

EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

S E N A T E
S. No. 686

19 JUL 22 P3:33

Introduced by Senator Aquilino "Koko" Pimentel III 

**AN ACT INTEGRATING PALLIATIVE AND HOSPICE CARE
INTO THE PHILIPPINE HEALTH CARE SYSTEM,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

EXPLANATORY NOTE

Article II, Section 15 of the Constitution provides that “[T]he State shall protect and promote the right to health of the people and instill health consciousness among them.”

Each year, the number of patients with cancer, diabetes, end-stage renal disease, respiratory disease, cardiovascular diseases, dementia, Alzheimer's disease, and similar degenerative illnesses have been steadily increasing.¹

The 2015 *Quality of Death Index* released by The Economist Intelligence Unit² indicated that the Philippines, with an overall ranking of 78th out of 80 countries, is one of the worst places to die next to Iraq

¹Retrieved from <http://www.philstar.com/headlines/2015/07/10/1475309/philippines-has-crisis-lifestyle-related-diseases>, Retrieved on July 3, 2019.

²The Quality of Death Index study developed in 2010 by the Economic Intelligence Unit ranks the availability, affordability, and quality of end-of-life care in forty (40) countries. The Index is commissioned by the Lien Foundation, a Singaporean philanthropic organization.

Retrieved from <http://www.apcp.com.pt/uploads/2015-EIU-Quality-of-Death-Index-Oct-6-FINAL.pdf>, and <http://www.philstar.com/headlines/2015/10/10/1509014/philippines-among-worst-places-die-study> on July 3, 2019.

and Bangladesh. This low ranking was attributed to the severe shortage of specialized palliative care professionals, a lack of a government-led strategy for the promotion of a national palliative and hospice care program, limited number of subsidies or programs for patients and their families accessing palliative care services, and limited public understanding and awareness of palliative care services.

As part of the current administration's agenda to ensure healthy lives and promote well-being for all at all ages, this measure aims to close the gaps in the life-cycle approach to our country's healthcare development through the adoption of an integrated and comprehensive approach to palliative and hospice care by ensuring that all patients suffering from life-threatening, chronic debilitating illnesses, and/or progressively degenerative diseases/conditions are provided with quality palliative care and counselling.

This proposed bill likewise integrates palliative care into the structure and financing of the Philippine health care system by:

- a. Strengthening and expanding the availability of palliative care for all patients through mandatory palliative and hospice services in all government and private hospitals;
- b. Encouraging the development of home and community-based palliative and hospice care programs; and
- c. Directing the Philippine Health Insurance Corporation (PhilHealth) to include in its present benefit package, in-patient palliative services, outpatient hospice care, and home-based palliative care.

Thus, the passage of this measure is earnestly sought.



AQUILINO "KOKO" PIMENTEL III

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**AN ACT INTEGRATING PALLIATIVE AND HOSPICE CARE
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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
2 “Palliative and Hospice Care Act”.

3 **SEC. 2. Declaration of Policy.** – The State guarantees the right of
4 the people to quality health care. It is likewise mandated by the
5 Constitution to adopt an integrated and comprehensive approach to
6 health development which shall endeavour to make essential goods,
7 health, and other social services available at an affordable cost. Patients
8 suffering from life-threatening, chronic debilitating illnesses, and/or
9 progressively degenerative diseases/conditions are entitled to this social
10 protection. In the same vein, the State also encourages the participation
11 of the private sector in the development of health care services.

12

13

1 **SEC. 3. Definition of Terms. –**

2

- 3 a. *Palliative and Hospice Care Services* – refers to an approach to
4 health care that improves the quality of life of patients with life
5 threatening, complex, and chronic illnesses, or those experiencing
6 progressively degenerative diseases beyond any benefit from
7 curative or definitive treatment, regardless of life expectancy. The
8 approach covers the prevention and relief of suffering by means of
9 early identification, assessment, and management of pain and
10 symptoms.
- 11
- 12 b. *National Hospice and Palliative Care Council of the Philippines*
13 (*Hospice Philippines, Inc.*) – a non-stock, non-profit umbrella
14 organization of palliative and hospice care providers in the
15 Philippines.
- 16
- 17 c. *Department of Health (DOH)* – the principal health agency of the
18 government responsible for ensuring access to basic public health
19 services for all Filipinos through the provision of quality health
20 care and regulation of providers of health goods and services.
- 21
- 22 d. *Philippine Council for Health Research and Development*
23 (*PCHRD*) – one of the three sectoral councils of the Department of
24 Science and Technology (DOST) responsible for coordinating and
25 monitoring health research activities in the country, as well as
26 formulating policies, plans, programs, projects, and strategies for
27 health science and technology development.

1 e. *Philippine Health Insurance Corporation (PhilHealth)* – a
2 government corporation attached to the DOH for policy
3 coordination and guidance, and mandated to administer the
4 National Health Insurance Program.

5 **SEC. 4. Accreditation.** – Hospitals, private hospice institutions,
6 medical practitioners, health workers in other allied professions, and
7 social workers for palliative and hospice care shall be accredited by the
8 DOH. The DOH, in partnership with Hospice Philippines, Inc., shall
9 formulate the rules and guidelines for accreditation to ensure a standard
10 quality of palliative care services.

11 **SEC. 5. Quality Assurance.** – Key elements necessary to ensure
12 quality palliative care services in accredited hospitals and hospices shall
13 include the following:

- 14
- 15 a. Adequate number of multi-specialty personnel;
- 16
- 17 b. Assured financing for health and custodial services;
- 18
- 19 c. Clear and practical standards for facilities and services;
- 20
- 21 d. Appropriately designed and equipped facilities; and
- 22
- 23 e. Regular and systematic supervision and reporting to the DOH.
- 24

25 **SEC. 6. Mandatory Palliative and Hospice Services.** – All
26 government and private hospitals shall provide palliative and hospice

1 care services to patients with life-threatening, chronic debilitating
2 illness, and/or progressively degenerative disease/condition.

3

4 Hospitals are required to link with a referral and aftercare network
5 that is organized and made functional by all provincial, city, and
6 municipal governments under the guidance and monitoring of the DOH.

7

8 Rural health units, health centers, and health offices are required to
9 develop community-based hospice units, as well as home-based or near-
10 home palliative care programs in coordination with government-owned
and privately-owned hospices in the local government units.

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SEC. 7. Palliative Care Information. – If a patient is diagnosed with a life-threatening disease, chronic debilitating illness, and/or progressively degenerative disease or condition, the patient's attending health care practitioner shall offer to provide the patient and his/her immediate family, or any person with authority to make health care decisions for the patient, with information and counseling regarding palliative care appropriate to the patient, including, but not limited to:

- 18
- 19
- 20
- 21
- a. The range of palliative care options available to the patient; and
- b. The prognosis, risks, and benefits of the various options.

22

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SEC. 8. Special 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

1 critically-ill relative shall be entitled to a special leave benefit of sixty
2 (60) days a year with full pay, subject to the applicable provisions of this
3 Act and their implementing rules and regulations on the use of said leave
4 benefits.

5

6 Employees availing of this special leave privilege shall submit to
7 their employers the following:

- 8
- 9 a. Name of the patient or relative undergoing palliative or hospice
10 care;
- 11
- 12 b. A copy of the medical abstract of the patient or relative;
- 13
- 14 c. A certification from the hospital or hospice providing palliative
15 services to the patient or relative; and
- 16
- 17 d. The nature of the care required under the circumstances.

18

19 The following employees shall not be allowed to avail of this
20 special leave benefit:

- 21
- 22 a. Those who are absent from work without official leave;
- 23
- 24 b. Those who are on vacation, sick, forced, or study leave; and
- 25
- 26 c. In times of emergency, those whose services are necessary to
27 prevent loss of life or damage to property brought about by

1 serious accidents, fire, flood, typhoon, earthquake, epidemic, or
2 other analogous events.

3

4 **SEC. 9. Education and Training of Health Care Professionals and**
5 *Volunteers.* – The Commission on Higher Education (CHED) shall
6 integrate courses on the principles and practice of Palliative and Hospice
7 Care into the curriculum of Medicine and Nursing, as well as in all
8 paramedical and allied health courses.

9

10 The DOH, in partnership with Hospice Philippines, Inc. and other
11 DOH-accredited palliative and hospice care providers, shall develop and
12 regularly update the education and specialized training modules on
13 palliative care for health care professionals, health workers, and
14 volunteers.

15

16 **SEC. 10. Continuing Research.** – The DOH, in coordination with
17 the PCHRD-DOST, shall ensure continuing research and collection of
18 data on palliative and hospice care and availability of funds for this
19 purpose.

20

21 **SEC. 11. Program Implementor.** – The DOH-Office for Technical
22 Service, in coordination with other offices of the DOH, is hereby
23 mandated to perform the following functions:

24

25 a. Promote palliative care in the Philippines through advocacy and
26 social marketing;

- b. Formulate policies and develop standards on palliative and hospice care;
 - c. Monitor the enforcement of standards and the implementation of the program on palliative and hospice care;
 - d. Mobilize and generate resources for the sustainability of operations;
 - e. Network with international hospice associations;
 - f. Coordinate research undertakings with other institutions and agencies;
 - g. Serve as the repository and database for policy-making and maintenance of a palliative care registry for accredited hospitals, private hospice institutions, medical practitioners, health workers in other allied professions, and social workers;
 - h. Organize and develop continuing training programs for physicians, nurses, physical therapist, 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

- 1 j. Establish a Code of Ethics and Standards in the practice of
2 palliative and hospice care.

3

4 **SEC. 12. PhilHealth Benefit Package.** – Pursuant to this Act, the
5 PhilHealth shall include in its present Z-Benefit package, in-patient
6 palliative services, outpatient hospice care, and home-based palliative
7 care.

8

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

15

16 **SEC. 14. Tax Exemptions.** – Any donation or bequest made to the
17 DOH and/or other DOH-accredited Palliative and Hospice Care
18 providers under this Act that is actually, directly, and exclusively
19 intended for palliative and hospice care program(s) shall be exempt from
20 donor's tax and the same shall be considered as allowable deduction
21 from the gross income of the donor, in accordance with the provisions of
22 the *National Internal Revenue Code of 1997*, as amended; *Provided*, that
23 such donation shall not be disposed of, transferred, or sold by the donee.

24

25 **SEC. 15. Appropriations.** – The initial amount necessary to
26 implement the provisions of this Act shall be charged against the current
27 year's appropriation of the DOH. Thereafter, such sums as may be
28 necessary for the continued implementation of this Act shall be included

1 in the DOH regular budget as provided for under the Annual General
2 Appropriations Act.

3

4 **SEC. 16. *Implementing Rules and Regulations.*** – Within sixty (60)
5 days from the approval of this Act, the Secretary of Health, after
6 consultation with Hospice Philippines, Inc., shall promulgate the rules
7 and regulations implementing the provisions of this Act.

8

9 **SEC. 17. *Separability Clause.*** – If any provision of this Act is
10 declared invalid or unconstitutional, the other provisions not affected by
11 such declaration shall remain in full force and effect.

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13 **SEC.18. *Repealing Clause.*** – All laws, executive and
14 administrative orders, rules and regulations inconsistent with the
15 foregoing provisions are hereby repealed or modified accordingly.

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

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Approved,