

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City



TWENTIETH CONGRESS
First Regular Session

House Bill No. **5516**

Introduced by Abang Lingkod Party-list Representative
Manuel "Manman" O. Ko

EXPLANATORY NOTE

Cancer remains one of the leading causes of death in the Philippines, accounting for an increasing share of national mortality and morbidity. According to the World Health Organization (WHO) and the Philippine Statistics Authority (PSA), the country records an estimated 190,000 new cancer cases every year, with more than 90,000 deaths attributed to various types of cancer. Recent studies published in 2023 and 2024 confirm that cancer incidence continues to rise, with breast, lung, colorectal, liver, and cervical cancers remaining the most prevalent.

This alarming trend places a heavy strain on the national health system and exposes persistent gaps in access to affordable and effective cancer care—especially among indigent and underprivileged Filipinos. Research from the Philippine Institute for Development Studies (PIDS) and *The Lancet Oncology* (2023) highlights ongoing inequities in cancer treatment brought about by high costs, limited drug availability, and inadequate health insurance coverage. Despite the enactment of Republic Act No. 11215, or the *National Integrated Cancer Control Act* (NICCA), many patients still struggle to afford essential cancer treatment and medicines.

The cost of chemotherapy alone ranges from ₱20,000 to ₱120,000 per session, with total treatment expenses often exceeding ₱1 million depending on the cancer type and stage. A 2024 study in the *Journal of Global Oncology* found that seven out of ten Filipino cancer patients discontinue treatment due to financial hardship. Moreover,

Frontiers in Urology (2023) reports that the majority of Filipino cancer patients are diagnosed at advanced stages, where treatment costs are significantly higher and survival rates are lower.

These realities underscore the urgent need for a dedicated and sustainable funding mechanism to guarantee equitable access to life-saving cancer medicines, particularly for indigent and underprivileged patients.

The proposed *National Cancer Medicine Access and Innovation Fund (NCMAIF)*, as a component of the *Cancer Assistance Fund (CAF)*, seeks to strengthen cancer care delivery and ensure equitable access to medicines and therapies for indigent patients. The Fund aims to provide subsidized access to clinically approved cancer drugs, support the evaluation and procurement of innovative cancer medicines and technologies through the Health Technology Assessment Council (HTAC), accelerate the inclusion of cost-effective and life-saving cancer drugs into the PhilHealth benefit packages and the National Formulary, and promote clinical trials and evidence-based research to guide cancer policy and innovation.

Through the establishment of the NCMAIF, the State fulfills its constitutional duty to protect every Filipino's right to health, upholds the goals of the *Universal Health Care Act* (R.A. 11223), and advances the objectives of R.A. 11215 in improving cancer outcomes and ensuring that no Filipino is left behind in the fight against cancer.

This measure recognizes that cancer is not only a medical challenge but also a matter of social and economic justice. Every Filipino—regardless of income—deserves an equal chance at survival, recovery, and dignity.

In view of the foregoing, the early passage of this measure is earnestly sought.


Manuel "Manman" O. Ko

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**AN ACT STRENGTHENING THE NATIONAL INTEGRATED CANCER CONTROL
PROGRAM BY ESTABLISHING THE NATIONAL CANCER MEDICINE ACCESS AND
INNOVATION FUND, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

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

SECTION 1. Short Title. - This Act shall be known as the “*National Cancer Medicine
Access and Innovation Fund Act.*”

SECTION 2. Declaration of Policy. - It is hereby declared the policy of the State to protect and promote the right to health of every Filipino, and to instill health consciousness among the people. The State recognizes that access to affordable, effective, and innovative cancer treatment is essential to achieving universal health care and upholding the right to life. It shall therefore ensure that every Filipino, particularly the indigent and underprivileged, has equitable access to quality cancer medicines and therapies, while supporting the adoption of innovations and new technologies that improve cancer outcomes.

SECTION 3. Definition of Terms. - For purposes of this Act, the following terms are defined as follows:

- a. *Cancer Medicine* – refers to any pharmaceutical product, including biologics, biosimilars, or generics, used in the prevention, diagnosis, treatment, or palliation of cancer, duly approved by the Food and Drug Administration (FDA).
- b. *Indigent and Underprivileged Patients* – refers to individuals or families classified as indigent under Republic Act No. 11223 (Universal Health Care Act) or certified as such by the Department of Social Welfare and Development (DSWD), and verified by the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth).
- c. *Fund* – refers to the National Cancer Medicine Access and Innovation Fund (NCMAIF) established under this Act.
- d. *Health Technology Assessment (HTA)* – refers to the systematic evaluation of properties, effects, and impacts of health technologies as defined in Section 30 of R.A. 11223.

SECTION 4. Creation of the National Cancer Medicine Access and Innovation Fund (NCMAIF). - There is hereby established a special fund, to be known as the National Cancer Medicine Access and Innovation Fund (NCMAIF), as a component fund of the Cancer Assistance Fund (CAF) created under Section 21 of R.A. 11215 (National Integrated Cancer Control Act).

An initial amount of Ten Billion Pesos (₱10,000,000,000.00) is hereby appropriated for the establishment of the NCMAIF, which shall be made available to indigent and underprivileged cancer patients.

The Fund shall be used exclusively for the following purpose:

1. Provide free or subsidized access to clinically approved cancer drugs and therapies for indigent and underprivileged patients;
2. Support the evaluation, inclusion, and procurement of innovative cancer medicines and technologies through the Health Technology Assessment Council (HTAC);
3. Accelerate the adoption of new, cost-effective, and life-saving cancer drugs into the national formulary and PhilHealth benefit packages; and

4. Promote clinical trials, real-world data collection, and outcomes research for cancer innovation and policy development.

SECTION 5. Administration of the Fund. - The Fund shall be administered by the Department of Health (DOH) through the National Integrated Cancer Control Council (NICCC), in coordination with the Philippine Health Insurance Corporation (PhilHealth) and the Department of Social Welfare and Development (DSWD).

- a) The DOH shall oversee fund allocation, program implementation, and monitoring.
- b) The PhilHealth shall integrate eligible cancer medicines and services into its benefit packages, consistent with RA 11223.
- c) The NICCC shall ensure that NCMAIF programs align with the National Cancer Control Plan and existing cancer care networks.

The Department of Health shall issue administrative orders to ensure efficient coordination among PhilHealth, DSWD, and the NICCC for the proper implementation of the Fund.

SECTION 6. Sources of Fund. - The NCMAIF shall be sourced from the following:

- a. Annual appropriations under the General Appropriations Act (GAA);
- b. Grants, donations, and contributions from public or private entities, domestic or international;
- c. Official development assistance (ODA) or foreign loans intended for cancer care programs; and
- d. Recommended allocations from incremental revenues of excise taxes on tobacco, alcohol, and sugar-sweetened beverages, subject to existing earmarking laws and in consultation with the Department of Finance (DOF).

SECTION 7. Eligibility and Coverage. - The beneficiaries of this Act shall include all indigent and financially at-risk cancer patients duly enrolled in the Philippine Health Insurance Corporation (PhilHealth) and certified as eligible in accordance with the guidelines jointly issued by the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD).

Covered benefits and services shall include, but not be limited to, cancer diagnostics, medicines, chemotherapy, radiotherapy, immunotherapy, surgery, and palliative or supportive care, as recommended by the Health Technology Assessment Council (HTAC) and in accordance with standards and clinical practice guidelines issued by the DOH.

The NCMAIF shall supplement, not duplicate, existing cancer care benefits under the PhilHealth Z Benefit Package or other DOH assistance programs.

SECTION 8. Role of the Health Technology Assessment Council (HTAC). - In alignment with the principles of evidence-based health care and efficient resource utilization, the Health Technology Assessment Council (HTAC), as established under Republic Act No. 11223 or the *Universal Health Care Act*, shall serve as the technical and advisory body for the evaluation of cancer medicines, diagnostics, and treatment technologies funded under this Act.

The HTAC shall:

- a. Conduct assessments on the clinical efficacy, safety, and cost-effectiveness of cancer medicines and technologies proposed for inclusion under the National Cancer Medicine Access and Innovation Fund (NCMAIF);
- b. Recommend prioritization of cancer medicines and therapies for funding based on disease burden, public health impact, and budgetary considerations;
- c. Issue evidence-based guidance for the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) on reimbursement rates, inclusion criteria, and clinical indications;
- d. Establish and maintain a national registry of cancer medicines and treatment outcomes to support ongoing evaluation of real-world effectiveness and safety; and
- e. Collaborate with international health technology assessment bodies, such as the National Institute for Health and Care Excellence (NICE) of the United

Kingdom and the ASEAN Network for Health Technology Assessment (ASEAN NHTA), to align Philippine standards with global best practices.

The HTAC's recommendations shall be mandatory for consideration by DOH and PhilHealth in the formulation of benefits, consistent with its powers under RA 11223.

SECTION 9. Transparency and Reporting. - The DOH shall publish annual reports on fund utilization, medicine coverage, and patient outcomes. These reports shall be accessible to the public through the DOH website and NICCC annual report.

SECTION 10. Appropriations. - The amount needed for the initial implementation of this Act shall be taken from the current year's appropriations of the DOH. Thereafter, such amount as may be necessary for its continued implementation shall be included in the annual General Appropriations Act (GAA).

SECTION 11. Implementing Rules and Regulations (IRR). - Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with PhilHealth, DSWD, and NICCC, and in consultation with patient advocacy groups and relevant stakeholders, shall promulgate the necessary implementing rules and regulations (IRR) for its effective implementation.

SECTION 12. Separability Clause. - If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

SECTION 13. Repealing Clause. - All laws, decrees, orders, rules and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

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

Approved,