


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

7 OCT 16 P7:55

SENATE
S. No. 1784

RECEIVED BY 

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE



The Constitution, Article II, Section 15, provides:

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

Every woman dreads the thought of being diagnosed with breast cancer. According to the National Cancer Institute of the National Institutes of Health of the United States, more than half a million women worldwide are diagnosed annually with breast cancer. Even though breast cancer is more common in older women, it also occurs in younger women and even in a small number of men.

Breast cancer is the second leading type of cancer for both sexes in the Philippines. In fact, it ranks first among women and the country has the highest incidence of breast cancer in Asia. In 1998, it was estimated that 9,325 new cases were diagnosed and 3,057 women died of breast cancer.

There is no known primary prevention method against breast cancer. This means that there is no efficient method to prevent breast cancer from developing. There are, however, effective secondary prevention methods or ways to detect or screen for breast cancer at an early stage. Detection at an early stage should be followed by early treatment, which eventually results to decreased mortality from the disease. Breast cancer can be cured when detected early and given the proper treatment. This bill seeks to require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.*

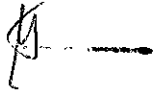

MIRIAM DEFENSOR SANTIAGO


* This bill was originally filed during the Thirteenth Congress, First Regular Session.

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

7 OCT 16 P7:08

SENATE
S. No. 1784

RECEIVED 

Introduced by Senator Miriam Defensor Santiago

AN ACT

TO REQUIRE THAT HEALTH PLANS PROVIDE COVERAGE FOR A MINIMUM
HOSPITAL STAY FOR MASTECTOMIES, LUMPECTOMIES, AND LYMPH NODE
DISSECTION FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR
SECONDARY CONSULTATIONS

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

SECTION 1. *Short Title.* – This Act shall be known as the “Breast Cancer Patient
Protection Act of 2007.”

SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote
the right to health of the people and instill health consciousness among them.

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

- (A) “Breast cancer” means any type of malignant growth in the breast tissue.
- (B) “Health plan” means a medical insurance plan provided by a health insurance issues
to certain groups in order to provide the them with medical and surgical benefits.
- (C) “Mastectomy” means a medical operation that removes a woman’s breast.
- (D) “Lumpectomy” means a medical operation that removes a lump from the breast.
- (E) “Lymph node” means rounded mass of lymphatic tissue that is surrounded by a
capsule of connective tissue.
- (F) “DOH” means the Department of Health.
- (G) “Secretary” means the DOH Secretary.

1 SECTION 4. *Required Coverage For Minimum Hospital Stay For Mastectomies,*
2 *Lumpectomies, And Lymph Node Dissections For The Treatment Of Breast Cancer And*
3 *Coverage For Secondary Consultations.* –

4 (A) *Inpatient Care.* –

5 (1) *In General.* – A group health plan, and a health insurance issuer providing
6 health insurance coverage in connection with a group health plan, that provides medical
7 and surgical benefits shall ensure that inpatient and in the case of a lumpectomy,
8 outpatient coverage and radiation therapy is provided for breast cancer treatment. Such
9 plan or coverage may not, except as provided for in paragraph (B),

10 (a) Restrict benefits for any hospital length of stay in connection with a
11 mastectomy or breast conserving surgery, such as a lumpectomy, for the treatment
12 of breast cancer to less than 48 hours;

13 (b) Restrict benefits for any hospital length of stay in connection with a
14 lymph node dissection for the treatment of breast cancer to less than 24 hours; or

15 (c) Require that a provider obtain authorization from the plan or the issuer
16 for prescribing any length of stay required under subparagraph (1), without regard
17 to paragraph (B)

18 (2) *Exception.* – Nothing in this section shall be construed as requiring the
19 provision of inpatient coverage if the attending physician and patient determine that
20 either a shorter period of hospital stay, or outpatient treatment, is medically appropriate.

21 (B) *Prohibition on Certain Modifications.* – In implementing the requirements of this
22 section, a group health plan, and a health insurance issuer providing health insurance coverage in
23 connection with a group health plan, may not modify the terms and conditions of coverage based
24 on the determination by a participant or beneficiary to request less than the minimum coverage
25 required under subsection (A).

26 (C) *Notice.* – A group health plan and a health insurance issuer providing health
27 insurance coverage in connection with a group health plan shall provide notice to each
28 participant and beneficiary under such plan regarding the coverage required by this section in
29 accordance with regulations promulgated by the Secretary. Such notice shall be in writing and

1 prominently positioned in any literature or correspondence made available or distributed by the
2 plan or issuer and shall be transmitted in the next mailing made by the plan or issuer to the
3 participant or beneficiary; or as part of any yearly informational packet sent to the participant or
4 beneficiary; whichever is earlier.

5 SECTION 5. *Secondary Consultations.* –

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

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

22 SECTION 6. *Prohibition On Penalties Or Incentives.* – A group health plan, and a
23 health insurance issuer providing health insurance coverage in connection with a group health
24 plan, may not—

25 (A) Penalize or otherwise reduce or limit the reimbursement of a provider or specialist
26 because the provider or specialist provided care to a participant or beneficiary in accordance with
27 this Section;

1 (B) Provide financial or other incentives to a physician or specialist to induce the
2 physician or specialist to keep the length of inpatient stays of patients following a mastectomy,
3 lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits
4 or to limit referrals for secondary consultations;

5 (C) Provide financial or other incentives to a physician or specialist to induce the
6 physician or specialist to refrain from referring a participant or beneficiary for a secondary
7 consultation that would otherwise be covered by the plan or coverage involved under Section 5;
8 or

9 (D) Deny to a woman eligibility, or continued eligibility, to enroll or to renew coverage
10 under the terms of the plan or coverage solely for the purpose of avoiding the requirements of
11 this Section.

12 SECTION 7. *Effective Dates.* –

13 (A) *In General.* – The amendments made by this section shall apply to group health plans
14 for plan years beginning on or after 90 days after the date of enactment of this Act.

15 (B) *Special Rule for Collective Bargaining Agreements.* – In the case of a group health
16 plan maintained pursuant to one (1) or more collective bargaining agreements between employee
17 representatives and one (1) or more employers ratified before the date of enactment of this Act,
18 the amendments made by this section shall not apply to plan years beginning before the date on
19 which the last collective bargaining agreements relating to the plan terminates, determined
20 without regard to any extension thereof agreed to after the date of enactment of this Act. For
21 purposes of this paragraph, any plan amendment made pursuant to a collective bargaining
22 agreement relating to the plan which amends the plan solely to conform to any requirement
23 added by this section shall not be treated as a termination of such collective bargaining
24 agreement.

25 SECTION 8. *Separability Clause.* — If any provision, or part hereof is held invalid or
26 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
27 valid and subsisting.

1 SECTION 9. *Repealing Clause.* — Any law, presidential decree or issuance, executive
2 order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent
3 with the provisions of this Act is hereby repealed, modified or amended accordingly.

4 SECTION 10. *Effectivity Clause.* — This Act shall take effect fifteen (15) days after its
5 publication in at least two (2) newspapers of general circulation.

6 Approved,

/jpa