

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

'22 JUL -7 P5 :54

RECEIVED BY: _____



SENATE
S. No. 224

Introduced by Senator MARK A. VILLAR

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

EXPLANATORY NOTE

The 1987 Constitution states that:

"Congress shall give highest priority to the enactment of measures that protect and enhance the right of all the people to human dignity" (Sections 1, Article XIII).

Patients and their families can face the prospect of death more courageously with palliative care. More importantly, the patient is given the opportunity to die with dignity and comfort.

The World Health Organization defines Palliative care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Considering that terminal illnesses have been increasing in the country, and owing to their importance, I am filing this measure.


A handwritten signature in black ink, appearing to read 'M. Villar', with a long horizontal flourish extending to the right.

MARK A. VILLAR
Senator

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PROVIDING PALLIATIVE AND END OF LIFE CARE, APPROPRIATING
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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 Palliative and End of
2 Life Care Act of 2022".

3 SEC. 2. *Declaration of Policy.* – The State guarantees the right of the people to
4 quality health care. It is likewise mandated by the Constitution to adopt an integrated
5 and comprehensive approach to health development, which shall endeavor to make
6 essential goods, health, and other social services available to all people at affordable
7 cost even to patients suffering from life threatening and degenerative diseases. The
8 services aim to improve the quality of life of the patients and their families, and as far
9 as practicable, alleviate their physical, emotional, psychosocial, and spiritual distress.

10 SEC. 3. *Palliative and End of Life Services.* – "Palliative and End of Life Services"
11 shall include, but shall not be limited to the following:

- 12 1. Pain management;
13 2. Support to terminally-ill patients to live as best as possible a comfortable
14 life;

- 1 3. Prolong as far as practicable, the life span of critically-ill patients through
- 2 therapies, such as chemotherapy, radiation, and other natural or
- 3 alternative methods of healing;
- 4 4. Provide support and counseling to the families of terminally-ill patients,
- 5 especially in times of distress and bereavement ;
- 6 5. Integrate physiological, emotional and spiritual assistance to patients
- 7 and their families; and
- 8 6. Enhance the quality of life of the patients and their families.

9 SEC. 4. *Mandatory Palliative Care and End of Life Services.* – All government
10 and private hospitals and health centers shall provide palliative care and end of life
11 services to all patients with life-threatening illness. Provinces, cities, and municipalities
12 shall jointly establish community-based hospice units and palliative care centers in
13 their respective jurisdictions.

14 SEC. 5. *Education and Training of Health Care Professionals and Volunteers.* –
15 Physicians, nurses, midwives, social workers, pharmacists, occupational therapists,
16 nutritionists, private volunteers, caregivers, or members of religious community shall
17 undergo multi-disciplinary education and specialized training with respect to an
18 integrated and coordinated approach towards palliative and end-of-life care support
19 services.

20 SEC. 6. *Continuing Research.* – There shall be a continuing research and
21 collection of data on palliative and end-of-life care. The public shall have access to
22 good health data, including, socioeconomic issues of palliative and end-of-life care,
23 including the physical, mental and economic impact on the patients, their families, and
24 informal caregivers.

25 SEC. 7. *Compassionate Care Leave Benefits.* – Notwithstanding any laws, rules,
26 and regulations to the contrary, immediate family members or relatives who actually
27 look after or take care of critically-ill patient family members or relatives, shall be

1 entitled to a compassionate care leave benefit of sixty (60) days a year with full pay,
2 whether in public or private employment sector.

3 Employees availing of this leave privilege shall submit to their employers the
4 following:

- 5 1. Name of patient - relative undergoing palliative treatment;
- 6 2. Copy of Medical Abstract of the patient-relative;
- 7 3. A Certification from the hospital or hospice providing palliative services
8 to a critically-ill patient; and
- 9 4. The nature of the care that is required of them under the circumstances.

10 SEC. 8. *Disqualification from Leave Benefits.* – The following employees shall
11 not be allowed to avail of this leave:

- 12 1. Those who are absent from work without official leave;
- 13 2. Those who are on vacation, sick, forced or study leave; and
- 14 3. In times of emergency, those whose services are necessary to prevent
15 loss of life or damage to property, brought about by serious accidents,
16 fires, floods, typhoons, earthquake, epidemic or other disasters.

17 SEC. 9. *Establishment of Palliative Care Trust Fund.* – A Palliative Care Trust
18 Fund (PCTF) is hereby established exclusively for the financial support and assistance
19 for the medical needs of indigent patients. Indigent patient who needs palliative and
20 end of life care who has no money or property sufficient and available for food, shelter
21 and basic necessities for him and his family, shall be eligible for assistance in payment
22 for the palliative care treatment.

23 The PCTF shall be subject to the following rules:

- 24 a) The contribution to the PCTF shall be sourced from the following:
 - 25 1. The amount of Fifty million pesos (P50,000,000.00) shall be allotted
26 in the annual General Appropriations Act (GAA) for the next five (5)
27 years starting from the enactment of this law;

- 1 2. The amount of Fifty million pesos (P50,000,000.00) shall be taken
2 from the Philippine Amusement and Gaming Corporation (PAGCOR)
3 fund at Five million pesos (P5,000,000.00) per month for ten (10)
4 months;
 - 5 3. Another amount of Fifty million pesos (P50,000,000.00) shall be
6 taken from the Philippine Charity Sweepstakes Office (PCSO) at Five
7 million pesos (P5,000,000.00) per month for ten (10) months;
 - 8 4. Ten percent (10%) of the health budget of all local government units
9 shall be contributed annually to such fund.
- 10 b) Only the interest drawn from the PCTF from sources cited in Section 9
11 (a1), (a2) and (a3) shall be awarded as grants to qualified patients;
 - 12 c) The grants can be awarded only after one (1) year from the organization
13 of the PCTF.
 - 14 d) Government-owned and/or controlled corporations are authorized to
15 give grants to the PCTF at their discretion;
 - 16 e) Private donations and other conveyances including funds, materials,
17 property and services, by gratuitous title are also allowed and
18 encouraged under this Act;
 - 19 f) Contributions to the PCTF shall be exempt from the donor's tax and the
20 same shall be considered as allowable deductions from the gross income
21 of the donor, in accordance with the provisions of the National Internal
22 Revenue Code of 1997, as amended.

23 SEC. 10. *The Palliative Care Assistance Board.* – There is hereby created for
24 every province, city, or municipality a Palliative Care Assistance Board (PCAB). The
25 PCAB shall be composed of five (5) members who shall be chaired by the Governor or
26 the Mayor of the local government concerned.

27 The other four (4) members of the PCAB shall be composed of (1) a
28 representative from the Department of Health; (2) the Chair of the Committee of
29 Health of the Sangguniang concerned; (3) a representative of the opposition party or

1 parties in the Sangguniang concerned; and (4) a representative of the families or
2 family organizations mentioned in Article XV (3 [4]) of the Constitution.

3 The members of the PCAB shall serve for a term of three (3) years: *Provided,*
4 that no member shall serve for more than (2) consecutive terms.

5 The members of the PCAB shall serve and continue to hold office until their
6 successors shall have been appointed and qualified. Should the private representative
7 member of the PCAB fail to complete his or her term, the successor shall be replaced
8 by the families or family associations mentioned above only for the unexpired portion
9 of the term.

10 No person shall be appointed to the PCAB unless he or she is a citizen of the
11 Philippines, at least thirty (30) years of age, and of good reputation and probity.

12 The members of the PCAB shall receive such per diems and allowances as may be
13 authorized for every meeting actually attended and subject to pertinent laws, rules
14 and regulations.

15 For the sound and judicious management of the PCTF, the PCAB shall appoint
16 a government financial institution, with a sound track record on fund management, as
17 portfolio manager of the Fund, subject to guidelines promulgated by the PCAB; and

18 The PCAB shall prepare the implementing guidelines and decision-making
19 mechanisms, subject to the following:

- 20 1. No part of the seed capital of the PCTF, including earnings thereof, shall
21 be used to underwrite overhead expenses for the administration; and
- 22 2. There shall be an external auditor to perform an annual audit of the PCTF's
23 performance.

24 **SEC. 11. Accreditation of Private Hospices.** – The Department of Health (DOH)
25 with the participation of the duly authorized member of families or family associations
26 mentioned in Article XV (3[4]) of the Constitution shall promote the rules and
27 guidelines for the accreditation of private hospices providing palliative and end of life
28 care to patients to ensure standard quality services.

1 SEC 12. *Implementing Rules and Regulations.* – Department of Health with the
2 assistance of the duly authorized representative of the families or family associations
3 mentioned in the Constitution shall issue such rules and regulations as may be
4 necessary to carry out the purpose of this Act, within ninety (90) days from the
5 effectivity of this Act

6 SEC 13. *Appropriations.* – For the initial implementation of this Act, the amount
7 of One Hundred Million pesos (P100,000,000.00), in addition to the budget of the
8 Department of Health, is hereby allotted. The amount shall be equitably allotted to
9 the provinces, cities and municipalities to start the implementation of this Act.

10 SEC 14. *Separability Clause.* – If any portion or provision of this Act is declared
11 unconstitutional, the remainder of this Act or any provision not affected thereby shall
12 remain in force and effect.

13 SEC 15. *Repealing Clause.* – Any law, presidential decree or issuance, executive
14 order, letter of instruction, rule or regulation inconsistent with the provisions of this
15 Act is hereby repealed or modified accordingly.

16 SEC 16. *Effectivity.* – This Act shall take effect fifteen (15) days following its
17 complete publication in a newspaper of general circulation.

Approved,