

'18 MAY 31 P6:50

SENATE

RE: 

Committee Report No. 399

Prepared and submitted jointly by the Committees on Health and Demography; Education, Arts and Culture; Local Government; Social Justice, Welfare, and Rural Development; Ways and Means; and Finance on **MAY 31 2018**

Re: Senate Bill No. 1850

Recommending its approval in substitution of Senate Bill Nos. 1545 and 1570, taking into consideration Senate Bill Nos. 405, 495, 528, 588, 595, 614, 830, 874, 1048 and 1201

Sponsor: **Senator Joseph Victor G. Ejercito**

MR. PRESIDENT:

The Committees on Health and Demography; Education, Arts and Culture; Local Government; Social Justice, Welfare, and Rural Development; Ways and Means; and Finance, to which were referred:

Senate Bill No. 1545, introduced by Senators Joseph Victor G. Ejercito and Maria Lourdes Nancy S. Binay, entitled:

AN ACT
INSTITUTIONALIZING NATIONAL INTEGRATED CANCER CONTROL AND
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Senate Bill No. 1570, introduced by Senators Juan Edgardo "Sonny" M. Angara, Joel Villanueva, and Leila M. De Lima, entitled:

AN ACT
INSTITUTIONALIZING NATIONAL INTEGRATED CANCER CONTROL AND
APPROPRIATING FUNDS THEREFOR

and taking into consideration **Senate Bill No. 405**, introduced by Senator Loren B. Legarda, entitled:

**AN ACT
ESTABLISHING CANCER CARE CENTERS AND A CANCER ASSISTANCE FUND
FOR INDIGENTS, PROVIDING FUNDS THEREFOR AND OTHER PURPOSES**

Senate Bill No. 495, introduced by Senator Antonio "Sonny" F. Trillanes, entitled:

**AN ACT
ESTABLISHING THE CHILDREN'S CANCER HOSPITAL OF THE PHILIPPINES,
PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES**

Senate Bill No. 528, introduced by Senator Antonio "Sonny" F. Trillanes, entitled:

**AN ACT
ESTABLISHING A NATIONAL CANCER CENTER TO BE KNOWN AS THE
PHILIPPINE NATIONAL CANCER CENTER AND APPROPRIATING FUNDS
THEREFORE**

Senate Bill No. 588, introduced by Senator Antonio "Sonny" F. Trillanes, entitled:

**AN ACT
ESTABLISHING A PROGRAM FOR PUBLIC EDUCATION ON PROSTATE CANCER**

Senate Bill No. 595, introduced by Senator Antonio "Sonny" F. Trillanes, entitled:

**AN ACT
PROVIDING FOR A NATIONAL CERVICAL CANCER DIAGNOSTIC AND
TREATMENT FUND**

Senate Bill No. 614, introduced by Senator Antonio "Sonny" F. Trillanes, entitled:

**AN ACT
REQUIRING THE PHILIPPINE HEALTH INSURANCE CORPORATION TO
PROVIDE COVERAGE FOR THE DIAGNOSTIC SERVICES FOR BREAST AND
CERVICAL CANCER, PROVIDING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

Senate Bill No. 830, introduced by Senator Ralph G. Recto, entitled:

**AN ACT
CREATING THE PHILIPPINE CANCER CENTER, PROVIDING FUNDS THEREFOR
AND FOR OTHER PURPOSES**

Senate Bill No. 874, introduced by Senator Grace L. Poe, entitled:

**AN ACT
TO ASSIST INDIGENT CANCER PATIENTS AND THEIR FAMILIES,
ESTABLISHING FOR THE PURPOSE A CANCER ASSISTANCE FUND AND FOR
OTHER PURPOSES**

Senate Bill No. 1048, introduced by Senator Maria Lourdes Nancy S. Binay, entitled:

**AN ACT
DECLARING THE MONTH OF APRIL OF EVERY YEAR AS CHILDHOOD CANCER
AWARENESS MONTH AND FOR OTHER PURPOSES**

and **Senate Bill No. 1201**, introduced by Senator Cynthia A. Villar, entitled:

**AN ACT
PROVIDING FOR THE ESTABLISHMENT OF BREAST CARE CENTERS IN EVERY
REGION NATIONWIDE, APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES**

have considered the same and have the honor to report back to the Senate with the recommendation that the attached bill, Senate Bill No. 1850 prepared by the Committees entitled:

**AN ACT
INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER CONTROL
PROGRAM AND APPROPRIATING FUNDS THEREFOR**

be approved in substitution of Senate Bill Nos. 1545 and 1570, taking into consideration Senate Bill Nos. 405, 495, 528, 588, 595, 614, 830, 874, 1048 and 1201, with Senators Ejercito, Binay, Angara, Villanueva, De Lima, Legarda, Trillanes, Recto, Poe and Villar as authors thereof.

Respectfully submitted:

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SONNY ANGARA

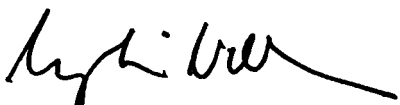
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Members:



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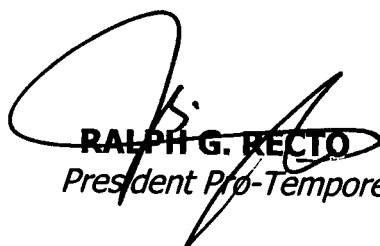


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EMMANUEL "MANNY" D. PACQUIAO

Committee on Education, Arts & Culture


Ex-Officio Members:



RALPH G. RECTO
President Pro-Tempore



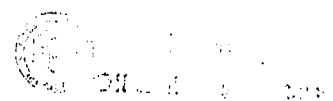
JUAN MIGUEL F. ZUBIRI
Majority Floor Leader



FRANKLIN M. DRILON
Minority Floor Leader

HON. VICENTE C. SOTTO III

Senate President
Senate of the Philippines



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SENATE

S.B. No. 1850

FILE

(In substitution of S.B. Nos. 1545 and 1570 taking into consideration Senate Bill Nos. 405, 495, 528, 588, 595, 614, 830, 874, 1048, and 1201)

Prepared and submitted jointly by the Committees on Health and Demography; Education, Arts and Culture; Local Government; Social Justice, Welfare and Rural Development; Ways and Means; and Finance with Senators Ejercito, Binay, Angara, Villanueva, De Lima, Legarda, Trillanes, Recto, Poe, and Villar as authors thereof

AN ACT
INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER CONTROL PROGRAM AND APPROPRIATING FUNDS THEREFOR

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

1 **SECTION 1. Short Title.** – This Act shall be known as the "*National Integrated*
2 *Cancer Control Act.*"

3 **SEC. 2. Declaration of Policy.** – The State recognizes that cancer is one of
4 the leading causes of death in the Philippines. Pursuant to this, it shall adopt an
5 integrated and comprehensive approach to health development which shall endeavor to
6 strengthen integrative, multidisciplinary, patient and family centered cancer control
7 policies, programs, systems, interventions and services at all levels of the existing
8 health care delivery system.

9 Towards this end, the State shall endeavor to improve survivorship by scaling up
10 essential programs and increasing investments for robust prevention of cancer, better
11 screening, prompt and accurate diagnosis, responsive palliative care and pain
12 management, timely and optimal treatment, effective survivorship care and late effects
13 management and rehabilitation. It shall likewise make cancer treatment and care more
14 equitable and affordable for all, especially for the underprivileged, poor and
15 marginalized Filipinos.

1 **SEC. 3. Definition of Terms.** – As used in this Act:

2 (a) *Cancer* refers to a generic term for a large group of diseases that can affect
3 any part of the body. Other terms used are malignant tumors and neoplasms.
4 One defining feature of cancer is the rapid creation of abnormal cells that grow
5 beyond their usual boundaries, and which can then invade adjoining parts of the
6 body and spread to other organs, the latter process is referred to as
7 metastasizing. Metastases are the major causes of death from cancer;

8 (b) *Cancer control* refers to the method to reduce the incidence, morbidity and
9 mortality of cancer which aims to improve the quality of life of cancer patients in
10 a defined population, through the systemic implementation of evidence-based
11 interventions for prevention, early detection, diagnosis, treatment and palliative
12 care;

13 (c) *Cancer diagnosis* refers to the various techniques and procedures used to
14 detect or confirm the presence of cancer and typically involves evaluation of the
15 patient's history, clinical examinations, review of laboratory test results and
16 radiological data, and microscopic and genotypic examination of tissue samples
17 obtained by biopsy or fine-needle aspiration or blood samples obtained by blood
18 extraction;

19 (d) *Cancer prevention* refers to the following:

- 20 1. *Primary cancer prevention* refers to measures and interventions that
21 shall decrease the likelihood or risk of an individual of acquiring cancer;
- 22 2. *Secondary cancer prevention* refers to the use of tests to detect a
23 cancer before the appearance of signs or symptoms (screening) followed
24 by prompt treatment;
- 25 3. *Tertiary cancer prevention* refers to diagnosis and treatment of
26 clinically apparent cancer.

27 (e) *Philippine Cancer Registry* refers to a database that contains information
28 about people diagnosed with various types of cancer. The registry shall require
29 systematic collection, storage, analysis, interpretation and reporting of data on
30 subjects with cancer. There are two main types of cancer registry :

- 31 1. *Population-based cancer registry* refers to the collection of data on all
32 new cases of cancer occurring in a well-defined population, including
33 mortality and survivorship.

1 2. *Hospital-based cancer registry* refers to the recording of information on
2 the cancer patients diagnosed and treated in a particular hospital.

3 (f) *Cancer screening* refers to the detection of cancer before symptoms appear.
4 This may involve blood tests, urine tests, other tests, or medical imaging.

5 (g) *Cancer survivorship* refers to the start at the time of disease diagnosis and
6 continues throughout the rest of the patient's life. Family carers and friends are
7 also considered survivors. Survivorship care has three distinct phases: living
8 through, with and beyond cancer.

9 (h) *Cancer rehabilitation* refers to a program that helps people with cancer
10 maintain and restore physical and emotional well-being. Cancer rehabilitation is
11 available before, during and after cancer treatment.

12 (i) *Cancer treatment* refers to the series of interventions, including psychosocial
13 and nutritional support, surgery, radiotherapy, radio-isotope therapy, and drug
14 therapy, which includes chemotherapy, hormonotherapy, biotherapeutics,
15 immunotherapy, gene therapy and supportive therapy, that is aimed at curing
16 the disease or prolonging the patient's life considerably for several years while
17 improving the patient's quality of life;

18 (j) *Carer* refers to anyone who provides care for a friend or family member;

19 (k) *Comprehensive cancer care center* refers to a care center with a focused
20 program of work that is multidisciplinary and integrates cancer research,
21 education and clinical care to accelerate the control and cure of cancer;

22 (l) *Continuum of care* refers to delivery of comprehensive healthcare which
23 includes risk assessment, primary prevention, screening, detection, diagnosis,
24 treatment, survivorship and end-of-life care;

25 (m) *Hospice care* refers to the palliation of a chronically ill, terminally ill or
26 seriously ill patient's pain and symptoms, and attending to their emotional and
27 spiritual needs to help the patient die in peace, comfort and dignity;

28 (n) *Indirect medical cost or psycho-social support interventions or social welfare*
29 *assistance* refers to practical assistance on non-medical costs such as financial
30 assistance, transient housing, transportation, food and nutrition and the like;

31 (o) *Management of late effects* refers to the management of health problems,
32 which may be short-term side effects or long-term side effects, that occur
33 months or years after cancer treatment;

1 (p) *Multidisciplinary care* refers to an integrated (interdisciplinary) team approach
2 to cancer care in which medical and allied health care professionals consider all
3 relevant treatment options and develop collaboratively an individual treatment
4 plan for each patient. The multidisciplinary team includes professionals from
5 different disciplines forming a team to implement multidisciplinary-
6 interdisciplinary process to cancer management. The multidisciplinary care
7 process involves the bringing of insights from different disciplines together,
8 contributing to one plan of management for the patient;

9 (q) *National Integrated Cancer Control Program* refers to the program of the
10 national government for the comprehensive and integrated control of cancer in
11 the Philippines;

12 (r) *Notifiable disease* refers to a disease that, by legal requirements, must be
13 reported to the public health authority when the diagnosis is made;

14 (s) *Optimal treatment and care* refers to a quality treatment care adherence to
15 the standards of treatment and care based on evidence-based guidelines;

16 (t) *Out-of-pocket expenditure* refers to any direct outlay by households, including
17 gratuities and in-kind payments, to health practitioners and suppliers of
18 pharmaceuticals, therapeutic appliances, and other goods and services whose
19 primary intent is to contribute to the restoration or enhancement of the health
20 status of individuals or population groups. It is part of private health
21 expenditure;

22 (u) *Palliative care* refers to treatment to relieve, rather than cure, symptoms
23 caused by cancer which helps relieve suffering and improve quality of life for
24 people of any age and at any stage in a serious illness, whether that illness is
25 curable, chronic, life limiting or life threatening;

26 (v) *Patient navigation* refers to individualized assistance, through all the phases
27 of cancer experience, offered to patients, families and carers to help overcome
28 health care system barriers and facilitate timely access to quality medical and
29 psychosocial care beginning from pre-diagnosis and extending throughout the
30 continuum of care;

31 (w) *Patient pathway* refers to the route that a patient shall take from their first
32 contact with the health worker, through referral, to the completion of their
33 treatment. It also covers the period from entry into a hospital or a health care
34 facility, until the patient leaves;

1 (x) *Secondary cancer* refers to either a second primary cancer or to cancer
2 that has spread from one part of the body to another (metastatic cancer); and
3 (y) *Supportive care* refers to prevention and management of the adverse
4 effects of cancer and its treatment which includes management of physical and
5 psychological symptoms and side effects across the continuum of the cancer
6 experience from diagnosis, through anti-cancer treatment to post-treatment
7 care.

8 CHAPTER I

9 THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

10 **SEC. 4. *National Integrated Cancer Control Program.*** – There is hereby
11 established a National Integrated Cancer Control Program which shall serve as the
12 framework for all cancer related activities of the government. The program shall have
13 the following objectives:

- 14 (a) Decrease the overall mortality and impact of all adult and childhood cancer;
15 (b) Lessen the incidence of preventable cancer in adults and children;
16 (c) Prevent cancer recurrence and secondary cancer among survivors and people
17 living with cancer;
18 (d) Provide timely access to optimal cancer treatment and care for all cancer
19 patients;
20 (e) Make cancer treatment and care more affordable and accessible;
21 (f) Improve the experience of cancer treatment and care of patients and
22 families;
23 (g) Support the recovery and reintegration to society of cancer survivors; and
24 (h) Eliminate various forms of burden on patients, people living with cancer,
25 survivors, and their families.

26 **SEC. 5. *National Integrated Cancer Control Advisory Council.*** – There is
27 hereby created the National Integrated Cancer Control Advisory Council, hereinafter
28 referred to as the Council, which shall act as a recommendatory body for policy matters
29 related to cancer control. The Council shall provide technical guidance and support and
30 oversee the implementation of this Act, ensuring judicious and best use of available
31 resources for the benefit of all, especially the most vulnerable sectors of society, the
32 elderly, women and children, the poor, marginalized and disadvantaged.

1 **SEC. 6. Composition of the Council.** - The Council shall be composed of the
2 following:

3 (a) The Secretary of the Department of (DOH) or a designated representative,
4 not lower than Assistant Secretary, as Chairperson in an *Ex-officio* capacity;

5 (b) The Vice Chairperson shall be elected by the non-*ex officio* members, from
6 among themselves, and shall serve for a term of three (3) years;

7 (c) The *Ex-officio* members of the Board are as follows:

8 (1) Director General of the Food and Drug Administration or a
9 designated representative;

10 (2) President and CEO of the Philippine Health Insurance Corporation
11 (PHILHEALTH) or a designated representative;

12 (3) Secretary of the Department of Social Welfare and Development
13 (DSWD) or a designated representative;

14 (4) Secretary of the Department of Labor and Employment (DOLE), or
15 a designated representative;

16 (5) Secretary of the Department of Science and Technology (DOST), or
17 a designated representative;

18 (6) Secretary of the Department of Interior and Local Government
19 (DILG), or a designated representative; and

20 (7) Chairperson of the Commission on Higher Education (CHED), or a
21 designated representative.

22 (d) Three (3) distinguished medical doctors, nurses or researchers who must be
23 citizens and residents of the Philippines, of good moral character, of
24 recognized probity and independence, must have distinguished themselves
25 professionally in public, civic or academic service in the field of oncology, and
26 must have been in the active practice of their professions for at least ten (10)
27 years, chosen from at least five (5) persons recommended by the Secretary
28 of Health, to be appointed by the President for a term of three (3) years; and

29 (e) Two (2) representatives from cancer-focused patient support organizations
30 and advocacy network, to be appointed by the President for a term of three
31 (3) years from the list of organizations and advocacy network recommended
32 by the Secretary of Health.

33 The Council shall utilize the services and facilities of the Disease Prevention and
34 Control Bureau under the DOH as the Secretariat of the Council. The non-*ex officio*

1 members may receive honoraria in accordance with the existing laws, rules and
2 regulations.

3 **SEC. 7. Roles and Functions.** – The Council shall recommend policies,
4 programs and reforms that enhance synergies among stakeholders and ensure well-
5 coordinated, effective and sustainable implementation of the provisions of this Act. It
6 shall advise and assist in planning; policy making; program development; development
7 of good practice models; standard setting; stakeholder engagement; program
8 monitoring, evaluation and assessment; and strategic, programmatic and operational
9 review. It shall, as necessary, create experts' groups or technical working groups to
10 assist the DOH to undertake any of the following key tasks:

11 (a) Secure from government agencies and other stakeholders, recommendations
12 and plans pertinent to the respective mandates of the agencies and other
13 stakeholders for the implementation of the provisions of this Act;

14 (b) Develop the National Integrated Cancer Control roadmap with annual targets,
15 priorities and performance benchmarks, for the effective institutionalization of
16 integrated cancer control strategies, policies, programs and services in the
17 national and local health care system;

18 (c) Develop integrated and responsive cancer control policies and programs
19 tailored to the socio-economic context and epidemiological profiles of the
20 Philippines which aims to improve survivorship, make cancer care more
21 accessible and affordable, expand cancer care to include the whole continuum of
22 care, promote integrated, multidisciplinary, developmentally-appropriate patient
23 and family-centered care, and enhance the well-being and quality of life of
24 cancer patients and their families;

25 (d) Develop, update and promote, evidence based treatment standards and
26 guidelines for all adult and childhood cancer, of all stages, including the
27 management of late effects;

28 (e) Develop innovative and cost-effective cancer care service models for
29 effectively delivering integrated cancer care in the most appropriate settings and
30 improve patient care flow from primary to tertiary care;

31 (f) Develop clearly defined patient care pathways and evidence based standards
32 of care for the network of cancer centers;

1 (g) Set quality and accreditation standards for oncology focused health service
2 facilities, health care providers, medical professionals, allied health professionals,
3 as well as, ethical cancer research;

4 (h) Monitor and assess the implementation of prioritized packages of cancer
5 services for all ages and all stages of cancer, ensuring that they are provided in
6 an equitable, affordable and sustainable manner, at all levels of care;

7 (i) Recommend responsive and proactive medicine access programs, including
8 improvements of core systems and processes related to:

- 9 1) Availability and affordability of quality, safe, and effective medicines;
- 10 2) Increased access to cost effective vaccinations to prevent infections
11 associated with cancer;
- 12 3) Diagnostics for cancer;
- 13 4) Innovative medicines and technologies; and
- 14 5) Compassionate use protocols, as necessary.

15 (j) Establish mechanisms and platforms for multi-sectoral and multi-stakeholder
16 collaboration, coordination, and cooperation, especially in health promotion,
17 disease prevention, capacity development, education, training and learning,
18 information and communication, social mobilization and resource mobilization;

19 (k) Establish mechanisms and platforms for patient, family and community
20 engagement, especially on protection and promotion of the rights of patients,
21 survivors and their families and their active involvement in multidisciplinary
22 patient care, patient navigation and survivors' follow-up care;

23 (l) Strengthen linkages with local and international organizations for possible
24 partnerships in treatment and management of challenging and rare cases,
25 education, training and learning, advocacy, research, resource mobilization and
26 funding assistance;

27 (m) Establish a system for program review, monitoring and evaluation,
28 inclusive of financial aspects, and submit an annual report and recommendation
29 to the Secretary of Health on the progress, accomplishments and implementation
30 challenges encountered;

31 (n) Institute the provision of child life services in all appropriate hospitals and
32 facilities; and

33 (o) Call upon other agencies and organizations to assist the Council in carrying
34 out its mandate.

- 1 h) Ensure the proper recording, reporting and monitoring of cancer cases, of
2 all gender and ages, in all levels of care;
3 i) Network and link-up with comprehensive cancer centers, regional cancer
4 centers, specialty centers, privately managed cancer centers and relevant health
5 facilities and international institutions, for knowledge and resource sharing; and
6 j) All other activities and initiatives as may be identified by the Council.

7 **SEC. 10. *Philippine Cancer Center.*** – There shall be established a Philippine
8 Cancer Center under the control and supervision of the University of the Philippines -
9 Philippine General Hospital (UP-PGH). The Center shall have the following purpose and
10 objectives:

- 11 (a) To provide for accommodation, facilities and medical treatment of patients
12 suffering from cancer, subject to the rules and regulations of the UP-PGH;
13 (b) To promote, encourage and engage in scientific research on the
14 prevention of cancer and the care and treatment of cancer patients and
15 related activities;
16 (c) To stimulate and underwrite scientific researches on the biological,
17 demographic, social, economic, physiological aspects of cancer, its
18 abnormalities and control; and gather, compile, and publish the findings of
19 such researches for public dissemination;
20 (d) To encourage and undertake the training of physicians, nurses, medical
21 technicians, health officers and social workers on the practical and
22 scientific conduct and implementation of cancer health care services, and
23 related activities;
24 (e) To assist universities, hospitals and research institutions in their studies of
25 cellular anomalies, to encourage advanced training on matters of, or
26 affecting the human cell, and related fields and to support educational
27 programs of value to general health.

28 **SEC. 11. *Cancer Care Centers.*** – The Secretary of Health, in coordination
29 with the Council, shall develop standards to classify, accredit and designate
30 Comprehensive Cancer Centers, Specialty Cancer Centers, Regional Cancer Centers and
31 Cancer satellites or stand-alone clinics. The network of cancer care centers that is
32 easily accessible to patients shall be established strategically in the country. The
33 required diagnostic, therapeutic, research capacities and facilities, technical, operational
34 and personnel standards of these centers shall be defined in the Implementing Rules

1 and Regulations of this law. If necessary, the use of Public Private Partnership shall be
2 allowed on the procurement of cancer care infrastructure and services to hasten
3 delivery of essential oncological services and promote efficiency in fiscal utilization for
4 cancer programs and projects.

5 **SEC. 12. *Regional Cancer Center.*** – The objectives and functions of a
6 regional cancer center are as follows:

7 a) Provide timely, developmentally appropriate, and high-quality cancer services
8 such as screening, diagnosis, optimal treatment and care, supportive care,
9 palliative care, survivorship follow-up care, and re-integration and rehabilitation,
10 to cancer patients of all gender and ages;

11 b) Establish as necessary, networks with both public and private facilities, to
12 improve access, expand range of services, reduce costs and bring services closer
13 to patients;

14 c) Provide and promote supportive care, palliative care and pain management,
15 patient navigation, hospice care and other measures to improve the well-being
16 and quality of life of cancer patients, people living with cancer, their families and
17 carers;

18 d) Provide separate units and facilities for children and adolescents with cancer
19 and ensure that such children and adolescents are not mixed with the general
20 population;

21 e) Design and implement high-impact, innovative, and relevant local
22 communications campaigns that are context and culture-sensitive, and aligned
23 with national programs;

24 f) Undertake and support the training of physicians, nurses, medical
25 technicians, pharmacists, health officers and social workers on evidence-based
26 and good practice models for the delivery of responsive, multidisciplinary,
27 integrated cancer services;

28 g) Address the psychosocial and rehabilitation needs of cancer patients and
29 survivors;

30 h) Adopt and promote evidence based innovations, good practice models,
31 equitable, sustainable strategies and actions across the continuum of care;

32 i) Engage and collaborate with LGUs, private sector, philanthropic institutions,
33 cancer focused patient support, advocacy organizations and civil society

1 organizations to make available programs and services and practical assistance
2 to cancer families and cancer survivors; and

3 j) Promote and assist in ethical scientific research on matters related to cancer.

4 **SEC. 13. *Capacity Development.*** – The DOH, in collaboration with cancer
5 focused professional societies, LGUs leagues and LGU-based health associations,
6 academic institutions, human resources units of cancer care centers, civil society
7 organizations, and the private sector, shall formulate, implement and update capacity
8 development program for all health care workers providing cancer care service and
9 support at all levels of the healthcare delivery system.

10 **SEC. 14. *Oncology-Related Academic Curriculum.*** – The CHED, in
11 collaboration with DOH, higher education institutions (HEIs), cancer focused
12 professional societies, accrediting institutions and patient support organizations, shall
13 undertake an assessment of current oncology-related academic curriculum and ensure
14 that the curriculum meets local needs and global practice standards. The CHED shall
15 encourage HEIs to offer degree programs for high priority oncology related
16 specializations and continuing education programs related to oncological treatment and
17 care.

18 **CHAPTER III**

19 **CANCER AWARENESS**

20 **SEC. 15. *Cancer Awareness Campaign.*** – The DOH shall intensify its cancer
21 awareness campaign and provide the latest and evidence-based information for the
22 prevention and treatment of cancer including practical advice, support and referral for
23 cancer patients, people living with cancer, survivors, their families and carers. The
24 DOH, in collaboration with the Department of Information and Communications
25 Technology (DICT), shall make full use of the latest technology to disseminate
26 information to reach every Filipino.

27 The awareness campaign must increase cancer literacy and understanding of risk
28 factors associated with cancer, dispel myths and misconceptions about cancer, and
29 reduce the anxiety, fear, distress and uncertainty related to cancer.

30 **SEC. 16. *National Cancer Awareness Month.*** – The month of February of
31 every year shall be known as the "*National Cancer Awareness Month*" throughout the
32 Philippines. The DOH, in collaboration with LGUS, cancer focused professional societies,
33 academic institutions, shall lead the observance of National Cancer Awareness Month.

1 **SEC. 17. *Health Education and Promotion in Schools, Colleges, and***
2 ***Universities.*** – The CHED and Department of Education, in coordination with DOH,
3 shall develop policies and provide technical guidance to academic institutions and
4 administrators to:

5 (a) Promote and facilitate integration of age appropriate and gender sensitive key
6 messages on cancer risk factors, early warning signs and symptoms of adult
7 cancer and childhood cancer, cancer prevention and control, and adoption of
8 healthy lifestyles and healthy diets in their curriculum, health and wellness
9 programs, and co-curricular activities;

10 (b) Undertake mainstreaming of practical supportive care and psychosocial
11 support programs for people living with cancer, cancer survivors, and their family
12 members, especially those who act as carers for cancer patients; and

13 (c) Adopt initiatives that eliminate stigma and discrimination in schools, colleges,
14 and universities that are experienced by people with cancer, survivors and their
15 families.

16 **SEC. 18. *Health Education and Promotion in the Workplace.*** – The
17 DOLE, Civil Service Commission (CSC), and Technical Education and Skills Development
18 Authority (TESDA), in coordination with DOH, shall develop policies and provide
19 technical guidance to employers, employees associations, and unions to:

20 a) Promote and facilitate inclusion of gender sensitive key messages on cancer
21 risk factors, early warning signs and symptoms of adult cancer and childhood
22 cancer, cancer prevention and control, adoption of healthy lifestyles and healthy
23 diets, in their communication initiatives, health and wellness programs, and
24 employee development programs;

25 b) Undertake mainstreaming of practical supportive care and psychosocial
26 support programs for people living with cancer, cancer survivors, and their family
27 members;

28 c) Integrate appropriate cancer services in their health services and clinics; and

29 d) Develop programs, initiatives or mechanisms that shall eliminate stigma and
30 discrimination in the work place that is experienced by people living with cancer,
31 survivors, and their families.

32 **SEC. 19. *Health Education and Promotion in Communities.*** – The DILG
33 and LGUs, in collaboration with the DOH central and regional offices, local cancer
34 focused patient support organizations and cancer focused professional societies, shall

1 lead the health education and promotion campaign in the local communities. The DILG,
2 in coordination with the DSWD, shall conduct age appropriate and gender sensitive
3 cancer focused health education and promotion for out-of-school youth.

4 **CHAPTER IV**

5 **AFFORDABLE CANCER CARE AND TREATMENT**

6 **SEC. 20. *Establishment of Cancer Assistance Fund.*** – There is hereby
7 established a Cancer Assistance Fund to support the cancer medicine and treatment
8 assistance program. The DOH shall manage the fund in accordance with the existing
9 budgeting, accounting and auditing rules and regulations and shall make a quarterly
10 report to the Office of the President and Congress on the disbursement of the fund.

11 The DOH may solicit and receive donations which shall form part of the fund and
12 such donations shall be exempt from income or donor's tax and all other taxes, fees
13 and charges imposed by the government. Likewise, fund raising activities may be
14 conducted by the Council and the proceeds of which shall accrue to the fund and shall
15 be exempt from any and all taxes.

16 **SEC. 21. *PhilHealth Benefits for Cancer.*** – PhilHealth shall expand the
17 benefit packages to include screening, detection, diagnosis, treatment assistance,
18 supportive care, survivorship follow-up care and rehabilitation, and end-of-life-care, for
19 all types and stages of cancer, in both adults and children. It shall also develop
20 innovative benefits such as support for community-based models of care to improve
21 cancer treatment journey and reduce costs of care, including stand-alone chemotherapy
22 infusion centers, ambulatory care, community or home-based palliative care and pain
23 management and community-based hospice facility. The development or expansion of
24 any PhilHealth benefits shall go through a proper, transparent and standardized
25 prioritization setting process, such as the Health Technology Assessment and actuarial
26 feasibility study, to avoid inequitable allocation of funds for health care services.

27 **SEC. 22. *Social Protection Mechanisms.*** – The DOH, in collaboration with
28 Social Security System (SSS), Government Service Insurance System (GSIS), Philippine
29 Charity Sweepstakes Office (PCSO), DOLE, DSWD and LGUs, shall develop appropriate
30 and easily accessible social protection mechanisms for cancer patients, people living
31 with cancer, survivors, their families and carers. It shall aim to encourage the
32 underprivileged and marginalized people living with cancer to undergo the necessary
33 treatment and care.