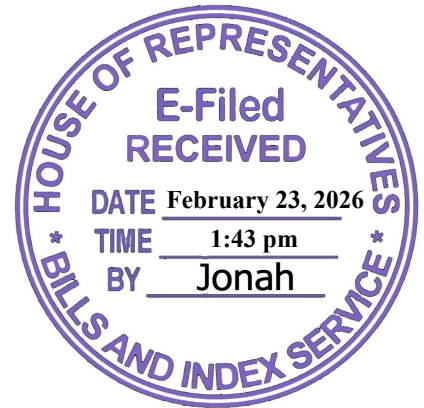




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 7942



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
STRENGTHENING CANCER RISK SCREENING, PROFILING, AND
AWARENESS PROGRAMS THROUGH THE DEPARTMENT OF
HEALTH, IN PARTNERSHIP WITH LOCAL GOVERNMENT UNITS,
BARANGAY HEALTH WORKERS, AND OTHER STAKEHOLDERS, AND
FOR OTHER PURPOSES

EXPLANATORY NOTE

According to the Philippine Statistics Authority (PSA), cancer consistently ranks among the top three leading causes of mortality in the country. A major factor contributing to this alarming reality is the late diagnosis of cancer cases, which not only reduces survival rates but also imposes severe financial hardship on affected families. Studies reveal that treatment of late-stage cancer can consume more than 30 percent of a household's income, often pushing families into financial catastrophe.

In contrast, high-income countries report higher cancer incidence but lower mortality, owing to robust early detection and prevention programs. Evidence shows that early detection significantly improves survival rates while reducing overall treatment costs, making it both a life-saving and cost-effective public health strategy.

This bill seeks to institutionalize annual community-based cancer early detection programs through risk profiling, barangay-level screening, and awareness campaigns across municipalities. In addition, it aims to strengthen the role of Barangay Health Workers (BHWs) by providing capacity development and training, enabling them to effectively assist in cancer prevention, screening promotion, health navigation, and patient support.

By integrating grassroots health workers into systematic cancer risk detection and awareness efforts, the State fulfills its mandate under the Constitution to protect and promote the right to health, while complementing the objectives of Republic Act No. 11215, or the National Integrated Cancer Control Act.

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



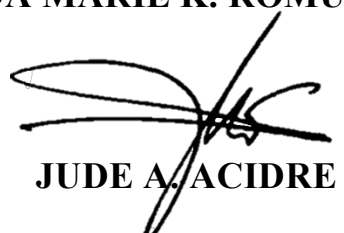
FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



ANDREW JULIAN K. ROMUALDEZ



JUDE A. ACIDRE



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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 “*Cancer Risk Screening and Awareness Act.*”

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health

consciousness among them. Recognizing cancer as one of the leading causes of mortality and morbidity in the Philippines, the State shall:

- i. Strengthen early detection and prevention through systematic cancer risk profiling and evidence-based screening programs;
- ii. Ensure equitable access to free or subsidized cancer screening, particularly for indigent and high-risk populations;
- iii. Promote awareness and culturally sensitive health education campaigns on cancer prevention and early detection;
- iv. Support and capacitate community health workers to effectively assist in cancer risk navigation and patient support; and
- v. Complement and reinforce the objectives of Republic Act No. 11215, or the National Integrated Cancer Control Act.

SECTION 3. *Coverage.* – The initial coverage of this Act shall focus on cancers with high prevalence and potential for early detection and prevention, namely:

- A. Breast cancer;
- B. Cervical cancer;
- C. Colorectal (colon) cancer; and
- D. Prostate cancer.

This coverage shall be subject to periodic review every three (3) years by the Department of Health (DOH), upon recommendation of the National Integrated Cancer Control Council, to expand the list based on emerging evidence and national burden of disease.

SECTION 4. *Cancer Risk Profiling and Registry.* The DOH, in coordination with local government units (LGUs), provincial, city, and municipal health offices, barangay health centers, academic institutions, and other concerned agencies, shall establish a comprehensive cancer risk profiling system nationwide.

Subsequently, a Municipality- or City-Wide Cancer Risk Registry shall be created to record prevalence trends, screening results, and follow-up care: Provided, That patient confidentiality shall be strictly observed pursuant to Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012. Anonymized and aggregated data may be authorized for national research, monitoring, and policy development.

SECTION 5. *Cancer Screening.* – Through the implementing agencies lead by DOH, in coordination with Local Government Units (LGU), municipal or city health centers, Barangay Health Workers (BHWs) and Rural Health Units (RHUs), shall conduct regular and periodic barangay-based cancer screening, free of charge or subsidized; *Provided*, That priority shall be granted to the indigent and high-risk population.

Health facilities conducting screening shall establish a referral mechanism to higher-level facilities for confirmatory diagnosis and treatment. Referral shall include linkage to PhilHealth benefits and other financial or logistical support services.

SECTION 6. *Cancer Awareness and Education.* –The DOH, in collaboration with local government units (LGUs), civil society, and professional medical associations

shall accordingly develop and integrate a culturally sensitive health education campaign addressing:

- a) Cancer risk factors and lifestyle prevention;
- b) Early signs and symptoms of cancer; and
- c) Importance of early detection and treatment adherence.

Campaigns shall be evaluated periodically to assess effectiveness and reach, especially among vulnerable and rural communities.

SECTION 7. *Capacity Enhancement for Barangay Health Workers (BHWs)* –

This Act shall promulgate capacity development among BHWs, including training on:

- A. Cancer prevention and health promotion;
- B. Screening assistance and navigation;
- C. Psychosocial support; and
- D. Referral pathways and linkage to financial assistance programs.

SECTION 8. *Appropriations* — The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH. Thereafter, the necessary sums for its continued operation and maintenance shall be included in the annual General Appropriations Act (GAA) under the budget of the DOH.

SECTION 9: *Monitoring and Evaluation* – The DOH shall establish a monitoring and evaluation (M&E) framework to assess the effectiveness, coverage, and

outcomes of cancer risk profiling, screening, and awareness programs. Results shall be consolidated into an annual report submitted to Congress, the Department of the Interior and Local Government (DILG), and the National Integrated Cancer Control Council.

SECTION 10. *Implementing Rules and Regulation (IRR)* – Within one hundred eighty (180) days from the effectivity of this Act, the DOH, in consultation with the DILG, the Philippine Cancer Center, the National Integrated Cancer Control Council, LGUs, and other relevant stakeholders, shall promulgate the necessary rules and regulations to carry out the provisions of this Act.

SECTION 11. *Separability Clause*. – If, for any reason, any part or provision of this Act shall be held unconstitutional or invalid, other parts of provisions thereof not affected shall thereby continue to be in full force and effect.

SECTION 12. *Repealing Clause*. - All laws, decrees, executive orders, proclamations, rules and regulations, and other issuances or parts thereof contrary to or inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 13. *Effectivity*. - This Act shall take fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,