Senate
Office of the Secretary

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RECEIVED BY:

SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Second Regular Session)

SENATE
S. No. 2284

Introduced by Senator Miriam Defensor Santiago

AN ACT
CREATING A PATIENT-CENTERED QUALITY OF CARE INITIATIVE FOR SERIOUSLY ILL PATIENTS THROUGH THE ESTABLISHMENT OF A STAKEHOLDER STRATEGIC SUMMIT, QUALITY OF LIFE EDUCATION, AND AWARENESS INITIATIVE, HEALTH CARE WORKFORCE TRAINING, AN ADVISORY COMMITTEE, AND PALLIATIVE CARE FOCUSED RESEARCH

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 provides:

> SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

People living with a serious illness experience inadequately treated symptoms, fragmented care, poor communication with their doctors and enormous strains on their family caregivers.[1]

Studies in the United States show that, despite soaring health expenditures, seriously ill patients are supposedly not satisfied with the quality of their medical care because of untreated symptoms, unmet psychosocial and personal care needs, high caregiver burden, and low patient and family satisfaction.

In order to improve the quality of life of the patients and even their families, there should be public outreach and education on pain and symptom management of chronic diseases. Palliative care is focused on the relief of the pain, stress, and other debilitating symptoms of serious illness, such as cancer; heart, renal, and liver failure; lung disease; and Alzheimer's disease and related dementias.

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[1] Morrison, R. Sean and Meier, Diane E. America's Care of Serious Illness. Center to Advance Palliative Care. New York, NY. 2011.

This bill seeks to address the symptoms and needs of patients with chronic disease by providing the patients as well as their caregivers and families with greater access to palliative care.[2]

MIRIAM DEFENSOR SANTIAGO

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[2] This bill was originally filed by Mr. Emanuel Cleaver and Mr. Spencer Bachus in the U.S. House of Representatives (H.R. 1666; 113th Congress, First Session).

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SIXTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES)
Second Regular Session)

SENATE
S. No. 2284

Introduced by Senator Miriam Defensor Santiago

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

AN ACT
CREATING A PATIENT-CENTERED QUALITY OF CARE INITIATIVE FOR SERIOUSLY ILL PATIENTS THROUGH THE ESTABLISHMENT OF A STAKEHOLDER STRATEGIC SUMMIT, QUALITY OF LIFE EDUCATION, AND AWARENESS INITIATIVE, HEALTH CARE WORKFORCE TRAINING, AN ADVISORY COMMITTEE, AND PALLIATIVE CARE FOCUSED RESEARCH

SECTION 1. *Short Title.* – This Act shall be known as "Patient-Centered Quality Care for Life Act".

SECTION 2. *National Patient-Centered Health Care and Quality of Life Stakeholder Strategic Summit.* –

(a) *Summit.* – Not later than one year after the date of the effectivity of this Act, the Secretary of Health (here referred to as the "Secretary") shall convene a Patient-Centered Health Care and Quality of Life Stakeholder Strategic Summit (here referred to as the "Summit") to be composed of individuals with appropriate expertise to:

(1) analyze key health system barriers to providing patient-centered health care that integrates symptom management and other aspects of coordinated or palliative care; and

(2) identify strategic solutions for collectively addressing quality of life concerns for the rapidly expanding population of patients and survivors facing serious, complex, and chronic illness in the Philippines and for the families of such patients and survivors.

(b) *Participants.* – The Summit shall include representatives from at least the following:

(1) Government agencies, including the Department of Health;

(2) Private organizations, including:

(A) health professional organizations that represent physicians, nurses, pharmacists, and social workers;

(B) patient non-profit organizations;

(C) private health insurance organizations;

(D) faith community representatives; and

(E) other professionals as deemed appropriate by the Secretary.

(c) *Steering Committee.* –

(1) *In General.* – The Secretary shall establish a Summit Steering Committee to plan the Summit, coordinate participants of the Summit, develop an agenda for the Summit that is in accordance with paragraph (d), and draft a summary report detailing recommendations made by the participants of the Summit for a national strategic action agenda to improve patient-centered care and quality of life (here referred to as the ''National Action Agenda'') in accordance with paragraph (d)(4). The Secretary shall appoint the representatives described in paragraph (2)(A) and shall seek nominations from relevant stakeholders, and from such nominations, appoint representatives described in paragraph (2)(B).

(2) *Composition.* – The Summit Steering Committee shall consist of at least the following members:

(A) *Members from Government Agencies.*—

(i) The Secretary, who will serve as chair of the Committee.

(ii) Four representatives from government agencies described in subsection (b) (or any other government agency deemed appropriate by the Secretary), to be appointed by the Secretary.

(B) *Members Representing Stakeholder Entities.* –

(i) Six representatives of health professionals (with each of such six representatives having research, clinical, and teaching or mentoring expertise);

(ii) Three representatives of patient advocacy organizations.

(iii) One representative of a private health insurance organization.

(iv) One representative of faith communities.

(v) Two physicians.

(vi) Two nurses.

(vii) One social worker.

(d) *Agenda.* – The agenda for the Summit shall focus on specific areas that include at least the following:

(1) Improving communication and coordination of health care among primary care providers, medical specialists, and other health professionals and seriously ill patients and families of such patients to ensure that symptoms are managed and other quality of life needs are met to support the continued functioning and well-being of such patients.

(2) Examining the appropriate roles of both physician and non-physician professionals (such as nurse practitioners, clinical social workers, physician assistants, and other patient or survivor navigators or case coordinators) in strengthening access to integrated, coordinated, or palliative care across care settings for all seriously ill patients and families of such patients.

(3) Examining the role of health information technology in promoting delivery of integrated care to such patients.

(4) Developing recommendations for a National Action Agenda, which shall specify research, surveillance, health information technology, workforce training, delivery of care, and communication activities required to collectively address barriers to achieving integrated palliative care for seriously ill patients in all care settings. Such agenda shall include strategies for reducing disparities among medically underserved populations.

(e) *Report.* – Not later than one year after the last day of the Summit, the Secretary shall submit to the Committee on Health of the House of Representatives and the Committee on Health and Demography of the Senate a report on the recommendations made by the participants of the Summit and shall make such recommendations available to the public.

(f) *Seriously Ill Patient Defined.* – For purposes of this Act, the term "seriously ill patient" means an individual who has a serious health condition.

(g) *Authorization of Appropriations.* – There is authorized to be appropriated to carry out this Section such sums as are necessary for each of the fiscal years 2014 through 2018.

SECTION 3. *Quality of Life Patient and Professional Awareness Grants Program Initiative.* –

(a) *In General.* – Not later than six months after the date of the submission of the report by the Patient-Centered Health Care and Quality of Life Stakeholder Strategic Summit, the Secretary shall establish a national quality of life education and awareness grants program initiative for seriously ill patients, families of such patients, and health professionals who treat such patients for the purposes of encouraging an increased demand for and delivery of integrated and patient-centered care for managing pain and symptoms of such patients and improving the quality of life of such patients. Under the initiative, the Secretary shall, subject to paragraph (h), award competitive grants to eligible entities described in paragraph (b) to develop new and expand existing information, resources, and communication materials about symptom management and other aspects of patient-centered care as an integral part of quality for serious illnesses such as cancer; heart, renal, and liver failure; lung disease; and Alzheimer's disease and related dementias. Such materials shall be presented in a variety of formats (such as online, print, and public service announcement).

(b) *Eligible Entities.* – For purposes of this Section, an eligible entity includes only a community health center, health profession school, chronic disease or cancer center, academic medical center, physician practice, home health care agency, palliative care or psychosocial care team (as defined in paragraph (g)), hospice program, patient non-profit organization (as defined in paragraph (g)), clinical pastoral education program, long-term care facility, faith community organization, or other public or private entity or organization addressing patient-centered care and quality of life concerns of seriously ill patients.

(c) *Application.* – To be eligible to receive a grant under this Section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including assurances that the entity will:

(1) evaluate programs carried out by the entity through a grant provided under this section;

(2) submit to the Secretary a report on the findings of such evaluations; and

(3) coordinate the dissemination of such findings with the Secretary.

(d) *Use of Funds.* – An entity awarded a grant under this Section shall use such grant to carry out programs described in paragraph (e), for patients and families of such patients that further the purposes described in paragraph (a).

(e) *Programs.* – Programs described in this paragraph, for which a grant awarded under this Section may be used, include programs to:

(1) navigate the health system, including assistance to patients with finding health professionals to support quality of life needs, care decision-making and coordination, and transitions across care settings;

(2) provide general advocacy on behalf of patients and survivors to provide patients information to help them effectively communicate with health care providers about pain, physical and psychosocial symptoms, and barriers they are facing in adhering to curative or disease-directed treatments;

(3) encourage health professionals to request coordinated patient-centered care consults for patients that are integrated alongside disease directed treatment in various care settings; and

(4) collect and analyze data related to the effectiveness of the initiative under paragraph (a).

(f) *Priority.* – In carrying out the grant program under this Section, the Secretary shall give priority to applications that include an emphasis on addressing outreach efforts for seriously ill patients who are among medically underserved populations and families of such patients or health professionals serving medically underserved populations. Such populations would include pediatric patients, young adult and adolescent patients, racial and ethnic minority populations, and other priority populations specified by the Secretary.

(g) *Definitions.* – For purposes of this Section:

(1) *Psychosocial Care Team.* – The term "psychosocial care team" means health professionals focused on addressing social and emotional concerns of serious illness, and may include professionals such as social workers, psychiatrists, psychologists, nurses, child life specialists, teachers, chaplains,

spiritual counselors, physical and occupational therapists, nutritionists, integrative medicine specialists, patient service coordinators, patient navigators, and patient representatives.

(2) *Patient Non-Profit Organization.* – The term "patient non-profit organization" means a non-profit entity primarily engaged in raising funds for health-related research, such as disease prevention, health education, and patient services.

(h) *Authorization of Appropriations.* – There is authorized to be appropriated to carry out this Section such sums as are necessary.

SECTION 4. *Professional Workforce Training Grants Program Initiative.* –

(a) *Initiative.* –

(1) *In General.* – Not later than six months after the date of the submission of the report by the Patient-Centered Health Care and Quality of Life Stakeholder Strategic Summit, the Secretary shall establish a health care professional workforce training grants program initiative for the purposes of promoting and enhancing symptom assessment and management, communications skills, coordinated patient-centered care, and other quality of life focused clinical core competencies (as described in paragraph (2)) across all clinical specialties that serve seriously ill patients and patients with multiple or complex chronic diseases, such as patients with cancer; heart, renal, and liver failure; lung disease; and Alzheimer's disease and related dementias. Under such initiative, the Secretary shall, subject to paragraph (i), award competitive grants to eligible entities to provide evidence-based training and develop new training for health professionals, including physicians, nurses, social workers, and professional chaplains for the purposes described in the previous sentence.

(2) *Quality of Life Focused Clinical Core Competencies Described.* – For purposes of paragraph (1), quality of life focused clinical core competencies include, at a minimum, the assessment and management of physical, psychological, and spiritual symptoms; establishment of patient-centered goals of care; support to patient and family caregivers; and management of transitions across care sites.

(b) *Application.* – To be eligible to receive a grant under this Section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including assurances that the entity will –

(1) evaluate programs carried out by the entity through the grant provided under this section;

(2) submit to the Secretary a report on the findings of such evaluations; and

(3) coordinate the dissemination of such findings with the Secretary.

(c) *Use of Funds.* -- An entity awarded a grant under this section shall use such grant to carry out programs described in paragraph (d) to train health care professionals described in paragraph (a)(1) for the purposes described in such subsection.

(d) Programs. – Programs described in this subsection, for which a grant awarded under this section may be used, include programs to:

(1) enhance health professional communication skills in caring for seriously ill patients and survivors, establishing goals of care, and tailoring treatments;

(2) improve health profession identification of patient populations that benefit from coordinated palliative care and appropriate referral of patients for consultations with specialized interdisciplinary palliative care teams;

(3) improve health professional skills in symptoms assessment and management, developing comprehensive care coordination and discharge plans to

support transitions across care settings, managing patients with complex or multiple chronic conditions, and preparing survivorship care plans;

(4) promote quality of life focused clinical core competencies (as described in paragraph (a)(2)) across all clinical specialties serving seriously ill patients;

(5) provide technical assistance to hospitals and other care settings to establish coordinated palliative care teams;

(6) create and expand coordinated palliative care leadership centers (as defined in paragraph (f));

(7) provide mentoring and training to health professionals;

(8) improve cultural sensitivity communication and patient care for minority and medically underserved populations, including by addressing the particular needs of children, adolescents, and families of such children and adolescents; racial and ethnic groups; and other medically underserved patient and survivor populations; and

(9) collect and analyze data related to the effectiveness of health professional education and training efforts carried out pursuant to this section.

(e) *Priority.* – In carrying out the grant program under this section, the Secretary shall give priority to applications that include an emphasis on addressing outreach efforts for seriously ill patients who are among medically underserved populations and families of such patients or health professionals serving medically underserved populations. Such populations would include pediatric patients, young adult and adolescent patients, racial and ethnic minority populations, and other priority populations specified by the Secretary.

(f) *Palliative Care Leadership Center Defined.* – For purposes of this section, the term "palliative care leadership center" means a center:

(1) that trains hospital palliative care programs;

(2) that provides intensive operational training and mentoring for palliative care programs at every stage of development and growth; and

(3) that provides training oriented to teams rather than individuals, and involves participation by teams of hospital and hospice health care professionals involved in starting or running a palliative care program, including physicians, nurses, social workers, administrators and financial managers.

(g) *Authorization of Appropriations.* – There is authorized to be appropriated to carry out this Section such sums as are necessary for each of the fiscal years 2014 through 2019.

SECTION 5. *Quality of Life Cross-Agency Advisory Committee.* –

(a) *Establishment.* -- Not later than 90 days after the date of the effectivity of this Act and subject to paragraph (e), the Secretary shall establish a Quality of Life Cross-Agency Advisory Committee (here referred to as the "Advisory Committee") to advise, coordinate, and assist the Department of Health in creating and conducting the national quality of life education and awareness initiative and the health care professional workforce training initiative and disseminate findings that have been identified from such initiatives for cross agency implementation of best practices.

(b) *Membership.* – The Advisory Committee shall be composed of members who shall be appointed by the Secretary and shall include representatives of:

(1) the Department of Health;

(2) public and private organizations with expertise in patient-centered care, palliative care, psychosocial care, and symptom management and survivorship; and

(3) such other representatives as the Secretary deems necessary.

(c) *Duties.* – The Advisory Committee shall:

(1) evaluate the results of the programs funded by the grants awarded under this Act;

(2) coordinate and implement a cross-agency strategic plan, with respect to the agencies specified in subsection (b), to disseminate findings from such programs;

(3) advise the Secretary of Health on strategies for disseminating across agencies specified in paragraph (b) recommendations from the National Action Agenda;

(4) consider and summarize recent advances achieved in symptom management and survivorship research relevant to the goals of this part and make recommendations to the Secretary on gaps in basic, clinical, behavioral, or other research required to achieve further improvements in care to support quality of life and survivorship;

(5) develop a strategy for developing new and enhancing health surveillance tools used to track symptoms, late effects, and quality care trends over time, including national surveys of the overall population of the Philippines; and

(6) make appropriate updates and addendums annually to the National Action Agenda.

(d) *Meetings.* – The Advisory Committee shall meet at least once a year.

(e) *Authorization of Appropriations.*—There are authorized to be appropriated to carry out this Section such sums as are necessary for each of the fiscal years 2014 through 2019.

SECTION 6. *Enhancing Research in Support of Patient Quality of Life.* –

(a) *In General.* – The Secretary shall develop and implement a strategy to be applied nationwide that is in accordance with recommendations of the Advisory

Committee to expand national research programs in symptom management, palliative, psychosocial, and survivorship care.

(b) *Research Programs.* – The Secretary shall expand and intensify research programs in symptom management and palliative, psychosocial, and survivorship care and research programs that address the quality of life needs for the rapidly growing population in the Philippines of seriously ill patient (with illnesses such as cancer; heart, renal, and liver failure; lung disease; and Alzheimer's disease and related dementias).

SECTION 7. *Separability Clause.* – If any provision or part hereof, is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SECTION 8. *Repealing Clause.* – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or is inconsistent with the provision of this Act is hereby repealed, modified, or amended accordingly.

SECTION 9. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,

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