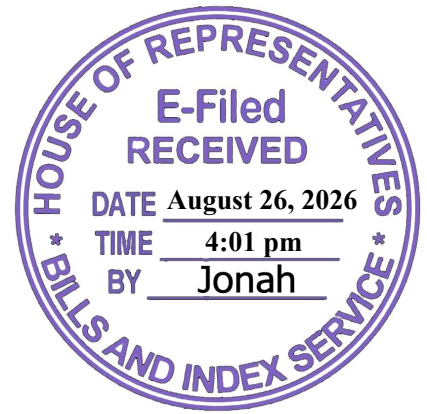


Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
Second Regular Session

House Bill No. 10992



INTRODUCED BY REP. PATRICK MICHAEL “PM” D. VARGAS

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

EXPLANATORY NOTE

The World Health Organization estimates that about 40 million people worldwide need palliative and hospice care yearly. In the Philippines, the Department of Health declares the annual rise in the number of patients in need of end-of-life palliative care services.

Palliative care is a healthcare approach that allows support for patients and their families who are facing life-threatening illness. Early delivery of palliative care reduces hospital admissions and thereby the use of health services. Although there are over a hundred hospice and palliative care services in the country, there is still a fragmented effort of various stakeholders in the implementation of palliative care.

This bill therefore seeks to address these challenges through the integration of palliative and hospice care into the country's health care system. Furthermore, it seeks to preserve human dignity and improve the quality of a patient's last day of life by providing high -quality healthcare services.

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


REP. PATRICK MICHAEL “PM” D. VARGAS

Fifth District, Quezon City

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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 “*Palliative and Hospice Care Act.*”

SECTION. 2. Declaration of Policy. – The State guarantees the right of the people to quality health care, ensuring that the health status of the people is made as good as possible over the entire life cycle. As the Constitution mandates, an integrated and comprehensive approach to health development shall endeavor to make essential goods, health, and other social services available to all people at affordable cost even to patients suffering from life-threatening illnesses.

SECTION 3. Palliative and Hospice Care Defined. – As used in this Act, *palliative and hospice 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 palliative and hospice care shall be accredited by the Department of Health (DOH). The DOH, in partnership with the National Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.), shall formulate the rules and guidelines for accreditation to ensure a standard quality of palliative care services.

SECTION 5. *Quality Assurance* – Key elements necessary to ensure quality 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 Palliative and Hospice Service.* – All government and private hospitals shall provide palliative and hospice 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 programs in coordination with government-owned and privately-owned hospices in the local government units.

SECTION 7. *Leave Benefits.* – Immediate family members of relatives who are employed, whether in the public or private sectors, and are assigned by the family to provide palliative and hospice care to a critically-ill relative shall be allowed to use all existing leave benefits granted by their employers, subject to the guidelines on the use of said leave benefits.

The DOH, in coordination with the Civil Service Commission, the Social Security System, the Government Service Insurance System, and the Department of Labor and Employment, shall be tasked to formulate the necessary guidelines in the implementation of Section 7 of this Act.

SECTION. 8. *Education and Training of Health Care Professionals and Volunteers.* – The DOH, in partnership with the National Hospice and Palliative Care Council of the Philippines and other accredited members, shall develop the education and training modules for health care professionals and workers.

The Commission on Higher Education (CHED) shall integrate courses on the principles and practice of Palliative Care and Hospice Care into the curriculum of Medicine and Nursing, as well as in all paramedical and allied health courses.

SECTION. 9. *Continuing Research.* – The DOH, in coordination with the Philippine Council for Health Research and Development of the Department of Science and Technology, shall ensure continuing research and collection of data on palliative and hospice care and availability of funds for this purpose.

SECTION 10. *Implementing Agency.* – The DOH – Office for Technical Services, in coordination with other offices of the Department, is hereby mandated to perform the following functions:

- a. Promote palliative care in the Philippines through advocacy and social marketing;
- b. Formulate policies and develop standards on quality palliative and hospice care;
- c. Monitor the enforcement of standards and implementation of the program on palliative and hospice 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 palliative health care.

SECTION 11. *PhilHealth Benefit Package.* – Pursuant to this Act, the PhilHealth shall increase its present benefit package to include in-patient palliative services, outpatient hospice care, and home-based palliative care.

SECTION 12. *Funding Support.* – All non-profit, DOH-accredited palliative and hospice care institutions which are serving indigent patients shall qualify as institutional beneficiaries under the Philippine Charity Sweepstakes Office (PCSO) Institutional Financial Assistance Program: *Provided*, That the hospice care institutions comply with the documentary and other requirements of the said Program.

SECTION 13. *Tax Exemptions.* – Any donation or bequest made to the DOH that is intended for palliative and hospice care shall be exempt from the donor's tax, and the same shall be considered as an allowable deduction from the gross income of the donor, in accordance with the provision of the National Internal Revenue Code of 1997, as amended: *Provided*, That such donations shall be disposed of, transferred or sold.

SECTION. 14. *Appropriations.* – The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the Department of Health. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

SECTION 15. *Implementing Rules and Regulations.* – Within sixty (60) days from the approval of this Act, the Secretary of Health, after consultation with the National Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.), shall promulgate the rules and regulations implementing the provisions of this Act.

SECTION 16. *Separability Clause.* – In case any provision of this Act is declared unconstitutional or invalid, the other provisions hereof which are not affected thereby shall continue in full force and effect.

SECTION 17. *Repealing Clause.* – All laws, executive orders, rules and regulations, or any part thereof inconsistent herewith are deemed repealed, modified, or amended accordingly.

SECTION 18. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved,