families and caregivers. Existing Support Groups and NGOs must be encouraged, recognized and maximized as valuable partners in cancer care who can provide counseling, education, and sometimes financial support.

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


HON. MILAGROS AQUINO-MAGSAYSAY

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**AN ACT AMENDING REPUBLIC ACT NO. 11215, OTHERWISE KNOWN AS THE
“NATIONAL INTEGRATED CANCER CONTROL ACT” (NICCA), PROVIDING FOR
ADDITIONAL RESOURCES AND MAXIMIZING ITS FUNCTIONALITY**

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

SECTION 1. Section 7 (i) on the Roles and Functions of the Council under Article II of the National Cancer Control Program is hereby amended to read as follows:

ARTICLE II
THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

“ x x x

- (i) Establish mechanisms and platforms for multisectoral and multistakeholder collaboration, coordination, and cooperation, especially in health promotion, disease prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization; This includes implementing a sustained and comprehensive advocacy plan on raising awareness about referral systems, care centers or facilities, as well as available support and assistance under various government programs. x x x “

SECTION 2. Section 9 (f) on the Cancer Care Infrastructure under Article III on Quality Health Care Systems is hereby amended to read as follows:

ARTICLE III
QUALITY HEALTH CARE SYSTEMS

“x x x

- (f) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and cancer focused patient navigation for individuals and communities and to clearly provide individualized support during the cancer journey, facilitating access to information and resources as needed, throughout the cancer continuum of care; To emphasize, besides the physical aspect of cancer care and treatment,

the mental health component of cancer care shall also be given focus because of the consequent mental and emotional stress, anxiety, depression or feelings of hopelessness it produces. Counseling is an important care feature that must be provided, not only for the patient, but must be made available also to families and caregivers. X x x “

SECTION 3. Section 13 on Capacity Development of health workers providing cancer care under Article III on Quality Health Care Systems is hereby amended to read as follows:

“**Section 13. Capacity Development.** - The DOH, in collaboration with cancer focused professional societies, LGUs leagues, and LGU-based health associations, academic institutions, human resources units of cancer care centers, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing cancer care service and support at all levels of the health care delivery system. More importantly, competencies of cancer care specialists or oncologist professionals must also be enhanced to improve communication skills and develop more compassionate, rights-based, patient-centered approach to care. x x x”

SECTION 4. Section 14 under Article III on Quality Health Care Systems is hereby amended to read as follows:

“**Section 14. Oncology-Related Academic Curriculum.** - The Commission on Higher Education (CHED), in collaboration with the DOH, higher education institutions (HEIs), cancer focused professional societies, accrediting institutions and patient support organizations, shall undertake an assessment of current oncology-related academic curriculum and ensure that the curriculum meets local needs and global practice standards. The CHED shall encourage HEIs to offer degree programs for high priority oncology-related specializations and continuing education programs related to oncological treatment and care.

The DOH, in collaboration with academic institutions, shall provide subsidies and scholarships for training of oncology professionals, such as medical oncologists, radiation oncologists, surgical oncologists, specialized radiation technologists, medical physicists, oncology nurses, including palliative care specialists and other specialized oncology professionals or allied health professionals. To further increase the number of oncology-related trained medical professionals, similar incentives like return-service agreements and competitive salaries should be made available. x x x”

SECTION 5. Section 19 under Article IV on Cancer Awareness is hereby amended to read as follows:

ARTICLE IV

CANCER AWARENESS

“**x x x Section 19. Health Education and Promotion in Communities.** - The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local cancer-focused patient support organizations and cancer

focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age appropriate and gender sensitive cancer-focused health education.

Intensive information dissemination and awareness or advocacy campaigns should include available programs for funding support or financial assistance aside from the CAF, the scope of free coverage under PhilHealth benefit packages, and the significance of the cancer registry and classification as a PWD, among others.

Existing Support Groups and NGOs must be encouraged, recognized and maximized as valuable partners in cancer care who can provide counseling, education, and sometimes financial support. x x x”

SECTION 6. Section 20 under Article V on Affordable Cancer Care and Treatment is hereby amended to read as follows:

ARTICLE V

AFFORDABLE CANCER CARE AND TREATMENT

“Section 20. *Establishment of Cancer Assistance Fund.* - There is hereby established a Cancer Assistance Fund to support the cancer medicine and treatment assistance program from a mandated fixed percentage of the national budget or dedicated revenue streams for the CAF to ensure its sustainability. Through an P10 billion budget which can be progressively increased, the DOH shall manage the Fund in accordance with existing budgeting, accounting and auditing rules and regulations and shall make a quarterly report to the Office of the President and Congress on the disbursement of the Fund. x x x “

SECTION 7. Section 23 under Article VI on Essential Medicines is here amended to read as follows:

ARTICLE VI

ESSENTIAL MEDICINES

“Section 23. *Cancer and Related Supportive Care Medicines.* - The DOH, and other concerned government agencies shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible chance of survival among people with cancer. The reforms include facilitating quick access to drugs for compassionate use and developing a more responsive system for effectively addressing emergency cases. For this purpose, accessibility shall also mean consistent availability and sustained supply of affordable cancer medicines compliant with procurement process requirements.

The FDA shall create a dedicated and streamlined process, not exceeding one (1) year, for the licensing of innovator and generic cancer medication, subject to appropriate quality checks and compliance with minimum standards, such as, but not limited to, being approved and used for cancer treatment in other countries. In addition, the DOH and FDA

shall introduce mechanisms for price regulation or negotiation for essential cancer medicines to make them more affordable, and this could involve bulk procurement, generic promotion, or price caps. x x x”

SECTION 8. Section 26 under Article VII on Supportive Environment for Persons with Cancer and Cancer Survivors is hereby amended to read as follows:

ARTICLE VII

SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER AND CANCER SURVIVORS

“ x x x **Section 26. *Rights and Privileges.*** - The cancer patients, persons living with cancer and cancer survivors are accorded the same rights and privileges as PWDs and the DSWD, together with the National Council on Disability Affairs (NCDA), to shall ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the DOLE and the Civil Service Commission (CSC) shall adopt programs which promote work and employment opportunities for able persons with cancer and cancer survivors.”

SECTION 9. Section 27 on Non Discrimination under Article VII on Supportive Environment is hereby amended to read as follows:

“**Section 27. *Nondiscrimination and Supportive Environment.*** - The appropriate government agencies shall ensure that people living with cancer and cancer survivors are free from any form of discrimination in school, workplace and community. To provide for a more supportive social environment for cancer patients, cancer-focused patient support organizations and advocacy networks are encouraged to be established, with psycho-social counseling services and mental health support made accessible and available in partnership with government or private facilities. x x x “

SECTION 10. Section 32 on Appropriations under Article IX Final Provisions is hereby amended to read as follows:

ARTICLE IX

FINAL PROVISIONS

“x x x **Section 32. *Appropriations.*** - The amount needed for the initial implementation of this Act, including maintenance and other operating expenses of the National Integrated Cancer Control Program shall be charged against the current year’s appropriations of the DOH.

For the succeeding years, the amount allocated for the National Integrated Cancer Control Program in the DOH budget shall be based on strategic plan formulated by the Council, in coordination with other stakeholders. The amount should be in the National Expenditure Program (NEP) as basis for the General Appropriations Act and clearly indicated as an annual line item for DOH, with an identified percentage for NICCA advocacy programs.

SECTION 11. Section (33) on the Implementing Rules and Regulations of this Act is hereby amended to read as follows:

“Sec. 33. Implementing Rules and Regulations. — Within ninety (90) days from the approval of this Act, the Secretary of Health, in consultation with the Philippine Society of Medical Oncologist, Philippine Society of Oncology, Cancer Coalition Philippines and in coordination with the PhilHealth, the NCDA, the Department of Budget and Management (DBM), the Department of Labor (DOLE), the Civil Service Commission (CSC), the Department of Finance (DOF) through the Insurance Commission, Social Security System (SSS), the Government Services Insurance System (GSIS) and the Department of Interior and Local Government (DILG), shall promulgate the necessary rules and regulations for the effective implementation of this Act.”

SECTION 12. Separability Clause – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions not affected thereby shall continue to be in full force and effect.

SECTION 13. Repealing Clause – All laws, decrees, executive orders, rules or regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 14. Effectivity – This Act shall take effect fifteen (15) days after publication in the Official Gazette or in newspaper of general circulation.

Approved