



Senate
Office of the Secretary

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

'15 NOV -9 P5 56

SENATE

RECEIVED BY: JS

Senate Bill No. 3008

By Senator Teofisto "TG" Guingona III

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

EXPLANATORY NOTE

Hospice and Palliative Care is a multidisciplinary care that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It is an approach that provides terminally ill patients relief from suffering and upholds the quality of life.

Palliative care, when first introduced in the country mainly focused on cancer patients. Through the years, other components of palliative care were gradually practiced, leading to its recognition as a public health service. National and international government health care policy documents identified palliative care as an integral component of care and support for all patients who have the following conditions: cancer, ESRD (end-stage renal disease), advanced heart/ liver/ respiratory diseases, dementia, and AIDS.

Acknowledging the call of the World Health Assembly which recognized palliative care as a core component of integrated, people-centred health services, not an optional extra, this bill aims to integrate hospice and palliative care into the structure and financing of Philippine Health Care system by:

- Strengthening and expanding human resources, including training of existing health professionals, embedding palliative care into the core curricula of all new health professionals, as well as educating volunteers and the public.
- Encouraging 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.

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

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



Teofisto "TG" Guingona III
Senator



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

- 1 SECTION 1. *Title.* This Act shall be known as the "Palliative and Hospice Care Act".
- 2 SEC. 2. *Declaration of Policy.* The State guarantees the right of the people to quality
3 health care; ensuring that the health status of the people is to be made as good as
4 possible over the entire life cycle. As the Constitution mandates, an integrated and
5 comprehensive approach to health development shall endeavor to make essential
6 goods, health and other social services available to all people at affordable cost even to
7 patients suffering from life threatening illnesses.
- 8 SEC. 3. *Definition of Term.* - As used in this Act:
- 9 *Palliative and hospice care* refers to an approach that improves the quality of life of
10 patients with life threatening, complex and chronic illnesses or those experiencing
11 progressively debilitating diseases beyond any benefit from curative or definitive
12 treatment, regardless of life expectancy. The approach covers the prevention and relief
13 of suffering by means of early identification, assessment and management of pain and
14 symptoms.
- 15 SEC. 4. *Accreditation.* - Hospitals, private hospice institutions, medical practitioners,
16 health workers, and social workers for palliative and hospice care shall be accredited by
17 the Department of Health (DoH). The DOH, in partnership with the National Palliative
18 and Hospice Care Council of the Philippines (Hospice Philippines, Inc.) shall formulate
19 the rules and guidelines for accreditation to ensure a standard quality of palliative care
20 services.

1 SEC. 5. *Quality Assurance.* - Key elements necessary to ensure quality palliative care
2 services in accredited hospitals and hospices include the following:

- 3 a. Adequate number of multi-specialty personnel;
 - 4 b. Assured financing for health and custodial services;
 - 5 c. Clear and practical standards for facilities and services;
 - 6 d. Appropriately designed and equipped facilities; and
 - 7 e. Regular and systematic supervision and reporting to the DOH.
- 8

9 SEC.6. *Mandatory Palliative Care and Hospice Services.* - All government and private
10 hospitals shall provide palliative and hospice care services to patients with life-
11 threatening illnesses.

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

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

18 SEC. 7. *Leave Benefits.* - Immediate family members or relatives who are employed,
19 whether in the public or private sectors, and are assigned by the family to provide
20 palliative and hospice care to a critically-ill relative shall be allowed to use all existing
21 leave benefits granted by their employers subject to the guidelines on the use of said
22 leave benefits.

23 The DOH, in coordination with the Civil Service Commission, the Social Security
24 System, the Government Service Insurance System, and the Department of Labor, shall
25 be tasked to formulate the necessary guidelines in the implementation of Section 7 of
26 this Act.

27 SEC. 8. *Education and Training of Health Care Professionals and Volunteers.* - The
28 DOH, in partnership with the National Hospice and Palliative Care Council of the
29 Philippines and other accredited members, shall develop the education and training
30 modules for health care professionals and workers.

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

34 SEC. 9. *Continuing Research.* - The DOH, in coordination with the Philippine Council
35 for Health Research and Development of the Department of Science and Technology,
36 shall ensure a continuing research and collection of data on palliative and hospice care
37 and availability of funds for this purpose.

1 SEC.10. *Program Implementor* - The DOH-Office for Technical Services, in
2 coordination with other offices of the Department, is hereby mandated to perform the
3 following functions:

- 4 a. Promote palliative care in the Philippines through advocacy and social marketing;
- 5 b. Formulate policies and develop standards on quality palliative and hospice care;
- 6 c. Monitor the enforcement of standards and implementation of the program on
7 palliative and hospice care;
- 8 d. Mobilize and generate resources for sustainability of operation;
- 9 e. Network with International hospice associations;
- 10 f. Coordinate research undertakings with other institutions and agencies;
- 11 g. Serve as repository of database for policy-making and maintenance of palliative
12 care registry;
- 13 e. Organize and develop continuing training programs for physicians, nurses,
14 physical therapists, and other professional health workers and volunteer workers
15 in the field of palliative care;
- 16 f. Serve as the coordinating center of a national palliative care network located in
17 the different regions of the country; and
- 18 g. Establish a Code of Ethics and standards in the practice of palliative health
19 care.

20 SEC. 11. *PhilHealth Benefit Package*. - Pursuant to this Act, the PhilHealth shall
21 increase its present benefit package to include inpatient palliative services, outpatient
22 hospice care and home-based palliative care.

23 SEC. 12. *Funding Support*. - All non-profit, DOH accredited palliative and hospice care
24 institutions which are serving indigent patients shall qualify as institutional beneficiaries
25 under the Philippine Charity Sweepstakes Office (PCSO) Institutional Financial
26 Assistance Program: *Provided*, that the hospice care institutions comply with the
27 documentary and other requirements of the said Program

28 SEC. 13. *Tax Exemptions*. - Any donation or bequest made to the DOH that is intended
29 for palliative and hospice care program shall be exempt from the donor's tax and the
30 same shall be considered as allowable deduction from the gross income of the donor, in
31 accordance with the provision of the National Internal Revenue Code of 1997, as
32 amended: *Provided*, that such donations shall not be disposed of, transferred or sold.

33 SEC.14. *Appropriations*. - The initial amount necessary to implement the provisions of
34 this Act shall be charged against the current year's appropriation of the Department of
35 Health. Thereafter, such sums as maybe necessary for the continued implementation
36 of this Act shall be included in the Annual General Appropriations Act.

37 SEC.15. *Rules and Regulations*. - Within sixty (60) days from the approval of this Act,
38 the Secretary of Health, after consultation with the National Palliative and Hospice Care
39 Council of the Philippines (Hospice Philippines, Inc.), shall promulgate the rules and
40 regulations implementing the provisions of this Act.

1 SEC.16. *Separability Clause.* In case any provision of this Act is declared
2 unconstitutional or invalid, the other provisions hereof which are not affected thereby
3 shall continue in full force and effect.

4 SEC.17. *Repealing Clause.*- All laws, executive orders, rules and regulations or any part
5 thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

6 SEC.18. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in
7 the *Official Gazette* or in any newspaper of general circulation.

8 *Approved,*