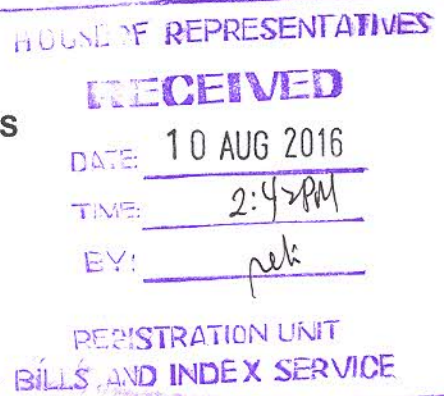


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **2826**



Introduced by Representatives Estrellita B. Suansing and Horacio P. Suansing, Jr.

EXPLANATORY NOTE

Palliative and Hospice Care is a multidisciplinary care that improves the quality of life of patients and their families who are facing problems associated with life-threatening illnesses. It is an approach that provides terminally ill patients relief from suffering and upholds the quality of life.

Palliative care, when first introduced in the country, mainly focused on cancer patients. Through the years, other components of palliative care were gradually practiced, leading to its recognition as a public health service. National and international government health care policy documents identified palliative care as an integral component of care and support for all patients who have the following conditions: cancer, end-stage renal disease (ESRD), advanced heart/liver/respiratory diseases, dementia and AIDS.

Acknowledging the call of the World Health Assembly which recognized palliative care as a core component of integrated, people-centered health services, and not an optional extra, this bill aims to integrate hospice and palliative care into the structure and financing of the Philippine health care system by:


(A) Strengthening and expanding human resources, including training of existing health professionals, embedding palliative care into the core curricula of all new health professionals, as well as educating volunteers and the public.


(B) Encouraging the development of home-based palliative and hospice care programs at the grassroots level, which would increase the poor's access to quality health service.

(C) Directing the PhilHealth to increase its present benefit package to include inpatient palliative services, outpatient hospice care and home-based palliative care.

Moreover, the integration of palliative and hospice care into the Philippine health care system would greatly reduce the burden on the family because they can somehow continue with their daily lives with the knowledge that their loved one is being cared for by trained professionals, with an assurance that said loved one is being given the most appropriate and best care possible for pain and symptom management.

This bill has been filed during the 16th Congress and was approved on Third Reading and is being re-filed for consideration in the 17th Congress. The passage of this measure is earnestly sought.


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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:

1 SECTION 1. *Short Title.* – This Act shall be known as the “Palliative and Hospice
2 Care Act.”

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

9 SECTION 3. *Definition of Terms.* – As used in this Act:

10 *Palliative and hospice care* refers to an approach that improves the quality of life of
11 patients with life threatening, complex and chronic illnesses or those experiencing
12 progressively debilitating diseases beyond any benefit from curative or definitive treatment,
13 regardless of life expectancy. The approach covers the prevention and relief of suffering by
14 means of early identification, assessment and management of pain and symptoms.

15 SECTION 4. *Accreditation.* – Hospitals, private hospice institutions, medical
16 practitioners, health workers, and social workers for palliative and hospice care shall be
17 accredited by the Department of Health (DOH). The DOH, in partnership with the National
18 Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.) shall
19 formulate the rules and guidelines for accreditation to ensure a standard quality of palliative
20 care services.

21 SECTION 5. *Quality Assurance.* – Key elements necessary to ensure quality
22 palliative care services in accredited hospitals and hospices include the following:

- 23 a. Adequate number of multi-specialty personnel;
- 24 b. Assured financing from health and custodial services;
- 25 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 Care and Hospice Services.* – 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 a home-based or near home palliative care program in coordination with government-owned and privately-owned hospices in the local government units.

SECTION 7. *Leave Benefits.* – Immediate family members or 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.

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 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 a continuing research and collection of data on palliative and hospice care and availability of funds for this purpose.

SECTION 10. *Program Implementor.* – 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;

- 1 g. Serve as repository of database for policy-making and maintenance of
2 palliative care registry;
- 3 h. Organize and develop continuing training programs for physicians, nurses,
4 physical therapists, and other professional health workers and volunteer
5 workers in the field of palliative care;
- 6 i. Serve as the coordinating center of a national palliative care network located in
7 the different regions of the country; and
- 8 j. Establish a Code of Ethics and standards in the practice of palliative care.

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

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

17 SECTION 13. *Tax Exemptions.* – Any donation or bequest made to the DOH that is
18 intended for palliative and hospice care program shall be exempt from the donor's tax and the
19 same shall be considered as allowable deduction from the gross income of the donor, in
20 accordance with the provision of the National Internal Revenue Code of 1997, as amended:
21 *Provided, That* such donations shall not be disposed of, transferred or sold.

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

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

30 SECTION 16. *Separability Clause.* – If any provision of this Act is held invalid or
31 unconstitutional, the other provisions not so declared shall remain in full force and effect.

32 SECTION 17. *Repealing Clause.* – All laws, executive orders, decrees, instructions,
33 issuances, rules and regulations contrary or inconsistent with the provisions of this Act are
34 hereby repealed or modified accordingly.

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

37 Approved,