

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



Senate
Office of the Secretary

'16 JAN 25 P5:11

SENATE
S. No. 3113

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

**AN ACT
REQUIRING HEALTH PLANS TO PROVIDE COVERAGE FOR A MINIMUM
HOSPITAL STAY FOR MASTECTOMIES, LUMPECTOMIES, AND LYMPH NODE
DISSECTION FOR THE TREATMENT OF BREAST CANCER AND COVERAGE
FOR SECONDARY CONSULTATIONS**

EXPLANATORY NOTE

The Constitution, Article 2, Section 15, provides:

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

Every woman dreads the thought of being diagnosed with breast cancer. According to the National Cancer Institute of the National Institutes of Health of the United States, more than half a million women worldwide are diagnosed annually with breast cancer. Even though breast cancer is more common in older women, it also occurs in younger women and even in a small number of men.

Breast cancer is the second leading type of cancer for both sexes in the Philippines. In fact, it ranks first among women and the country has the highest incidence of breast cancer in Asia. In 1998, it was estimated that 9,325 new cases were diagnosed and 3,057 women died of breast cancer. There is no known primary prevention method against breast cancer. This means that there is no efficient method to prevent breast cancer from developing. There are, however, effective secondary prevention methods or ways to detect or screen for breast cancer at an early stage. Detection at an early stage should be followed by early treatment, which eventually results to decreased mortality

from the disease. Breast cancer can be cured when detected early and given the proper treatment.

This bill seeks to require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.¹

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO
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¹ This bill was originally filed during the Thirteenth Congress, First Regular Session.



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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 “Breast Cancer Patient
2 Protection Act.”

3 SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and
4 promote the right to health of the people and instill health consciousness among them.

5 SECTION 3. *Definition of Terms.* – As used in this Act, the term:

6 (A) “Breast cancer” means any type of malignant growth in the breast tissue;

7 (B) “DOH” means the Department of Health;

8 (C) “Health plan” means a medical insurance plan provided by a health insurance
9 issues to certain groups in order to provide the them with medical and surgical benefits;

10 D) “Lumpectomy” means a medical operation that removes a lump from the
11 breast;

12 (E) “Lymph node” means rounded mass of lymphatic tissue that is surrounded by
13 a capsule of connective tissue;

14 (F) “Mastectomy” means a medical operation that removes a woman’s breast; and

15 (G) “Secretary” means the DOH Secretary.

1 **SECTION 4. *Required Coverage for Minimum Hospital Stay for Mastectomies,***
2 ***Lumpectomies, and Lymph Node Dissections for the Treatment of Breast Cancer and***
3 ***Coverage for Secondary Consultations. –***

4 **(A) *Inpatient Care. –***

5 **(1) *In General. –*** A group health plan and a health insurance issuer
6 providing health insurance coverage in connection with a group health plan that
7 provides medical and surgical benefits shall ensure that inpatient, and in the case
8 of a lumpectomy, outpatient coverage and radiation therapy is provided for breast
9 cancer treatment. Such plan or coverage may not, except as provided for in
10 paragraph (B) –

11 **(a) Restrict benefits for any hospital length of stay in connection**
12 **with a mastectomy or breast conserving surgery, such as a lumpectomy, for**
13 **the treatment of breast cancer to less than 48 hours;**

14 **(b) Restrict benefits for any hospital length of stay in connection**
15 **with a lymph node dissection for the treatment of breast cancer to less than**
16 **24 hours; or**

17 **(c) Require that a provider obtain authorization from the plan or the**
18 **issuer for prescribing any length of stay required under Subparagraph (1),**
19 **without regard to paragraph (B).**

20 **(2) *Exception. –*** Nothing in this Section shall be construed as requiring the
21 provision of inpatient coverage if the attending physician and patient determine
22 that either a shorter period of hospital stay, or outpatient treatment, is medically
23 appropriate.

24 **(B) *Prohibition on Certain Modifications. –*** In implementing the requirements of
25 this Section, a group health plan, and a health insurance issuer providing health insurance
26 coverage in connection with a group health plan, may not modify the terms and

1 conditions of coverage based on the determination by a participant or beneficiary to
2 request less than the minimum coverage required under paragraph (A).

3 (C) *Notice.* – A group health plan and a health insurance issuer providing health
4 insurance coverage in connection with a group health plan shall provide notice to each
5 participant and beneficiary under such plan regarding the coverage required by this
6 section in accordance with regulations promulgated by the Secretary. Such notice shall be
7 in writing and prominently positioned in any literature or correspondence made available
8 or distributed by the plan or issuer and shall be transmitted in the next mailing made by
9 the plan or issuer to the Participant or beneficiary; or as part of any yearly informational
10 packet sent to the participant or beneficiary; whichever is earlier.

11 SECTION 5. *Secondary Consultations.* –

12 (A) *In General.* – A group health plan, and a health insurance issuer providing
13 health insurance coverage in connection with a group health plan, that provides coverage
14 with respect to medical and surgical services provided in relation to the diagnosis and
15 treatment of cancer shall ensure that full coverage is provided for secondary consultations
16 by specialists in the appropriate medical fields, including pathology, radiology, and
17 oncology, provided for such secondary consultation whether such consultation is based
18 on a positive or negative initial diagnosis. In any case in which the attending physician
19 certifies in writing that services necessary for such a secondary consultation are not
20 sufficiently available from specialists operating under the plan with respect to whose
21 services coverage is otherwise provided under such plan or by such issuer, such plan or
22 issuer shall ensure that coverage is provided with respect to the services necessary for the
23 secondary consultation with any other specialist selected by the attending physician for
24 such purpose at no additional cost to the individual beyond that which the individual
25 would have paid if the specialist was participating in the network of the plan.

1 (B) *Exception.* – Nothing in paragraph (A) shall be construed as requiring the
2 provision of secondary consultations where the patient determines not to seek such a
3 consultation.

4 SECTION 6. *Prohibition on Penalties or Incentives.* – A group health plan, and a
5 health insurance issuer providing health insurance coverage in connection with a group
6 health plan, may not –

7 (A) Penalize or otherwise reduce or limit the reimbursement of a provider or
8 specialist because the provider or specialist provided care to a participant or beneficiary
9 in accordance with this Section;

10 (B) Provide financial or other incentives to a physician or specialist to induce the
11 physician or specialist to keep the length of inpatient stays of patients following a
12 mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer
13 below certain limits or to limit referrals for secondary consultations;

14 (C) Provide financial or other incentives to a physician or specialist to induce the
15 physician or specialist to refrain from referring a participant or beneficiary for a
16 secondary consultation that would otherwise be covered by the plan or coverage involved
17 under Section 5; or

18 (D) Deny to a woman eligibility, or continued eligibility, to enroll or to renew
19 coverage under the terms of the plan or coverage solely for the purpose of avoiding the
20 requirements of this Section.

21 SECTION 7. *Effective Dates.* –

22 (A) *In General.* – The amendments made by this section shall apply to group
23 health plans for plan years beginning on or after 90 days after the date of enactment of
24 this Act.

1 **(B) *Special Rule for Collective Bargaining Agreements.*** – In the case of a group
2 health plan maintained pursuant to one or more collective bargaining agreements between
3 employee representatives and one or more employers ratified before the date of
4 enactment of this Act, the amendments made by this section shall not apply to plan years
5 beginning before the date on which the last collective bargaining agreements relating to
6 the plan terminates, determined without regard to any extension thereof agreed to after
7 the date of enactment of this Act. For purposes of this paragraph, any plan amendment
8 made pursuant to a collective bargaining agreement relating to the plan which amends the
9 plan solely to conform to any requirement added by this section shall not be treated as a
10 termination of such collective bargaining agreement.

11 **SECTION 8. *Separability Clause.*** – If any provision of this Act is held invalid or
12 unconstitutional, the same shall not affect the validity and effectivity of the other
13 provisions hereof.

14 **SECTION 9. *Repealing Clause.*** – All laws, decrees, orders, and issuances, or
15 portions thereof, which are inconsistent with the provisions of this Act, are hereby
16 repealed, amended or modified accordingly.

17 **SECTION 10. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days
18 after its publication in the *Official Gazette* or in two (2) newspapers of general
19 circulation.

Approved,

/lml27Nov2015