

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

TWENTIETH CONGRESS
Second Regular Session

House Bill No. 11472



Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

Palliative and hospice care are essential components of a compassionate and comprehensive health care system. Patients suffering from serious, life-threatening, life-limiting, chronic, or complex illnesses often experience significant pain and other physical, psychosocial, and emotional burdens that require care beyond the treatment of the underlying disease.

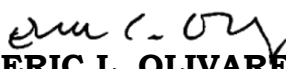
While the Philippine health care system has made significant progress in expanding access to health services, access to organized and affordable palliative and hospice care remains uneven. Many patients and their families continue to face difficulties in obtaining appropriate pain and symptom management, home-based care, psychosocial support, continuity of care, and end-of-life services.

This measure seeks to integrate palliative and hospice care into the Philippine health care system and the framework of Universal Health Care, ensuring that such services are available across hospitals, primary care facilities, communities, and appropriate home-based settings.

The bill establishes standards for quality and accreditation, strengthens referral and continuity-of-care networks, promotes education and training of health professionals and volunteers, supports continuing research, and directs the development of appropriate PhilHealth benefit packages for inpatient, outpatient, and home-based services. It likewise facilitates support for indigent patients and recognizes the important role of family caregivers.

Ultimately, this measure seeks to ensure that every Filipino facing serious or end-of-life illness may receive accessible, affordable, quality, and compassionate care that protects dignity, relieves suffering, and improves quality of life for both patients and their families.

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


ERIC L. OLIVAREZ

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

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 recognizes the right of every person to health and shall endeavor to make essential health and social services available to all people at affordable cost. Consistent with Article II, Section 15 of the Constitution and Republic Act No. 11223, otherwise known as the “Universal Health Care Act,” it is the policy of the State to adopt an integrated and comprehensive approach to health development and to ensure access to quality, affordable, and appropriate health services throughout the life cycle, including palliative and hospice care for persons with serious, life-threatening, or life-limiting illnesses.

SECTION 3. Palliative and Hospice Care Defined. - As used in this Act:

- a. “*Palliative care*” refers to an approach that improves the quality of life of patients and their families facing serious, life-threatening, life-limiting, complex, or chronic illnesses, through the prevention and relief of suffering by means of early identification, assessment, and management of pain and other physical, psychosocial, and spiritual symptoms. Palliative care may be provided together with disease-directed or curative treatment and shall not be limited to patients who are terminally ill or have a specific life expectancy.
- b. “*Hospice care*” refers to specialized, person-centered care provided to patients approaching the end of life, together with support for their families and caregivers, with emphasis on comfort, dignity, quality of life, symptom management, psychosocial and spiritual support, and continuity of care, in accordance with applicable clinical standards and regulations.

SECTION 4. Accreditation. - Hospitals, hospice institutions, and² palliative and hospice care programs and service providers shall comply with the accreditation, certification, licensing, and other regulatory requirements

prescribed by the Department of Health (DOH). The professional licensing and regulatory authority of the Professional Regulation Commission (PRC) and other competent government agencies over health professionals shall remain unaffected.

The DOH, in consultation with relevant government agencies, professional organizations, health institutions, patient and caregiver organizations, and other stakeholders, shall formulate the rules and guidelines for accreditation and certification to ensure safe, accessible, equitable, and quality palliative and hospice care services.

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

- a. Adequate number of appropriately trained multi-specialty personnel;
- b. Appropriate financing and mechanisms for the delivery of health, supportive, and custodial services, consistent with applicable laws and benefit programs;
- c. Clear and practical standards for facilities and services;
- d. Appropriately designed and equipped facilities;
- e. Regular and systematic supervision and reporting to the DOH;
- f. Appropriate assessment and management of pain and other symptoms;
- g. Psychosocial, spiritual, and bereavement support for patients and their families, as appropriate; and
- h. Appropriate referral, discharge planning, continuity of care, and coordination among health care providers.

SECTION 6. Mandatory Palliative and Hospice Service. - All government and private hospitals shall provide basic palliative care services or ensure timely access to such services through an appropriate referral system. Hospitals with the capacity and accreditation to provide specialized palliative or hospice care shall provide such services in accordance with standards established by the DOH.

Hospitals are required to link with a referral and aftercare network within their respective local health systems and health care provider networks that is organized and made functional by all provincial, city, and municipal governments consistent with Republic Act No. 11223 and other applicable laws, and under the guidance and monitoring of the DOH.

Rural health units, health centers, and health offices shall, within their capacity and in accordance with DOH standards, facilitate or provide community- and home-based palliative care programs in coordination with₃ government-owned and privately-owned hospices and other accredited palliative care providers in the local government units.

The DOH shall establish a national referral and continuity-of-care framework linking primary care facilities, hospitals, specialized palliative care providers, hospices, home-based care providers, and other appropriate health and social service providers.

SECTION 7. Leave Benefits. - Immediate family members who are employed in the public or private sector and who are providing care to a relative receiving palliative or hospice care may utilize available leave benefits granted under existing laws, rules, regulations, collective bargaining agreements, employment contracts, or company policies, subject to the applicable conditions and requirements governing such 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 relevant professional organizations, health institutions, patient and caregiver organizations, and other accredited stakeholders, shall develop the education and training modules for health care professionals and workers and volunteers engaged in palliative and hospice care.

The Commission on Higher Education (CHED) shall coordinate with the DOH and relevant professional regulatory bodies to develop and adopt appropriate policies for the integration of courses on the principles and practice of Palliative Care and Hospice Care into the curriculum of Medicine and Nursing, as well as in all appropriate 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, subject to applicable laws, ethical standards, and data privacy and confidentiality requirements.

SECTION 10. Implementing Agency. - The DOH shall be the lead implementing agency of this Act. The Secretary of Health shall designate the appropriate bureau or office of the Department to oversee and coordinate its implementation, in coordination with other relevant offices and agencies.

The DOH shall 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 and other relevant international organizations;
- f. Coordinate research undertakings with other institutions and agencies;
- g. Serve as repository of database for policy-making and establish and maintain a national palliative and hospice care registry, subject to applicable data privacy and confidentiality laws;
- 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 and hospice care network located in the different regions of the country; and
- j. Develop, in consultation with relevant professional regulatory bodies and organizations, ethical guidelines and standards in the practice and delivery of palliative and hospice care.

SECTION 11. PhilHealth Benefit Package. - The Philippine Health Insurance Corporation (PhilHealth) shall develop and implement appropriate benefit packages covering palliative and hospice care, including inpatient palliative care, outpatient hospice care, and home-based palliative care, subject to applicable laws, accreditation requirements, actuarial studies, and availability of funds.

SECTION 12. Funding Support. - All non-profit, DOH-accredited palliative and hospice care institutions which are serving indigent patients may qualify as institutional beneficiaries under the Philippine Charity Sweepstakes Office (PCSO) Institutional Financial Assistance Program, subject to applicable eligibility, accreditation, documentary, and other requirements of the said Program.

SECTION 13. Tax Incentives. - Any donation or bequest made to the DOH that is intended for palliative and hospice care shall be entitled to the tax treatment and deductions allowed under the National Internal Revenue Code of 1997, as amended, and applicable laws: Provided, that such donations or bequests shall be used exclusively for purposes consistent with this Act.

Donations or bequests made to qualified non-stock, non-profit organizations or institutions accredited by the DOH and engaged in the delivery of palliative and hospice care may likewise be entitled to applicable tax deductions or incentives under existing laws, subject to the requirements of the National Internal Revenue Code of 1997, as amended.

SECTION 14. Appropriations. - The initial amount necessary to implement the provisions of this Act shall be charged against the current⁵ appropriations 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, subject to applicable budgeting, accounting, auditing, and procurement laws, rules, and regulations.

SECTION 15. Implementing Rules and Regulations. - Within sixty (60) days from the approval of this Act, the Secretary of Health, after consultation with relevant government agencies, local government units, professional organizations, health institutions, patient and caregiver organizations, and other stakeholders, 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, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

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

Approved.