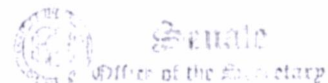
SEVENTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES)
Second Regular Session)



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SENATE

S.B. No. 1570

Introduced by Senator SONNY ANGARA

AN ACT
INSTITUTIONALIZING NATIONAL INTEGRATED CANCER CONTROL AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Cancer continues to be a serious public health concern in the Philippines. A recent Philippine Statistical Authority (PSA) report estimated that one in every ten registered deaths in the country is attributable to cancer. New data from the Philippine Obstetrical and Gynecological Society found that the Philippines has the highest prevalence of breast cancer among 197 countries. In 2013, 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) estimated that in the Philippines, there were 269 new adult cancer cases every day—11 every hour. Moreover, there were at least 7 Filipinos dying from cancer every hour. With the though some experts surmise that the actual case rates are in in fact much higher.

Cancer imposes immense burdens not just on patients, but also on their families and communities. Specifically, Cancer pushes Filipino families deeper into poverty. Cancer treatment costs are catastrophic and the economic burden is overwhelming, Social safety nets are limited, with patients and their families often spending on laboratory tests, medicines, medical supplies, nutritional supplements, food, temporary housing arrangements and transportation out of their own pockets. A 2016 study of cancer patients showed that the mean out-of-pocket expenditure for cancer treatment, far exceeded their mean household income; 117 percent at baseline to 253 percent twelve months after, leading more than 56 percent of households into financial catastrophe.[1] In some areas and with certain types of

Ngelangel et al (2016). Philippine Costs in Oncology Study.

cancer, abandonment or discontinuance of treatment can be as high as 75 per cent. These conditions are most observed among the poor marginalized sectors but occur even among the middle class.

Cancer also poses significant burdens on the country through our health care systems. Many of the preventable and premature deaths from adult or childhood cancers can be attributed to any of the following—low awareness of signs and symptoms of cancer; delayed diagnosis or misdiagnosis; poor access to health facilities; limited health systems infrastructure for cancer treatment and car; limited number of trained health professionals for cancer-related services; weak or absent referral systems, patient pathways, accurate diagnosis, timely and optimal treatment, palliative care and pain management, survivorship follow up care, detection and management of late effects and rehabilitation. Global experts have asserted that 50-60% of cancer mortality in low-resource countries like the Philippines, could be avoided with country-specific strategies for prevention and treatment.

In short, the country is ill-prepared to provide proper cancer care. Absent any immediate intervention, it is likely to be further overwhelmed by an expected upsurge of new cancer cases.

Thus, the government must act 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.

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

SONNY ANGARA

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

1 **SECTION 1.** ***Short Title.*** – This Act shall be known as the ***"National Integrated***
2 ***Cancer Control Act"***.

3 **SEC. 2.** ***Declaration of Policy.*** – The State is mandated to adopt an integrated
4 and comprehensive approach to health development which shall endeavor to make
5 essential goods, health and other services available to all the people at affordable
6 cost. Towards this end, and in view of the fact that cancer is a complex and
7 catastrophic disease which is an urgent public health concern, the State shall
8 support and expand efforts to strengthen integrative, multi-disciplinary, patient- and
9 family-centered cancer control policies, programs, systems, interventions, and
10 services at all levels of the existing health care delivery system. The State shall
11 likewise improve survivorship from adult and childhood cancers, by scaling up
12 essential programs and increasing investments for robust prevention of cancer,
13 better screening, early detection, prompt and accurate diagnosis, responsive
14 palliative care and pain management, timely and optimal treatment, effective
15 survivorship care and late effects management and rehabilitation.

The State shall make cancer treatment and care more equitable and affordable for all, even as it endeavors to increase support for the most vulnerable sectors of society, the under-privileged, sick, elderly, women, children, persons with disabilities, the poor, marginalized, and disadvantaged.

This law shall contribute to the country's attainment of Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all ages as well as to reduce premature mortality from cancer and non-communicable diseases by at least 1/3 by 2030. It is also pursuant to national commitments to the United Nations, that Member States should increase efforts to strengthen health systems at the national and local levels to ensure early diagnosis, accessible, affordable and high-quality care for all cancer patients as well as reduce risk factors for cancer through adequate policies and programs. Furthermore, it is aligned and supportive to the World Health Organization 2017 World Health Assembly resolution on Integrated Cancer Prevention, Control and Management which calls for strengthening and expanding national level actions and initiatives.

SEC. 3. ***Rationale and Objectives.*** – High mortality, premature, preventable deaths and related disabilities from cancer in both adults and children, are oftentimes attributed to late diagnosis, combined with poor access to care related to inadequate and uneven distribution of facilities, personnel, equipment and technologies, poor treatment compliance and high abandonment of treatment, primarily due to high out-of-pocket costs, unaffordable costs of treatment and medicines and prevalence of myths and misconceptions on cancer. These underscore the importance of institutionalizing a systematic, well-organized, well-coordinated, well-funded, patient- and family-centered, integrated cancer control program in all levels that shall:

(a) Decrease overall mortality and impact of all adult and childhood cancers;
(b) Decrease incidence of preventable cancers in adults;
(c) Prevent cancer relapse or recurrence and secondary cancers among people living with cancers and survivors;
(d) Reduce inequities in timely access to optimal cancer treatment and care;
(e) Increase support and Philippine Health Insurance Corporation (PhilHealth) benefits to make cancer treatment and care more affordable;

1 (f) Improve patients and families experience of cancer treatment and care;
2 (g) Support cancer survivors to recover, effectively reintegrate and thrive; and
3 (h) Eliminate various forms of burden on patients, people living with cancer,
4 survivors, and their families.

5 **SEC. 4.** ***Definition of Terms.*** **– As used in this Act:**

6 (a) **Cancer** is a generic term for a large group of diseases that can affect any part
7 of the body. Other terms used are malignant tumors and neoplasms. One
8 defining feature of cancer is the rapid creation of abnormal cells that grow
9 beyond their usual boundaries, and which can then invade adjoining parts of
10 the body and spread to other organs, the latter process is referred to as
11 metastasizing. Metastases are the major cause of death from cancer. (WHO
12 February 2015)
13 (b) **Cancer Burden** – Differences in the burden of cancer between different
14 countries relates to cancer incidence, cancer mortality and prevalence of
15 individuals with cancer. **Cancer incidence** is defined as the number of new
16 cases in a defined population over a specific time period. **Cancer prevalence**
17 represents the disease burden in a population at a specific time and is related
18 to survival of individuals diagnosed with cancer.
19 (c) **Cancer Control** aims to reduce the incidence, morbidity and mortality of
20 cancer and to improve the quality of life of cancer patients in a defined
21 population, through the systemic implementation of evidence-based
22 interventions along the continuum of care from prevention to end of life.
23 (d) **Cancer Diagnosis** comprises the various techniques and procedures used to
24 detect or confirm the presence of cancer. Diagnosis typically involves
25 evaluation of the patient's history, clinical examinations, review of laboratory
26 test results and radiological data, and microscopic and genotypic examination
27 of tissue samples obtained by biopsy or fine-needle aspiration *or blood*
28 *samples obtained by blood extraction.* (WHO Cancer Control Knowledge Into
29 Action 2008)
30 (e) **Cancer Prevention**:
31 **Primary Cancer Prevention** refers to measures and interventions that shall
32 decrease the likelihood or risk of an individual of acquiring cancer;

Secondary Cancer Prevention involves the use of tests to detect a cancer before the appearance of signs or symptoms (screening) followed by prompt treatment;

Tertiary Cancer Prevention involves diagnosis and treatment of clinical apparent disease.

(f) **Cancer Registry** – The cancer registry is a database that contains information about people diagnosed with various types of cancer. The registry shall require systematic collection, storage, analysis, interpretation and reporting of data on subjects with cancer. There are two main types of cancer registry - population-based and hospital-based cancer registries:

1. **Population-based cancer registries** seek to collect data on all new cases of cancer occurring in a well-defined population. Usually, the population is that which is resident in a particular geographical region. As a result, and in contrast to hospital-based registries, the main objective of this type of cancer registry is to produce statistics on the occurrence of cancer in a defined population and to provide a framework for assessing and controlling the impact of cancer in the community. Thus, the emphasis is on epidemiology and public health;
2. **Hospital-based cancer registries** are concerned with the recording of information on the cancer patients diagnosed and treated in a particular hospital. The main purpose of such registries is to contribute to hospital patient care by providing readily accessible information on the subjects with cancer, the treatment they received and its result. The data are used mainly for hospital administrative purposes and for reviewing clinical performance. These registries cannot provide measures of the occurrence of cancer in a defined population because it is not possible to define their catchment populations, that is, the populations from which all the cases arise.

(g) **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. It has three distinct phases: living through, with and beyond cancer. (MD Anderson Cancer Center)

(h) **Cancer Treatment** is the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, radio-isotope therapy, and drug

1 therapy (chemotherapy, hormone therapy, biotherapeutics, immunotherapy,
2 gene therapy, supportive therapy), that is aimed at curing the disease or
3 prolonging the patient's life considerably (for several years) while improving
4 the patient's quality of life. (WHO Cancer Control Knowledge Into Action 2008)
5 Some people with cancer shall have only one treatment. But most people
6 have a combination of treatments.
7 (i) **Carer** is anyone who provides care for a friend or family member.
8 (j) **Complementary and Alternative Medicine** – Alternative medicine is distinct
9 from complementary medicine which is meant to accompany, not to replace,
10 standard medical practices. Alternative medicine includes dietary
11 supplements, megadose vitamins, herbal preparations, special teas, massage
12 therapy, magnet therapy, and spiritual healing, not generally recognized by
13 the medical community as standard or conventional medical approaches.
14 (k) **Comprehensive Cancer Care Center** (CCCC) model was initiated in the
15 Unites States (Cancer Act 1971) and has been adopted across continents as
16 a base for a networked approach to cancer care built on the fundamental
17 premise that an integrated, highly functioning network, with different
18 categories of cancer centers, equitably distributed geographically for easier
19 patient access, shall more effectively and quickly address the multi-faceted
20 challenges of cancer. CCCC has a focused program of work that is
21 multidisciplinary and integrates cancer research, education, and clinical care
22 to accelerate the control and cure of cancer.
23 (l) **Continuum of Care** – The continuum of cancer care includes risk
24 assessment, primary prevention, screening, detection, diagnosis, treatment,
25 survivorship, and end-of-life care. Palliative care and pain management are
26 considered as an integral, cross cutting part of the continuum of care.
27 Movement across the span of the cancer care continuum involves several
28 types of needed care, as well as transitions between the types of care. Type
29 refers to the care delivered to accomplish a specific goal, such as detection,
30 diagnosis, or treatment. Transition refers to the set of interactions necessary
31 to go from one type of care to another, such as from detection to diagnosis.
32 Each type and transition in care is subject to influences at multiple levels that
33 can facilitate or impede successful achievement.

1 (m) **Hospice care** is a type of care and philosophy of care that focuses on the
2 palliation of a chronically ill, terminally ill or seriously ill patient's pain and
3 symptoms, and attending to their emotional and spiritual needs. Hospice care
4 is part of palliative care particularly at the latter stage of cancer. The goal of
5 the care at end of life is to help people die in peace, comfort, and dignity.
6 (n) **Management of late effects** – Long-term and late effects shall vary
7 depending on the type and stage of cancer as well as the type of treatment
8 given. But all the common cancer treatments (chemotherapy, radiotherapy,
9 surgery and hormone therapy) can cause both long-term and late effects;
10 although not everyone who has cancer treatment shall have long-term or late
11 effects. Management of these effects is needed.
12 (0) **Multidisciplinary care** is an integrated (interdisciplinary) team approach to
13 cancer care in which medical and allied health care professionals consider all
14 relevant treatment options and develop collaboratively an individual treatment
15 plan for each patient. The multidisciplinary team includes professionals from
16 different disciplines forming a team to implement multidisciplinary-
17 interdisciplinary process to cancer management. The multidisciplinary care
18 process involves the bringing of insights from different disciplines together,
19 contributing to one plan of management for the patient.
20 (p) **Philippine Cancer Control Program** (PCCP) refers to the program of the
21 national government for the comprehensive and integrated control of cancer
22 in the Philippines
23 (q) **Optimal treatment and care** – quality treatment care adherence to the
24 standards of treatment and care based on evidence-based guidelines
25 (r) **Out-of-pocket expenditure** – any direct outlay by households, including
26 gratuities and in-kind payments, to health practitioners and suppliers of
27 pharmaceuticals, therapeutic appliances, and other goods and services
28 whose primary intent is to contribute to the restoration or enhancement of the
29 health status of individuals or population groups. It is a part of private health
30 expenditure
31 (s) **Palliative Care** is treatment to relieve, rather than cure, symptoms caused by
32 cancer. It can help people live more comfortably. Palliative care relieves
33 suffering and improves quality of life for people of any age and at any stage in
34 a serious illness, whether that illness is curable, chronic, life limiting or life-

threatening. Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care. (ITHO February 2015)

(t) **Patient Navigation** refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience.

(u) **Patient Pathway** is the route that a patient shall take from their first contact with the health worker, through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a health care facility, until the patient leaves.

(v) **Premature Mortality** refers to deaths that occur between the ages of 30 and 70 (WHO).

(w) **Secondary Cancer** may be used to refer to either a second primary cancer or to cancer that has spread from one part of the body to another (metastatic cancer).

(x) **Supportive Care** – Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care. [Multinational Association of Supportive Care in Cancer (MASCC) 2015]

(y) **Practical assistance** refers to help on non-medical costs such as financial assistance, transient housing, transportation, food and nutrition, among others.

(z) **Notifiable Disease** means a disease that, by legal requirements, must be reported to the public health authority when the diagnosis is made.

1 **ARTICLE I**

2 **Establishing the National Integrated Cancer Control Advisory Board and**
3 **Strengthening the Cancer Program in the Disease Prevention and Control**
4 **Bureau of the Department of Health**

5 **SECTION 1.** ***Composition of the National Integrated Cancer Control***
6 ***Advisory Board (NICCAB).*** – The NICCAB shall be composed of the following:

7 • The Secretary of the Department of Health (DOH) who shall serve as the
8 Chairperson or a designated representative, not lower than Assistant
9 Secretary, as ex officio member. The Vice-Chair shall be elected by the non-
10 ex officio members, from among themselves, and shall serve for a term of two
11 (2) years;
12 • The Director General of the Food and Drug Administration or a designated
13 representative as ex officio member;
14 • The President and CEO of the Philippine Health Insurance Corporation
15 (PhilHealth) or a designated representative, as ex officio member;
16 • The Secretary of the Department of Social Welfare and Development (DSWD)
17 or a designated representative, as ex officio member;
18 • The Secretary of the Department of Labor and Employment (DOLE), or a
19 designated representative as ex officio member;
20 • The Secretary of the Department of the Interior and Local Government
21 (DILG), or a designated representative as ex officio member;
22 • The Secretary of the Department of Finance (DOF), or a designated
23 representative as ex officio member;
24 • The Secretary of the Department of Science and Technology (DOST), or a
25 designated representative as ex officio member;
26 • The Secretary of National Economic Development Authority (NEDA), or a
27 designated representative as ex-officio member;
28 • The Chairperson of the Commission on Higher Education (CHED), or a
29 designated representative as ex officio member;
30 • Three (3) members, in total, drawn from among the cancer-focused
31 professional societies as later determined in the Implementing Rules and

Regulations of this law, to be appointed by the President of the Philippines and shall serve for a term of 3 years, renewable every year, upon recommendation of the DOH Secretary;

- Two (2) members, in total, drawn from the academe representing key disciplines of oncology as later determined by the Implementing Rules and Regulations of this law, to be appointed by the President of the Philippines and shall serve for a term of 3 years, renewable every year upon recommendation of the DOH Secretary; and
- Two (2) members, in total, drawn from cancer-focused patient support organizations and advocacy network, to be appointed by the President of the Philippines and shall serve for a term of 3 years, renewable every year, upon recommendation of the DOH Secretary.

The Cancer Program in the Disease Prevention and Control Bureau of the DOH shall act as the secretariat for the NICCAB.

SEC. 2. ***Roles and Functions.*** – The State, through the DOH, shall establish a NICCAB to oversee the implementation of this law. The NICCAB shall recommend policies, programs and reforms that shall enhance synergies among stakeholders and ensure well-coordinated, effective and sustainable implementation of the provisions of this law. The NICCAB shall provide technical guidance, advice and support in planning, policy making, program development, development of good practice models, standard setting, stakeholder engagement, program monitoring, evaluation and assessment, strategic, programmatic and operational review. It shall, as necessary, create expert groups or technical working groups to assist the DOH to undertake any of the following key tasks:

(a) Secure from government agencies and other stakeholders concerned, recommendations and plans on how their respective agencies could operationalize specific provisions of this Act. The Board shall consider and integrate sound recommendations in the implementing rules and regulations for this act;

1 (b) Develop the National Integrated Cancer Control (NICC) roadmap with annual
2 targets, priorities and performance benchmarks, for the effective
3 institutionalization of integrated cancer control strategies, policies, programs
4 and services in the national and local health care system for the effective
5 institutionalization of integrated cancer control strategies, policies,
6 programs and services in the national and local health care system;
7 (c) Develop integrated and responsive cancer control policies and programs
8 tailored to the socio-economic context and epidemiological profiles of the
9 Philippines and aimed at improving survivorship, making cancer care more
10 accessible and affordable, expanding and enhancing cancer care to include
11 the whole continuum of care, promoting integrated, multidisciplinary, patient-
12 and family-centered care, and enhancing the well-being and quality of life of
13 cancer patients and their families;
14 (d) Develop, periodically update and promote, evidence-based treatment
15 standards and clinical practice guidelines for all adult and childhood cancers,
16 of all stages, including the management of late effects;
17 (e) Develop innovative and cost-effective cancer care service models for
18 effectively delivering integrated cancer care in the most appropriate settings
19 and improving patient care flow from primary to tertiary care;
20 (f) Develop clearly defined patient pathways and evidence-based standards of
21 care for the network of cancer centers; that is, Comprehensive Cancer Care
22 Centers, Specialty Care Centers, Regional Cancer Centers, Satellites and
23 others, as deemed essential;
24 (g) Set quality and accreditation standards for cancer-focused health service
25 facilities, health care providers, medical professionals, allied health
26 professionals, as well as, ethical cancer research;
27 (h) Monitor and assess the implementation of prioritized packages of cancer
28 services, for all ages and all stages of cancer, ensuring they are provided in
29 an equitable, affordable and sustainable manner, at all levels of care; that is,
30 primary to tertiary health care;
31 (i) Develop mechanisms on improvement of core systems and processes related
32 to availability and affordability of quality, safe, and effective medicines, not
33 limited to those in the WHO List of Essential Medicines and the Philippine
34 National Formulary, and to include vaccines, diagnostics for cancer,

1 innovative medicines and technologies, and compassionate use protocols, as
2 necessary;
3 (j) Establish mechanisms and platforms for multi-sectoral and multi-stakeholder
4 collaboration, coordination, and cooperation, especially in, health promotion,
5 disease prevention, capacity development, education, training and learning,
6 information and communication, social mobilization and resource mobilization;
7 (k) Establish mechanisms and platforms for patient, family, and community
8 engagement, especially on protection and promotion of the rights of patients,
9 survivors and their families and their active involvement in multi-disciplinary
10 patient care, patient navigation, and survivors' follow-up care;
11 (l) Strengthen linkages with local and international organizations for possible
12 partnerships in treatment and management of challenging and rare cases,
13 education, training and learning, advocacy, research, resource mobilization
14 and funding assistance; and
15 (m)Establish a system for program review, monitoring and evaluation, inclusive of
16 financial aspects and submit an annual report to the Secretary of Health on
17 the progress, accomplishments, implementation challenges encountered and
18 recommendations for way forward.

19 The NICCAB shall meet quarterly or as the need arises.

20 **SEC. 3.** ***Strengthening of the Human Resource Complement for the Cancer***
21 ***Program in the Disease Prevention and Control Bureau of the DOH.*** – In order
22 to ensure that this law shall be effectively operationalized and implemented, the
23 human resource complement of the cancer unit under the DOH shall be
24 strengthened. A Director for Cancer Control shall be designated to provide
25 operational leadership, undertake coordination with program stakeholders, and
26 ensure effective and sustainable implementation of the program.

27 **ARTICLE II**

28 **Optimizing Quality Health Care Systems for Cancer Control in All Levels**

29 **SECTION 1.** ***Strengthen Cancer Care Infrastructure and Other Resources.*** –
30 The State, through the Secretary of Health, the Local Government Units and its

1 instrumentalities, shall strengthen the capacity of public health systems and
2 facilities, in the provision of services, in the cancer care continuum, through the
3 following key activities, but not limited to:

4 (a) Allocate adequate resources for investments in health facility renovation or
5 upgrade, inclusive of technologies and equipment for use in cancer treatment
6 and care (from diagnosis to rehabilitation);

7 (b) Develop robust and effective patient referral pathways across levels of health
8 service delivery;

9 (c) Provide reliable supply of cancer drugs and cancer control related vaccines
10 (HPV, Hepatitis B) to patients by ensuring that health facilities and local health
11 centers, through coordination with local government units (LGUs), consistently
12 have sufficient supply of essential medicines and vaccines;

13 (d) Enhance and strengthen the oncology related competencies of health
14 providers in all levels of care;

15 (e) Establish clear standards and guidelines for patient care, psychosocial
16 support, palliative care and pain management, and patient navigation;

17 (f) Establish and strengthen community level of care for cancer patients, cancer
18 survivors, and people living with cancer, of all gender and ages;

19 (g) Ensure the proper recording, reporting and monitoring of cancer cases, of all
20 gender and ages, in all levels of care;

21 (h) Network and link-up with Comprehensive Cancer Care Centers, specialty
22 centers, privately managed cancer centers and relevant health facilities and
23 international institutions, for knowledge and resource sharing;

24 (i) All other activities and initiatives as may be identified by the NICCAB.

25 **SEC. 2.** ***Establishment of an Integrated, Robust, Well Connected,***
26 ***Accredited Network of Cancer Care Centers In Strategic Areas Of The Country.***
27 – The State, through the Secretary of Health, and with assistance from NICCAB,
28 shall develop standards to classify cancer centers, accredit and designate
29 Comprehensive Cancer Centers, Specialty Centers, Regional Cancer Centers and
30 satellites. The required diagnostic, therapeutic, research capacities and facilities,
31 technical, operational and personnel standards for these centers shall be defined in
32 the Implementing Rules and Regulations of this law.

1 The Regional Cancer Centers shall have the following objectives and functions:

2 (a) Provide timely and high-quality cancer services such
3 as screening, diagnosis, optimal treatment and care, supportive care and
4 palliative care, survivorship follow-up care and re-integration, rehabilitation, to
5 cancer patients of all gender and ages;
6 (b) Establish as necessary, networks with both public and private facilities,
7 to improve access, expand range of services, reduce costs and bring services
8 closer to patients;
9 (c) Provide and promote supportive care, palliative care and pain management,
10 patient navigation, hospice care and other measures to improve the well-
11 being and quality of life of cancer patients, people living with cancer, their
12 families and carers;
13 (d) Ensure there are separate units and facilities for children/adolescents with
14 cancer and that they are not mixed with the general population;
15 (e) Design and implement high-impact, innovative, and relevant local
16 communications campaigns that are context and culture-sensitive, and
17 aligned with national programs;
18 (f) Undertake and support the training of physicians, nurses, medical technicians,
19 pharmacists, health officers, social workers, and other allied health
20 professionals on evidence-based, good practice models for delivery of
21 responsive, multi-disciplinary, integrated cancer services;
22 (g) Address the psychosocial and rehabilitation needs of cancer patients and
23 survivors;
24 (h) Adapt and promote evidence based innovations, good practice models,
25 equitable, sustainable strategies and actions across the continuum of care;
26 (i) Engage and collaborate with LGUs, private sector, philanthropic institutions
27 and civil society organization to make available programs and services for
28 practical assistance to cancer families and cancer survivors;
29 (j) Promote and/or assist in ethical scientific research on matters related to
30 cancer; and
31 (k) Institutionalize and implement the comprehensive and integrated Philippine
32 Cancer Control Program.

1 **SEC. 3.** ***Strengthen the capacities of the Human Resources for Health in***
2 ***Cancer Care.*** – The DOH, in collaboration with cancer-focused professional
3 societies, LGU leagues and LGU-based health associations, academic institutions,
4 human resources units of designated Comprehensive Cancer Care Centers (Centers
5 of Expertise or Excellence), designated Specialty Cancer Centers, designated
6 Regional Cancer Centers, civil society organizations, and the private sector shall
7 create and implement competency-based learning packages, for all health care
8 workers providing cancer care service and support at all levels of the healthcare
9 delivery system. This continuing learning program shall include adoption and
10 institutionalization of cost-effective, learner friendly, learning platforms and
11 modalities, so as to broaden reach and accelerate enhancement of key
12 competencies of health providers.

13 **SEC. 4.** ***Strengthen Oncology-Related Academic Curricula Of Higher***
14 ***Educational Institutions (HEIs).*** – Integration of cancer care brings with it
15 increased demand for highly specialized and relevant expertise. Oncology-related
16 health professionals need to adapt to rapid changes in standards of practice and
17 further sharpen their expertise, gaining in-depth, disease-specific knowledge and
18 learning how to collaborate effectively with other specialists in an integrated, multi-
19 professional setting. CHED, in collaboration with DOH, PSC, HEIs, professional
20 oncology societies, accrediting institutions and patient support organizations, shall
21 undertake an assessment of current oncology-related academic curriculum and
22 ensure that it meets local needs and global practice standards. It shall encourage
23 HEIs to offer degree programs for high priority oncology related specializations as
24 well as continuing education programs related to oncological treatment and care.

25 **SEC. 5.** ***Establishment and Implementation of Regulatory and Accreditation***
26 ***Standards for Cancer Centers and Cancer Facilities, Both Public and Private.*** –
27 This also covers stand-alone clinics that provide services to cancer patients, people
28 living with cancers and survivors.
29

1 **ARTICLE III**

2 **Enhancing Public Awareness on Cancer in Schools, Workplaces, and**
3 **Communities and Creating a Supportive and Safe Environment in Various**
4 **Settings**

5 **SECTION 1.** ***National Cancer Consciousness Month.*** – The DOH, in
6 collaboration with partners, shall lead in the celebration of National Cancer
7 Consciousness Month every February of every year.

8 **SEC. 2.** ***National Cancer Information Service.*** – The State shall intensify
9 provision of up-to-date, evidence-based information, as well as practical advice,
10 support, and referral for cancer patients, people living with cancer, survivors, their
11 families, carers, and caregivers. The service shall be provided through the existing
12 DOH Call Center, website, help line or other platforms that may be developed,
13 including that of the Department of Information and Communications Technology.
14 This shall increase cancer literacy and understanding of risk factors associated with
15 cancers, help combat myths and misconceptions, as well as reduce the anxiety, fear,
16 distress and uncertainty associated with cancer and/or a cancer diagnosis.

17 **SEC. 3.** ***Health Education and Promotion in Schools, Colleges, Universities,***
18 ***and other Training Institutions.*** – The DOH, in collaboration with partners, such as
19 the CHED and Department of Education (DepEd), shall develop policies and provide
20 technical guidance to academic institutions and administrators to: a) Promote and
21 facilitate integration of age-appropriate key messages on cancer risk factors, early
22 warning signs and symptoms of adult cancers and childhood cancers, cancer
23 prevention and control, adoption of healthy lifestyles and healthy diets, in their
24 curriculum, health and wellness programs, and co-curricular activities; b) Undertake
25 mainstreaming of practical supportive care and psychosocial support programs for
26 people living with cancer, cancer survivors, and their family members, especially
27 those who act as carers for cancer patients; and c) Adopt initiatives that shall
28 minimize or eliminate stigma and discrimination in schools, colleges, and
29 universities. For this purpose, funds shall be allocated for training of key staff, lead
30 personnel and counselors.

1 **SEC. 4.** ***Health Education and Promotion in the Workplace.*** – The DOH, in
2 collaboration with partners, such as the DOLE and Civil Service Commission (CSC)
3 shall develop policies and provide technical guidance to employers, employees
4 associations, and unions to: a) Promote and facilitate integration of key messages on
5 cancer risk factors, early warning signs and symptoms of adult cancers and
6 childhood cancers , cancer prevention and control, adoption of healthy lifestyles and
7 healthy diets, in their communication initiatives, health and wellness programs, and
8 employee development programs; b) Undertake mainstreaming of practical
9 supportive care and psychosocial support programs for people living with cancer,
10 cancer survivors, and their family members; (c) Integrate appropriate cancer services
11 in their health services and clinics; and d) Develop programs, initiatives or
12 mechanisms that shall minimize or eliminate stigma and discrimination in the work
13 place that is experienced by people living with cancer, survivors, and their families.
14 The Armed Forces of the Philippines (AFP) and the Philippine National Police shall
15 likewise be engaged and assisted by the DOH in collaboration with appropriate
16 agencies.

17 **SEC. 5.** ***Health Education and Promotion in Communities.*** – The DOH, in
18 collaboration with partners such as the DILG, League of Provinces, League of Cities
19 and League of Municipalities, DOH Regional Offices, local cancer-focused patient
20 support organizations and professional oncology societies, shall implement a locally
21 based, multi-sectoral community response to cancer. This shall not be limited to
22 information and cancer focused health education but shall include assisting cancer
23 patients, people living with cancer, cancer survivors and their families in accessing
24 community resources for cancer services and support for effectively coping and
25 living with cancer. Gender and Development Funds and other appropriate local
26 sources may be utilized for these purposes.

27 DILG, in coordination with the Regional Offices and the DSWD, shall conduct
28 age-appropriate cancer- focused health education and promotion for out-of-school
29 youth.

30 **SEC. 6.** ***Health Education and Promotion for Special Communities and***
31 ***Vulnerable Groups.*** – The DOH shall collaborate with respective national

government agencies in developing and conducting cancer-related information and education campaigns as well as providing much-needed services to under-privileged and marginalized population, such as but not limited to, inmates, indigenous people, workers in the informal sector, and internally displaced persons.

ARTICLE IV

Making Cancer Care and Treatment More Affordable

SECTION 1. ***Establishment of Cancer Assistance Fund (CAF).*** – Every year, the State shall automatically appropriate the initial amount of Php30 billion to support the medical (diagnostics) and treatment assistance program. Funds for the CAF shall initially be drawn from the appropriations of DOH, DSWD, PCSO and PAGCOR. The amount may be adjusted according to macroeconomic variables and projected demand.

SEC. 2. ***Expansion and Introduction of Innovative PhilHealth Benefits for Cancers.*** – PhilHealth shall expand current benefits to include screening, detection, diagnosis, treatment assistance, palliative and supportive care, survivorship follow up care and rehabilitation, for all types and stages of cancer, in both adults and children. It shall also develop innovative benefit packages such as community-based models of care to improve cancer treatment journey and reduce costs of care; this may include, but not limited to, stand-alone chemotherapy infusion centers, ambulatory care, home-based palliative care and pain management, community based hospice facility.

SEC. 3. ***Institutionalization of Social Protection Mechanisms For Cancer Patients, Persons Living With Cancer, Survivors, their Families and Carers.*** – The DOH, in close coordination with SSS, GSIS, PCSO, PAGCOR, DOLE, DSWD, and LGUs shall develop appropriate, easily accessible social protection mechanisms to support the needs of cancer patients, people living with cancer, survivors, their families and carers and to reduce, if not eliminate catastrophic costs of cancer, so as to reduce distress and ensure their well-being.

1 **ARTICLE V**

2 **Ensuring Essential Medicines are Available, Accessible, Affordable and of**
3 **Quality**

4

5 **SECTION 1.** ***Facilitating Access to Cancer and Related Supportive Care***
6 ***Medicines.*** – The DOH and other agencies (i.e. Food and Drug Administration,
7 PhilHealth, Philippine Pharma Procurement Inc., Bureau of Customs, among others)
8 shall implement reforms supporting early access to essential medicines and health
9 technologies to ensure highest possible fighting chance of survival among people
10 with cancer. This shall include facilitating quick access to drugs for compassionate
11 use and developing a more responsive system for effectively addressing emergency
12 cases.

13 **SEC. 2.** ***Availability and Accessibility of Medicines for Palliative Care and***
14 ***Pain Management.*** – The DOH shall lead in the provision and distribution of
15 medicines for palliative care of cancer patients, such as but not limited to,
16 analgesics, anesthetics, and opioids and shall be available and accessible in the
17 community.

18 **SEC. 3.** ***Misinformation on Cancer.*** – False and misleading advertising and
19 claims in any of the multimedia and/or promotional marketing of drugs, devices,
20 agents or procedures without prior approval by the FDA and without the requisite
21 medical and scientific basis, purporting to be a cure for cancer or a fail-safe
22 prophylaxis against cancer, shall be prohibited.

23 **ARTICLE VI**

24 **Creating a Supportive Environment for Persons Living with Cancer and Cancer**
25 **Survivors**

26 **SECTION 1.** ***Designation of Persons Living with Cancer and Cancer Survivors***
27 ***as Persons with Disabilities.*** – Persons Living with Cancer and Cancer Survivors
28 shall be considered as persons with disabilities (PWDs), in accordance with Republic
29 Act No. 7277, as amended, or the Magna Carta for Disabled Persons.

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

(a) DSWD shall provide assistance to persons with cancer and cancer survivors to ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, or the Magna Carta for Disabled Persons, are granted; and

(b) DOLE shall adopt programs that promote the availability of opportunities for work and employment of able-persons with cancer and cancer survivors.

SEC. 3. *Promoting Non-Discrimination.* – The State and its instrumentalities shall ensure that people living with cancer and survivors of cancer have the right to freedom from discrimination with regards to access to and continued employment, conditions of employment, access to education, use of public facilities, and other social services.

ARTICLE VII

Establish National Cancer Registry and Surveillance

SECTION 1. *Establish National Cancer Registry and Surveillance System.* – The DOH, through its Disease Prevention and Control Bureau (DPCB), Epidemiology Bureau (EB), Knowledge Management and Information Technology Service (KMITS), Health Facilities Services and Regulatory Bureau, Philippine Health Insurance Cooperation, and Philippine Cancer Society Inc., and other private organizations shall collaborate with other private organizations on the design and implementation of a national cancer registry and surveillance system covering all forms of cancer among adults and children to guide policy development and program decision making. The DOH shall undertake a review of the current population-based and hospital-based cancer registries towards establishing a comprehensive and harmonized national cancer registry and surveillance system compliant with the National Health Data Standards and Data Privacy Act of 2012 and that allows categorization by type of cancer and population groups including children.

1 **SEC. 2. *Strengthen Population-Based and Hospital-Based Cancer Registries.*** – The DOH shall allocate resources to support the institutionalization of hospital-based cancer registry. Moreover, it shall conduct population-based cancer data collection on a regular basis or as necessary. Submission of cancer registry shall be a requirement for the renewal of license to operate of the hospital.

6 **SEC. 3. *Notification on Cancer Cases.*** – Adult and childhood cancer shall be considered as a notifiable disease in all levels of the health care system.

8 **ARTICLE VIII**

9 **Research and Demonstration Projects**

10 **SECTION 1. *Research & Demonstration Projects.*** – The DOH shall, directly or through grants to public or nonprofit private entities, perform the following activities:

12 (a) Conduct basic and clinical research based on the health agenda to be developed by partners in the academe, health professional groups and other local health partners with possible support from foreign organizations;

15 (b) Develop demonstration projects to generate evidence for responsive policies and to develop regional capabilities for the prevention, screening, detection, control, and management of cancer; and

18 (c) Provide support for model centers to sustain their initiatives under subparagraphs (a), and (b); and

20 (d) Collaborate with local and foreign organizations for partnership in various activities and in providing technical and funding support.

22 **ARTICLE IX**

23 **Final Provisions**

24 **SECTION 1. *Report.*** – The Secretary of Health shall submit an annual report to the Committees on Health of the Senate and the House of Representatives on the activities carried out to comply with the provisions of this Act on or before June 30 of every year.

1 **SEC. 2. *Appropriations.*** – The amount necessary to implement the provisions of
2 this Act shall be charged against the current year's appropriation of the DOH, PCSO,
3 PAGCOR, and DSWD. Thereafter, ten percent (10%) of the incremental revenues
4 from the excise tax revenues on alcohol and tobacco products–collected by the
5 government pursuant to Republic Act No. 10351 shall be earmarked for the
6 implementation of this Act, among other tax revenues.

7 **SEC. 3. *Implementing Rules and Regulations.*** – The DOH, in consultation with
8 its attached agencies (FDA, PhilHealth), DSWD, DOLE, DOF, DepEd, CHED,
9 TESDA, SSS, GSIS, LGUs, private sector, professional cancer-focused societies,
10 patient support organization and advocacy network representatives, academe, and
11 other interest groups, shall issue the rules and regulations implementing the
12 provisions of this Act within ninety (90) days from its effectivity.

13 **SEC. 4. *Penalty Clause.*** – Any person who violates any of the provisions of this
14 Act or its Implementing Rules and Regulations shall, upon conviction by final
15 judgment, be punished by imprisonment of not less than six (6) months nor more
16 than two (2) years or a fine of not less than Ten Thousand Pesos (Php10,000) nor
17 more than Two Hundred Thousand Pesos (Php200,000), or both at the discretion of
18 the court. If the violation is committed by a juridical person, the officer responsible
19 therefor shall serve the imprisonment when imposed. If violation is committed by an
20 alien, he or she shall be immediately deported after service of sentence, without
21 need of further proceedings.

22 **SEC. 5. *Separability Clause.*** – If any provision or part hereof is held invalid or
23 declared unconstitutional, the other provisions which are not affected thereby shall
24 continue to be in full force and effect.

25 **SEC. 6. *Repealing Clause.*** – Any law, presidential decree or issuance,
26 executive order, letter of instruction, administrative order, rule or regulation contrary
27 to or inconsistent with the provisions of this Act is hereby repealed, modified or
28 amended accordingly.

1 **SEC. 7. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
2 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,