Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 2310

Introduced by Honorable Wes Gatchalian

AN ACT CREATING THE NATIONAL CANCER CONTROL COMMITTEE, INSTITUTIONALIZING THE PHILIPPINE CANCER PREVENTION AND CONTROL PROGRAM, AND PROVIDING FOR PENALTIES FOR VIOLATIONS THEREOF

EXPLANATORY NOTE

In the Philippines, cancer is the **third leading cause of morbidity and mortality in the country** after diseases of the heart and the vascular system (Philippine Health Statistics 2011.) In the WHO Globocan 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012 report, the estimated incidence of cancer in the Philippines for both men and women (excluding melanoma skin cancer) reached more than 43,000 and will increase by 64% within 5 years. About 3,500 new cases of cancer will be diagnosed in children every year — the equivalent of almost 10 children every day (Philippine Children's Medical Center).

These daunting statistics demand action on our part. We cannot go on affirming our commitment to public health in the constitution while at the same time not take a more active role in improving cancel health and management in the Philippines.

In 2016 the DOH promulgated AO 2016-0001, Revised Policy on

Philippine Cancer Prevention and Control updating AO 89-A promulgated in 1990. This bill seeks to build on the AO 2016-0001 by establishing institutions that will enforce the policies laid down.

One of the core principles of this bill is the regulation of the practice of oncology. As a specialization, Oncology is one of the most technical and sophisticated fields in medicine. This is of course apropos as cancer is a very complicated disease requiring nothing less than years of training and experience on the part of the physician if the patient is going to have any chance of survival.

One of the negative externalities in this current unregulated paradigm is that there are several instances where a physician of different specialization takes on the case of *treating* a cancer patient. The result is that a patient ends up spending thousands upon thousands of their hard earned money with the result that in the end they are worse of as they were not accorded the proper treatment. A physician swears to do no harm, and for the most part we pay tribute to the many men and women who practice their vocation with the most noble of animus. The government must however provide for mechanisms to hold liable those who do cause harm.

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SECTION 1. *Title.* This Act shall be known as the "Philippine Cancer Prevention and Control Act of 2017"

SEC. 2. *Statement of Policy.*

(A) General - This Act is aimed to set overall policy directions and identify the roles and functions of DOH, its offices and partner agencies in reducing the impact of cancer and improve the well-being of Filipino people with cancer and their families by providing holistic services from cancer prevention, screening, diagnosis, palliative care and treatment, until recovery and end-of-life or hospice care.

(B) Specific:

1) To reduce mortality and improve overall survival and quality of life of people with various cancer types through early diagnosis and prompt treatment;

2) To reduce the incidence of prioritized cancers associated with the most common avoidable risk factors;

3) To ensure that prioritized cancer control services are provided in an equitable and sustainable way at all levels of care;

4) To increase and expand the coverage of cancer treatment, including but not limited to the use of innovative drugs and psychosocial support in the preventive, treatment, and survivorship stage of the patient and family, if necessary;

5) To set regulatory and accreditation standards for cancer institute / center, as an integral part of DOH and government hospitals including private hospitals as applicable, that follows a multi-disciplinary and interdisciplinary team approach to cancer management;

6) To develop and update regularly a compendium of guidelines or standards for prioritized cancers including childhood cancer; and

7) To promote a multi-disciplinary approach by prescribing guidelines and penalties for violations thereof;

SEC. 3. *Scope* - This Act shall apply to all stakeholders of cancer control — bureaus, national centers, services and attached agencies of the Department of Health and other key government agencies; local government units (LGUs); government-owned and -controlled corporations (GOCCs); health professionals and other health care providers, both public and private; anti-cancer health product providers; professional organizations and societies, civil society organizations (CSOs); non-government organizations (NGOs), research and development partners; academe; patients and patients' groups.

SEC. 4. *Definition of terms.*

A. *Cancer* is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the latter process is referred to as metastasizing. Metastases are the major cause of death from cancer.

B. *Cancer Control* aims to reduce the incidence, morbidity

and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systemic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care.

C. *Cancer Diagnosis* comprises the various techniques and procedures used to detect or confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic examination of tissue samples obtained by biopsy or fine-needle aspiration.

D. *Cancer Prevention* refers to measures and interventions that will decrease the likelihood or risk of an individual of acquiring cancer.

E. *Cancer Survivorship* starts at the time of disease diagnosis and continues throughout the rest of the patient's life. Family caregivers and friends are also considered survivors. It has three distinct phases: living through, with and beyond cancer.

F. *Cancer Treatment* is the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, chemotherapy and hormone therapy, that is aimed at curing the disease or prolonging the patient's life considerably (for several years) while improving the patient's quality of life. Some people with cancer will have only one treatment. But most people have a combination of treatments, such as surgery with chemotherapy and/or radiation therapy. Patients may also have immunotherapy, targeted therapy, or hormone therapy. Source: National Cancer Institute

G. *Hospice care* is end-of-life care provided by health professionals and volunteers. They give medical, psychological and spiritual support. The goal of the care is to help people who are dying to have peace, comfort and dignity.

H. *Oncology* refers to the study and treatment of tumors.

I. *Interdisciplinary* refers to integrating knowledge and methods from different disciplines, using a real synthesis of

approaches, e.g. oncologist — nurse —social worker — caregiver. *Multidisciplinary* refers to people from different disciplines working together, each drawing on their disciplinary knowledge, e.g. oncologist — surgeon — radiologist. The cancer care team may include not only the surgeon, radiation oncologists, and medical oncologists but also the expert in diagnostic imaging, the pathologist, the genetic counselor, the oncology nurse, the physical therapist, the hospital pharmacist, and others. Well-coordinated multi- and interdisciplinary care is the current standard, where patients can obtain consults and see specialists who all practice in one central location.

J. *Palliative Care* is treatment to relieve, rather than cure, symptoms caused by cancer. It can help people live more comfortably. Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care.

K. *Patient Navigation* refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience.

SEC. 5. *Framework.*

1. The National Cancer Control Committee (NCCC) shall lead in the implementation of National Cancer Control Program.

2. The DOH-Regional Office shall adopt the national policies and standards and oversee their implementation at the regional level.

3. The Experts Group shall formulate and update protocols and standards on cancer screening, diagnosis, and treatment.

4. The NCCC shall come up with a compendium of all updated protocols and standards on cancer prevention, screening, diagnosis, treatment, and palliative care.

5. The NCCC shall develop the Comprehensive Cancer Management Guidelines for hospitals and community-based facilities.

6. The NCCC shall develop the Implementing Guidelines on Cancer Patient Navigation.

SEC. 6. *The National Cancer Control Committee*

The National Cancer Control Committee shall be created to lead in the implementation of the Philippine Cancer Prevention and Control Program (PCPCP).

The Committee shall be composed as follows:

a. The Department of Health Secretary shall be the *ex officio* Chairman;
b. The Director-General of Food and Drug Administration (FDA) as an *ex officio member;*
c. The CEO of the PhilHealth as an *ex officio member;*
d. The Chairman of the Professional Regulation Commission (PRC) as an *ex officio member;*
e. A Member from each of the Disciplines of Oncology as later determined in the Implementing Rules of this law, to be appointed by the president on the recommendation of the Secretary of Health, who shall serve for a term of 2-years.
f. A Member from Patient Organizations to be appointed by the president on the recommendation of the Secretary of Health, who shall serve for a term of 2-years.
g. A Member from the Academe to be appointed by the president on the recommendation of the Secretary of Health, who shall serve for a term of 2-years.

SEC. 7. *The Functions of the NCCC.*

In addition to those specified in Article 5 of this Act, the NCCC shall perform the following functions:

a) Shall set the roadmap of Philippine Cancer Prevention and Control Program (PCPCP);

b) Shall plan, establish and implement policies, guidelines and standards throughout the continuum of holistic health care (preventive, promotive, curative, rehabilitative and palliative) thru multidisciplinary and interdisciplinary team and patient-centered approach. For this purpose, it shall have the power to convene an Experts Group;

c) Shall advise or recommend upgrading of existing cancer management facilities in the country;

d) Shall be the coordinating body for all cancer works in the country;

e) Shall ensure the implementation of PCPCP down to the local government units;

f) Shall establish and carry out an effective nationwide cancer education program and its dissemination;

g) Shall provide technical and financial support on cancer prevention, early detection, palliative care, treatment and hospice care;

h) Shall establish and carry out effective training program. For this purpose, it shall accredit a Training Institution upon evaluation that it has the capacity to provide training in line with the Standards set by the Committee. The Committee shall also accredit physicians who have successfully completed their trainings in line with their specified disciplines.

i) Shall ensure the collection and analysis of data from registry and surveillance. For this purpose, it shall coordinate a national research program;

j) Shall implement, monitor and evaluate the PCPCP regularly through implementation review and impact evaluation;

k) Shall empower and engage all the stakeholders to actively work on and participate in on various areas of PCPCP;

l) Shall endorse support for researchers in the clinical, epidemiological, public health and knowledge management areas and in collaboration with international institutes;

m) Shall provide other forms of assistance as may be identified and approved by the Secretary of Health;

n) Shall have exclusive appellate jurisdiction over cases decided by the Regional Cancer Control Committee for violations of this Act. For this purpose, a simple majority vote by all the members of the committee shall be sufficient to affirm the decision of the DOH-Regional Office;

SEC. 8. *DOH-Regional Office.*

The DOH-Regional office shall be charged with the implementation of the policies and programs related to cancer prevention and control as determined by the NCCC.

The Director of the regional office shall hear and decide cases involving violations of this Act as defined in the next succeeding section.

SEC. 9. *Illegal Practice of Oncology.*

Any person, who, not having the proper training and accreditation as provided in Section 7 of this Act, engages in the practice of Oncology as regards a discipline to which he is not accredited in, shall be subject to a fine of not less than one-hundred thousand pesos (P 100 000.00), and depending on the circumstance of each case, to the suspension or cancellation of his accreditation.

The decision of the Regional Director shall become final and executory upon the lapse of ten (10) days from notice to the person accused of illegal practice of oncology if no appeal is taken therefrom.

SEC. 10. *Implementing Rules and Regulation.* – Within thirty (30) days from the effectivity of this Act, the Secretary of Health, in consultation with appropriate government agencies and other stakeholders, shall promulgate the necessary rules and regulations to implement this Act.

SEC. 11. *Appropriation.* – Funding for the National Cancer Control Committee (NCCC) and the implementation of the Philippine Cancer Prevention and Control Program (PCPCP) shall be part of the budget of the Department of Health in the General Appropriation Act.

SEC. 12. *Repealing Clause.* - All laws, presidential decress, executive orders, rules and regulations or part thereof, contrary to or inconsistent with the provisions of this Act, are hereby repealed or modified accordingly.

SEC. 13. *Separability Clause.* – If any section or provision of this Act is held unconstitutional or invalid, all other sections or provisions shall remain in full force and effect.

SEC. 14. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its complete publication in any two (2) newspapers of general circulation.

Approved,