

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



'14 FEB 24 P1 32

SENATE
S. No. 2136

RECEIVED BY: *ja*

Introduced by Senator Miriam Defensor Santiago

AN ACT
IMPROVING AND ENHANCING RESEARCH AND PROGRAMS ON CHILDHOOD
CANCER SURVIVORSHIP

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 provides:

SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

According to the Cancer Warriors Foundation, Inc., in the Philippines, there are 3,500 cancer cases in children younger than 15 each year, and around half of them have acute lymphoblastic leukemia – a cancer that affects the blood and bone marrow.¹

On the other hand, according to the U.S. National Cancer Institute, every year there are supposedly 175,000 new childhood cancer cases in youngsters under the age of 15, and 96,000 deaths in the world.

In its report on cancer survivorship entitled “Childhood Cancer Survivorship: Improving Care and Quality of Life”, the Institute of Medicine in the United States reportedly stated that an organized system of care and a method of care for pediatric cancer survivors is needed.

The intense effort to care for and cure a child with cancer does not end with survival. In many cases, continued surveillance and a variety of interventions may be

¹ <http://www.asianscientist.com/features/pediatric-cancer-drugs-philippines-department-of-health-cancer-warrior-foundation-inc-2012/>

needed to identify and care for consequences of treatment that can appear early or only after several decades and impair survivors' health and quality of life.²

Hence, this bill seeks to improve and enhance research and programs on childhood cancer survivorship.³


MIRIAM DEFENSOR SANTIAGO
JP

² Childhood Cancer Survivorship: Improving Care and Quality of Life (2003) by Maria Hewitt, Susan L. Weiner, and Joseph V. Simone, editors, National Research Council.

³ This bill was originally filed in the U.S. House of Representatives (113th Congress, First Session) by Ms. Speier, Mr. Rangel, Ms. Lee of California, Mr. Moran, Ms. Bordallo, Mr. McCaul, and Mr. Van Hollen. <http://www.gpo.gov/fdsys/pkg/BILLS-113hr2058ih/pdf/BILLS-113hr2058ih.pdf>.

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

1 AN ACT
2 IMPROVING AND ENHANCING RESEARCH AND PROGRAMS ON CHILDHOOD
3 CANCER SURVIVORSHIP

4 SECTION 1. *Short Title.* – This Act shall be known as the “Childhood Cancer
5 Survivors’ Quality of Life Act”;

6 SECTION 2. *Pilot Programs to Explore Model Systems of Care for Pediatric
7 Cancer Survivors.* –

8 (a) *In General.* – The Secretary of Health shall make grants to eligible entities to
9 establish pilot programs to develop, study, or evaluate model systems for monitoring and
10 caring for childhood cancer survivors;

11 (b) *Eligible Entities.* – In this section, the term “eligible entity” means:

- 12 (1) a medical school;
- 13 (2) a children’s hospital;
- 14 (3) a cancer center; or
- 15 (4) any other entity with significant experience and expertise in treating
16 survivors of childhood cancers;

17 (c) *Use of Funds.* – The Secretary of Health may make a grant under this Act to an
18 eligible entity only if the entity agrees –

1 (1) to use the grant to establish a pilot program to develop, study, or
2 evaluate one or more model systems for monitoring and caring for cancer
3 survivors; and

4 (2) in developing, studying, and evaluating such systems, to give special
5 emphasis to the following:

6 (A) Design of protocols for different models of follow-up care,
7 monitoring, and other survivorship programs (including peer support and
8 mentoring programs);

9 (B) Development of various models for providing multidisciplinary
10 care;

11 (C) Dissemination of information and the provision of training to
12 health care providers about how to provide linguistically and culturally
13 competent follow-up care and monitoring to cancer survivors and their
14 families;

15 (D) Development of support programs to improve the quality of life
16 of cancer survivors;

17 (E) Design of systems for the effective transfer of treatment
18 information and care summaries from cancer care providers to other health
19 care providers (including risk factors and a plan for recommended follow-
20 up care);

21 (F) Dissemination of the information and programs described in
22 subparagraphs (A) through (E) to other health care providers (including
23 primary care physicians and internists) and to cancer survivors and their
24 families, where appropriate; and

1 (G) Development of initiatives that promote the coordination and
2 effective transition of care between cancer care providers, primary care
3 physicians, and mental health professionals.

4 SECTION 3. *Workforce Development Collaborative on Medical and Psychosocial*
5 *Care for Childhood Cancer Survivors.* –

6 (a) *In General.* – The Secretary of Health shall, not later than one year after the
7 date of effectivity of this Act, convene a Workforce Development Collaborative on
8 Medical and Psychosocial Care for Pediatric Cancer Survivors (here referred to as the
9 “Collaborative”). The Collaborative shall be a cross-specialty, multidisciplinary group
10 composed of educators, consumer and family advocates, and providers of psychosocial
11 and biomedical health services;

12 (b) *Goals and Reports.* – The Collaborative shall submit to the Secretary of Health
13 a report establishing a plan to meet the following objectives for medical and psychosocial
14 care workforce development:

15 (1) Identifying, refining, and broadly disseminating to health care educators
16 information about workforce competencies, models, and preservices curricula
17 relevant to providing medical and psychosocial services to persons with pediatric
18 cancers;

19 (2) Adapting curricula for continuing education of the existing workforce
20 using efficient workplace-based learning approaches;

21 (3) Developing the skills of faculty and other trainers in teaching
22 psychosocial health care using evidence-based teaching strategies;

23 (4) Strengthening the emphasis on psychosocial health care in educational
24 accreditation standards and professional licensing and certification exams by
25 recommending revisions to the relevant oversight organizations;

1 (5) Evaluating the effectiveness of patient navigators in pediatric cancer
2 survivorship care; and

3 (6) Evaluating the effectiveness of peer support programs in the
4 psychosocial care of pediatric cancer patients and survivors.

5 SECTION 4. *Grants to Improve Care for Pediatric Cancer Survivors.* –

6 (A) *Grants.* – The Secretary of Health shall make grants to entities to conduct
7 research relating to:

8 (i) needs and outcomes of pediatric cancer survivors within minority or
9 other medically underserved populations;

10 (ii) health disparities in pediatric cancer survivorship outcomes within
11 minority or other medically underserved populations;

12 (iii) barriers that pediatric cancer survivors within minority or other
13 medically underserved populations face in receiving follow-up care; and

14 (iv) familial, socioeconomic, and other environmental factors and the
15 impact of such factors on treatment outcomes and survivorship.

16 (B) *Balanced Approach.* – In making grants for research under subparagraph
17 (A)(i) on pediatric cancer survivors within minority or other medically underserved
18 populations, the Secretary of Health shall ensure that such research addresses both the
19 physical and the psychological needs of such survivors.

20 SECTION 5. *Research on Late Effects and Follow-Up Care for Pediatric Cancer*
21 *Survivors.* – The Secretary of Health, in coordination with ongoing research activities,
22 shall conduct or support research on follow-up care for pediatric cancer survivors, with
23 special emphasis given to:

24 (A) the development of indicators used for long-term patient tracking and analysis
25 of the late effects of cancer treatment for pediatric cancer survivors;

1 (B) the identification of risk factors associated with the late effects of cancer
2 treatment;

3 (C) the identification of predictors of neurocognitive and psychosocial outcomes;

4 (D) initiatives to protect cancer survivors from the late effects of cancer treatment;

5 (E) transitions in care for pediatric cancer survivors;

6 (F) training of professionals to provide linguistically and culturally competent
7 follow-up care to pediatric cancer survivors; and

8 (G) different models of follow-up care;

9 SECTION 6. *Clinics for Comprehensive Long-Term Follow-Up Services for*
10 *Pediatric Cancer Survivors.* –

11 (a) *In General.* – The Secretary of Health shall make grants to eligible entities to
12 establish and operate a clinic for comprehensive long-term follow-up services for
13 pediatric cancer survivors.

14 (b) *Eligible Entities.* – In this section, the term “eligible entity” means:

15 (1) a school of medicine;

16 (2) a children’s hospital;

17 (3) a cancer center; or

18 (4) any other entity determined by the Secretary to have significant
19 experience and expertise in –

20 (A) treating pediatric, adolescent, and young adult cancers; or

21 (B) integrating medical and psychosocial services for pediatric,
22 adolescent, and young adult cancer survivors and their families.

23 (c) *Use of Funds.* – The Secretary of Health may make a grant under this section
24 to an eligible entity only if the entity agrees to use the grant to pay costs incurred during
25 the first four years of establishing and operating a clinic for comprehensive, long-term,
26 follow-up services for pediatric cancer survivors, which may include the costs of:

1 (1) providing medical and psychosocial followup services, including
2 coordination with the patient's primary care provider and oncologist in order to
3 ensure that the medical needs of survivors are addressed, and providing
4 linguistically and culturally competent information to survivors and families with
5 appropriate outreach to medically underserved populations;

6 (2) the construction, expansion, and modernization of facilities;

7 (3) acquiring and leasing facilities and equipment (including paying the
8 costs of amortizing the principal of, and paying the interest on, loans for such
9 facilities and equipment) to support or further the operation of the grantee; and

10 (4) the construction and structural modification (including equipment
11 acquisition) of facilities to permit the integrated delivery of ongoing medical and
12 psychosocial care to pediatric cancer survivors and their families at a single
13 service site.

14 SECTION 7. *Authorization of Appropriations.* – To carry out the provisions of
15 this Act, there are authorized to be appropriated such sums as may be necessary for each
16 fiscal year.

17 SECTION 8. *Separability Clause.* – If any provision or part hereof, is held invalid
18 or unconstitutional, the remainder of the law or the provision not otherwise affected shall
19 remain valid and subsisting.

20 SECTION 9. *Repealing Clause.* – Any law, presidential decree or issuance,
21 executive order, letter of instruction, administrative order, rule or regulation contrary to
22 or is inconsistent with the provision of this Act is hereby repealed, modified, or amended
23 accordingly.

1 SECTION 10. *Effectivity Clause.* – This Act shall take effect fifteen (15) days
2 after its publication in at least two (2) newspapers of general circulation.

Approved,

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