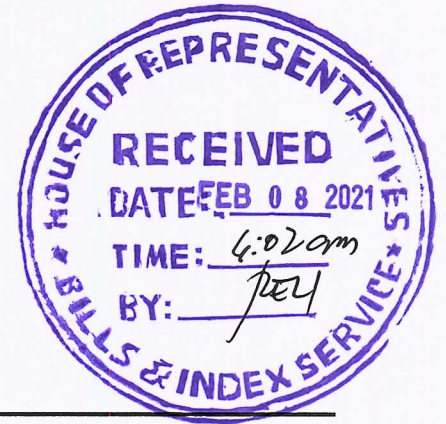


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 8635



Introduced by **HON. JOY MYRA S. TAMBUNTING**

EXPLANATORY NOTE

The World Health Organization defines Health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Over the years, numerous measures have been proposed to make our health care system more responsive to the health needs of the public. Bulk of the efforts in improving the healthcare system however is geared towards the cure and prevention of sickness. While these are undoubtedly essential components of healthcare systems, the promotion of people's overall well-being and quality of life is equally important. This is particularly true for individuals afflicted with cancer, diabetes, end-stage renal disease, respiratory disease, cardiovascular diseases, dementia, Alzheimer's disease, and similar degenerative illnesses. As the number of individuals afflicted with these degenerative increases each year, there is an increasing need for the integration of palliative and hospice care to country's healthcare system.

This proposed measure seeks to strengthen and expand the availability of palliative care for all patients through mandatory palliative and hospice services in all government and private hospitals and include in-patient palliative services, outpatient hospice care, and home-based palliative care to PhilHealth's benefit packages. This measure also provides for the development of education and training modules for health care professionals, workers and volunteers.

On behalf of the people of Parañaque City's Second District, and for the common good of the Filipino people, the approval of the said measure is earnestly sought.


REP. JOY MYRA S. TAMBUNTING
2nd District, Parañaque City

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EIGHTEENTH CONGRESS
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HOUSE BILL NO. 8635

Introduced by **HON. JOY MYRA S. TAMBUNTING**

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

SEC. 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,