



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

**TWENTIETH CONGRESS**  
Second Regular Session

**HOUSE BILL NO. 10767**



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Introduced by 4Ps Partylist Representative  
**JC M. ABALOS**

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#### **EXPLANATORY NOTE**

*Cancer remains one of the most serious public health challenges faced by the Philippines.*

According to the 2022 GLOBOCAN estimates of the International Agency for Research on Cancer (IARC)<sup>1</sup>, the Philippines recorded an estimated 188,976 new cancer cases and 113,369 cancer deaths in 2022, with approximately 466,012 five-year prevalent cancer cases. Breast cancer was the most commonly diagnosed cancer among Filipino women, with an age-standardized incidence rate (ASIR) of 60.34 per 100,000, the second-highest rate in Southeast Asia after Singapore (72.61 per 100,000). Among Filipino men, lung cancer was the most commonly diagnosed cancer, while lung cancer was also the leading cause of cancer death when both sexes were considered together. Among Filipino men, lung cancer had an age-standardized mortality rate (ASMR) of 33.59 per 100,000 – the highest male lung-cancer mortality rate among the Southeast Asian countries included in the comparison<sup>2</sup>.

These figures underscore not only the scale of the disease burden but also the urgency of ensuring that Filipinos, regardless of where they live, can access timely diagnosis and treatment.

In 2019, Republic Act (RA) No. 11215, otherwise known as the National Integrated Cancer Control Act (NICCA), was a landmark law that established the Philippine Cancer Center. This mandated the creation of regional and

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<sup>1</sup> International Agency for Research on Cancer (IARC), *GLOBOCAN 2022 Philippines Country Fact Sheet*, Global Cancer Observatory, World Health Organization.

<sup>2</sup> Bhoo-Pathy, N., et al., "Cancer incidence and mortality estimates in 2022 in southeast Asia: a comparative analysis," *The Lancet Oncology*, 2025.

specialty cancer centers outside Metro Manila, and created the Cancer Assistance Fund (CAF) to help cover the cost of cancer medicines, treatment, and care. However, more than five years since its enactment, access to cancer care remains heavily concentrated in the National Capital Region (NCR). Of the 11 facilities currently recognized under the Network of DOH-Designated Advanced Comprehensive Cancer Centers, six are located in Metro Manila alone, while only five are distributed across the rest of Luzon, the Visayas, and Mindanao combined<sup>3</sup>. This means that patients from many regions must still travel, often at great financial and emotional cost, to Metro Manila or to another distant urban center simply to receive a diagnosis, undergo chemotherapy or radiotherapy, or access follow-up care.

This travel burden is not merely an inconvenience. Studies<sup>4</sup> on the economic impact of cancer in Southeast Asia have documented that a significant share of patients and their families face catastrophic health expenditure with costs exceeding a large portion of household income. This is only within 12 months of a cancer diagnosis, a burden that is compounded by transportation, lodging, and lost income when patients must seek treatment far from home. For indigent and geographically isolated patients, this often means delayed treatment, abandonment of care, or, in the worst cases, forgoing treatment altogether.

While the CAF under RA No. 11215 already provides financial assistance for the direct cost of cancer treatment, the law as currently written does not clearly authorize the use of the Fund for the construction, expansion, upgrading, and equipping of the very regional cancer centers that RA 11215 itself mandated to be established. This has left the expansion of regional cancer care infrastructure dependent on ad hoc appropriations, with no dedicated, sustained, and properly classified funding stream for capital investment in these facilities.

This bill, to be known as the "Cancer Patients' Welfare Act," seeks to bridge this gap by:

1. Expanding the allowable use of the Cancer Assistance Fund to explicitly include the construction, expansion, upgrading, and equipping of regional cancer centers, by splitting the Fund into two distinct windows: a Treatment Assistance Window for direct patient care costs, and a new Infrastructure Development Window

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<sup>3</sup> Philippine Cancer Center ([philcancercenter.gov.ph](http://philcancercenter.gov.ph)), *Network of DOH-Designated Cancer Centers*.

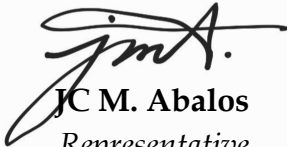
<sup>4</sup> Thomas, et al., J Oncol Res Treat 2025.Cancer Spending, Economic Burden and its Effect on the Household Welfare.Journal of Oncology Research and Treatment

dedicated to capital projects, with priority given to regions that currently have no comprehensive cancer care facility;

2. Establishing clear, transparent prioritization criteria for selecting sites for infrastructure development, based on objective factors such as cancer incidence and mortality data from the national cancer registry, population size, geographic accessibility, existing health system readiness, and local government support;
3. Providing for proper budgetary classification of the Fund, treating the Infrastructure Development Window as Capital Outlay separate from Maintenance and Other Operating Expenses, while creating a distinct Treatment, Assistance, Medicines, and Procedures (TAMP) Sub-Window to ring-fence funds intended directly for patient treatment and medicines from administrative and operating costs; and allowing multi-year obligational authority so that infrastructure projects are not derailed by the annual character of government appropriations; and
4. Formally recognizing regional cancer centers as a social protection mechanism under Section 22 of RA No. 11215, in the same manner as PhilHealth, the Malasakit Program, and other assistance mechanisms, in acknowledgment of the fact that a regional cancer center built close to where patients live directly reduces the travel, lodging, and lost-income burden that keeps many Filipinos from completing life-saving treatment.

By ensuring that funding exists not only for treatment but also for building the facilities where that treatment is delivered, this bill takes a concrete step toward the equitable, nationwide access to cancer care envisioned under RA No. 11215 and the Universal Health Care Act.

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



JC M. Abalos  
Representative  
4Ps Partylist



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**JC M. ABALOS**

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**AN ACT AMENDING SECTIONS 20 AND 22 OF REPUBLIC ACT NO. 11215, OTHERWISE KNOWN AS THE "NATIONAL INTEGRATED CANCER CONTROL ACT (NICCA)," TO EXPAND THE ALLOWABLE USE OF THE CANCER ASSISTANCE FUND TO INCLUDE THE CONSTRUCTION, EXPANSION, UPGRADING, AND EQUIPPING OF REGIONAL CANCER CENTERS, PROVIDING FOR ITS BUDGETARY CLASSIFICATION, AND RECOGNIZING REGIONAL CANCER CENTERS AS A SOCIAL PROTECTION MECHANISM, AND FOR OTHER PURPOSES**

*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 Patients' Welfare Act"

**SEC. 2. Section 20 of Republic Act No. 11215** is hereby amended to read as follows:

"SEC. 20. Cancer Assistance Fund. — There is hereby created a Cancer Assistance Fund (CAF) to support the cancer medicine and treatment assistance program, AND THE CONSTRUCTION, EXPANSION, UPGRADING, AND EQUIPPING OF REGIONAL CANCER CENTERS ESTABLISHED UNDER SECTION 12 OF THIS ACT.

"The Cancer Assistance Fund and PhilHealth benefits shall be made available in public and private DOH-licensed cancer centers. The DOH and PhilHealth shall prescribe, in consultation with stakeholders, the coverage rates and applicable rules on options to charge co-payment for services rendered under the Treatment Assistance Window described below. Processes to avail of such funding shall be streamlined to ensure timely provision of cancer care.

"THE FUND SHALL BE COMPOSED OF TWO (2) SEPARATE AND DISTINCT WINDOWS:

“(A) TREATMENT ASSISTANCE WINDOW. – THIS WINDOW SHALL BE UTILIZED EXCLUSIVELY TO FUND THE COST OF CANCER PREVENTION, SCREENING, DIAGNOSIS, TREATMENT, AND CARE-RELATED COMPONENTS FOR CANCER PATIENTS, PERSONS LIVING WITH CANCER, AND CANCER SURVIVORS, CONSISTENT WITH EXISTING RULES ISSUED BY THE DOH; AND

“(B) INFRASTRUCTURE DEVELOPMENT WINDOW. – THIS WINDOW SHALL BE UTILIZED EXCLUSIVELY FOR THE CONSTRUCTION, EXPANSION, RENOVATION, UPGRADING, AND EQUIPPING OF REGIONAL CANCER CENTERS, CANCER CARE CENTERS, AND CANCER TREATMENT UNITS ESTABLISHED UNDER SECTIONS 10, 11, AND 12 OF THIS ACT, GIVING PRIORITY TO REGIONS WITHOUT AN EXISTING COMPREHENSIVE CANCER CARE FACILITY.

“THE DEPARTMENT OF BUDGET AND MANAGEMENT, IN COORDINATION WITH THE DOH, SHALL ISSUE THE NECESSARY BUDGETARY CLASSIFICATION, RELEASE, AND UTILIZATION GUIDELINES GOVERNING THE INFRASTRUCTURE DEVELOPMENT WINDOW, INCLUDING ITS TREATMENT AS CAPITAL OUTLAY, DISTINCT FROM THE MAINTENANCE AND OTHER OPERATING EXPENSES CLASSIFICATION APPLICABLE TO THE TREATMENT ASSISTANCE WINDOW.

“UNLESS OTHERWISE PROVIDED IN THE GENERAL APPROPRIATIONS ACT, NOT MORE THAN FIFTY PERCENT (50%) OF THE TOTAL ANNUAL APPROPRIATION FOR THE CANCER ASSISTANCE FUND SHALL BE ALLOCATED TO THE INFRASTRUCTURE DEVELOPMENT WINDOW IN ANY GIVEN FISCAL YEAR.”

**SEC. 3. A new Section 20-A is hereby inserted after Section 20 of Republic Act No. 11215, to read as follows:**

“SEC. 20-A. Regional Cancer Center Prioritization Criteria. – The DOH, through the Disease Prevention and Control Bureau (DPCB), in consultation with the Regional Development Councils (RDCs) and the National Integrated Cancer Control Council (NICCC), shall prescribe the criteria for prioritizing sites for infrastructure development under the Infrastructure Development Window of the Cancer Assistance Fund, which shall include, but not be limited to:

“(a) The absence or inadequacy of an existing DOH-licensed comprehensive cancer care facility within the region;

“(b) Cancer incidence and mortality data for the region, based on the national cancer registry;

“(c) Population size and geographic accessibility to existing cancer centers;

“(d) Existing health system readiness, including available human resources for health and referral networks; and

“(e) Land availability, site suitability, and local government unit counterpart support, where applicable.

**SEC. 4. A new Section 20-B is hereby inserted after Section 20-A of Republic Act No. 11215, to read as follows:**

“SEC. 20-B. Budgetary Classification and Multi-Year Obligational Authority. —

“(a) For purposes of budget preparation, execution, and accounting, amounts appropriated for the Treatment Assistance Window shall be classified as Maintenance and Other Operating Expenses (MOOE) under the Unified Accounts Code Structure (UACS), while amounts appropriated for the Infrastructure Development Window shall be classified as Capital Outlays (CO), consistent with the budgetary classification rules of the Department of Budget and Management (DBM): *Provided*, That within the MOOE classification for the Treatment Assistance Window, a separate and distinct sub-allotment class or expense window, to be known as the Treatment, Assistance, Medicines, and Procedures (TAMP) Sub-Window, shall be established exclusively for the payment of treatment costs, financial assistance to patients, purchase of medicines, and other costs of medical, surgical, or diagnostic procedures: *Provided, further*, That the TAMP Sub-Window shall be maintained as a separate budget line item, distinct from administrative, operating, and other MOOE expenditures of the Treatment Assistance Window, and shall be reflected as such in the General Appropriations Act (GAA), agency budget matrix, and other budget accountability reports: *Provided, finally*, That the DBM shall issue the necessary UACS sub-object codes or equivalent classification to enable separate tracking, monitoring, and reporting of TAMP Sub-Window disbursements apart from other MOOE items.”

“(b) Notwithstanding the annual character of appropriations under the General Appropriations Act (GAA), amounts released for the Infrastructure Development Window for the construction, expansion, or upgrading of Regional Cancer Centers shall be treated as continuing appropriations, obligatable for a period not exceeding two (2) years from the date such amounts were appropriated, consistent with the General Provisions of the applicable GAA governing capital outlays.

“(c) For Regional Cancer Center projects requiring implementation beyond a single fiscal year, the DOH may, subject to the approval of the DBM, apply for Multi-Year Obligational Authority (MYOA) pursuant to prevailing DBM budget circulars, to allow phased implementation of infrastructure projects across fiscal years, without prejudice to annual reporting and audit requirements.

“(d) All procurement of civil works, goods, and consulting services for projects funded under the Infrastructure Development Window shall be subject to Republic Act No. 9184, otherwise known as the ‘Government Procurement Reform Act,’ and its Revised Implementing Rules and Regulations.

“(e) The DOH and the DBM shall jointly issue, within ninety (90) days from the effectivity of this Act, a circular specifying the applicable UACS object codes, obligation and disbursement procedures, Program of Works and detailed engineering design requirements, and reporting requirements applicable to the Infrastructure Development Window.

“(f) All infrastructure projects funded under the Infrastructure Development Window shall be subject to the standard rules of the Commission on Audit (COA) applicable to government infrastructure projects, including submission of as-built plans and completion reports.”

**SEC. 5. Section 22 of Republic Act No. 11215** is hereby amended to read as follows:

“SEC. 22. Social Protection Mechanisms. — The DOH, in collaboration with the Social Security System (SSS), Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office (PCSO), Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), PhilHealth and local government units (LGUs), shall develop appropriate and easily accessible social protection mechanisms for cancer patients, people living with cancer, cancer survivors, their families and carers. It shall aim to encourage the underprivileged and marginalized people living with cancer to undergo the necessary treatment and care.

“TOWARD THIS END, THE ESTABLISHMENT OF REGIONAL CANCER CENTERS UNDER SECTION 12 OF THIS ACT SHALL BE RECOGNIZED AS A PRIMARY SOCIAL PROTECTION MECHANISM, AS IT REDUCES THE TRAVEL, LODGING, AND LOST-INCOME BURDEN BORNE BY CANCER PATIENTS AND THEIR FAMILIES WHO WOULD OTHERWISE NEED TO SEEK TREATMENT IN METRO MANILA OR OTHER DISTANT URBAN CENTERS. REGIONAL CANCER CENTERS FUNDED UNDER THE INFRASTRUCTURE DEVELOPMENT WINDOW OF THE CANCER ASSISTANCE FUND SHALL INTEGRATE PATIENT NAVIGATION SERVICES, MEDICAL SOCIAL WORK SUPPORT, AND REFERRAL LINKAGES WITH THE MALASAKIT PROGRAM, PHILHEALTH, AND LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICES, TO ENSURE THAT INDIGENT AND FINANCIALLY-INCAPACITATED PATIENTS ARE ABLE TO AVAIL OF SERVICES AT THE NEAREST APPROPRIATE FACILITY WITHOUT NEEDING TO TRAVEL OUTSIDE THEIR REGION.”

**SEC. 6. *Implementing Rules and Regulations.***- Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with the Department of Budget and Management (DBM) and the National Integrated Cancer Control Council (NICCC), shall promulgate the rules and regulations necessary to implement this Act.

**SEC. 7. *Appropriations.***- The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriation for the Cancer Assistance Fund under the General Appropriations Act (GAA). Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual GAA.

**SEC. 8. *Separability Clause.***- If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

**SEC. 9. *Repealing Clause.***- All laws, decrees, executive orders, rules and regulations, and other issuances, or parts thereof, inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

**SEC. 10. *Effectivity.***- This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

*Approved,*