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**SENATE**

**S.B. No. 1850**

FILE

(In substitution of S.B. Nos. 1545 and 1570 taking into consideration Senate Bill Nos. 405, 495, 528, 588, 595, 614, 830, 874, 1048, and 1201)

Prepared and submitted jointly by the Committees on Health and Demography; Education, Arts and Culture; Local Government; Social Justice, Welfare and Rural Development; Ways and Means; and Finance with Senators Ejercito, Binay, Angara, Villanueva, De Lima, Legarda, Trillanes, Recto, Poe, and Villar as authors thereof

**AN ACT  
INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER CONTROL  
PROGRAM AND APPROPRIATING FUNDS THEREFOR**

*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 Integrated*  
2 *Cancer Control Act.*”

3       **SEC. 2. Declaration of Policy.** – The State recognizes that cancer is one of  
4 the leading causes of death in the Philippines. Pursuant to this, it shall adopt an  
5 integrated and comprehensive approach to health development which shall endeavor to  
6 strengthen integrative, multidisciplinary, patient and family centered cancer control  
7 policies, programs, systems, interventions and services at all levels of the existing  
8 health care delivery system.

9       Towards this end, the State shall endeavor to improve survivorship by scaling up  
10 essential programs and increasing investments for robust prevention of cancer, better  
11 screening, prompt and accurate diagnosis, responsive palliative care and pain  
12 management, timely and optimal treatment, effective survivorship care and late effects  
13 management and rehabilitation. It shall likewise make cancer treatment and care more  
14 equitable and affordable for all, especially for the underprivileged, poor and  
15 marginalized Filipinos.

1       **SEC. 3. Definition of Terms.** – As used in this Act:

2       (a) *Cancer* refers to a generic term for a large group of diseases that can affect  
3       any part of the body. Other terms used are malignant tumors and neoplasms.  
4       One defining feature of cancer is the rapid creation of abnormal cells that grow  
5       beyond their usual boundaries, and which can then invade adjoining parts of the  
6       body and spread to other organs, the latter process is referred to as  
7       metastasizing. Metastases are the major causes of death from cancer;

8       (b) *Cancer control* refers to the method to reduce the incidence, morbidity and  
9       mortality of cancer which aims to improve the quality of life of cancer patients in  
10      a defined population, through the systemic implementation of evidence-based  
11      interventions for prevention, early detection, diagnosis, treatment and palliative  
12      care;

13      (c) *Cancer diagnosis* refers to the various techniques and procedures used to  
14      detect or confirm the presence of cancer and typically involves evaluation of the  
15      patient's history, clinical examinations, review of laboratory test results and  
16      radiological data, and microscopic and genotypic examination of tissue samples  
17      obtained by biopsy or fine-needle aspiration or blood samples obtained by blood  
18      extraction;

19      (d) *Cancer prevention* refers to the following:

- 20           1. *Primary cancer prevention* refers to measures and interventions that  
21           shall decrease the likelihood or risk of an individual of acquiring cancer;
- 22           2. *Secondary cancer prevention* refers to the use of tests to detect a  
23           cancer before the appearance of signs or symptoms (screening) followed  
24           by prompt treatment;
- 25           3. *Tertiary cancer prevention* refers to diagnosis and treatment of  
26           clinically apparent cancer.

27      (e) *Philippine Cancer Registry* refers to a database that contains information  
28      about people diagnosed with various types of cancer. The registry shall require  
29      systematic collection, storage, analysis, interpretation and reporting of data on  
30      subjects with cancer. There are two main types of cancer registry :

- 31           1. *Population-based cancer registry* refers to the collection of data on all  
32           new cases of cancer occurring in a well-defined population, including  
33           mortality and survivorship.

1                   2. *Hospital-based cancer registry* refers to the recording of information on  
2                   the cancer patients diagnosed and treated in a particular hospital.

3                   (f) *Cancer screening* refers to the detection of cancer before symptoms appear.  
4                   This may involve blood tests, urine tests, other tests, or medical imaging.

5                   (g) *Cancer survivorship* refers to the start at the time of disease diagnosis and  
6                   continues throughout the rest of the patient's life. Family carers and friends are  
7                   also considered survivors. Survivorship care has three distinct phases: living  
8                   through, with and beyond cancer.

9                   (h) *Cancer rehabilitation* refers to a program that helps people with cancer  
10                  maintain and restore physical and emotional well-being. Cancer rehabilitation is  
11                  available before, during and after cancer treatment.

12               (i) *Cancer treatment* refers to the series of interventions, including psychosocial  
13               and nutritional support, surgery, radiotherapy, radio-isotope therapy, and drug  
14               therapy, which includes chemotherapy, hormonotherapy, biotherapeutics,  
15               immunotherapy, gene therapy and supportive therapy, that is aimed at curing  
16               the disease or prolonging the patient's life considerably for several years while  
17               improving the patient's quality of life;

18               (j) *Carer* refers to anyone who provides care for a friend or family member;

19               (k) *Comprehensive cancer care center* refers to a care center with a focused  
20               program of work that is multidisciplinary and integrates cancer research,  
21               education and clinical care to accelerate the control and cure of cancer;

22               (l) *Continuum of care* refers to delivery of comprehensive healthcare which  
23               includes risk assessment, primary prevention, screening, detection, diagnosis,  
24               treatment, survivorship and end-of-life care;

25               (m) *Hospice care* refers to the palliation of a chronically ill, terminally ill or  
26               seriously ill patient's pain and symptoms, and attending to their emotional and  
27               spiritual needs to help the patient die in peace, comfort and dignity;

28               (n) *Indirect medical cost or psycho-social support interventions or social welfare*  
29               *assistance* refers to practical assistance on non-medical costs such as financial  
30               assistance, transient housing, transportation, food and nutrition and the like;

31               (o) *Management of late effects* refers to the management of health problems,  
32               which may be short-term side effects or long-term side effects, that occur  
33               months or years after cancer treatment;

1 (p) *Multidisciplinary care* refers to an integrated (interdisciplinary) team approach  
2 to cancer care in which medical and allied health care professionals consider all  
3 relevant treatment options and develop collaboratively an individual treatment  
4 plan for each patient. The multidisciplinary team includes professionals from  
5 different disciplines forming a team to implement multidisciplinary-  
6 interdisciplinary process to cancer management. The multidisciplinary care  
7 process involves the bringing of insights from different disciplines together,  
8 contributing to one plan of management for the patient;

9 (q) *National Integrated Cancer Control Program* refers to the program of the  
10 national government for the comprehensive and integrated control of cancer in  
11 the Philippines;

12 (r) *Notifiable disease* refers to a disease that, by legal requirements, must be  
13 reported to the public health authority when the diagnosis is made;

14 (s) *Optimal treatment and care* refers to a quality treatment care adherence to  
15 the standards of treatment and care based on evidence-based guidelines;

16 (t) *Out-of-pocket expenditure* refers to any direct outlay by households, including  
17 gratuities and in-kind payments, to health practitioners and suppliers of  
18 pharmaceuticals, therapeutic appliances, and other goods and services whose  
19 primary intent is to contribute to the restoration or enhancement of the health  
20 status of individuals or population groups. It is part of private health  
21 expenditure;

22 (u) *Palliative care* refers to treatment to relieve, rather than cure, symptoms  
23 caused by cancer which helps relieve suffering and improve quality of life for  
24 people of any age and at any stage in a serious illness, whether that illness is  
25 curable, chronic, life limiting or life threatening;

26 (v) *Patient navigation* refers to individualized assistance, through all the phases  
27 of cancer experience, offered to patients, families and carers to help overcome  
28 health care system barriers and facilitate timely access to quality medical and  
29 psychosocial care beginning from pre-diagnosis and extending throughout the  
30 continuum of care;

31 (w) *Patient pathway* refers to the route that a patient shall take from their first  
32 contact with the health worker, through referral, to the completion of their  
33 treatment. It also covers the period from entry into a hospital or a health care  
34 facility, until the patient leaves;

1 (x) *Secondary cancer* refers to either a second primary cancer or to cancer  
2 that has spread from one part of the body to another (metastatic cancer); and  
3 (y) *Supportive care* refers to prevention and management of the adverse  
4 effects of cancer and its treatment which includes management of physical and  
5 psychological symptoms and side effects across the continuum of the cancer  
6 experience from diagnosis, through anti-cancer treatment to post-treatment  
7 care.

## 8 CHAPTER I

### 9 THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

10 **SEC. 4. *National Integrated Cancer Control Program.*** – There is hereby  
11 established a National Integrated Cancer Control Program which shall serve as the  
12 framework for all cancer related activities of the government. The program shall have  
13 the following objectives:

- 14 (a) Decrease the overall mortality and impact of all adult and childhood cancer;  
15 (b) Lessen the incidence of preventable cancer in adults and children;  
16 (c) Prevent cancer recurrence and secondary cancer among survivors and people  
17 living with cancer;  
18 (d) Provide timely access to optimal cancer treatment and care for all cancer  
19 patients;  
20 (e) Make cancer treatment and care more affordable and accessible;  
21 (f) Improve the experience of cancer treatment and care of patients and  
22 families;  
23 (g) Support the recovery and reintegration to society of cancer survivors; and  
24 (h) Eliminate various forms of burden on patients, people living with cancer,  
25 survivors, and their families.

26 **SEC. 5. *National Integrated Cancer Control Advisory Council.*** – There is  
27 hereby created the National Integrated Cancer Control Advisory Council, hereinafter  
28 referred to as the Council, which shall act as a recommendatory body for policy matters  
29 related to cancer control. The Council shall provide technical guidance and support and  
30 oversee the implementation of this Act, ensuring judicious and best use of available  
31 resources for the benefit of all, especially the most vulnerable sectors of society, the  
32 elderly, women and children, the poor, marginalized and disadvantaged.

1           **SEC. 6. Composition of the Council.** - The Council shall be composed of the  
2 following:

3           (a) The Secretary of the Department of (DOH) or a designated representative,  
4           not lower than Assistant Secretary, as Chairperson in an *Ex-officio* capacity;

5           (b) The Vice Chairperson shall be elected by the non-*ex officio* members, from  
6           among themselves, and shall serve for a term of three (3) years;

7           (c) The *Ex-officio* members of the Board are as follows:

8                   (1) Director General of the Food and Drug Administration or a  
9                   designated representative;

10                  (2) President and CEO of the Philippine Health Insurance Corporation  
11                  (PhilHealth) or a designated representative;

12                  (3) Secretary of the Department of Social Welfare and Development  
13                  (DSWD) or a designated representative;

14                  (4) Secretary of the Department of Labor and Employment (DOLE), or  
15                  a designated representative;

16                  (5) Secretary of the Department of Science and Technology (DOST), or  
17                  a designated representative;

18                  (6) Secretary of the Department of Interior and Local Government  
19                  (DILG), or a designated representative; and

20                  (7) Chairperson of the Commission on Higher Education (CHED), or a  
21                  designated representative.

22           (d) Three (3) distinguished medical doctors, nurses or researchers who must be  
23           citizens and residents of the Philippines, of good moral character, of  
24           recognized probity and independence, must have distinguished themselves  
25           professionally in public, civic or academic service in the field of oncology, and  
26           must have been in the active practice of their professions for at least ten (10)  
27           years, chosen from at least five (5) persons recommended by the Secretary  
28           of Health, to be appointed by the President for a term of three (3) years; and

29           (e) Two (2) representatives from cancer-focused patient support organizations  
30           and advocacy network, to be appointed by the President for a term of three  
31           (3) years from the list of organizations and advocacy network recommended  
32           by the Secretary of Health.

33           The Council shall utilize the services and facilities of the Disease Prevention and  
34           Control Bureau under the DOH as the Secretariat of the Council. The non-*ex officio*

1 members may receive honoraria in accordance with the existing laws, rules and  
2 regulations.

3 **SEC. 7. Roles and Functions.** – The Council shall recommend policies,  
4 programs and reforms that enhance synergies among stakeholders and ensure well-  
5 coordinated, effective and sustainable implementation of the provisions of this Act. It  
6 shall advise and assist in planning; policy making; program development; development  
7 of good practice models; standard setting; stakeholder engagement; program  
8 monitoring, evaluation and assessment; and strategic, programmatic and operational  
9 review. It shall, as necessary, create experts' groups or technical working groups to  
10 assist the DOH to undertake any of the following key tasks:

11 (a) Secure from government agencies and other stakeholders, recommendations  
12 and plans pertinent to the respective mandates of the agencies and other  
13 stakeholders for the implementation of the provisions of this Act;

14 (b) Develop the National Integrated Cancer Control roadmap with annual targets,  
15 priorities and performance benchmarks, for the effective institutionalization of  
16 integrated cancer control strategies, policies, programs and services in the  
17 national and local health care system;

18 (c) Develop integrated and responsive cancer control policies and programs  
19 tailored to the socio-economic context and epidemiological profiles of the  
20 Philippines which aims to improve survivorship, make cancer care more  
21 accessible and affordable, expand cancer care to include the whole continuum of  
22 care, promote integrated, multidisciplinary, developmentally-appropriate patient  
23 and family-centered care, and enhance the well-being and quality of life of  
24 cancer patients and their families;

25 (d) Develop, update and promote, evidence based treatment standards and  
26 guidelines for all adult and childhood cancer, of all stages, including the  
27 management of late effects;

28 (e) Develop innovative and cost-effective cancer care service models for  
29 effectively delivering integrated cancer care in the most appropriate settings and  
30 improve patient care flow from primary to tertiary care;

31 (f) Develop clearly defined patient care pathways and evidence based standards  
32 of care for the network of cancer centers;

- 1 (g) Set quality and accreditation standards for oncology focused health service  
2 facilities, health care providers, medical professionals, allied health professionals,  
3 as well as, ethical cancer research;
- 4 (h) Monitor and assess the implementation of prioritized packages of cancer  
5 services for all ages and all stages of cancer, ensuring that they are provided in  
6 an equitable, affordable and sustainable manner, at all levels of care;
- 7 (i) Recommend responsive and proactive medicine access programs, including  
8 improvements of core systems and processes related to:
- 9 1) Availability and affordability of quality, safe, and effective medicines;  
10 2) Increased access to cost effective vaccinations to prevent infections  
11 associated with cancer;  
12 3) Diagnostics for cancer;  
13 4) Innovative medicines and technologies; and  
14 5) Compassionate use protocols, as necessary.
- 15 (j) Establish mechanisms and platforms for multi-sectoral and multi-stakeholder  
16 collaboration, coordination, and cooperation, especially in health promotion,  
17 disease prevention, capacity development, education, training and learning,  
18 information and communication, social mobilization and resource mobilization;
- 19 (k) Establish mechanisms and platforms for patient, family and community  
20 engagement, especially on protection and promotion of the rights of patients,  
21 survivors and their families and their active involvement in multidisciplinary  
22 patient care, patient navigation and survivors' follow-up care;
- 23 (l) Strengthen linkages with local and international organizations for possible  
24 partnerships in treatment and management of challenging and rare cases,  
25 education, training and learning, advocacy, research, resource mobilization and  
26 funding assistance;
- 27 (m) Establish a system for program review, monitoring and evaluation,  
28 inclusive of financial aspects, and submit an annual report and recommendation  
29 to the Secretary of Health on the progress, accomplishments and implementation  
30 challenges encountered;
- 31 (n) Institute the provision of child life services in all appropriate hospitals and  
32 facilities; and
- 33 (o) Call upon other agencies and organizations to assist the Council in carrying  
34 out its mandate.



1       **SEC. 8. *Personnel Complement.*** – To ensure the effective implementation of  
2 this Act, the personnel complement for the Cancer Program in the Disease Prevention  
3 and Control Bureau of the DOH shall be increased.

4       A Program Manager for Cancer Control shall be designated to provide operational  
5 leadership, undertake coordination with program stakeholders and ensure effective and  
6 sustainable implementation of the National Integrated Cancer Control Program. The  
7 Secretary of Health shall, in coordination with the Department of Budget and  
8 Management (DBM), determine the additional plantilla positions to be created and filled  
9 up.

## 10                                   **CHAPTER II**

### 11                                   **QUALITY HEALTH CARE SYSTEMS**

12       **SEC. 9. *Cancer Care Infrastructure.*** – The DOH, local government units  
13 (LGUs) and other government agencies concerned shall strengthen the capability of  
14 public health systems and facilities, provision of services and continuum of care,  
15 through the following key activities:

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

19       b) Develop robust and effective patient referral pathways across levels of health  
20 service delivery;

21       c) Provide reliable supply of cancer drugs and cancer control related vaccines to  
22 patients by ensuring that health facilities and local health centers have sufficient  
23 supply of essential medicines and vaccines;

24       d) Enhance the oncology related competencies of health providers in all levels of  
25 care and the capacity to collaborate and work effectively in an integrated,  
26 multidisciplinary settings;

27       e) Institute work place retention programs for priority oncology disciplines,  
28 disciplines where shortages exist and in underserved areas, where there are no  
29 oncology related practitioners;

30       f) Establish clear standards and guidelines for patient care, psychosocial  
31 support, palliative care and pain management, and patient navigation;

32       g) Establish and strengthen community level of care for cancer patients, cancer  
33 survivors, and people living with cancer, of all gender and ages;

- 1 h) Ensure the proper recording, reporting and monitoring of cancer cases, of  
2 all gender and ages, in all levels of care;  
3 i) Network and link-up with comprehensive cancer centers, regional cancer  
4 centers, specialty centers, privately managed cancer centers and relevant health  
5 facilities and international institutions, for knowledge and resource sharing; and  
6 j) All other activities and initiatives as may be identified by the Council.

7 **SEC. 10. *Philippine Cancer Center.*** – There shall be established a Philippine  
8 Cancer Center under the control and supervision of the University of the Philippines -  
9 Philippine General Hospital (UP-PGH). The Center shall have the following purpose and  
10 objectives:

- 11 (a) To provide for accommodation, facilities and medical treatment of patients  
12 suffering from cancer, subject to the rules and regulations of the UP-PGH;  
13 (b) To promote, encourage and engage in scientific research on the  
14 prevention of cancer and the care and treatment of cancer patients and  
15 related activities;  
16 (c) To stimulate and underwrite scientific researches on the biological,  
17 demographic, social, economic, physiological aspects of cancer, its  
18 abnormalities and control; and gather, compile, and publish the findings of  
19 such researches for public dissemination;  
20 (d) To encourage and undertake the training of physicians, nurses, medical  
21 technicians, health officers and social workers on the practical and  
22 scientific conduct and implementation of cancer health care services, and  
23 related activities;  
24 (e) To assist universities, hospitals and research institutions in their studies of  
25 cellular anomalies, to encourage advanced training on matters of, or  
26 affecting the human cell, and related fields and to support educational  
27 programs of value to general health.

28 **SEC. 11. *Cancer Care Centers.*** – The Secretary of Health, in coordination  
29 with the Council, shall develop standards to classify, accredit and designate  
30 Comprehensive Cancer Centers, Specialty Cancer Centers, Regional Cancer Centers and  
31 Cancer satellites or stand-alone clinics. The network of cancer care centers that is  
32 easily accessible to patients shall be established strategically in the country. The  
33 required diagnostic, therapeutic, research capacities and facilities, technical, operational  
34 and personnel standards of these centers shall be defined in the Implementing Rules

1 and Regulations of this law. If necessary, the use of Public Private Partnership shall be  
2 allowed on the procurement of cancer care infrastructure and services to hasten  
3 delivery of essential oncological services and promote efficiency in fiscal utilization for  
4 cancer programs and projects.

5 **SEC. 12. *Regional Cancer Center.*** – The objectives and functions of a  
6 regional cancer center are as follows:

7 a) Provide timely, developmentally appropriate, and high-quality cancer services  
8 such as screening, diagnosis, optimal treatment and care, supportive care,  
9 palliative care, survivorship follow-up care, and re-integration and rehabilitation,  
10 to cancer patients of all gender and ages;

11 b) Establish as necessary, networks with both public and private facilities, to  
12 improve access, expand range of services, reduce costs and bring services closer  
13 to patients;

14 c) Provide and promote supportive care, palliative care and pain management,  
15 patient navigation, hospice care and other measures to improve the well-being  
16 and quality of life of cancer patients, people living with cancer, their families and  
17 carers;

18 d) Provide separate units and facilities for children and adolescents with cancer  
19 and ensure that such children and adolescents are not mixed with the general  
20 population;

21 e) Design and implement high-impact, innovative, and relevant local  
22 communications campaigns that are context and culture-sensitive, and aligned  
23 with national programs;

24 f) Undertake and support the training of physicians, nurses, medical  
25 technicians, pharmacists, health officers and social workers on evidence-based  
26 and good practice models for the delivery of responsive, multidisciplinary,  
27 integrated cancer services;

28 g) Address the psychosocial and rehabilitation needs of cancer patients and  
29 survivors;

30 h) Adopt and promote evidence based innovations, good practice models,  
31 equitable, sustainable strategies and actions across the continuum of care;

32 i) Engage and collaborate with LGUs, private sector, philanthropic institutions,  
33 cancer focused patient support, advocacy organizations and civil society

1 organizations to make available programs and services and practical assistance  
2 to cancer families and cancer survivors; and

3 j) Promote and assist in ethical scientific research on matters related to cancer.

4 **SEC. 13. *Capacity Development.*** – The DOH, in collaboration with cancer  
5 focused professional societies, LGUs leagues and LGU-based health associations,  
6 academic institutions, human resources units of cancer care centers, civil society  
7 organizations, and the private sector, shall formulate, implement and update capacity  
8 development program for all health care workers providing cancer care service and  
9 support at all levels of the healthcare delivery system.

10 **SEC. 14. *Oncology-Related Academic Curriculum.*** – The CHED, in  
11 collaboration with DOH, higher education institutions (HEIs), cancer focused  
12 professional societies, accrediting institutions and patient support organizations, shall  
13 undertake an assessment of current oncology-related academic curriculum and ensure  
14 that the curriculum meets local needs and global practice standards. The CHED shall  
15 encourage HEIs to offer degree programs for high priority oncology related  
16 specializations and continuing education programs related to oncological treatment and  
17 care.

### 18 **CHAPTER III**

#### 19 **CANCER AWARENESS**

20 **SEC. 15. *Cancer Awareness Campaign.*** – The DOH shall intensify its cancer  
21 awareness campaign and provide the latest and evidence-based information for the  
22 prevention and treatment of cancer including practical advice, support and referral for  
23 cancer patients, people living with cancer, survivors, their families and carers. The  
24 DOH, in collaboration with the Department of Information and Communications  
25 Technology (DICT), shall make full use of the latest technology to disseminate  
26 information to reach every Filipino.

27 The awareness campaign must increase cancer literacy and understanding of risk  
28 factors associated with cancer, dispel myths and misconceptions about cancer, and  
29 reduce the anxiety, fear, distress and uncertainty related to cancer.

30 **SEC. 16. *National Cancer Awareness Month.*** – The month of February of  
31 every year shall be known as the "*National Cancer Awareness Month*" throughout the  
32 Philippines. The DOH, in collaboration with LGUS, cancer focused professional societies,  
33 academic institutions, shall lead the observance of National Cancer Awareness Month.

1           **SEC. 17. *Health Education and Promotion in Schools, Colleges, and***  
2 ***Universities.*** – The CHED and Department of Education, in coordination with DOH,  
3 shall develop policies and provide technical guidance to academic institutions and  
4 administrators to:

5           (a) Promote and facilitate integration of age appropriate and gender sensitive key  
6 messages on cancer risk factors, early warning signs and symptoms of adult  
7 cancer and childhood cancer, cancer prevention and control, and adoption of  
8 healthy lifestyles and healthy diets in their curriculum, health and wellness  
9 programs, and co-curricular activities;

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

13          (c) Adopt initiatives that eliminate stigma and discrimination in schools, colleges,  
14 and universities that are experienced by people with cancer, survivors and their  
15 families.

16           **SEC. 18. *Health Education and Promotion in the Workplace.*** – The  
17 DOLE, Civil Service Commission (CSC), and Technical Education and Skills Development  
18 Authority (TESDA), in coordination with DOH, shall develop policies and provide  
19 technical guidance to employers, employees associations, and unions to:

20          a) Promote and facilitate inclusion of gender sensitive key messages on cancer  
21 risk factors, early warning signs and symptoms of adult cancer and childhood  
22 cancer, cancer prevention and control, adoption of healthy lifestyles and healthy  
23 diets, in their communication initiatives, health and wellness programs, and  
24 employee development programs;

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

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

29          d) Develop programs, initiatives or mechanisms that shall eliminate stigma and  
30 discrimination in the work place that is experienced by people living with cancer,  
31 survivors, and their families.

32           **SEC. 19. *Health Education and Promotion in Communities.*** – The DILG  
33 and LGUs, in collaboration with the DOH central and regional offices, local cancer  
34 focused patient support organizations and cancer focused professional societies, shall

1 lead the health education and promotion campaign in the local communities. The DILG,  
2 in coordination with the DSWD, shall conduct age appropriate and gender sensitive  
3 cancer focused health education and promotion for out-of-school youth.

#### 4 **CHAPTER IV**

#### 5 **AFFORDABLE CANCER CARE AND TREATMENT**

6 **SEC. 20. *Establishment of Cancer Assistance Fund.*** – There is hereby  
7 established a Cancer Assistance Fund to support the cancer medicine and treatment  
8 assistance program. The DOH shall manage the fund in accordance with the existing  
9 budgeting, accounting and auditing rules and regulations and shall make a quarterly  
10 report to the Office of the President and Congress on the disbursement of the fund.

11 The DOH may solicit and receive donations which shall form part of the fund and  
12 such donations shall be exempt from income or donor's tax and all other taxes, fees  
13 and charges imposed by the government. Likewise, fund raising activities may be  
14 conducted by the Council and the proceeds of which shall accrue to the fund and shall  
15 be exempt from any and all taxes.

16 **SEC. 21. *PhilHealth Benefits for Cancer.*** – PhilHealth shall expand the  
17 benefit packages to include screening, detection, diagnosis, treatment assistance,  
18 supportive care, survivorship follow-up care and rehabilitation, and end-of-life-care, for  
19 all types and stages of cancer, in both adults and children. It shall also develop  
20 innovative benefits such as support for community-based models of care to improve  
21 cancer treatment journey and reduce costs of care, including stand-alone chemotherapy  
22 infusion centers, ambulatory care, community or home-based palliative care and pain  
23 management and community-based hospice facility. The development or expansion of  
24 any PhilHealth benefits shall go through a proper, transparent and standardized  
25 prioritization setting process, such as the Health Technology Assessment and actuarial  
26 feasibility study, to avoid inequitable allocation of funds for health care services.

27 **SEC. 22. *Social Protection Mechanisms.*** – The DOH, in collaboration with  
28 Social Security System (SSS), Government Service Insurance System (GSIS), Philippine  
29 Charity Sweepstakes Office (PCSO), DOLE, DSWD and LGUs, shall develop appropriate  
30 and easily accessible social protection mechanisms for cancer patients, people living  
31 with cancer, survivors, their families and carers. It shall aim to encourage the  
32 underprivileged and marginalized people living with cancer to undergo the necessary  
33 treatment and care.

1 The Cancer Control Policy is hereby established in the workplace. It shall form  
2 part of employee benefits in the formal sector along the entire cancer continuum, that  
3 is, from prevention (including genetic counseling and testing) to screening, diagnosis  
4 and palliative care, treatment, rehabilitation, survivorship or hospice care. Likewise, the  
5 Insurance Commission shall mandate the Health Maintenance Organization (HMOs) to  
6 cover genetic counseling and testing, cancer screening, diagnostics and palliative care  
7 as well as certain therapeutics of all member employees. The cancer-related absences  
8 from work of member employees as well as voluntary members shall be covered and  
9 compensated by the Sickness Benefits of SSS and Disability Benefits of GSIS. The  
10 employees in the informal sector shall be prioritized in the cancer control packages of  
11 PhilHealth while the employees in the formal sector shall be offered cost-sharing  
12 PhilHealth benefit packages.

## 13 CHAPTER V

### 14 ESSENTIAL MEDICINES

15 **SEC. 23. *Cancer and Related Supportive Care Medicines.*** – The DOH, and  
16 other concerned government agencies shall implement reforms supporting early access  
17 to essential medicines, innovative medicines and health technologies, to ensure  
18 improved survivorship and better health outcomes among people with cancer. The  
19 reforms include facilitating quick access to drugs for compassionate use and developing  
20 a more responsive system for effectively addressing emergency cases.

21 **SEC. 24. *Palliative Care and Pain Management Medicines.*** – The DOH  
22 shall ensure sufficient supply of medicines for palliative care and pain management that  
23 are available at affordable prices. Further, the DOH shall formulate a monitoring  
24 system to check that pain medications are safe and administered in correct dosages.

## 25 CHAPTER VI

### 26 SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER 27 AND CANCER SURVIVORS

28 **SEC. 25. *Persons with Disabilities.*** – Cancer patients, persons living with  
29 cancer and cancer survivors are considered as persons with disabilities (PWDs) in  
30 accordance with RA No. 7277, as amended, otherwise known as the "Magna Carta for  
31 Disabled Persons."





1 **CHAPTER VIII**  
2 **FINAL PROVISIONS**

3 **SEC. 31. *Unlawful Acts and Penalties.*** – It shall be unlawful for any person,  
4 natural or juridical, to make any false or misleading claims, through advertisement in  
5 any media outlet, about any drug, device, agent or procedure purporting to be a cure  
6 or prophylactic against cancer. It shall also be unlawful to advertise any drug, device,  
7 agent or procedure related to cancer without prior approval or authority from the  
8 appropriate regulatory bodies.

9 Any person who commits the unlawful acts provided in this Section shall be  
10 punished with imprisonment of not less than six (6) months, but not more than one (1)  
11 year, or a fine of not less than One hundred thousand pesos (P100,000.00) nor more  
12 than Five hundred thousand pesos (P500,000.00), or both. If the offender is a  
13 corporation or association, the president, member of the Board, manager, managing  
14 partner or any officer of the corporation or association who directly participated in the  
15 violation of this Section shall be held liable.

16 **SEC. 32. *Annual Report.*** – The Secretary of Health shall submit to the  
17 Committees on Health of the Senate and the House of Representatives an annual report  
18 on the progress of the implementation of this Act.

19 **SEC. 33. *Appropriations.*** – The amount needed for the initial implementation  
20 of this Act shall be charged against the current year's appropriations of the DOH for the  
21 maintenance and other operating expenses of the National Integrated Cancer Control  
22 Program. Thereafter, the required budget for the continued implementation of this Act  
23 shall be submitted to DBM for inclusion in the General Appropriations Act.

24 **SEC. 34. *Implementing Rules and Regulations.*** – Within ninety (90) days  
25 from the approval of this Act, the Secretary of Health, in consultation with the  
26 concerned stakeholders, shall promulgate the rules and regulations implementing the  
27 provisions of this Act. The implementing rules and regulations issued pursuant to this  
28 section shall take effect thirty (30) days after its publication in two (2) newspapers of  
29 general circulation.

30 **SEC. 35. *Separability Clause.*** – If any provision of this Act is declared  
31 unconstitutional, the remainder of this Act or any provision not affected thereby shall  
32 remain in full force and effect.

1           **SEC. 36. *Repealing Clause.*** – All laws, presidential decrees or issuances,  
2 executive orders, letters of instruction, administrative orders, rules or regulations  
3 inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

4           **SEC. 37. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
5 publication in the *Official Gazette* or in a newspaper of general circulation.

***Approved,***