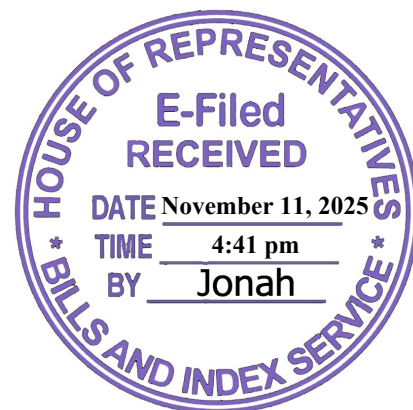


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
20TH CONGRESS
First Regular Session

House Bill No. 5863



Introduced by: **REP. JOEL R. CHUA**

EXPLANATORY NOTE

This Bill seeks to integrate hospice and palliative care into the Philippine health care system. A similar Bill was passed by the House during the 16th Congress but was not fully enacted.

The 1987 Philippine Constitution, under Article XIII, Section 11, declares that *“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.”* This constitutional mandate recognizes that health is not limited to treatment of disease, but must encompass the full spectrum of human need, particularly for those experiencing chronic and life-limiting conditions.

National policies have already laid the groundwork for this vision. The Universal Health Care (UHC) Act, or Republic Act No. 11223, explicitly mandates that all Filipinos shall be guaranteed equitable access to a comprehensive set of services, including preventive, promotive, curative, rehabilitative, and palliative care. Similarly, the National Integrated Cancer Control Act (NICCA), Republic Act No. 11215, recognizes the right of cancer patients to responsive palliative and pain management services. In addition, the Department of Health (DOH) has issued Administrative Order No. 2015-0052 establishing the National Policy on Palliative and Hospice Care, and developed a Manual of Operations, Procedures, and Standards (MOPS) to guide hospitals and local health providers in service delivery. However, despite these policy gains, implementation has been slow and uneven, leaving thousands of patients and families without adequate end-of-life support.

Data show that only about 10% of hospitals in the country currently provide dedicated hospice or palliative care units.¹ Moreover, existing palliative care services

¹ THE RUTH FOUNDATION, Understanding Palliative and Hospice Care in the Philippines. https://www.ruth.ph/tmp/2024/2/27/understanding-palliative-and-hospice-care-in-the-philippines?utm_source=chatgpt.com

are highly concentrated in Luzon and the National Capital Region, leaving rural and underserved communities without access.²

This proposed measure therefore seeks to integrate hospice and palliative care into the Philippine health care system as a core service, accessible to all Filipinos regardless of geography or economic status. It envisions PhilHealth packages that cover inpatient, outpatient, and home-based palliative services, thereby reducing the financial burden of families and preventing catastrophic health expenditures. It mandates the establishment of palliative care units in tertiary, provincial, and district hospitals, while also supporting community- and home-based programs in partnership with local government units and civil society. It addresses workforce gaps by incorporating palliative care into the curricula of all medical and health-related schools, while providing training incentives for health professionals across the country.

The passage of this measure would mark a vital step toward a health system that truly upholds the dignity of every Filipino, ensuring that no one faces unnecessary pain, financial devastation, or abandonment at the end of life.

In view of the foregoing, approval of this legislative measure is earnestly sought.



JOEL R. CHUA

Representative, 3rd District, Manila

² Ho, F. D. V., De Luna, D. V., Cubarrubias, D. L. P. F., Ong, E. P., Abello, R. M. R., Ansay, M. F. M., Taliño, M. K. V., ... Dee, E. C. (2023). Palliative and supportive care in the Philippines: Systems, barriers, and steps forward. *Journal of Palliative Care*. <https://doi.org/10.1177/08258597231153381>

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Introduced by: **REP. JOEL R. CHUA**

**AN ACT INTEGRATING HOSPICE AND PALLIATIVE CARE INTO THE
PHILIPPINE HEALTH CARE SYSTEM**

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

Section 1. Title. - This Act shall be known as the "Hospice and Palliative Care Act".

Section 2. Declaration of Policy. - The State guarantees the right of the people to quality health care, and ensures that the health of the people is protected over the entire life cycle. Pursuant to the Constitution, 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, including patients suffering from life threatening illnesses.

Section 3. Hospice and Palliative. - As used in this Act, Hospice and Palliative care refers to an approach that improves the quality of life of patients with life threatening, complex and chronic illnesses or those experiencing progressively debilitating diseases beyond any benefit from curative or definitive treatment, regardless of life expectancy. The approach covers the prevention and relief of suffering by means of early identification, assessment, and management of pain and symptoms.

Section 4. Accreditation. - Hospitals, private hospice institutions, medical practitioners, health workers, and social workers for hospice and palliative care shall be accredited by the Department of Health (DOH). The DOH, in partnership with the National Hospice and Palliative Care Council of the Philippines, Inc. (NHPCCP), and in coordination with other relevant agencies, shall formulate the rules and guidelines for accreditation to ensure a standard quality of hospice and palliative care services.

Section 5. Quality Assurance. - Key elements necessary to ensure quality hospice and palliative care services in accredited hospitals and hospices include the following:

- (a) Adequate number of multi-specialty personnel;
- (b) Assured financing for health and custodial services;
- (c) Clear and practical standards for facilities and services;
- (d) Appropriately designed and equipped facilities; and
- (e) Regular and systematic supervision and reporting to the DOH.

Section 6. Mandatory Hospice and Palliative Care Services. - All government and private hospitals shall provide hospice and palliative care services to patients with life-threatening illnesses.

Hospitals are required to link with a referral and aftercare network that is organized and made functional by all provincial, city and municipal governments under the guidance and monitoring of the DOH.

Rural health units, health centers and health offices are required to develop home-based or near home palliative care program in coordination with government-owned and privately-owned hospices in the local government units (LGUs).

Section 7. Education and Training of Health Care Professionals and Volunteers. - The DOH, in partnership with the NHPCCP and other accredited members, shall develop the education and training modules for health care professionals, workers and volunteers. The Commission on Higher Education (CHED) shall integrate courses on the principles and practice of hospice and palliative care into the curriculum of Medicine and Nursing, as well as in all paramedical and allied health courses.

Section 8. Continuing Research. - The DOH, in coordination with the Philippine Council for Health Research and Development (PCHRD) of the Department of Science and Technology (DOST), shall ensure a continuing research and collection of data on hospice and palliative care, and availability of funds for this purpose.

Section 9. Program Implementor. - The DOH, is hereby mandated to perform the following functions:

- (a) Promote hospice and palliative care in the Philippines through advocacy and social marketing;

- (b) Formulate policies and develop standards on quality hospice and palliative care;
- (c) Monitor the enforcement of standards and implementation of the program on hospice and palliative care;
- (d) Mobilize and generate resources for sustainability of operation;
- (e) Network with international hospice associations;
- (f) Coordinate research undertakings with other institutions and agencies;
- (g) Serve as repository of database for policy-making and maintenance of palliative care registry;
- (h) Organize and develop continuing training programs for physicians, nurses, physical therapists, and other professional health workers and volunteer workers in the field of palliative care;
- (i) Serve as the coordinating center of a national palliative care network located in the different regions of the country; and
- (j) Establish a Code of Ethics and Standards in the Practice of Hospice and Palliative Health Care.

Section 10. Philippine Health Insurance Corporation (PhilHealth) Benefit Package. - Pursuant to this Act, the PhilHealth shall increase its present benefit package to include inpatient palliative services, outpatient hospice care, and home-based palliative care.

Section 11. Tax Exemptions. - All grants, bequests, endowments, donations, and contributions made to the DOH to be used actually, directly, and exclusively for hospice and palliative care program shall be exempt from donor's tax and the same shall be allowed as deduction from the gross income of the donor for purposes of computing the taxable income of the donor.

Section 12. Rules and Regulations. - Within sixty (60) days from the approval of this Act, the Secretary of Health, after consultation with the NHPCCP and other related agencies, shall promulgate the rules and regulations to implement the provisions of this Act.

Section 13. Appropriations. - The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

Section 14. Separability Clause – If any provision or part of this Act is declared invalid or unconstitutional, the remaining parts or provisions not affected shall continue to be in full force and effect.

Section 15. Repealing Clause – All laws, executive orders, and administrative orders or parts thereof inconsistent with any provision of this Act are hereby repealed or amended accordingly.

Section 16. Effectivity Clause. - This Act shall take effect fifteen (15) days after its publication in the online version of the Official Gazette or in two (2) newspapers of general circulation or with an established internet website presence.

Approved,