

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City, Metro Manila

EIGHTEENTH CONGRESS  
First Regular Session

4018

House Bill No. \_\_\_\_\_



Introduced by HON. HENRY R. VILLARICA  
4<sup>TH</sup> DISTRICT, BULACAN

EXPLANATORY NOTE

Hospice and Palliative Care is a multidisciplinary care that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. 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, ESRD (end-stage renal disease), 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, not an optional extra, this bill aims to integrate hospice and palliative care into the structure and financing of Philippine Health Care system by:

- 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.
- Encouraging the development of home-based hospice and palliative care programs at the grassroots level, which would increase the poor's access to quality health services.
- Directing PhilHealth to increase its present benefit package to include inpatient palliative services, outpatient hospice care and home-based palliative care.

This bill was filed during the 16<sup>th</sup> Congress and was approved on 3<sup>rd</sup> Reading by the House of Representatives Plenary. This was also re-filed during the 17<sup>th</sup> Congress. In both occasions, however, no further action was taken on it. This bill is re-filed for the consideration of the 18<sup>th</sup> Congress.

Support for the enactment of this measure is earnestly requested.

REP. HENRY R. VILLARICA



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

*Be it enacted by the Senate and House of Representatives of the Philippines in  
Congress assembled:*

SECTION 1. *Title.* This Act shall be known as the "Hospice and Palliative Care Act."

SEC. 2. *Declaration of Policy.* – The State guarantees the right of the people to quality health care, and ensures that the health status of the people is protected over the entire life cycle. Pursuant to the Constitution, the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost, including patients suffering from life-threatening illnesses.

SEC. 3. *Definition of Term.* – As used in this Act:

*Hospice and Palliative 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 ALSO covers the prevention and relief of suffering by means of early identification, assessment, and management of pain and symptoms.

It should not be limited to the terminally ill, or those who have been deemed as having six (6) months to live.

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

SEC. 5. *Quality Assurance.* – Key elements necessary to ensure quality hospice and 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.

SEC. 6. *Mandatory Hospice and Palliative Care Services.* – All government and private hospitals shall provide hospice and palliative care services to patients with life-threatening illnesses. The purpose is to support the patients' emotional, social and spiritual needs as well as minimize the medical symptoms in seriously ill or terminally ill patients.

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 program in coordination with government-owned and privately-owned hospices in the local government units (LGUs).

SEC. 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 hospice and palliative 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 (CSC), the Social Security System (SSS), the Government Service Insurance System (GSIS), and the Department of Labor and Employment (DOLE), shall be tasked to formulate the necessary guidelines in the availment of leave benefits.

SEC. 8. *Education and Training of Health Care Professionals and Volunteers.* – The DOH, in partnership with the NHPCCP and other accredited members, shall develop the education and training modules for health care professionals, workers and volunteers.

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

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

SEC.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 hospice and palliative care in the Philippines through advocacy and social marketing;



- (b.) Formulate policies and develop standards on quality hospice and palliative care;
- (c.) Monitor the enforcement of standards and implementation of the program on hospice and palliative 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 hospice and 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 hospice and palliative care;
- (i.) Serve as the coordinating center of a national hospice and palliative care network located in the different regions of the country; and
- (j.) Establish a Code of Ethics and Standards in the practice of hospice and palliative health care.

SEC. 11. *Philippine Health Insurance Corporation (Philhealth) Benefit Package.* – Pursuant to this Act, the PhilHealth shall increase its present benefit package to include inpatient palliative services, outpatient hospice care, and home-based palliative care.

SEC. 12. *Funding Support.* – All non-profit, DOH accredited hospice and palliative 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 and palliative care institutions shall ensure funding for health and custodial services and shall comply with the documentary and other requirements of the Program. *Provided, further,* that, clear and practical standards for facilities and services are in place.

SEC. 13. *Reporting.* – One (1) year after the implementation of this Act and every year thereafter, the DOH shall submit a written assessment to Congress on the implementation of the hospice and palliative care program.

SEC. [13] 14. *Tax Exemptions.* – All grants, bequests, endowments, donations and contributions made to the DOH to be used actually, directly, and exclusively for hospice and palliative care program shall be exempt from donor's tax and the same shall be allowed as deduction from the gross income of the donor for purposes of computing the taxable income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997 as amended.

SEC.[14] 15. *Appropriations.* – The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH. Thereafter, such sums as maybe necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

SEC.[15] 16. *Rules and Regulations.* – Within sixty (60) days from the approval of this Act, the Secretary of Health, after consultation with the NHPCCP shall promulgate the rules and regulations to implement the provisions of this Act.

SEC.[16] 17. *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.

SEC.[17] 18. *Repealing Clause.* – All laws, executive orders, rules and regulations or any part thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

SEC.[18] 19. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved,