

**SEVENTEENTH CONGRESS OF THE REPUBLIC  
OF THE PHILIPPINES**

Third Regular Session



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**SENATE**  
**S.B. NO. 2095**

RECEIVED

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Introduced by Senator Maria Lourdes Nancy S. Binay

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

**EXPLANATORY NOTE**

Article II, Section 15 of the 1987 Philippine Constitution provides:

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

Breast cancer is the most common and recurrent cancer among women. According to the World Health Organization, 2.1 million women are diagnosed each year. In 2018, an estimate of 627,000 women died from breast cancer which is 15% of all cancer deaths among women. The rates are increasing yearly in every region globally.

The proposed bill seeks to alleviate the burden among breast cancer patients by strengthening the coverage of treatment through requiring health plans to provide for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection and extending the coverage for secondary consultations.

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

  
MARIA LOURDES NANCY S. BINAY  
Senator

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*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 "Breast Cancer  
2 Patient Protection Act."

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

7  
8       Sec. 3. *Definition of Terms.* – As used in this Act, the term:

9       (A) "Breast cancer" means any type of malignant growth in the  
10       breast tissue;

11       (B) "DOH" means the Department of Health;

12       (C) "Health plan" means a medical insurance plan provided by a  
13       health insurance issues to certain groups in order to provide  
14       them with medical and surgical benefits;

15       (D) "Lumpectomy" means a medical operation that removes a  
16       lump from the breast;

1 (E) "Lymph node" means rounded mass of lymphatic tissue that is  
2 surrounded by a capsule of connective tissue;

3 (F) "Mastectomy" means a medical operation that removes a  
4 woman's breast; and

5 (G) "Secretary" means the Secretary of the Department of Health.  
6

7 Sec. 4. *Required Coverage for Minimum Hospital Stay for Mastectomies,*  
8 *Lumpectomies, and Lymph Node Dissections for the Treatment of Breast Cancer*  
9 *and Coverage for Secondary Consultations. –*

10 (A) *Inpatient Care. –*

11 (1) *In General. –* A group health plan and a health  
12 insurance issuer providing health insurance coverage  
13 in connection with a group health plan that provides  
14 medical and surgical benefits shall ensure that  
15 inpatient, and in the case of a lumpectomy,  
16 outpatient coverage and radiation therapy is  
17 provided for breast cancer treatment. Such plan or  
18 coverage may not, except as provided for in  
19 paragraph (B) –

20 (a) Restrict benefits for any hospital length of  
21 stay in connection with a mastectomy or  
22 breast conserving surgery, such as a  
23 lumpectomy, for the treatment of breast  
24 cancer to less than forty eight (48) hours;

25 (b) Restrict benefits for any hospital length of  
26 stay in connection with a lymph node  
27 dissection for the treatment of breast  
28 cancer to less than twenty four (24)  
29 hours; or



1 (c) Require that a provider obtain  
2 authorization from the plan or the issuer  
3 for prescribing any length of stay required  
4 under Subparagraph (1), without regard  
5 to paragraph (B)

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

12 (B) *Prohibition on Certain Modification.* – In implementing the  
13 requirements of this Section, a group health plan, and a health  
14 insurance issuer providing health insurance coverage in  
15 connection with a group health plan, may not modify the  
16 terms and conditions of coverage based on the determination  
17 by a participant or beneficiary to request less than the  
18 minimum coverage required under paragraph (A).

19 (C) *Notice.* – A group health plan and a health insurance issuer  
20 providing health insurance coverage in connection with a  
21 group health plan shall provide notice to each participant and  
22 beneficiary under such plan regarding the coverage required  
23 by this section in accordance with regulations promulgated by  
24 the Secretary. Such notice shall be in writing and prominently  
25 positioned in any literature or correspondence made available  
26 or distributed by the plan or issuer and shall be transmitted  
27 ion the next mailing made by the plan or issuer to the  
28 Participant or beneficiary; or as part of any yearly  
29 informational packet sent to the participant or beneficiary;  
30 whichever is ealier.

1           Sec. 5. *Secondary Consultations.* –

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

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

26  
27          Sec. 6. *Prohibition on Penalties or Incentives.* – A group health plan, and a  
28          health insurance issuer providing health insurance coverage in connection with a  
29          group health plan, may not –

- 1 (A) Penalize or otherwise reduce or limit the reimbursement of a  
2 provider or specialist because the provider or specialist  
3 provided care to a participant or beneficiary in accordance  
4 with this Section;
- 5 (B) Provide financial or other incentives to a physician or specialist  
6 to induce the physician or specialist to keep the length of  
7 inpatient stays of patients following a mastectomy,  
8 lumpectomy, or a lymph node dissection for the treatment of  
9 breast cancer below certain limits or to limit referrals for  
10 secondary consultations;
- 11 (C) Provide financial or other incentives to a physician or specialist  
12 to induce physician or specialist to refrain from referring a  
13 participant or beneficiary for a second consultation that would  
14 otherwise be covered by the plan or coverage involved under  
15 Section 5; or
- 16 (D) Deny to a woman eligibility, or continued eligibility, to enroll or  
17 to renew coverage under the terms of the plan or coverage  
18 solely for the purpose of avoiding the requirements of this  
19 Section.
- 20

21 *Sec. 7. Effective Dates. –*

- 22 (A) *In General.* – The amendments made by this section shall  
23 apply to group health plans for plan years beginning on or  
24 after ninety (90) days after the date of enactment of this Act.
- 25 (B) *Special Rule for Collective Bargaining Agreements.* – In the  
26 case of group health plan maintained pursuant to one or more  
27 collective bargaining agreements between employee  
28 representatives and one or more employers ratified before the  
29 date of enactment of this Act, the amendments made by this  
30 section shall not apply to plan years beginning before the date



1 on which the last collective bargaining agreements relating to  
2 the plan terminates, determined without regard to any  
3 extension thereof agreed to after the date of enactment of  
4 this Act. For purposes of this paragraph, any plan amendment  
5 made pursuant to a collective bargaining agreement relating  
6 to the plan which amends the plan solely to conform to any  
7 requirement added by this section shall not be treated as a  
8 termination of such collective bargaining agreement.  
9

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

14 Sec. 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

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

Approved,