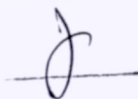


SENATE  
S. No. 686

19 JUL 22 P3:33

Introduced by Senator Aquilino “Koko” Pimentel III



AN ACT INTEGRATING PALLIATIVE AND HOSPICE CARE  
INTO THE PHILIPPINE HEALTH CARE SYSTEM,  
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER  
PURPOSES

EXPLANATORY NOTE

*Article II, Section 15 of the Constitution provides that “[T]he State shall protect and promote the right to health of the people and instill health consciousness among them.”*

Each year, the number of patients with cancer, diabetes, end-stage renal disease, respiratory disease, cardiovascular diseases, dementia, Alzheimer’s disease, and similar degenerative illnesses have been steadily increasing.<sup>1</sup>

The 2015 *Quality of Death Index* released by The Economist Intelligence Unit<sup>2</sup> indicated that the Philippines, with an overall ranking of 78<sup>th</sup> out of 80 countries, is one of the worst places to die next to Iraq

<sup>1</sup>Retrieved from <http://www.philstar.com/headlines/2015/07/10/1475309/philippines-has-crisis-lifestyle-related-diseases>, Retrieved on July 3, 2019.

<sup>2</sup>The Quality of Death Index study developed in 2010 by the Economic Intelligence Unit ranks the availability, affordability, and quality of end-of-life care in forty (40) countries. The Index is commissioned by the Lien Foundation, a Singaporean philanthropic organization. Retrieved from <http://www.apcp.com.pt/uploads/2015-EIU-Quality-of-Death-Index-Oct-6-FINAL.pdf>, and <http://www.philstar.com/headlines/2015/10/10/1509014/philippines-among-worst-places-die-study> on July 3, 2019.

and Bangladesh. This low ranking was attributed to the severe shortage of specialized palliative care professionals, a lack of a government-led strategy for the promotion of a national palliative and hospice care program, limited number of subsidies or programs for patients and their families accessing palliative care services, and limited public understanding and awareness of palliative care services.

As part of the current administration's agenda to ensure healthy lives and promote well-being for all at all ages, this measure aims to close the gaps in the life-cycle approach to our country's healthcare development through the adoption of an integrated and comprehensive approach to palliative and hospice care by ensuring that all patients suffering from life-threatening, chronic debilitating illnesses, and/or progressively degenerative diseases/conditions are provided with quality palliative care and counselling.

This proposed bill likewise integrates palliative care into the structure and financing of the Philippine health care system by:

- a. Strengthening and expanding the availability of palliative care for all patients through mandatory palliative and hospice services in all government and private hospitals;
- b. Encouraging the development of home and community-based palliative and hospice care programs; and
- c. Directing the Philippine Health Insurance Corporation (PhilHealth) to include in its present benefit package, in-patient palliative services, outpatient hospice care, and home-based palliative care.

Thus, the passage of this measure is earnestly sought.

  
AQUILINO "KOKO" PIMENTEL III



SENATE  
S. No. 686

OFFICE OF THE CLERK  
SENATE

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AN ACT INTEGRATING PALLIATIVE AND HOSPICE CARE  
INTO THE PHILIPPINE HEALTH CARE SYSTEM,  
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER  
PURPOSES

*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  
2       *“Palliative and Hospice Care Act”.*

3       **SEC. 2.** *Declaration of Policy.* – The State guarantees the right of  
4       the people to quality health care. It is likewise mandated by the  
5       Constitution to adopt an integrated and comprehensive approach to  
6       health development which shall endeavour to make essential goods,  
7       health, and other social services available at an affordable cost. Patients  
8       suffering from life-threatening, chronic debilitating illnesses, and/or  
9       progressively degenerative diseases/conditions are entitled to this social  
10      protection. In the same vein, the State also encourages the participation  
11      of the private sector in the development of health care services.

12

13

1       **SEC. 3. *Definition of Terms.*** –

- 2
- 3       a. *Palliative and Hospice Care Services* – refers to an approach to
- 4       health care that improves the quality of life of patients with life
- 5       threatening, complex, and chronic illnesses, or those experiencing
- 6       progressively degenerative diseases beyond any benefit from
- 7       curative or definitive treatment, regardless of life expectancy. The
- 8       approach covers the prevention and relief of suffering by means of
- 9       early identification, assessment, and management of pain and
- 10      symptoms.
- 11
- 12      b. *National Hospice and Palliative Care Council of the Philippines*
- 13      (*Hospice Philippines, Inc.*) – a non-stock, non-profit umbrella
- 14      organization of palliative and hospice care providers in the
- 15      Philippines.
- 16
- 17      c. *Department of Health (DOH)* – the principal health agency of the
- 18      government responsible for ensuring access to basic public health
- 19      services for all Filipinos through the provision of quality health
- 20      care and regulation of providers of health goods and services.
- 21
- 22      d. *Philippine Council for Health Research and Development*
- 23      (*PCHRD*) – one of the three sectoral councils of the Department of
- 24      Science and Technology (DOST) responsible for coordinating and
- 25      monitoring health research activities in the country, as well as
- 26      formulating policies, plans, programs, projects, and strategies for
- 27      health science and technology development.

1 e. *Philippine Health Insurance Corporation (PhilHealth)* – a  
2 government corporation attached to the DOH for policy  
3 coordination and guidance, and mandated to administer the  
4 National Health Insurance Program.

5 **SEC. 4. *Accreditation.*** – Hospitals, private hospice institutions,  
6 medical practitioners, health workers in other allied professions, and  
7 social workers for palliative and hospice care shall be accredited by the  
8 DOH. The DOH, in partnership with Hospice Philippines, Inc., shall  
9 formulate the rules and guidelines for accreditation to ensure a standard  
10 quality of palliative care services.

11 **SEC. 5. *Quality Assurance.*** – Key elements necessary to ensure  
12 quality palliative care services in accredited hospitals and hospices shall  
13 include the following:

14  
15 a. Adequate number of multi-specialty personnel;

16  
17 b. Assured financing for health and custodial services;

18  
19 c. Clear and practical standards for facilities and services;

20  
21 d. Appropriately designed and equipped facilities; and

22  
23 e. Regular and systematic supervision and reporting to the DOH.  
24

25 **SEC. 6. *Mandatory Palliative and Hospice Services.*** – All  
26 government and private hospitals shall provide palliative and hospice



1 care services to patients with life-threatening, chronic debilitating  
2 illness, and/or progressively degenerative disease/condition.

3  
4 Hospitals are required to link with a referral and aftercare network  
5 that is organized and made functional by all provincial, city, and  
6 municipal governments under the guidance and monitoring of the DOH.

7 Rural health units, health centers, and health offices are required to  
8 develop community-based hospice units, as well as home-based or near-  
9 home palliative care programs in coordination with government-owned  
10 and privately-owned hospices in the local government units.

11 **SEC. 7. *Palliative Care Information.*** – If a patient is diagnosed  
12 with a life-threatening disease, chronic debilitating illness, and/or  
13 progressively degenerative disease or condition, the patient’s attending  
14 health care practitioner shall offer to provide the patient and his/her  
15 immediate family, or any person with authority to make health care  
16 decisions for the patient, with information and counseling regarding  
17 palliative care appropriate to the patient, including, but not limited to:

- 18 a. The range of palliative care options available to the  
19 patient; and  
20  
21 b. The prognosis, risks, and benefits of the various options.  
22

23 **SEC. 8. *Special Leave Benefits.*** – Immediate family members or  
24 relatives who are employed, whether in the public or private sectors, and  
25 are assigned by the family to provide palliative and hospice care to a

critically-ill relative shall be entitled to a special leave benefit of sixty (60) days a year with full pay, subject to the applicable provisions of this Act and their implementing rules and regulations on the use of said leave benefits.

Employees availing of this special leave privilege shall submit to their employers the following:

- a. Name of the patient or relative undergoing palliative or hospice care;
- b. A copy of the medical abstract of the patient or relative;
- c. A certification from the hospital or hospice providing palliative services to the patient or relative; and
- d. The nature of the care required under the circumstances.

The following employees shall not be allowed to avail of this special leave benefit:

- a. Those who are absent from work without official leave;
- b. Those who are on vacation, sick, forced, or study leave; and
- c. In times of emergency, those whose services are necessary to prevent loss of life or damage to property brought about by

1           serious accidents, fire, flood, typhoon, earthquake, epidemic, or  
2           other analogous events.

3  
4           **SEC. 9. *Education and Training of Health Care Professionals and***  
5           *Volunteers.* – The Commission on Higher Education (CHED) shall  
6           integrate courses on the principles and practice of Palliative and Hospice  
7           Care into the curriculum of Medicine and Nursing, as well as in all  
8           paramedical and allied health courses.

9  
10          The DOH, in partnership with Hospice Philippines, Inc. and other  
11         DOH-accredited palliative and hospice care providers, shall develop and  
12         regularly update the education and specialized training modules on  
13         palliative care for health care professionals, health workers, and  
14         volunteers.

15  
16          **SEC. 10. *Continuing Research.*** – The DOH, in coordination with  
17         the PCHRD-DOST, shall ensure continuing research and collection of  
18         data on palliative and hospice care and availability of funds for this  
19         purpose.

20  
21          **SEC. 11. *Program Implementor.*** – The DOH-Office for Technical  
22         Service, in coordination with other offices of the DOH, is hereby  
23         mandated to perform the following functions:

- 24  
25           a. Promote palliative care in the Philippines through advocacy and  
26           social marketing;



- b. Formulate policies and develop standards on palliative and hospice care;
- c. Monitor the enforcement of standards and the implementation of the program on palliative and hospice care;
- d. Mobilize and generate resources for the sustainability of operations;
- e. Network with international hospice associations;
- f. Coordinate research undertakings with other institutions and agencies;
- g. Serve as the repository and database for policy-making and maintenance of a palliative care registry for accredited hospitals, private hospice institutions, medical practitioners, health workers in other allied professions, and social workers;
- h. Organize and develop continuing training programs for physicians, nurses, physical therapist, and other professional health workers and volunteer workers in the field of palliative care;
- i. Serve as the coordinating center of a national palliative care network located in the different regions of the country; and

1           j. Establish a Code of Ethics and Standards in the practice of  
2           palliative and hospice care.

3  
4           **SEC. 12. *PhilHealth Benefit Package.*** – Pursuant to this Act, the  
5 PhilHealth shall include in its present Z-Benefit package, in-patient  
6 palliative services, outpatient hospice care, and home-based palliative  
7 care.

8  
9           **SEC. 13. *Funding Support.*** – All non-profit, DOH-accredited  
10 palliative and hospice care institutions which are serving indigent  
11 patients shall qualify as institutional beneficiaries under the Philippine  
12 Charity Sweepstakes Office Institutional Financial Assistance Program;  
13 *Provided*, that palliative and hospice care institutions comply with the  
14 documentary and other requirements of the said Program.

15  
16           **SEC. 14. *Tax Exemptions.*** – Any donation or bequest made to the  
17 DOH and/or other DOH-accredited Palliative and Hospice Care  
18 providers under this Act that is actually, directly, and exclusively  
19 intended for palliative and hospice care program(s) shall be exempt from  
20 donor's tax and the same shall be considered as allowable deduction  
21 from the gross income of the donor, in accordance with the provisions of  
22 the *National Internal Revenue Code of 1997*, as amended; *Provided*, that  
23 such donation shall not be disposed of, transferred, or sold by the donee.

24  
25           **SEC. 15. *Appropriations.*** – The initial amount necessary to  
26 implement the provisions of this Act shall be charged against the current  
27 year's appropriation of the DOH. Thereafter, such sums as may be  
28 necessary for the continued implementation of this Act shall be included

1 in the DOH regular budget as provided for under the Annual General  
2 Appropriations Act.  
3

4 **SEC. 16.** *Implementing Rules and Regulations.* – Within sixty (60)  
5 days from the approval of this Act, the Secretary of Health, after  
6 consultation with Hospice Philippines, Inc., shall promulgate the rules  
7 and regulations implementing the provisions of this Act.  
8

9 **SEC. 17.** *Separability Clause.* – If any provision of this Act is  
10 declared invalid or unconstitutional, the other provisions not affected by  
11 such declaration shall remain in full force and effect.  
12

13 **SEC.18.** *Repealing Clause.* – All laws, executive and  
14 administrative orders, rules and regulations inconsistent with the  
15 foregoing provisions are hereby repealed or modified accordingly.  
16

17 **SEC. 19.** *Effectivity.* – This Act shall take effect fifteen (15) days  
18 after its publication in the Official Gazette or in a newspaper of general  
19 circulation.  
20

*Approved,*