



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

Twentieth Congress
First Regular Session



HOUSE BILL NO. 8074

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

AN ACT
STRENGTHENING THE PHILIPPINE CANCER CENTER BY
RESTRUCTURING ITS ORGANIZATION, ELABORATING ON ITS
MANDATES, ROLES, AND FUNCTIONS, APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

This measure seeks to enact the Charter of the Philippine Cancer Center to institutionalize its authority, structure, and functions as a national specialty hospital and research institution. It aims to establish a clear governance framework, define its staffing pattern, ensure sustainable financing, and mandate the PCC to lead the country's cancer care, research, and innovation agenda.

Section 15, Article II of the 1987 Philippine Constitution mandates the State to protect and promote the right to health of the people. Consistent with this, Republic Act No. 11215 or the National Integrated Cancer Control Act (NICCA) recognizes cancer as a national health priority and provides for the establishment of the Philippine Cancer Center (PCC) as the national center of excellence for cancer care, research, and capacity development.

Despite this, the full operationalization of the PCC remains constrained by gaps in governance, infrastructure, and resources. The Center currently shares its site with the Lung Center of the Philippines, and much of its hospital and research facilities are still under construction. The absence of a clear governance and coordination framework among the PCC, the Department of Health – Cancer Control Division, and other relevant agencies has resulted in fragmented programs and overlapping mandates. Moreover, the lack of a defined organizational structure, delineated mandates, approved bed capacity, and staffing pattern hampers the PCC’s ability to fully implement its functions and deliver advanced cancer and precision oncology services.

Through the passage of this Act, the State not only fulfills its constitutional mandate to protect and promote the right to health and advance universal health care, but also reaffirms its commitment to the 70th World Health Assembly Resolution on Cancer Prevention and Control in the Context of an Integrated Approach, which recognizes cancer as a critical health and development priority and calls for comprehensive national strategies on prevention, early detection, diagnosis, treatment, and palliative care.

Ultimately, the enactment of this Charter will enable the Philippines to establish a sustainable, integrated, and world-class national cancer program anchored on innovation, research, and equitable access to quality care towards the realization of a cancer-free Philippine society.

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



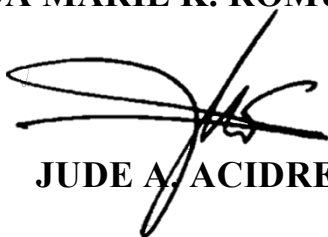
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the "*Charter of the Philippine Cancer Center.*"

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 to instill health consciousness among them, in accordance with Section 15, Article II of the 1987

Constitution. In accordance with Republic Act No. 11215 otherwise known as the National Integrated Cancer Control Act (NICCA), the State likewise recognizes cancer as a national health priority and the need to adopt an integrated, comprehensive, and equitable approach to cancer prevention, detection, diagnosis, treatment, rehabilitation, palliative, and survivorship care. Towards this end, the State shall strengthen the Philippine Cancer Center through this Act by restructuring its organization, elaborating its mandates, roles, and functions, and providing it with adequate powers, authority, and resources to effectively carry out its mission towards a cancer-free Philippines.

SECTION 3. *The Role of the Philippine Cancer Center (PCC) as a National Specialty Center and a Government Health Agency.* – Cognizant of the vital roles and responsibilities of PCC in the implementation of NICCA, the following crucial information are hereby supplemented and complemented:

- A. The PCC shall be a government-owned and -controlled corporation (GOCC) under the Department of Health (DOH) as an attached agency and headed by Executive Director IV.
- B. The PCC's current location and delineated property (inclusive of the allocated space for parking slots, treatment plant, and other facilities that ensure the building's proper functioning) within the Lung Center of the Philippines (LCP) compound covering a total lot area of 8,345 square meters is hereby transferred from LCP to PCC as its own property. The Usufruct Agreements with Control No. 2020-1027-180 dated October 27, 2020 and 2023-0824-305 dated August 24, 2023 between the PCC and LCP are hereby rescinded. Furthermore, the Usufruct Agreement between the Philippine Blood Center

(PBC) and LCP is hereby rescinded, thereby transferring the whole property to PCC until PBC shall have its own property under the law.

- C. The PCC shall not only refer to a national specialty center for complex and rare cancers but also to a government health agency in order to perform its overarching mandates, roles, and functions as stated herein.
- D. The PCC shall perform oversight and accountability mechanisms and shall provide capacity development and technical assistance to all cancer treatment facilities, both public and private, on (1) resource-stratified services along the cancer care continuum; (2) standard and quality of care; (3) cancer data management; (4) research and technological innovations; (5) networking and linkages; and (6) financial risk protection, among others.
- E. Pursuant to Sec. 41 of the General Provisions of Republic Act No. 7180 (An Act Appropriating Funds for the Operation of the Government of the Republic of the Philippines from January One to December Thirty-One, Nineteen Hundred and Ninety-Two and for Other Purposes), Executive Order No. 641 Authorizing the Establishment and Administration of Provident Funds in the Government, and the Department of Budget and Management (DBM) Budget Circular No. 2008-3 Rules, Regulations and Procedure on the Establishment and Administration of Provident Funds in the Philippine Government, the PCC shall establish and administer Provident Fund for the general welfare of its employees. Furthermore, the PCC shall formulate and implement its own Occupational Safety and Health Policy and Program pursuant to Department Order No. 2016-0264 or Guidelines for the Institutionalization of Occupational Safety and Health in the Department of Health.

SECTION 4. *Overall Mandates of the PCC.* – In congruence with NICCA, the mandates of PCC are further elaborated in order to fulfill the letter and spirit of the law.

- A. The PCC shall be the centerpiece, cornerstone, and hub of the National Integrated Cancer Control Program of the DOH, especially in comprehensive cancer care continuum, research and innovation, and training and education. The PCC shall develop a comprehensive National Cancer Control Plan (NCCP) periodically.
- B. The Executive Director IV of PCC shall be a permanent ex-officio member and the Vice-Chair of the National Integrated Cancer Control Council (NICCC).
- C. The overall management of existing Cancer and Supportive-Palliative Medicines Access Program (CSPMAP) and Cancer Assistance Fund (CAF) shall be transferred to PCC from Disease Prevention and Control Bureau – Cancer Control Division (DPCB-CCD).
- D. The PCC shall enter into strategic collaborations and partnerships with various local and international stakeholders as well as development partners in order to fulfill its overarching mandates.
- E. PCC shall be the clearinghouse of all cancer-focused and –related researches, clinical practice guidelines, consensus guidelines, clinical care pathways, et cetera, and shall develop and publish biennially a compendium of evidence.
- F. The PCC shall be a permanent recipient of at least 10% of the total funding for research allocated to DOH through the annual General Appropriations Act. The said fund shall go directly to the budget line item of PCC. The PCC shall be responsible for its prudent and judicious expenditure based on the National

Cancer Research Agenda including Cancer-Focused and -Related Policy and Systems Research.

- G. The PCC shall set up a Trust Fund for research and innovation including cancer drug discovery and development including repurposing, emergency procurement of medicines, among others. Cash and cheque donations from philanthropists, corporations and other individuals or entities and the proceeds from fund-raising activities shall be deposited straight away into the Trust Fund of PCC. A Trust Fund Board shall be created and shall be chaired by the Executive Director IV.
- H. Managed Entry Agreements (MEAs), either financial or outcome-based type, shall be forged between the DOH (e.g., PCC, PhilHealth, etc.) and pharmaceutical companies (manufacturers, distributors, etc.) to provide access to innovative and new medicines (post-regulatory approval, usually post-Phase III or in Phase IV) and other health technologies with or without positive recommendations from the Health Technology Assessment Council (HTAC).
- I. In line with prioritizing cancer prevention, the PCC shall lead and collaborate with all stakeholders in committing to and achieving a tobacco-free generation (TFG) or nicotine-free generation (NFG) which serves as a ‘preventative vaccine’ against tobacco and nicotine addiction and ultimately prevents smoking-associated cancers.

SECTION 5. *Strategic Roles and Functions of PCC.* – Cognizant of the purposes and objectives of PCC in the NICCA, the PCC shall perform the following strategic roles by establishing the following Centers with corresponding personnel complement in order to fulfill the shared vision of Cancer-Free Philippines

(Philippines Free from the Burden of Cancer) through concerted and unified efforts with various stakeholders:

A. ***Center for Complex and Rare Cancers (CCRC)*** – CCRC is a level 3 (at least 100-bed capacity), PhilHealth-accredited smart national specialty center (NSC) dedicated to complex and rare cancers, which shall provide the highest level of expertise in clinical services, teaching and training, research and innovation, and the country’s apex or end referral facility in cancer care. Within five years of its full operation, the hospital shall be Joint Commission International (JCI)-accredited for Hospital Program (Gold Seal of Approval: best practices in quality of care and patient safety) and JCI-certified for Cancer Center. A Deputy Executive Director IV shall head the CCRC.

B. ***Center for Cancer Data, Research, and Digital Oncology (CCDRDO)*** – The CCDRDO shall be responsible for the governance, management, and operationalization of the (a) National Cancer Registry and Monitoring System which shall be named as the Philippine Cancer Registry (both population- and hospital-based cancer registry, etc.); and (b) National Cancer Data Repository System vis-à-vis Philippine Health Insurance Corporation’s (PhilHealth) National Health Data Repository System). It shall be the “source of single truth” of all cancer data nationwide to ensure veracity, reliability and coherence of cancer information across various domains. The Philippine Cancer Registry Annual Report shall be published and widely disseminated to all stakeholders.

The CCDRDO shall serve as a think tank on data-driven and evidence-based cancer plans, policies, programs, standards, and regulations as well as center of excellence for research and innovation wherein intra- and extra-mural programs and innovative technologies to prevent, diagnose, treat and predict cancer shall be developed and managed. The CCDRDO shall be a Cancer-Focused and -Related Health Policy and Systems Research Institution and shall be part of the Philippine Network for Health Policy and Systems Research. The CCDRDO shall also be an integral part of the national pharmacovigilance reporting system particularly on all pharmaceutical products related to cancer. The CCDRDO shall establish the Cancer Drug Discovery and Development Division (CDDDD).

The CCDRDO shall develop, adopt, integrate, and standardize the use of digital health technologies to improve cancer patient's journeys and treatment outcomes. A Deputy Executive Director IV shall head the CCDRDO.

C. *Center for Cancer Care Network, Training and Development (CCCNTD)* –

The CCCNTD is a hub-and-spoke-model cancer care delivery system catering to the general population across the life course and along the entire cancer care continuum. CCCNTD shall provide oversight and accountability mechanisms over the Cancer Care Networks (CCN), which consist of multisectoral multistakeholders with designated Comprehensive Cancer Center/s (either Advanced or Basic) within the region, province, city and municipality as the “hub” and the rest of the CCN components as “spokes”.

CCCNTD shall cater to the general population, that is, healthy, at-risk, cancer patients, persons living with cancer, and cancer survivors.

The CCCNTD shall establish the National Cancer Grid (NCG). NCG is a large network of cancer treatment facilities (both private and government), research organizations, professional societies, charitable institutions, and patient groups within the CCN wherein the participating institutions or organizations share freely their cancer data [following the principles of findability, accessibility, interoperability, and reusability (FAIR)], expertise, resources, and best practices to improve the quality of care for cancer patients. The NCG shall be in charge of standardizing the quality of multidisciplinary cancer patient care through Clinical Practice Guidelines (CPGs) and Clinical Standards/Metrics of Quality Assurance, among others. Clinical Trial Network and E-Learning Portal shall be created and managed by the NCG.

CCCNTD shall be the center of excellence for training and education wherein (a) the fundamental and highest level of education in cancer-focused and -related fields, including researchers, policymakers, medical and allied health professionals; and (b) training in cancer-focused and -related fields including cancer science and policy, among others, shall be available and accessible.

The Cancer Control Division (CCD) of the Disease Prevention and Control Bureau (DPCB) shall be transferred to CCCNTD and shall perform its roles and responsibilities accordingly. A Deputy Executive Director IV shall head the CCCNTD.

D. *Center for Blood Disease and Transfusion (CBDT)* – The CBDT shall cater to patients with blood disorders and hematologic malignancies in addition to blood donation and transfusion. CBDT shall occupy the existing five-story building of the Philippine Blood Center. A Deputy Executive Director IV shall head the CBDT.

Furthermore, the PCC and its four (4) Centers are expected to perform the following inherent functions: (A) Core and Strategic Functions, namely: (1) policies, standards, and guidelines, (2) capacity building and technical assistance, (3) stakeholder engagement and strategic partnerships, (4) research and innovation, and (5) program management; and (B) Support Functions, namely: (1) human resource management and organizational development, (2) infrastructure, equipment, and information and communications technology management, (3) procurement and supply chain management, (4) performance management and accountability, and (5) budget planning and execution.

SECTION 6. *Duties and Responsibilities of the Office of the Executive Director IV.* – The Office of the Executive Director IV shall:

- A. Lead, direct, and oversee the full implementation of this Act in conjunction with other pertinent provisions of NICCA;
- B. Determine and propose the organizational structure and staffing pattern of PCC as a GOCC subject to the evaluation and approval of the Governance

Commission for GOCCs (GCG), Department of Budget and Management (DBM) and in accordance with civil service laws, rules and regulations;

- C. Ensure the development, implementation, monitoring and evaluation of policies, standards, regulations, protocols, guidelines, and other issuances related to PCC's various strategic roles and functions as identified herein;
- D. Delegate specific tasks to the respective Deputy Executive Directors IV; and
- E. Perform other duties and responsibilities as may be assigned or delegated by the Secretary of Health, by the NICCC, or by the Board of Trustees of the Specialty Hospitals.

SECTION 7. *Exemption of Cancer and Supportive-Palliative Medicines from the Philippine National Formulary (PNF).* – Pursuant to 1) Section 3 of RA No. 11223 (Universal Health Care Act), which guarantees all Filipinos equitable access to quality and affordable health care goods and services while protecting them against financial risk, and 2) Section 2 of the RA No. 11215 (NICCA), which seeks to make cancer prevention, screening, diagnosis, treatment, and care more equitable, affordable, and accessible—particularly for the underprivileged, poor, and marginalized—the inclusion of cancer and supportive-palliative medicines in the PNF and the Drug Price Reference Index (DPRI) shall no longer be required for purposes of government procurement of such medicines.

To ensure efficiency and affordability, the PCC shall undertake bulk or pooled procurement of these medicines every three (3) years for all designated access sites within the Cancer Care Network (CCN).

Accordingly, Executive Order No. 49, s. 1993, entitled “Directing the Mandatory Use of the Philippine National Formulary Volume I as the Basis for Procurement of Drug Products by the Government,” and all other related or inconsistent issuances, are hereby amended or modified as necessary to conform with this provision.

SECTION 8. *Patient Navigators as Allied Health Care Workers.* – Recognizing the indispensable value of patient navigation in the journey of patients along the cancer care continuum, patient navigators are hereby considered as allied health care workers and shall be a prerequisite in the licensing and operation of hospital-based cancer treatment facilities.

SECTION 9. *Data Encoders or Cancer Registrars as Allied Health Care Workers.* – Recognizing the vital role of data management in the institutionalization of hospital cancer registry, data encoders are hereby considered as allied health care workers and shall be a prerequisite in the licensing and operation of hospital-based cancer treatment facilities.

SECTION 10. *Institutionalization of Multidisciplinary Patient Care.* – Functional multidisciplinary patient care or tumor board and/or molecular tumor board shall be a prerequisite in the licensing of hospital-based cancer treatment facilities. PhilHealth shall ensure the inclusion of such in its benefit packages for cancer.

SECTION 11. *Cancer Rehabilitation and Surveillance, Supportive and Survivorship Care.* – The PCC shall lead in the development of implementing

guidelines on cancer rehabilitation and surveillance, supportive and survivorship care. PhilHealth shall ensure the inclusion of such in its benefit packages for cancer.

SECTION 12. *National Palliative Care and Pain Management Program.* – The overall management of the National Palliative Care and Pain Management Program shall be transferred from the DPCB-CCD to PCC. PhilHealth shall ensure the inclusion of such in its benefit packages for cancer.

SECTION 13. *Cancer Control Policy and Program in All Settings.* – The PCC shall closely coordinate and collaborate with the following national government agencies, among others, to implement the cancer control policy and program in the respective settings:

- A. Department of Labor and Employment (DOLE) and Civil Service Commission (CSC) for the workplace;
- B. Department of the Interior and Local Government (DILG) for the communities; and
- C. Department of Education (DepEd) and Commission on Higher Education (CHED) for schools and academic institutions.

SECTION 14. *Carcinogenic Substances Notification.* – The Food and Drug Administration (FDA) and PCC shall lead in the development and annual publication of the master list of carcinogenic substances from food, drugs, cosmetics and household/urban hazardous products, among others. The FDA shall require all products to include any carcinogenic ingredients or substances in their full ingredient

listings. The product's particulars shall be easily legible, clearly comprehensible, and indelible.

SECTION 15. *Cancer Advocacy and Patient Experience.* – The PCC shall closely coordinate and collaborate with various stakeholders in the observance of the following year-round cancer awareness and advocacy campaigns to 1) intensify cancer awareness, 2) increase cancer literacy, and 3) combat misinformation, disinformation, and mal-information about cancer:

Month	Focus
January	Liver Cancer
February	National Cancer Month, World Cancer Day (Feb. 4)
March	Colorectal Cancer, Esophageal Cancer, Kidney Cancer, Multiple Myeloma
April	Oral, Head and Neck Cancer, Testicular Cancer, Esophageal Cancer
May	Cervical Cancer, Melanoma and Skin Cancer, Brain and Spinal Cord Cancer, Retinoblastoma, Bladder Cancer
June	National Cancer Survivors
July	Occupational Cancer, Sarcoma and Bone Cancer
August	Complex and Rare Cancers, Cancer Research Month, Supportive Care Month
September	Childhood Cancer Month, Thyroid Cancer, Blood Cancer Month, Prostate Cancer, Ovarian Cancer, Gynecologic Cancer
October	Breast Cancer, National Hospice and Palliative Care Month, Geriatric Cancer

November	Lung Cancer, Pancreatic Cancer, Stomach Cancer, Cancer Pain Month
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Cancer advocacy and patient experience division (CAPED) shall be created under the Officer of the Executive Director IV.

SECTION 16. *Tax Exemptions and Privileges.* – All donations, contributions, endowments, equipment, devices and supplies to be imported by PCC’s authorized entities or persons, for the actual use and benefit of the PCC, shall be exempt from income and gift taxes and the same shall be further deductible in full for the purpose of determining the maximum deductible amount under Section 30 of the National Internal Revenue Code of 1997, as amended.

The PCC shall be exempt from the payment of taxes, charges and fees imposed by the government or any political subdivision or instrumentality thereof with respect to purchase of medicines, equipment, medical devices and supplies made by, or for, the PCC.

SECTION 17. *Sanctions.* – Non-compliance with any of the provisions of this Act or its implementing rules and regulations by any officer, employee, or entity of the PCC, or any concerned government agency, shall constitute neglect of duty or such other administrative offense as may be warranted under existing laws, rules, and regulations, and shall be dealt with accordingly pursuant to Civil Service laws, the Revised Administrative Code, and other pertinent issuances.

SECTION 18. *Annual Report.* – The PCC shall render an annual report on the implementation of this Act to the House Committee on Health and the Senate Committee on Health and Demography.

SECTION 19. *Appropriations.* – The amount needed for the PCC and its four (4) Centers towards the implementation of their roles, functions, and mandates as stipulated in this Act shall be established and shall be reflected in the annual General Appropriations Act (GAA) beginning Fiscal Year 2026. Likewise, the budget line items for the Cancer Supportive-Palliative Medicines Access Program (CSPMAP) and the Cancer Assistance Fund (CAF) are hereby transferred from the Disease Prevention and Control Bureau (DPCB) to the PCC.

SECTION 20. *Implementing Rules and Regulations (IRR).* - Within thirty (30) days from the effectivity of this Act, the PCC, in consultation with the DOH and other appropriate government agencies, shall formulate and prepare the IRR to implement the provisions of this Act.

SECTION 21 *Separability Clause.* – If any provision of this Act shall be declared invalid or unconstitutional, the remaining part or provisions not otherwise affected shall remain in force.

SECTION 22. *Repealing Clause.* – Any law, decree, ordinance, or administrative circular not consistent with any provision of this Act is hereby amended, repealed, or modified accordingly.

SECTION 23. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,