

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



Senate  
Office of the Secretary

'16 FEB -2 AIO :04

SENATE

RECEIVED BY: 

COMMITTEE REPORT NO. 467

Submitted jointly by the Committees on Health and Demography, Ways and Means &  
Finance on FEB 02 2016.

Re: Senate Bill No. 3210

Recommending its approval in Substitution of S.B. Nos. 417, 1531, 2284 and 3008

Sponsor: Senator Teofisto "TG" L. Guingona III

MR. PRESIDENT:

The Committees on Health and Demography, Ways and Means & Finance to which were  
referred

S. B. No. 417, Introduced by Senator Ferdinand R. Marcos, Jr., entitled:

**"AN ACT PROVIDING PALLIATIVE AND END OF LIFE CARE,  
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES"**

S. B. No. 1531, Introduced by Senator Jinggoy Ejercito Estrada, entitled:

**"AN ACT PROVIDING PALLIATIVE AND END-OF-LIFE CARE,  
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES"**

S. B. No. 2284, Introduced by Senator Miriam Defensor Santiago, entitled:

**"AN ACT  
CREATING A PATIENT-CENTERED QUALITY OF CARE INITIATIVE FOR**

**SERIOUSLY ILL PATIENTS THROUGH THE ESTABLISHMENT OF A STAKEHOLDER STRATEGIC  
SUMMIT, QUALITY OF LIFE EDUCATION, AND AWARENESS INITIATIVE, HEALTH CARE  
WORKFORCE TRAINING, AN ADVISORY  
COMMITTEE, AND PALLIATIVE CARE FOCUSED RESEARCH"**

S. B. No. 3008, Introduced by Senator Teofisto "TG" Guingona III, entitled:

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

have considered the same and have the honor to report them back to the Senate with the  
recommendation that the attached S.B No. 3210, prepared by the  
Committees, entitled:

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

be approved in substitution of S. B. Nos. 417, 1531, 2284 and 3008 with Senators Marcos,  
Ejercito-Estrada, Defensor Santiago and Guingona as authors thereof.

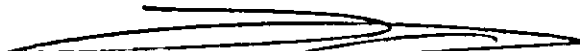
Respectfully submitted:



**SONNY ANGARA**  
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Vice-Chair, Committee on  
Finance  
Member, Committee on Health  
Demography



**TEOFISTO "TG" L. GUINGONA III**  
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Vice-Chair, Committee on Finance  
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Means

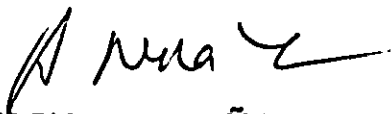


**LOREN B. LEGARDA**  
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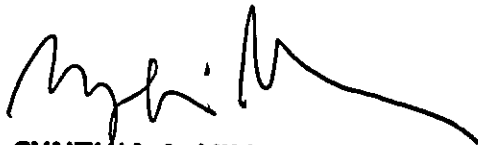
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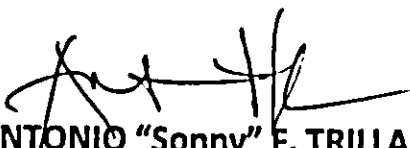
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**GRACE POE**

Member, Committees on  
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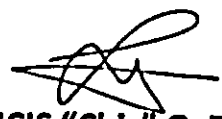
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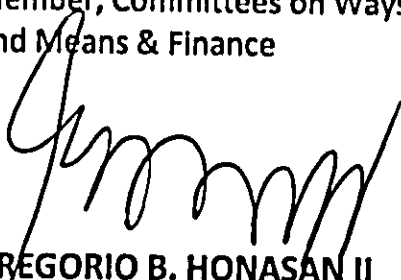
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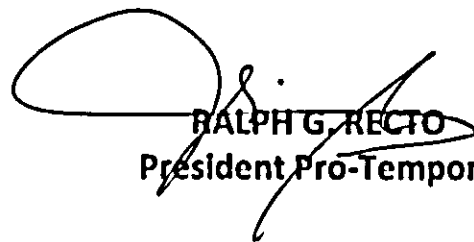
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**Ex-Officio Members:**



**RALPH G. RECTO**  
President Pro-Tempore

**JUAN PONCE ENRILE**  
Minority Leader

**ALAN PETER "Compañero" S. CAYETANO**  
Majority Leader

**HON. FRANKLIN M. DRILON**  
*Senate President*  
Senate of the Philippines  
Pasay City

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SENATE

Senate Bill No. 3210

RECEIVED BY: 

(In Substitution of Senate Bill Nos. 417, 1531, 3008 and 2284)

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Prepared by the Joint Committees on Health and Demography; Ways and Means; and Finance with Senators Marcos, Ejercito-Estrada, Defensor Santiago and Guingona as authors thereof

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

*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  
2 Act".

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

9  
10 SEC. 3. *Definition of Term.* - As used in this Act:

11 *Palliative and hospice care* refers to an approach that improves the quality of life  
12 of patients with life threatening, complex and chronic illnesses or those  
13 experiencing progressively debilitating diseases beyond any benefit from curative  
14 or definitive treatment, regardless of life expectancy. The approach covers the  
15 prevention and relief of suffering by means of early identification, assessment  
16 and management of pain and symptoms.

17  
18 SEC. 4. *Accreditation.* - Hospitals, private hospice institutions, medical  
19 practitioners, health workers, and social workers for palliative and hospice care  
20 shall be accredited by the Department of Health (DOH). The DOH, in partnership  
21 with the National Palliative and Hospice Care Council of the Philippines (Hospice  
22 Philippines, Inc.) shall formulate the rules and guidelines for accreditation to  
23 ensure a standard quality of palliative care services.

24  
25 SEC. 5. *Quality Assurance.* - Key elements necessary to ensure quality palliative  
26 care services in accredited hospitals and hospices include the following:

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

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

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

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

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

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

25  
26 The Commission on Higher Education shall integrate courses on the principles and  
27 practice of Palliative Care and Hospice Care into the curriculum of Medicine and  
28 Nursing, as well as in all paramedical and allied health courses.

29  
30 **SEC. 9. *Continuing Research.*** – The DOH, in coordination with the Philippine Council  
31 for Health Research and Development of the Department of Science and Technology,  
32 shall ensure a continuing research and collection of data on palliative and hospice care  
33 and availability of funds for this purpose.

34  
35 **SEC.10. *Program Implementor*** - The DOH-Office for Technical Services, in  
36 coordination with other offices of the Department, is hereby mandated to perform the  
37 following functions:

- 38 a. Promote palliative care in the Philippines through advocacy and social marketing;
- 39 b. Formulate policies and develop standards on quality palliative and hospice care;
- 40 c. Monitor the enforcement of standards and implementation of the program on  
41 palliative and hospice care;
- 42 d. Mobilize and generate resources for sustainability of operation;
- 43 e. Network with international hospice associations;
- 44 f. Coordinate research undertakings with other institutions and agencies;
- 45 g. Serve as repository of database for policy-making and maintenance of palliative  
46 care registry;
- 47 e. Organize and develop continuing training programs for physicians, nurses,  
48 physical therapists, and other professional health workers and volunteer workers  
49 in the field of palliative care;
- 50 f. Serve as the coordinating center of a national palliative care network located in  
51 the different regions of the country; and

1 g. Establish a Code of Ethics and standards in the practice of palliative health  
2 care.

3 SEC. 11. *PhilHealth Benefit Package.* -- Pursuant to this Act, the PhilHealth shall  
4 increase its present benefit package to include Inpatient palliative services, outpatient  
5 hospice care and home-based palliative care.

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

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

16  
17 SEC.14. *Appropriations.* - The initial amount necessary to implement the provisions of  
18 this Act shall be charged against the current year's appropriation of the Department of  
19 Health. Thereafter, such sums as maybe necessary for the continued implementation  
20 of this Act shall be included in the Annual General Appropriations Act.

21  
22 SEC.15. *Rules and Regulations.* - Within sixty (60) days from the approval of this Act,  
23 the Secretary of Health, after consultation with the National Palliative and Hospice Care  
24 Council of the Philippines (Hospice Philippines, Inc.), shall promulgate the rules and  
25 regulations implementing the provisions of this Act.

26  
27 SEC.16. *Separability Clause.* In case any provision of this Act is declared  
28 unconstitutional or invalid, the other provisions hereof which are not affected thereby  
29 shall continue in full force and effect.

30  
31 SEC.17. *Repealing Clause.*- All laws, executive orders, rules and regulations or any part  
32 thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

33  
34 SEC.18. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in  
35 the *Official Gazette* or in any newspaper of general circulation.