

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



Senate
Office of the Secretary

'17 AUG -7 P3:23

SENATE

RECEIVED BY: _____

S.B. No. 1545

Introduced by Senator JOSEPH VICTOR G. EJERCITO

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

EXPLANATORY NOTE

Cancer is a growing and serious public health concern in the Philippines which requires urgent and concerted action. Every day, people are needlessly dying and suffering; families are robbed of their loved ones; communities lose productive contributors to a brighter future, all because of cancer.

A recent report of the Philippine Statistical Authority (PSA) states that one in every ten registered deaths in the country is attributable to cancer. In 2010, cancer ranked 3rd, in the list of top ten leading causes of adult mortality and morbidity; for child mortality and morbidity, cancer ranked 4th. As of 2012, the International Agency for Research on Cancer (IARC) estimates that in the Philippines, there are 269 new adult cancer cases every day, 11 every hour. Moreover, there are at least 7 Filipinos dying from cancer every hour. Experts opine that the actual cancer burden and cancer mortality in the Philippines is in fact very much higher. Many more cases and deaths from cancer remain uncounted, unrecorded and unreported.

Given the limitations of the health system in addressing current requirements for cancer care, the country is ill prepared and will be further overwhelmed to effectively care for the expected upsurge of new cancer cases. According to the World Health Organization (WHO),

incidence of cancer by 2030 is projected to exponentially increase by as much as 80%, with the greatest impact being felt in low resource countries, like the Philippines.

Thus, the government must act now to institutionalize an integrated, multi-disciplinary, multi sectoral, nationwide cancer control and management for all types of cancer, for all genders and ages. It needs to achieve a progressive and sustainable increase in its response capacity as well as build for expected future needs and requirements. It must scale up its investments in the different components and patient pathways of cancer control, to provide high-quality, adequately resourced, geographically distributed and connected networks of patient and family focused integrated cancer care services for the whole cancer care continuum. Failure to do so will be costly and can lead to a health system crisis in cancer care. Moreover, strengthening health systems capacity for cancer care will also provide opportunities for timely and effective response to the burden of other non-communicable diseases.

The bill aims to decrease overall mortality and impact of all adult and childhood cancer by institutionalizing a systematic, well-organized, well-coordinated, well-funded, patient and family centered integrated cancer control program. Furthermore, it seeks to provide adequate and even distribution of facilities, personnel, equipment and technologies. More importantly, the proposed measure mandates the establishment of Cancer Assistance Fund to make cancer treatments and medicine affordable and lessen the out-of-pocket costs.

In view of the foregoing, the enactment of this bill is earnestly sought.



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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 “National
2 Integrated Cancer Control Act”.

3
4 **Sec.. 2. Declaration of Policies** – It is hereby declared the policy of the
5 State to adopt an integrated and comprehensive approach to health
6 development which shall endeavor to make essential goods, health and
7 other services available to all the people at affordable cost including
8 cancer treatment. Towards this end, the State shall support and expand
9 efforts to strengthen integrative, multi-disciplinary, patient and family
10 centered cancer control policies, programs, systems, interventions, and
11 services at all levels of the existing health care delivery system.

12
13 The State shall likewise improve survivorship from adult and
14 childhood cancers, by scaling up essential programs and increasing
15 investments for robust prevention of cancer, better screening, early
16 detection, prompt and accurate diagnosis, responsive palliative care and
17 pain management, timely and optimal treatment, and late effects
18 management and rehabilitation.

19
20 **Sec. 3. Definition of Terms.** – For purposes of this Act,
21

- 1 (a) **Cancer** refers to a generic term for a large group of diseases that
2 can affect any part of the body. One defining feature of cancer is
3 the rapid creation of abnormal cells that grow beyond their usual
4 boundaries, and which can then invade adjoining parts of the
5 body and spread to other organs, the latter process is referred to
6 as metastasizing.
7
- 8 (b) **Cancer Control** refers to an act that aims to reduce the incidence,
9 morbidity and mortality of cancer and to improve the quality of
10 life of cancer patients in a defined population, through the
11 systemic implementation of evidence-based interventions for
12 prevention, early detection, diagnosis, treatment, and palliative
13 care.
14
- 15 (c) **Cancer Prevention** is categorized into three:
16 i. *Primary Cancer Prevention* refers to measures and
17 interventions that will decrease the likelihood or risk of an
18 individual of acquiring cancer;
19 ii. *Secondary Cancer Prevention* refers to the use of tests to detect
20 a cancer before the appearance of signs or symptoms
21 (screening) followed by prompt treatment;
22 iii. *Tertiary Cancer Prevention* refers to diagnosis and treatment
23 of clinical apparent disease
24
- 25 (d) **Cancer Registry** refers to the systematic collection, storage,
26 analysis, interpretation and reporting of data on subjects with
27 cancer. There are two main types of cancer registry - population-
28 based and hospital-based cancer registries:
29
- 30 a. *Population-based cancer registries* seek to collect data on all
31 new cases of cancer occurring in a well-defined population.
32 As a result, and in contrast to hospital-based registries, the
33 main objective of this type of cancer registry is to produce
34 statistics on the occurrence of cancer in a defined population
35 and to provide a framework for assessing and controlling
36 the impact of cancer in the community. Thus, the emphasis
37 is on epidemiology and public health;
38
- 39 b. *Hospital-based cancer registries* are concerned with the
40 recording of information on the cancer patients seen in a
41 particular hospital. The main purpose of such registries is to
42 contribute to hospital patient care by providing readily

accessible information on the subjects with cancer, the treatment they received and its result.

- (e) **Cancer Survivorship** starts at the time of disease diagnosis and continues throughout the rest of the patient's life. Family caregivers and friends are also considered survivors.
- (f) **Cancer Treatment** is the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, radio-isotope therapy, and drug therapy such as chemotherapy, hormonotherapy, biotherapeutics, immunotherapy, gene therapy, and supportive therapy among others. It is aimed at curing the disease or prolonging the patient's life considerably while improving the patient's quality of life.
- (g) **Carer** refers to anyone who provides care to a cancer patient who do not receive any salary or other form of compensation.
- (h) **Alternative Medicine Practices** refers to medicine practices that includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, and spiritual healing, not generally recognized by the medical community as standard or conventional medical approaches.
- (i) **Comprehensive Cancer Care Center Model** refers to an integrated, highly functioning network, with different categories of cancer centers, equitably distributed geographically for easier patient access and effectively and quickly address the multifaceted challenges of cancer.
- (j) **Continuum of Care** refers to the care that includes risk assessment, primary prevention, screening, detection, diagnosis, treatment, survivorship, and end-of-life care. Palliative care and pain management are considered as an integral, cross cutting part of the continuum of care. Movement across the span of the cancer care continuum involves several types of needed care, as well as transitions between the types of care.
- (k) **High Quality Cancer Care Delivery System**. There are six essential components:
 - i. Engaged patients refers to a system that supports all patients in making informed medical decisions consistent with their

- 1 needs, values, and preferences in consultation with
2 clinicians who have expertise in patient-centered
3 communication and shared decision making;
4
- 5 ii. An adequately staffed, trained, and coordinated workforce
6 refers to a system that provides competent, trusted,
7 interdisciplinary cancer care teams that are aligned with
8 patients' needs, values, and preferences, as well as
9 coordinated with the patients' non-cancer care teams and
10 their caregivers;
11
- 12 iii. Evidence-based cancer care;
13
- 14 iv. A system that uses advances in IT to enhance the quality and
15 delivery of cancer care, patient outcomes, innovative
16 research, quality measurement, and performance
17 improvement;
18
- 19 v. A system that rapidly and efficiently incorporates new
20 medical knowledge into clinical practice guidelines;
21 measures and assesses progress in improving the delivery of
22 cancer care; publicly reports performance information; and
23 develops innovative strategies for further improvement;
24
- 25 vi. Accessible, affordable cancer care
26
- 27 (l) **Hospice care** is a type of care and philosophy of care that focuses
28 on the palliation of a chronically ill, terminally ill or seriously ill
29 patient's pain and symptoms, and attending to their emotional
30 and spiritual needs. Hospice care is part of palliative care
31 particularly at the latter stage of cancer. The goal of the care at
32 end of life is to help people die in peace, comfort, and dignity.
33
- 34 (m) **Interdisciplinary approach** to cancer care refers to the process of
35 answering a question, solving a problem, or addressing a topic
36 that is too broad or complex to be dealt with adequately by a
37 single medical discipline, and draws on the different disciplines
38 with the goal of integrating their insights to construct a more
39 comprehensive understanding.
40
- 41 (n) **Multidisciplinary care** refers to an integrated (interdisciplinary)
42 approach to cancer care in which medical and allied health care
43 professionals consider all relevant treatment options and

- 1 develop collaboratively an individual treatment plan for each
2 patient.
3
- 4 (o) **National Integrated Cancer Control Program (NICCP)** refers to
5 the program of the national government for the management of
6 cancer in the Philippines
7
- 8 (p) **National Cancer Control Programme (NCCP)** refers to the
9 public health programme designed to reduce the number of
10 cancer cases and deaths and improve quality of life of cancer
11 patients. This is done by implementing systematic, equitable and
12 evidence-based strategies for prevention, early detection,
13 diagnosis, treatment, palliation and rehabilitation, using
14 available resources
15
- 16 (q) **Out-of-pocket expenditure** refers to any direct outlay by
17 households, including gratuities and in-kind payments, to health
18 practitioners and suppliers of pharmaceuticals, therapeutic
19 appliances, and other goods and services whose primary intent
20 is to contribute to the restoration or enhancement of the health
21 status of individuals or population groups.
22
- 23 (r) **Palliative Care** refers to a treatment to relieve, rather than cure,
24 symptoms caused by cancer. It relieves suffering and improves
25 quality of life for people of any age and at any stage in a serious
26 illness, whether that illness is curable, chronic, life limiting or
27 life-threatening.
28
- 29 (s) **Patient Navigation** refers to individualized assistance offered to
30 patients, families, and caregivers to help overcome health care
31 system barriers and facilitate timely access to quality medical
32 and psychosocial care
33
- 34 (t) **Practical assistance** refers to help on non-medical costs such as
35 financial assistance for transient housing, transportation, food
36 and nutrition, among others.
37
- 38 (u) **Psychosocial services** include interventions that enable patients,
39 their families and health care providers to optimize biomedical
40 health care and to manage the psychological, behavioral and
41 social aspects of illness and its consequences so as to promote
42 better health
43

- 1 (v) **Treatment compliance** refers to medication or drug compliance,
2 but it can also apply to other situations such as medical device
3 use, self-care, self-directed exercises, or therapy sessions.
4

5
6 CHAPTER I
7

8 **Establishing the National Integrated Cancer Control Advisory Board**
9 **and Strengthening the Cancer Program in the Disease Prevention and**
10 **Control Bureau of the Department of Health**
11

12 **Sec. 4. *Creation and Composition of the National Integrated Cancer***
13 ***Control Advisory Board (NICCAB).*** – The State, through the Department
14 of Health, shall establish a NICCAB to provide technical guidance,
15 support and oversee the implementation of this law, ensuring judicious
16 and best use of available resources for the benefit of all, especially the
17 most vulnerable sectors of society, the elderly, women and children, the
18 poor, marginalized, and disadvantaged. The NICCAB shall be composed
19 of:
20

- 21 1. The Secretary of the Department of Health who shall serve as the
22 Chairperson or a designated representative, as ex officio member.
23

24 The Vice-Chair shall be elected by the non-ex officio members,
25 from among themselves, and shall serve for a term of two (2) years;
26

- 27 2. The Director General of the Food and Drug Administration or a
28 designated representative as ex officio member;
29

- 30 3. The Director General of the National Economic and Development
31 Authority or a designated representative, as ex office member;
32

- 33 4. The President and CEO of the Philippine Health Insurance
34 Corporation (PhilHealth) or a designated representative, as ex
35 officio member;
36

- 37 5. The Secretary of the Department of Social Welfare and
38 Development (DSWD) or a designated representative, as ex officio
39 member;
40

- 41 6. The Secretary of the Department of Labor and Employment
42 (DOLE), or a designated representative as ex officio member;
43

- 1 7. The Secretary of the Department of the Interior and Local
2 Government (DILG), or a designated representative as ex officio
3 member;
4
- 5 8. The Secretary of the Department of Finance (DOF), or a designated
6 representative as ex officio member;
7
- 8 9. The Secretary of the Department of Science and Technology
9 (DOST), or a designated representative as ex officio member;
10
- 11 10. The Chairperson of the Commission on Higher Education, or a
12 designated representative as ex officio member;
13
- 14 11. Three (3) members, in total, drawn from among the major
15 oncology societies as later determined in the Implementing Rules
16 and Regulations of this law, to be appointed by the President of the
17 Philippines and shall serve for a term of 3 years, renewable every
18 year, upon recommendation of the DOH Secretary;
19
- 20 12. Two (3) members, in total, drawn from the academe representing
21 key disciplines of oncology as later determined by the
22 Implementing Rules and Regulations of this law, to be appointed
23 by the President of the Philippines and shall serve for a term of 3
24 years, renewable every year upon recommendation of the DOH
25 Secretary; and
26
- 27 13. Two (3) members, in total, drawn from cancer-focused patient
28 support organizations and advocacy network, to be appointed by
29 the President of the Philippines and shall serve for a term of 3
30 years, renewable every year, upon recommendation of the DOH
31 Secretary.
32

33 **Sec. 5. Role and Functions.** - The NICCAB shall recommend policies,
34 programs and reforms that shall enhance synergies among stakeholders
35 and ensure well-coordinated, effective and sustainable implementation
36 of the provisions of this law. It shall advise and assist in planning, policy
37 making, program development, development of good practice models,
38 standard setting, stakeholder engagement, program monitoring,
39 evaluation and assessment, strategic, programmatic and operational
40 review. It shall, as necessary, create experts' groups or technical working
41 groups to assist the DOH to undertake any of the following key tasks.
42

- 1 (a) Secure from government agencies and other stakeholders
2 concerned, recommendations and plans on how their respective
3 agencies could operationalize specific provisions of this Act. The
4 Board shall consider and integrate sound recommendations in
5 the implementing rules and regulations for this Act.
6
- 7 (b) Develop the National Integrated Cancer Control (NICC)
8 roadmap with annual targets, priorities and performance
9 benchmarks, for the effective institutionalization of integrated
10 cancer control strategies, policies, programs and services in the
11 national and local health care system;
12
- 13 (c) Develop integrated and responsive cancer control policies and
14 programs tailored to the socio-economic context and
15 epidemiological profiles of the Philippines and aimed at
16 improving survivorship, making cancer care more accessible
17 and affordable, expanding and enhancing cancer care to include
18 the whole continuum of care, promoting integrated,
19 multidisciplinary, patient- and family-centered care, and
20 enhancing the well-being and quality of life of cancer patients
21 and their families;
22
- 23 (d) Develop, periodically update and promote, evidence based
24 treatment standards and guidelines for all adult and childhood
25 cancers, of all stages, including the management of late effects;
26
- 27 (e) Develop innovative and cost-effective cancer care service
28 models for effectively delivering integrated cancer care in the
29 most appropriate settings and improving patient care flow from
30 primary to tertiary care;
31
- 32 (f) Develop clearly defined patient care pathways and evidence
33 based standards of care for the network of cancer centers, i.e.,
34 Comprehensive Cancer Care Centres, Specialty Care Centers,
35 Regional Cancer Centers, Satellites and others, as deemed
36 essential;
37
- 38 (g) Set quality and accreditation standards for oncology focused
39 health service facilities, health care providers, medical
40 professionals, allied health professionals, as well as, ethical
41 cancer research;
42

- 1 (h) Monitor and assess the implementation of prioritized packages
2 of cancer services, for all ages and all stages of cancer, ensuring
3 they are provided in an equitable, affordable and sustainable
4 manner, at all levels of care; that is, primary to tertiary health
5 care;
6
- 7 (i) Recommend responsive and proactive medicine access
8 programs, as well as, improvements of core systems and
9 processes related to: a) availability and affordability of quality,
10 safe, and effective medicines, not limited to those in the WHO
11 List of Essential Medicines and the Philippine National
12 Formulary, b) increased access to cost effective vaccinations to
13 prevent infections associated with cancers, c)diagnostics for
14 cancer, d) innovative medicines and technologies, and
15 e)compassionate use protocols, as necessary;
16
- 17 (j) Establish mechanisms and platforms for multi-sectoral and
18 multi-stakeholder collaboration, coordination, and cooperation,
19 especially in, health promotion, disease prevention, capacity
20 development, education, training and learning, information and
21 communication, social mobilization and resource mobilization;
22
- 23 (k) Establish mechanisms and platforms for patient, family, and
24 community engagement, especially on protection and
25 promotion of the rights of patients, survivors and their families
26 and their active involvement in multi-disciplinary patient care,
27 patient navigation, and survivors' follow-up care;
28
- 29 (l) Strengthen linkages with local and international organizations
30 for possible partnerships in treatment and management of
31 challenging and rare cases, education, training and learning,
32 advocacy, research, resource mobilization and funding
33 assistance; and
34
- 35 (m) Establish a system for program review, monitoring and
36 evaluation, inclusive of financial aspects and submit an annual
37 report to the Secretary of Health on the progress,
38 accomplishments, implementation challenges encountered and
39 recommendations for way forward.
40

41 *Sec. 6. Strengthening of the human resource complement for the cancer*
42 *program in the Disease Prevention and Control Bureau of the*
43 *Department of Health.* - In order to ensure that this law shall be

effectively operationalized and implemented, the human resource complement of the cancer unit under the Department of Health shall be strengthened. A Director for Cancer Control shall be designated to provide operational leadership, undertake coordination with program stakeholders and ensure effective and sustainable implementation of the program.

CHAPTER II

Optimizing Quality Health Care Systems for Cancer Prevention, Control and Management in All Levels

Sec. 7. *Strengthen Cancer Care Infrastructure and other resources.* - The State through the Secretary of Health, the Local Government Units and its instrumentalities, shall strengthen the capacity of public health systems and facilities, in the provision of services, in the cancer care continuum, through the following key activities, but not limited to:

- (a) Allocate adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in cancer treatment and care (from diagnosis to rehabilitation);
- (b) Develop robust and effective patient referral pathways across levels of health service delivery;
- (c) Provide reliable supply of cancer drugs and cancer control related vaccines (e.g. HPV, Hepatitis B etc.) to patients by ensuring that health facilities and local health centers, through coordination with local government units (LGUs), consistently have sufficient supply of essential medicines and vaccines;
- (d) Enhance and strengthen the oncology related competencies of health providers in all levels of care as well as capacities to collaborate and work effectively in integrated, multidisciplinary settings;
- (e) Institutionalize work place retention programs for priority oncology disciplines, disciplines where shortages exist and in underserved areas, where there are no oncology related practitioners;

- (f) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and patient navigation;
- (g) Establish and strengthen community level of care for cancer patients, cancer survivors, and people living with cancer, of all gender and ages;
- (h) Ensure the proper recording, reporting and monitoring of cancer cases, of all gender and ages, in all levels of care;
- (i) Network and link-up with Comprehensive Cancer Centers, Regional Cancer Centers, Specialty centers, privately managed cancer centers and relevant health facilities and international institutions, for knowledge and resource sharing;
- (j) All other activities and initiatives as may be identified by the NICCAB.

Sec. 8. Establish an integrated network of cancer care centers in strategic areas of the country. The State, through the Secretary of Health, and with assistance from NICCAB, shall develop standards to classify cancer centres, accredit, regulate and designate Comprehensive Cancer Centers, Specialty Centers and Regional Cancer Centers and satellites.

The Regional Cancer Centre shall have the following objectives and functions:

- (a) Provide timely and high quality cancer services such as screening, diagnosis, optimal treatment and care, supportive care and palliative care, survivorship follow-up care and re-integration, rehabilitation, to cancer patients of all gender and ages;
- (b) Establish as necessary, networks with both public and private facilities, to improve access, expand range of services, reduce costs and bring services closer to patients;
- (c) Provide and promote supportive care, palliative care and pain management, patient navigation, hospice care and other measures to improve the well-being and quality of life of cancer patients, people living with cancer, their families and carers;

- (d) Ensure there are separate units and facilities for children/adolescents with cancer and that they are not mixed with the general population;
- (e) Design and implement high-impact, innovative, and relevant local communications campaigns that are context and culture-sensitive, and aligned with national programs;
- (f) Undertake and support the training of physicians, nurses, medical technicians, pharmacists, health officers, and social workers on evidence-based, good practice models for delivery of responsive, multi-disciplinary, integrated cancer services;
- (g) Address the psychosocial and rehabilitation needs of cancer patients and survivors;
- (h) Adapt and promote evidence based innovations, good practice models, equitable, sustainable strategies and actions across the continuum of care;
- (i) Engage and collaborate with LGUs, private sector, philanthropic institutions, cancer focused patient support and advocacy organizations, civil society organizations, to make available programs and services for practical assistance to cancer families and cancer survivors;
- (j) Promote and/or assist in ethical scientific research on matters related to cancer; and
- (k) Institutionalize and implement the Integrated Philippine Cancer Control Program.

Sec. 9. Strengthen the capacities of the Human Resources for Health in Cancer Care. – The Department of Health in collaboration with cancer focused professional societies, LGU leagues and LGU-based health associations, academic institutions, human resources units of designated Comprehensive Cancer Centers, designated Specialty Cancer Centers, designated Regional Cancer Centers, civil society organizations, and the private sector shall create and implement competency-based learning packages, for all health care workers providing cancer care service and support at all levels of the healthcare delivery system. This continuing learning program shall include adoption and institutionalization of cost-effective, learner friendly, learning platforms and modalities, so as to

1 broaden reach and accelerate enhancement of key competencies of health
2 providers.

3
4 **Sec. 10. *Strengthen oncology-related academic curricula of higher***
5 ***educational institution(HEI)s.*** The Commission on Higher Education in
6 collaboration with DOH, PSC, HEIs, cancer focused professional
7 societies, accrediting institutions and patient support organizations, shall
8 undertake an assessment of current oncology-related academic
9 curriculum and ensure that it meets local needs and global practice
10 standards. It shall encourage HEIs to offer degree programs for high
11 priority oncology related specializations as well as continuing education
12 programs related to oncological treatment and care.

13 14 15 CHAPTER III

16 17 **Enhancing Public Awareness of Cancer through Health Education** 18 **and Health Promotion in Schools, Workplaces, and Communities and** 19 **Creating a Supportive and Safe Environment in various settings** 20

21 **Sec. 11. *National Cancer Information Service.*** The State shall intensify
22 provision of up-to-date, evidence-based information, as well as practical
23 advice, support, and referral for cancer patients, people living with
24 cancer, survivors, their families, carers, and caregivers. The service shall
25 be provided through the existing Department of Health Call Center,
26 website, help line or other platforms that may be developed, including
27 that of the Department of Information, Technology and
28 Communications. Comprehensive Cancer Care Centers and Regional
29 Cancer Centers shall likewise have a provision for cancer information
30 services.

31
32 **Sec. 12. *Health Education and Health Promotion in Schools, Colleges,***
33 ***and Universities.*** - The Commission on Higher Education and
34 Department of Education shall develop policies and provide technical
35 guidance to academic institutions and administrators to:

- 36
37 a) Promote and facilitate integration of age appropriate key
38 messages on cancer risk factors, early warning signs and
39 symptoms of adult cancers and childhood cancers, cancer
40 prevention and control, adoption of healthy lifestyles and healthy
41 diets, in their curriculum, health and wellness programs, and co-
42 curricular activities;
43

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

c) Adopt initiatives that shall minimize or eliminate stigma and discrimination in schools, colleges, and universities. For this purpose, funds shall be allocated for training of key staff, lead personnel and counsellors.

Sec. 13. *Health Education and Health Promotion in the Workplace.* - The Department of Labor and Employment (DOLE), Civil Service Commission (CSC), and Technical Education and Skills Development Authority (TESDA), shall develop policies and provide technical guidance to employers, employees associations, and unions to:

a) Promote and facilitate integration of key messages on cancer risk factors, early warning signs and symptoms of adult cancers and childhood cancers, cancer prevention and control, adoption of healthy lifestyles and healthy diets, in their communication initiatives, health and wellness programs, and employee development programs;

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

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

(d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the work place that is experienced by people living with cancer, survivors, and their families. The Armed Forces of the Philippines (AFP) and the Philippine National Police shall likewise be engaged and assisted by the Department of Health in collaboration with appropriate agencies.

Sec. 14. *Health Education and Promotion in Communities.* - The DILG, League of Provinces, League of Cities and League of Municipalities, in collaboration with the Department of Health, Centers for Health Development, local cancer focused patient support organizations and cancer focused professional societies, shall implement a locally based,

1 multi-sectoral community response to cancer. This shall not be limited to
2 information and cancer focused health education but shall include
3 assisting cancer patients, people living with cancer, cancer survivors and
4 their families in accessing community resources for cancer services and
5 support for effectively coping and living with cancer. Gender and
6 Development Funds and other appropriate local sources may be utilized
7 for these purposes.

8
9 The DILG shall, in coordination with the DOH Centers for Health
10 Development and the DSWD, conduct age appropriate cancer focused
11 health education and health promotion for out of school youth.
12

13
14 **CHAPTER IV**
15 **Making Cancer Care and Treatment More Affordable**
16

17 **Sec. 15. *Establishment of the Cancer Assistance Fund (CAF).*** - There is
18 hereby established a Cancer Assistance Fund (CAF) to support the cancer
19 medicine and treatment assistance program. For the initial year of
20 implementation of this act, the amount of Fifty Million Pesos
21 (P50,000,000.00) is hereby appropriated, thereafter, funds for the CAF
22 shall be included in the budget of the DOH.
23

24 **Sec. 16. *Expansion and introduction of innovative PhilHealth Benefits***
25 ***for Cancers.*** - The Philippine Health Insurance Corporation (PhilHealth)
26 shall expand current benefits to include screening, detection, diagnosis,
27 treatment assistance, supportive care, survivorship follow up care and
28 rehabilitation, for all types and stages of cancer, in both adults and
29 children. It shall also develop innovative benefits such as support for
30 community-based models of care to improve cancer treatment journey
31 and reduce costs of care; this may include, but not limited to, standalone
32 chemotherapy infusion centers, ambulatory care, community and/or
33 home based palliative care and pain management, community based
34 hospice facility.
35

36 **Sec. 17. *Institutionalizing Social Protection Mechanisms for cancer***
37 ***patients, persons living with cancer, survivors, their families and carers.***
38 - The DOH, in close coordination with SSS, GSIS, PCSO, PAGCOR,
39 DOLE, DSWD, and LGUs shall develop appropriate, easily accessible
40 social protection mechanisms for cancer patients, people living with
41 cancer, survivors, their families and carers, to support their practical
42 needs which serve as barriers to access to care, and to reduce, if not

1 eliminate catastrophic costs of cancer, improve survivorship outcomes
2 and ensure their well-being.

3 4 5 CHAPTER V

6 Ensuring Essential Medicines are Available, Accessible, Affordable 7 and Safe 8

9 **Sec. 18. *Facilitating Access to Cancer Center, Supportive Care Medicines***
10 ***and Palliative Care and Pain Management.*** – The DOH and other
11 concerned agencies (i.e. Food and Drug Administration, PhilHealth,
12 Philippine Pharma Procurement Inc., Bureau of Customs, among others)
13 shall implement reforms supporting early access to essential medicines,
14 innovative medicines and health technologies, to ensure highest possible
15 fighting chance of survival among people with cancer. This shall include
16 facilitating quick access to drugs for compassionate use and developing
17 a more responsive system for effectively addressing emergency cases.
18

19 Moreover, DOH is mandated to ensure that medicines and
20 treatments for palliative care and pain management are available and
21 accessible for cancer patient.

22 **Sec. 19. *Misinformation on Cancer.*** False and misleading advertising and
23 claims in any of the multimedia and/or promotional marketing of drugs,
24 devices, agents or procedures without prior approval by the FDA and
25 without the requisite medical and scientific basis, purporting to be a cure
26 for cancer or a failsafe prophylactic against cancer, shall be deemed
27 illegal and be punishable with a fine amounting to not more than Five
28 Hundred Thousand Pesos (Php500,000.00) and/or imprisonment of not
29 more than two (2) years.
30
31

32 CHAPTER VI

33 34 Creating a Supportive Environment for Persons Living with Cancer 35 and Cancer Survivors 36

37 **Sec. 20. *Designation of Cancer Patients, Persons Living with Cancer and***
38 ***Cancer Survivors as Persons with Disabilities.*** – Cancer Patients,
39 Persons Living with Cancer and Cancer Survivors shall be considered as
40 persons with disabilities (PWDs), in accordance with Republic Act No.
41 7277, as amended, or the Magna Carta for Disabled Persons.
42

1 **Sec. 21. *Rights and Privileges of Persons with Cancer and Cancer***
2 ***Survivors.*** – The appropriate national government agency shall ensure
3 that they are accorded the same rights and privileges as PWDs, to wit:
4

5 (a) The Department of Social Welfare and Development (DSWD) shall
6 provide assistance to persons with cancer and cancer survivors to
7 ensure that their social welfare and benefits provided under
8 Republic Act No. 7277, as amended, or the Magna Carta for
9 Disabled Persons, are granted; and
10

11 (b) The Department of Labor and Employment (DOLE) shall adopt
12 programs that promote the availability of opportunities for work
13 and employment of able-persons with cancer and cancer survivors.

14 **Sec. 22. *Promoting non-discrimination.*** – The State and its
15 instrumentalities shall ensure that people living with cancer and
16 survivors of cancer have the right to freedom from discrimination with
17 regards to access to and continued employment, conditions of
18 employment, access to education, use of public facilities, and other social
19 services.
20

21 22 CHAPTER VII

23 **Establishment of National Cancer Registry and Surveillance System** 24 **and Hospital Based Cancer Registries** 25

26 **Sec. 23. *Establishment of National Cancer Registry and Surveillance***
27 ***System.*** – The DOH through its Disease Prevention and Control Bureau
28 (DPCB), Epidemiology Bureau (EB), Knowledge Management and
29 Information Technology Service (KMITS), Health Facilities Services and
30 Regulatory Bureau, the Philippine Health Insurance Cooperation, the
31 Philippine Cancer Society Tumor Registry, and other private
32 organizations shall collaborate in the design and implementation of a
33 national cancer registry and surveillance system covering all forms of
34 cancer among adults and children to guide policy development and
35 program decision making. The DOH shall undertake a review of the
36 current population based cancer registries and determine the feasibility
37 of establishing a separate childhood cancer focused national cancer
38 registry and surveillance system.
39

40 **Sec. 24. *Strengthen Hospital based Cancer Registries.*** – The DOH shall
41 mandate all public and private hospitals to establish Cancer Registries.
42 Such registries shall be made available to patient, current doctors of the

1 cancer patient, carers and other person authorized by the cancer patient.
2 The registry shall include but not limited to personal detail, medicines
3 and treatments they received and its result. Administrator of Hospitals
4 shall be liable for a fine not more than One Hundred Thousand Pesos
5 (Php100,000.00) for failure to establish a cancer registries or to provide
6 information to authorized person herein.

7
8 **Sec. 25. Recording and Reporting of Cancer Cases.** - Adult and childhood
9 cancer shall be considered as a notifiable disease in all levels of the health
10 care system.

11 12 CHAPTER VIII

13 Final Provisions

14
15 **Sec. 26. Report to Congress.** - The Secretary of Health shall submit an
16 annual report to the Committees on Health of the Senate and the House
17 of Representatives on the activities carried out in compliance with the
18 provisions of this Act.

19
20 **Sec. 27. Appropriations.** - The amount necessary to implement the
21 provisions of this Act shall be charged against the current year's
22 appropriation of the DOH and DSWD. Thereafter, ten percent (10%) of
23 the incremental revenues from the excise tax on alcohol and tobacco
24 products collected by the government pursuant to Republic Act No.
25 10351 shall be earmarked for the implementation of this Act, in addition,
26 such sums as may be necessary for the continues implementation of this
27 Act shall be included in the annual General Appropriations Act.

28
29 **Sec. 28. Implementing Rules and Regulations.** - The DOH, in
30 consultation with its attached agencies, DSWD, DOLE, DOF, DBM,
31 DepEd, CHED, TESDA, SSS, GSIS, the LGUs, private sector, cancer
32 focused professional societies, patient support organization and
33 advocacy network representatives, and other interest groups, shall issue
34 the rules and regulations implementing the provisions of this Act within
35 ninety (90) days from its effectivity.

36
37 **Sec. 29. Separability Clause.** - If any provision or part hereof is held
38 invalid or declared unconstitutional, the other provisions which are not
39 affected thereby shall continue to be in full force and effect.

40
41 **Sec. 30. Repealing Clause.** - Any law, presidential decree or issuance,
42 executive order, letter of instruction, administrative order, rule or

1 regulation contrary to or inconsistent with the provisions of this Act is
2 hereby repealed, modified or amended accordingly.

3

4 **Sec. 31. Effectivity.** – This Act shall take effect fifteen (15) days after its
5 publication in the *Official Gazette* or in a newspaper of general circulation.

6

7

8 Approved,