

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 0491



INTRODUCED BY HONORABLE CHERYL P. DELOSO-MONTALLA

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution provides that “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 an affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women and children. The State shall endeavor to provide free medical care to paupers.”

It is the mandatory duty of the state to protect and promote the right to health of every Filipino by making quality and affordable health care available and accessible to everybody, especially the poor and the disadvantaged.

According to the World Health Organization, palliative and hospice care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

In the Philippines, 34 organizations provide 108 hospice and palliative care services. Alongside these providers, a wide range of groups give compassionate care to the dying. The movement towards palliative and hospice services in the Philippines began in the 1980s and took a significant step forward when pain relief became incorporated into the government’s Cancer Control Program in 1990. The following year, the Philippine Cancer Society founded the first home care program and offered support to other interested groups. Seventeen years later, 34 hospice-palliative care organizations provide end of life care to needy members of the Philippine population.¹

The proposed bill seeks to integrate palliative and hospice care into the structure and financing of the Philippine Health Care System by strengthening and expanding human resources, encouraging the development of home-based palliative and hospice care programs and directing the Philippine Health Insurance Corporation to increase its benefit package to include in-patient palliative services, out-patient hospice care and home-based palliative care.


The passage of the bill would decongest government hospitals and stop the draining of public hospital resources intended for indigent patients. It would also encourage 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. Hospice and palliative care law would be ideal for the Philippines because culturally, Filipinos prefer to care for ailing family members or entrust the care to caregivers they know.²

1

https://www.doh.gov.ph/sites/default/files/health_programs/Palliative%20and%20Hospice%20Report%20Philippines.pdf

² <https://newsinfo.inquirer.net/299410/palliative-care-helping-the-dying-to-live-until-he-dies>

It is in this light that this bill is being filed and immediate passage of this bill 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 House of Representatives of the Philippines in Congress assembled:

SECTION 1. 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 to be made as good as possible over the entire life cycle. As the institution 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. Definition of Term. - 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 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 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;
- 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 program shall be exempt from the donor's tax and the same shall be considered as 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 not 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 maybe necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

SECTION 15. *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 24. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,