

'19 JAN 15 P 6 :20

SEVENTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Third Regular Session)

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SENATE
S.B. NO. 2150

Introduced by Senator Maria Lourdes Nancy S. Binay

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

EXPLANATORY NOTE

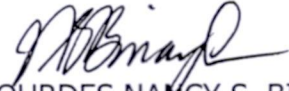
Article II, Section 15 of the 1987 Philippine Constitution provides:

“The State shall protect and promote the right to health of the people and instill health consciousness among them.”

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.

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 PhilHealth to increase its benefit package to include inpatient palliative services, outpatient hospice care and home-based palliative care.

In view of the foregoing, the passage of this measure is earnestly sought.

A handwritten signature in black ink, appearing to read 'M. Binay', written in a cursive style.

MARIA LOURDES NANCY S. BINAY
Senator



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

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

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

11
12 Sec. 3. *Definition of Terms.* – For the purposes of this Act, the term:
13 “Palliative and hospice care” refers to an approach that improves the
14 quality of life of patients with life threatening, complex and chronic illnesses or
15 those experiencing progressively debilitating disease beyond any benefit from
16 curative or definitive treatment, regardless of life expectancy. The approach
17 covers the prevention and relief of suffering by means of early identification,
18 assessment and management of pain and symptoms.

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

7
8 Sec. 5. *Quality Assurance.* – Key elements necessary to ensure quality
9 palliative care services in accredited hospitals and hospices include the following:

- 10 (a) Adequate number of multi-specialty personnel;
11 (b) Assured financing for health and custodial services;
12 (c) Clear and practical standards for facilities and services;
13 (d) Appropriately designed and equipped facilities; and
14 (e) Regular and systematic supervision and reporting to the DOH.

15
16 Sec. 6. *Mandatory Palliative Care and Hospice Services.* – All government
17 and private hospitals shall provide palliative and hospice care services to patients
18 with life-threatening illnesses.

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

22 Rural health units, health centers and health offices are required to
23 develop home-based or near home palliative care program in coordination with
24 government-owned and privately-owned hospices in the local government units.

25
26 Sec. 7. *Leave Benefits.* – Immediate family members or relatives who are
27 employed, whether in the public or private sectors, and are assigned by the
28 family to provide palliative and hospice care to a critically-ill relative shall be
29 allowed to use all existing leave benefits granted by their employers subject to
30 the guidelines on the use of said leave benefits.

1 Sec. 8. *Education and Training of Health Care Professionals and*
2 *Volunteers.* – The DOH, in partnership with the National Hospice and Palliative
3 Care Council of the Philippines and other accredited members shall develop the
4 education and training modules for health care professionals and workers.

5 The Commission on Higher Education shall integrate courses on the
6 principles and practice of Palliative Care and Hospice Care into the curriculum of
7 Medicine and Nursing, as well as in all paramedical and allied health courses.
8

9 Sec. 9. *Continuing Research.* – The DOH, in coordination with the
10 Philippine Council for Health Research and Development of the Department of
11 Science and Technology, shall ensure a continuing research and collection of
12 data on palliative and hospice care and availability of funds for this purpose.
13

14 Sec. 10. *Program Implementor.* – The DOH-Office for Technical Services,
15 in coordination with other offices of the Department, is hereby mandated to
16 perform the following functions:

- 17 (a) Promote palliative care in the Philippines through advocacy
18 and social marketing;
- 19 (b) Formulate policies and develop standards on quality palliative
20 and hospice care;
- 21 (c) Monitor the enforcement of standards and implementation of
22 the program on palliative and hospice care;'
- 23 (d) Mobilize and generate resources for sustainability of
24 operation;
- 25 (e) Network with international hospice associations;
- 26 (f) Coordinate research undertakings with other institutions and
27 agencies;
- 28 (g) Serve as repository of database for policy-making and
29 maintenance of palliative care registry;

- 1 (h) Organize and develop continuing training programs for
2 physicians, nurses, physical therapists, and other professional
3 health workers and volunteer workers in the field of palliative
4 care;
5 (i) Serve as the coordinating center of a national palliative care
6 network located in the different regions of the country; and
7 (j) Establish a Code of Ethics and standards in the practice of
8 palliative health care.
9

10 Sec. 11. *PhilHealth Benefit Package.* – Pursuant to this Act, the PhilHealth
11 shall increase its present benefit package to include inpatient palliative services,
12 outpatient hospice care and home-based palliative care.
13

14 Sec. 12. *Funding Support.* – All non-profit, DOH accredited palliative and
15 hospice care institutions which are serving indigent patients shall qualify as
16 institutional beneficiaries under the Philippine Charity Sweepstakes Office (PCSO)
17 Institutional Financial Assistance Program: *Provided,* That the hospice care
18 institutions comply with the documentary and other requirements of the said
19 Program.
20

21 Sec. 13. *Tax Exemptions.* – Any donation or bequest made to the DOH
22 that is intended for palliative and hospice care program shall be exempt from the
23 donor's tax and the same shall be considered as allowable deduction from the
24 gross income of the donor, in accordance with the provision of the National
25 Internal Revenue Code of 1997, as amended: *Provided,* That such donations
26 shall not be disposed of, transferred or sold.
27

28 Sec. 14. *Appropriations.* – The initial amount necessary to implement the
29 provisions of this Act shall be charged against the current year's appropriation of
30 the Department of Health. Thereafter, such sums as may be necessary for the

1 continued implementation of this Act shall be included in the Annual General
2 Appropriations Act.

3

4 *Sec. 15. Rules and Regulations.* – Within sixty (60) days from the approval
5 of this Act, the Secretary of the Health, after consultation with the National
6 Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.),
7 shall promulgate the rules and regulations implementing the provisions of this
8 Act.

9

10 *Sec. 16. Separability Clause.* – In case any provision of this Act is declared
11 unconstitutional or invalid, the other provisions hereof which are not affected
12 thereby shall continue in full force and effect.

13

14 *Sec. 17. Repealing Clause.* – All laws, executive orders, rules and
15 regulations or any part thereof inconsistent herewith are deemed repealed,
16 modified or amended accordingly.

17

18 *Sec. 18. Effectivity Clause.* – This Act shall take effect fifteen (15) days
19 after its publication in the Official Gazette or in two (2) newspapers of general
20 circulation.

Approved,