

families accessing palliative care services, and limited public understanding and awareness of palliative care services.

As part of the current administration's agenda to ensure healthy lives and promote well-being for all at all ages, this measure aims to close the gaps in the life-cycle approach to our country's healthcare development through the adoption of an integrated and comprehensive approach to palliative and hospice care by ensuring that all patients suffering from life-threatening, chronic debilitating illnesses, and/or progressively degenerative diseases/conditions are provided with quality palliative care and counselling.

This proposed bill likewise integrates palliative care into the structure and financing of the Philippine health care system by:

- a. Strengthening and expanding the availability of palliative care for all patients through mandatory palliative and hospice services in all government and private hospitals;
- b. Encouraging the development of home and community-based palliative and hospice care programs; and
- c. Directing the Philippine Health Insurance Corporation (PhilHealth) to include in its present benefit package in-patient palliative services, outpatient hospice care, and home-based palliative care.

Thus, the passage of this measure is earnestly sought.


AQUILINO "KOKO" PIMENTEL III



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

'17 FEB -9 AIO 51

SENATE

RECEIVED BY: _____

S. B. No. 1320

Introduced by Senator Aquilino "Koko" Pimentel III

1 AN ACT
2 INTEGRATING PALLIATIVE AND HOSPICE CARE INTO THE
3 PHILIPPINE HEALTH CARE SYSTEM, APPROPRIATING
4 FUNDS THEREFORE, AND FOR OTHER PURPOSES

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

5 SECTION 1. *Title.* – This Act shall be known as the “*Palliative and*
6 *Hospice Care Act*”.

7 SEC. 2. *Declaration of Policy.* – The State guarantees the right of
8 the people to quality health care. It is likewise mandated by the
9 Constitution to adopt an integrated and comprehensive approach to health
10 development which shall endeavour to make essential goods, health, and
11 other social services available at an affordable cost. Patients suffering
12 from life-threatening, chronic debilitating illness, and/or progressively
13 degenerative disease/condition are entitled to this social protection. In the
14 same vein, the State also encourages the participation of the private sector
15 in the development of health services.

16 SEC. 3. *Definition of Terms.*

17 a. *Palliative and Hospice Care Services* – refers to an approach to
18 health care that improves the quality of life of patients with life
19 threatening, complex, and chronic illnesses, or those experiencing
20 progressively degenerative diseases beyond any benefit from
21 curative or definitive treatment, regardless of life expectancy. The
22 approach covers the prevention and relief of suffering by means of

1 early identification, assessment, and management of pain and
2 symptoms.

3 b. *National Hospice and Palliative Care Council of the Philippines*
4 (*Hospice Philippines, Inc.*) – a non-stock, non-profit umbrella
5 organization of palliative and hospice care providers in the
6 Philippines.

7 c. *Department of Health (DOH)* – the principal health agency of the
8 government responsible for ensuring access to basic public health
9 services for all Filipinos through the provision of quality health care
10 and regulation of providers of health goods and services.

11 d. *Philippine Council for Health Research and Development*
12 (*PCHRD*) – one of the three sectoral councils of the Department of
13 Science and Technology (DOST) responsible for coordinating and
14 monitoring health research activities in the country, as well as
15 formulating policies, plans, programs, projects, and strategies for
16 health science and technology development.

17 e. *Philippine Health Insurance Corporation (PhilHealth)* – a
18 government corporation attached to the DOH for policy
19 coordination and guidance, and mandated to administer the National
20 Health Insurance Program.

21 **SEC. 4. Accreditation.** – Hospitals, private hospice institutions,
22 medical practitioners, health workers in other allied professions, and
23 social workers for palliative and hospice care shall be accredited by the
24 DOH. The DOH, in partnership with Hospice Philippines, Inc., shall
25 formulate the rules and guidelines for accreditation to ensure a standard
26 quality of palliative care services.

27 **SEC. 5. Quality Assurance.** – Key elements necessary to ensure
28 quality palliative care services in accredited hospitals and hospices shall
29 include the following:

30 a. Adequate number of multi-specialty personnel;

31 b. Assured financing for health and custodial services;

32 c. Clear and practical standards for facilities and services;

1 d. Appropriately designed and equipped facilities; and

2 e. Regular and systematic supervision and reporting to the DOH.

3 **SEC. 6. *Mandatory Palliative and Hospice Services.*** – All
4 government and private hospitals shall provide palliative and hospice care
5 services to patients with life-threatening, chronic debilitating illness,
6 and/or progressively degenerative disease/condition.

7
8 Hospitals are required to link with a referral and aftercare network
9 that is organized and made functional by all provincial, city, and
10 municipal governments under the guidance and monitoring of the DOH.

11 Rural health units, health centers, and health offices are required to
12 develop community-based hospice units, as well as home-based or near-
13 home palliative care programs in coordination with government-owned
14 and privately-owned hospices in the local government units.

15 **SEC. 7. *Palliative Care Information.*** – If a patient is diagnosed
16 with a life-threatening disease, chronic debilitating illness, and/or
17 progressively degenerative disease or condition, the patient's attending
18 health care practitioner shall offer to provide the patient and his/her
19 immediate family, or any person with authority to make health care
20 decisions for the patient, with information and counseling regarding
21 palliative care appropriate to the patient, including, but not limited to:

22 a. The range of palliative care options available to the patient;
23 and

24 b. The prognosis, risks, and benefits of the various options.

25 **SEC. 8. *Special Leave Benefits.*** – immediate family members or
26 relatives who are employed, whether in the public or private sectors, and
27 are assigned by the family to provide palliative and hospice care to a
28 critically-ill relative shall be entitled to a special leave benefit of sixty (60)
29 days a year with full pay, subject to the applicable provisions of this Act
30 and their implementing rules and regulations on the use of said leave
31 benefits.

32 Employees availing of this special leave privilege shall submit to
33 their employers the following:

- 1 a. Name of the patient or relative undergoing palliative or hospice
2 care;
- 3 b. A copy of the Medical Abstract of the patient or relative;
- 4 c. A Certification from the hospital or hospice providing palliative
5 services to the patient or relative; and
- 6 d. The nature of the care required under the circumstances.

7 The following employees shall not be allowed to avail of this special
8 leave benefit:

- 9 a. Those who are absent from work without official leave;
- 10 b. Those who are on vacation, sick, forced, or study leave; and
- 11 c. In times of emergency, those whose services are necessary to
12 prevent loss of live or damage to property brought about by
13 serious accidents, fire, flood, typhoon, earthquake, epidemic, or
14 other analogous events.

15 **SEC. 9. *Education and Training of Health Care Professionals and***
16 ***Volunteers.*** – The Commission on Higher Education shall integrate
17 courses on the principles and practice of Palliative and Hospice Care into
18 the curriculum of Medicine and Nursing, as well as in all paramedical and
19 allied health courses.

20 The DOH, in partnership with Hospice Philippines, Inc. and other
21 DOH-accredited palliative and hospice care providers, shall develop and
22 regularly update the education and specialized training modules on
23 palliative care for health care professionals, health workers, and
24 volunteers.

25 **SEC. 10. *Continuing Research.*** – The DOH, in coordination with
26 the PCHRD-DOST, shall ensure continuing research and collection of
27 data on palliative and hospice care and availability of funds for this
28 purpose.

29 **SEC. 11. *Program Implementor.*** – The DOH-Office for Technical
30 Service, in coordination with other offices of the DOH, is hereby
31 mandated to perform the following functions:

- 1 a. Promote palliative care in the Philippines through advocacy and
2 social marketing;
- 3 b. Formulate policies and develop standards on palliative and
4 hospice care;
- 5 c. Monitor the enforcement of standards and the implementation of
6 the program on palliative and hospice care;
- 7 d. Mobilize and generate resources for the sustainability of
8 operations;
- 9 e. Network with international hospice associations;
- 10 f. Coordinate research undertakings with other institutions and
11 agencies;
- 12 g. Serve as the repository and database for policy-making and
13 maintenance of a palliative care registry for accredited hospitals,
14 private hospice institutions, medical practitioners, health workers
15 in other allied professions, and social workers;
- 16 h. Organize and develop continuing training programs for
17 physicians, nurses, physical therapist, and other professional
18 health workers and volunteer workers in the field of palliative
19 care;
- 20 i. Serve as the coordinating center of a national palliative care
21 network located in the different regions of the country; and
- 22 j. Establish a Code of Ethics and Standards in the practice of
23 palliative and hospice care.

24 **SEC. 12. *PhilHealth Benefit Package.*** – Pursuant to this Act, the
25 PhilHealth shall include in its present Z-Benefit package in-patient
26 palliative services, outpatient hospice care, and home-based palliative
27 care.

28 **SEC. 13. *Funding Support.*** – All non-profit, DOH-accredited
29 palliative and hospice care institutions which are serving indigent patients
30 shall qualify as institutional beneficiaries under the Philippine Charity

1 Sweepstakes Office Institutional Financial Assistance Program;
2 *Provided*, that palliative and hospice care institutions comply with the
3 documentary and other requirements of the said Program.

4 **SEC. 14. *Tax Exemptions.*** – Any donation or bequest made to the
5 DOH and/or other DOH-accredited Palliative and Hospice Care providers
6 under this Act that is actually, directly, and exclusively intended for
7 palliative and hospice care program(s) shall be exempt from donor’s tax
8 and the same shall be considered as allowable deductions from the gross
9 income of the donor, in accordance with the provisions of the *National*
10 *Internal Revenue Code of 1997*, as amended; *Provided*, that such
11 donations shall not be disposed of, transferred, or sold by the donee.

12 **SEC. 15. *Appropriations.*** – The initial amount necessary to
13 implement the provisions of this Act shall be charged against the current
14 year’s appropriation of the DOH. Thereafter, such sums as may be
15 necessary for the continued implementation of this Act shall be included
16 in the DOH regular budget as provided for under the Annual General
17 Appropriations Act.

18 **SEC. 16. *Implementing Rules and Regulations.*** – Within sixty (60)
19 days from the approval of this Act, the Secretary of Health, after
20 consultation with Hospice Philippines, Inc., shall promulgate the rules and
21 regulations implementing the provisions of this Act.

22 **SEC. 17. *Separability Clause.*** – Should any provision of this Act
23 or part hereof be declared unconstitutional, the other provisions or parts
24 not affected thereby shall remain valid and effective.

25 **SEC. 18. *Repealing Clause.*** – All laws, decrees, orders, and
26 issuances, or portions thereof, which are inconsistent with the provisions
27 of this Act, are hereby repealed, amended or modified accordingly.

28 **SEC. 19. *Effectivity Clause.*** – This Act shall take effect after fifteen
29 (15) days from its complete publication in two (2) newspapers of general
30 circulation.

Approved,