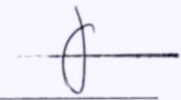


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )

Senate  
Office of the Secretary

2019 JUL 23 P5:09

SENATE  
S. B. No. 700



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Introduced by Senator SONNY ANGARA

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**AN ACT**  
**INTEGRATING PALLIATIVE AND HOSPICE CARE INTO THE PHILIPPINE**  
**HEALTH CARE SYSTEM**

EXPLANATORY NOTE

There is a predominant notion that the organizing principle behind the medical profession is to cure illnesses or rid the world of disease. While these avowed aims are rightly pursued, improving the quality of life of patients ought to be the foremost concern of our medical professionals.

No less than the preamble of the Constitution of the World Health Organization (WHO) provides: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The 1987 Constitution itself is preambled on the nation's desire to build "a just and **humane** society [emphasis added]."

Hence, while our healthcare system should work on curing and preventing sickness, it should also promote people's well-being, especially when they are enduring intense pain and suffering from chronic diseases.

Many Filipinos today are afflicted with cancer, cardiovascular diseases, and other life-threatening and debilitating conditions—imposing costs that are not only financial, but also emotional, social, and psychological.

This underscores the importance of formally integrating Hospice and Palliative Care into the Philippine Healthcare System—the underlying objective of the foregoing measure. Hospice and Palliative Care is comprised of multi-disciplinary approaches focused on promoting the quality of life of patients, regardless of age, and their families.

In 2014, the World Health Assembly passed a resolution<sup>1</sup> calling on the World Health Organization (WHO) and Member States, including the Philippines, to improve access to palliative care as a core component of their respective healthcare systems. Said resolution emphasized that palliative care "is an ethical responsibility of health systems" and that health care professionals have "the ethical duty to...alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured." The resolution further affirmed that "access to palliative care...contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being."

By laying down the overall policy for the integration of Palliative and Hospice Care into the Philippine Health Care System, the foregoing measure seeks to guarantee the right of every Filipino to quality health care, where their full well-being is promoted throughout their entire life cycle. Its swift passage is earnestly sought.



**SONNY ANGARA**

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<sup>1</sup> WHA 67.19

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**HEALTH CARE SYSTEM**

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

1 Section 1. *Title.* – This Act shall be known as the "*Palliative and Hospice Care*  
2 *Act.*"

3 Sec. 2. *Declaration of Policy.* – The State guarantees the right of the people  
4 to qualify health care; ensuring that the health status of the people is to be made as  
5 good as possible over the entire life cycle. As the Constitution mandates, an  
6 integrated and comprehensive approach to health development shall endeavor to  
7 make essential goods, health and other social services available to all people at  
8 affordable cost even to patients suffering from life threatening illnesses.

9 Sec. 3. *Definition of Terms.* – As used in this Act, *Palliative and hospice care*  
10 refers to an approach that improves the quality of life of patients with life  
11 threatening, complex and chronic illnesses or those experiencing progressively  
12 debilitating diseases beyond any benefit from curative or definitive treatment,  
13 regardless of life expectancy. The approach covers the prevention and relief of  
14 suffering by means of early identification, assessment and management of pain and  
15 symptoms.

16 Sec. 4. *Accreditation.* – Hospitals, private hospice institutions, medical  
17 practitioners, health workers, and social workers for palliative and hospice care shall  
18 be accredited by the Department of Health (DOH). The DOH, in partnership with the



1 National Palliative and Hospice Care Council of the Philippines (Hospice Philippines,  
2 Inc.) shall formulate the rules and guidelines for accreditation to ensure a standard  
3 quality of palliative care services.

4       Sec. 5. *Quality Assurance.* – Key elements necessary to ensure quality  
5 palliative care services in accredited hospitals and hospices include the following:

- 6 a. Adequate number of multi-specialty personnel;
- 7 b. Assured financing for health and custodial services;
- 8 c. Clear and practical standards for facilities and services;
- 9 d. Appropriately designed and equipped facilities; and
- 10 e. Regular and systematic supervision and reporting to the DOH.

11       Sec. 6. *Mandatory Palliative and Hospice Services.* – All government and  
12 private hospitals shall provide palliative and hospice care services to patients with  
13 life-threatening illnesses.

14       Hospitals are required to link with a referral and aftercare network that is  
15 organized and made functional by all provincial, city and municipal governments  
16 under the guidance and monitoring of the DOH.

17       Rural health units, health centers and health offices are required to develop  
18 home-based or near home palliative care program in coordination with government-  
19 owned and privately-owned hospices in the local government units.

20       Sec. 7. *Leave Benefits.* – Immediate family members or relatives who are  
21 employed, whether in the public or private sectors, and are assigned by the family to  
22 provide palliative and hospice care to a critically-ill relative shall be allowed to use all  
23 existing leave benefits granted by their employers subject to the guidelines on the  
24 use of said leave benefits.

25       The DOH, in coordination with the Civil Service Commission, the Social  
26 Security System, the Government Service Insurance System, and the Department of  
27 Labor and Employment, shall be tasked to formulate the necessary guidelines in the  
28 implementation of Section 7 of this Act.

29       Sec. 8. *Education and Training of Health Care Professionals and Volunteers.* –  
30 The DOH, in partnership with the National Hospice and Palliative Care Council of the  
31 Philippines and other accredited members, shall develop the education and training  
32 modules for health care professionals and workers.

1 The Commission on Higher Education shall integrate courses on the principles  
2 and practice of Palliative Care and Hospice Care into the curriculum of Medicine and  
3 Nursing, as well as in all paramedical and allied health courses.

4 Sec. 9. *Continuing Research.* – The DOH, in coordination with the Philippine  
5 Council for Health Research and Development of the Department of Science and  
6 Technology, shall ensure a continuing research and collection of data on palliative  
7 and hospice care and availability of funds for this purpose.

8 Sec. 10. *Implementing Agency.* – The DOH-Office for Technical Services, in  
9 coordination with other offices of the Department, is hereby mandated to perform  
10 the following functions:

- 11 a. Promote palliative care in the Philippines through advocacy and social  
12 marketing;
- 13 b. Formulate policies and develop standards on quality palliative and hospice  
14 care;
- 15 c. Monitor the enforcement of standards and implementation of the program on  
16 palliative and hospice care;
- 17 d. Mobilize and generate resources for sustainability of operation;
- 18 e. Network with international hospice associations;
- 19 f. Coordinate research undertakings with other institutions and agencies;
- 20 g. Serve as repository of database for policy-making and maintenance of  
21 palliative care registry;
- 22 h. Organize and develop continuing training programs for physicians, nurses,  
23 physical therapists, and other professional health workers and volunteers  
24 workers in the field of palliative care;
- 25 i. Serve as the coordinating center of a national palliative care network located  
26 in the different regions of the country; and
- 27 j. Establish a Code of Ethics and standards in the practice of palliative health  
28 care.

29 Sec. 11. *PhilHealth Benefit Package.* – Pursuant to this Act, the Philhealth  
30 shall increase its present benefit package to include inpatient palliative services,  
31 outpatient hospice care and home-based palliative care.



1           Sec. 12. *Funding Support.* – All non-profit, DOH accredited palliative and  
2 hospice care institutions which are serving indigent patients shall qualify as  
3 institutional beneficiaries under the Philippine Charity Sweepstakes Office (PCSO)  
4 Institutional Financial Assistance Program: *Provided,* That the hospice care  
5 institutions comply with the documentary and other requirements of the said  
6 Program.

7           Sec. 13. *Tax Exemptions.* – Any donation or bequest made to the DOH that is  
8 intended for palliative and hospice care shall be exempt from the donor's tax and the  
9 same shall be considered as allowable deduction from the gross income of the  
10 donor, in accordance with the provision of the National Internal Revenue Code of  
11 1997, as amended: *Provided,* That such donations shall be disposed of, transferred  
12 or sold.

13           Sec. 14. *Appropriations.* – The initial amount necessary to implement the  
14 provisions of this Act shall be charged against the current year's appropriation of the  
15 Department of Health. Thereafter, such sums as maybe necessary for the continued  
16 implementation of this Act shall be included in the Annual General Appropriations  
17 Act.

18           Sec. 15. *Implementing Rules and Regulations.* – Within sixty (60) days from  
19 the approval of this Act, the Secretary of Health, after consultation with the National  
20 Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.),  
21 shall promulgate the rules and regulations implementing the provisions of this Act.

22           Sec. 16. *Separability Clause.* – If any portion or provision of this Act is  
23 subsequently declared invalid or unconstitutional, other provisions hereof which are  
24 not affected thereby shall remain in full force and effect.

25           Sec. 17. *Repealing Clause.* – All other laws, acts, presidential decrees,  
26 executive orders, presidential proclamations, issuances, rules and regulations, or  
27 parts thereof which are contrary to or inconsistent with any of the provisions of this  
28 Act are hereby repealed, amended, or modified accordingly.

29           Sec. 18. *Effectivity.* – This Act shall take effect fifteen (15) days after its  
30 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,