



SENATE

S. No. 1850

(In substitution of S. Nos. 1545 and 1570, taking into consideration S. 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 IV, RECTO, POE, VILLAR, AQUINO IV, DRILON, GATCHALIAN, GORDON, HONASAN II, HONTIVEROS, LACSON, PACQUIAO, PANGILINAN, PIMENTEL III, SOTTO III AND ZUBIRI 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
- 2 the “National Integrated Cancer Control Act”.

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

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

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

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

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

16 (c) *Cancer diagnosis* refers to the various techniques
17 and procedures used to detect or confirm the presence of
18 cancer and typically involves evaluation of the patient's
19 history, clinical examinations, review of laboratory test
20 results and radiological data, and microscopic and

1 genotypic examination of tissue samples obtained by
2 biopsy or fine-needle aspiration or blood samples obtained
3 by blood extraction;

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

5 (1) *Primary cancer prevention* refers to measures
6 and interventions that shall decrease the likelihood or risk
7 of an individual of acquiring cancer;

8 (2) *Secondary cancer prevention* refers to the use of
9 tests to detect a cancer before the appearance of signs or
10 symptoms (screening) followed by prompt treatment;

11 (3) *Tertiary cancer prevention* refers to diagnosis and
12 treatment of clinically apparent cancer.

13 (e) *Philippine Cancer Registry* refers to a database
14 that contains information about people diagnosed with
15 various types of cancer. The registry shall require
16 systematic collection, storage, analysis, interpretation and
17 reporting of data on subjects with cancer. There are two (2)
18 main types of cancer registry:

19 (1) *Population-based cancer registry* refers to the
20 collection of data on all new cases of cancer occurring in a

1 well-defined population, including mortality and
2 survivorship;

3 (2) *Hospital-based cancer registry* refers to the
4 recording of information on the cancer patients diagnosed
5 and treated in a particular hospital.

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

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

14 (h) *Cancer rehabilitation* refers to a program that
15 helps people with cancer maintain and restore physical
16 and emotional well-being. Cancer rehabilitation is
17 available before, during and after cancer treatment;

18 (i) *Cancer treatment* refers to the series of
19 interventions, including psychosocial and nutritional
20 support, surgery, radiotherapy, radio-isotope therapy, and

1 drug therapy, which includes chemotherapy,
2 hormonotherapy, biotherapeutics, immunotherapy, gene
3 therapy and supportive therapy, that is aimed at curing
4 the disease or prolonging the patient's life considerably for
5 several years while improving the patient's quality of life;

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

8 (k) *Comprehensive cancer care center* refers to a care
9 center with a focused program of work that is
10 multidisciplinary and integrates cancer research,
11 education and clinical care to accelerate the control and
12 cure of cancer;

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

17 (m) *Hospice care* refers to the palliation of a
18 chronically ill, terminally ill or seriously ill patient's pain
19 and symptoms, and attending to their emotional and

1 spiritual needs to help the patient die in peace, comfort
2 and dignity;

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

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

12 (p) *Multidisciplinary care* refers to an integrated
13 (interdisciplinary) team approach to cancer care in which
14 medical and allied health care professionals consider all
15 relevant treatment options and develop collaboratively an
16 individual treatment plan for each patient. The
17 multidisciplinary team includes professionals from
18 different disciplines forming a team to implement
19 multidisciplinary-interdisciplinary process to cancer
20 management. The multidisciplinary care process involves

1 the bringing of insights from different disciplines together,
2 contributing to one plan of management for the patient;

3 (q) *National Integrated Cancer Control Program*
4 refers to the program of the national government for the
5 comprehensive and integrated control of cancer in the
6 Philippines;

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

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

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

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

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

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

17 (x) *Secondary cancer* refers to either a second
18 primary cancer or to cancer that has spread from one (1)
19 part of the body to another (metastatic cancer); and

1 (d) Provide timely access to optimal cancer
2 treatment and care for all cancer patients;

3 (e) Make cancer treatment and care more affordable
4 and accessible;

5 (f) Improve the experience of cancer treatment and
6 care of patients and families;

7 (g) Support the recovery and reintegration to society
8 of cancer survivors; and

9 (h) Eliminate various forms of burden on patients,
10 people living with cancer, survivors, and their families.

11 SEC. 5. *National Integrated Cancer Control Advisory*
12 *Council.* – There is hereby created the National Integrated
13 Cancer Control Advisory Council, hereinafter referred to as
14 the Council, which shall act as a recommendatory body for
15 policy matters related to cancer control. The Council shall
16 provide technical guidance and support and oversee the
17 implementation of this Act, ensuring judicious and best use
18 of available resources for the benefit of all, especially the
19 most vulnerable sectors of society, the elderly, women and
20 children, the poor, marginalized and disadvantaged.

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

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

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

10 (c) The *ex officio* members of the Board are as
11 follows:

12 (1) Director General of the Food and Drug
13 Administration (FDA) or a designated representative;

14 (2) President and CEO of the Philippine Health
15 Insurance Corporation (PhilHealth) or a designated
16 representative;

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

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

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

3 (6) Secretary of the Department of the Interior and
4 Local Government (DILG), or a designated representative;
5 and

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

8 (d) Three (3) distinguished medical doctors, nurses
9 or researchers who must be citizens and residents of the
10 Philippines, of good moral character, of recognized probity
11 and independence, must have distinguished themselves
12 professionally in public, private, civic or academic service
13 in the field of oncology, and must have been in the active
14 practice of their professions for at least ten (10) years,
15 chosen from at least five (5) persons recommended by the
16 Secretary of Health, to be appointed by the President for a
17 term of three (3) years; and

18 (e) Two (2) representatives from cancer-focused
19 patient support organizations and advocacy network, to be
20 appointed by the President for a term of three (3) years

1 from the list of organizations and advocacy network
2 recommended by the Secretary of Health.

3 The Council shall utilize the services and facilities of
4 the Disease Prevention and Control Bureau under the
5 DOH as the Secretariat of the Council. The non *ex officio*
6 members may receive honoraria in accordance with the
7 existing laws, rules and regulations.

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

1 (a) Secure from government agencies and other
2 stakeholders, recommendations and plans pertinent to the
3 respective mandates of the agencies and other
4 stakeholders for the implementation of the provisions of
5 this Act;

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

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

1 (d) Develop, update and promote, evidence based
2 treatment standards and guidelines for all adult and
3 childhood cancer, of all stages, including the management
4 of late effects;

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

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

12 (g) Set quality and accreditation standards for
13 oncology focused health service facilities, health care
14 providers, medical professionals, allied health
15 professionals, as well as, ethical cancer research;

16 (h) Monitor and assess the implementation of
17 prioritized packages of cancer services for all ages and all
18 stages of cancer, ensuring that they are provided in an
19 equitable, affordable and sustainable manner, at all levels
20 of care;

1 (i) Recommend responsive and proactive medicine
2 access programs, including improvements of core systems
3 and processes related to:

4 (1) Availability and affordability of quality, safe, and
5 effective medicines;

6 (2) Increased access to cost effective vaccinations to
7 prevent infections associated with cancer;

8 (3) Diagnostics for cancer;

9 (4) Innovative medicines and technologies; and

10 (5) Compassionate use protocols, as necessary.

11 (j) Establish mechanisms and platforms for multi-
12 sectoral and multi-stakeholder collaboration, coordination,
13 and cooperation, especially in health promotion, disease
14 prevention, capacity development, education, training and
15 learning, information and communication, social
16 mobilization and resource mobilization;

17 (k) Establish mechanisms and platforms for patient,
18 family and community engagement, especially on
19 protection and promotion of the rights of patients,
20 survivors and their families and their active involvement

1 in multidisciplinary patient care, patient navigation and
2 survivors' follow-up care;

3 (l) Strengthen linkages with local and international
4 organizations for possible partnerships in treatment and
5 management of challenging and rare cases, education,
6 training and learning, advocacy, research, resource
7 mobilization and funding assistance;

8 (m) Establish a system for program review,
9 monitoring and evaluation, inclusive of financial aspects,
10 and submit an annual report and recommendation to the
11 Secretary of Health on the progress, accomplishments and
12 implementation challenges encountered;

13 (n) Institute the provision of child life services in all
14 appropriate hospitals and facilities; and

15 (o) Call upon other agencies and organizations to
16 assist the Council in carrying out its mandate.

17 SEC. 8. *Personnel Complement.* – To ensure the
18 effective implementation of this Act, the personnel
19 complement for the Cancer Program in the Disease

1 Prevention and Control Bureau of the DOH shall be
2 increased.

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

11 CHAPTER II

12 QUALITY HEALTH CARE SYSTEMS

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

18 (a) Allocate adequate resources for investments in
19 health facility renovation or upgrade, inclusive of

1 technologies and equipment for use in cancer treatment
2 and care from diagnosis to rehabilitation;

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

5 (c) Provide reliable supply of cancer drugs and
6 cancer control related vaccines to patients by ensuring that
7 health facilities and local health centers have sufficient
8 supply of essential medicines and vaccines;

9 (d) Enhance the oncology related competencies of
10 health providers in all levels of care and the capacity to
11 collaborate and work effectively in an integrated,
12 multidisciplinary settings;

13 (e) Institute work place retention programs for
14 priority oncology disciplines, disciplines where shortages
15 exist and in underserved areas, where there are no
16 oncology related practitioners;

17 (f) Establish clear standards and guidelines for
18 patient care, psychosocial support, palliative care and pain
19 management, and patient navigation;

1 (g) Establish and strengthen community level of
2 care for cancer patients, cancer survivors, and people living
3 with cancer, of all gender and ages;

4 (h) Ensure the proper recording, reporting and
5 monitoring of cancer cases, of all gender and ages, in all
6 levels of care;

7 (i) Network and link-up with comprehensive cancer
8 centers, regional cancer centers, specialty centers,
9 privately managed cancer centers and relevant health
10 facilities and international institutions, for knowledge and
11 resource sharing; and

12 (j) All other activities and initiatives as may be
13 identified by the Council.

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

1 (a) To provide for accommodation, facilities and
2 medical treatment of patients suffering from cancer,
3 subject to the rules and regulations of the UP-PGH;

4 (b) To promote, encourage and engage in scientific
5 research on the prevention of cancer and the care and
6 treatment of cancer patients and related activities;

7 (c) To stimulate and underwrite scientific researches
8 on the biological, demographic, social, economic,
9 physiological aspects of cancer, its abnormalities and
10 control; and gather, compile, and publish the findings of
11 such researches for public dissemination;

12 (d) To encourage and undertake the training of
13 physicians, nurses, medical technicians, health officers and
14 social workers on the practical and scientific conduct and
15 implementation of cancer health care services, and related
16 activities; and

17 (e) To assist universities, hospitals and research
18 institutions in their studies of cellular anomalies, to
19 encourage advanced training on matters of, or affecting the

1 human cell, and related fields and to support educational
2 programs of value to general health.

3 SEC. 11. *Cancer Care Centers.* – The Secretary of
4 Health, in coordination with the Council, shall develop
5 standards to classify, accredit and designate
6 Comprehensive Cancer Centers, Specialty Cancer Centers,
7 Stand-alone Specialty Cancer Centers, Regional Cancer
8 Centers and Cancer satellites or stand-alone clinics. The
9 network of cancer care centers that is easily accessible to
10 patients shall be established strategically in the country.
11 In accordance with Section 33 of this Act, the DOH, in the
12 implementing rules and regulations of this law, shall
13 provide for the minimum required diagnostic, therapeutic,
14 research capacities and facilities, technical, operational
15 and personnel standards of these centers, as well as the
16 appropriate licensing and accreditation requirements, and
17 procedure for licensing in a timely manner. The use of
18 Public Private Partnership shall be allowed on the
19 procurement of cancer care infrastructure and delivery of
20 services to improve access to and services to hasten

1 delivery of essential oncological services and promote
2 efficiency in fiscal utilization for cancer programs and
3 projects. Private institutions may also be accredited as
4 Comprehensive Cancer Centers, Specialty Cancer Centers,
5 Stand-alone Specialty Cancer Centers, Regional Cancer
6 Centers and Cancer satellites or stand-alone clinics,
7 provided they comply with the requirements for such
8 accreditation.

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

11 (a) Provide timely, developmentally appropriate, and
12 high-quality cancer services such as screening, diagnosis,
13 optimal treatment and care, supportive care, palliative
14 care, survivorship follow-up care, and re-integration and
15 rehabilitation, to cancer patients of all gender and ages;

16 (b) Establish as necessary, networks with both
17 public and private facilities, to improve access, expand
18 range of services, reduce costs and bring services closer to
19 patients;

1 (c) Provide and promote supportive care, palliative
2 care and pain management, patient navigation, hospice
3 care and other measures to improve the well-being and
4 quality of life of cancer patients, people living with cancer,
5 their families and carers;

6 (d) Provide separate units and facilities for children
7 and adolescents with cancer and ensure that such children
8 and adolescents are not mixed with the general population;

9 (e) Design and implement high-impact, innovative,
10 and relevant local communications campaigns that are
11 context and culture-sensitive, and aligned with national
12 programs;

13 (f) Undertake and support the training of
14 physicians, nurses, medical technicians, pharmacists,
15 health officers and social workers on evidence-based and
16 good practice models for the delivery of responsive,
17 multidisciplinary, integrated cancer services;

18 (g) Address the psychosocial and rehabilitation
19 needs of cancer patients and survivors;

1 (h) Adopt and promote evidence based innovations,
2 good practice models, equitable, sustainable strategies and
3 actions across the continuum of care;

4 (i) Engage and collaborate with LGUs, private
5 sector, philanthropic institutions, cancer focused patient
6 support, advocacy organizations and civil society
7 organizations to make available programs and services and
8 practical assistance to cancer families and cancer
9 survivors; and

10 (j) Promote and assist in ethical scientific research
11 on matters related to cancer.

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

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

12 The DOH, in collaboration with academic
13 institutions, shall provide subsidies and scholarships for
14 training of oncology professionals, such as medical
15 oncologists, radiation oncologists, surgical oncologists,
16 specialized radiation technologists, medical physicists,
17 oncology nurses, and other specialized oncology
18 professionals.

19

CHAPTER III

20

CANCER AWARENESS

1 SEC. 15. *Cancer Awareness Campaign.* – The DOH
2 shall intensify its cancer awareness campaign and provide
3 the latest and evidence-based information for the
4 prevention and treatment of cancer including practical
5 advice, support and referral for cancer patients, people
6 living with cancer, survivors, their families and carers.
7 The DOH, in collaboration with the Department of
8 Information and Communications Technology (DICT),
9 shall make full use of the latest technology to disseminate
10 information to reach every Filipino.

11 The awareness campaign must increase cancer
12 literacy and understanding of risk factors associated with
13 cancer, dispel myths and misconceptions about cancer, and
14 reduce the anxiety, fear, distress and uncertainty related
15 to cancer.

16 SEC. 16. *National Cancer Awareness Month.* – The
17 month of February of every year shall be known as the
18 “National Cancer Awareness Month” throughout the
19 Philippines. The DOH, in collaboration with LGUs, cancer

1 focused professional societies, academic institutions, shall
2 lead the observance of National Cancer Awareness Month.

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

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

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

19 (c) Adopt initiatives that eliminate stigma and
20 discrimination in schools, colleges, and universities that

1 are experienced by people with cancer, survivors and their
2 families.

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

9 (a) Promote and facilitate inclusion of gender
10 sensitive key messages on cancer risk factors, early
11 warning signs and symptoms of adult cancer and childhood
12 cancer, cancer prevention and control, adoption of healthy
13 lifestyles and healthy diets, in their communication
14 initiatives, health and wellness programs, and employee
15 development programs;

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

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

1 (d) Develop programs, initiatives or mechanisms
2 that shall eliminate stigma and discrimination in the work
3 place that is experienced by people living with cancer,
4 survivors, and their families.

5 SEC. 19. *Health Education and Promotion in*
6 *Communities.* – The DILG and LGUs, in collaboration with
7 the DOH central and regional offices, local cancer focused
8 patient support organizations and cancer focused
9 professional societies, shall lead the health education and
10 promotion campaign in the local communities. The DILG,
11 in coordination with the DSWD, shall conduct age
12 appropriate and gender sensitive cancer focused health
13 education and promotion for out-of-school youth.

14 CHAPTER IV

15 AFFORDABLE CANCER CARE AND TREATMENT

16 SEC. 20. *Establishment of Cancer Assistance Fund.* –
17 There is hereby established a Cancer Assistance Fund to
18 support the cancer medicine and treatment assistance
19 program. The DOH shall manage the fund in accordance
20 with the existing budgeting, accounting and auditing rules

1 and regulations and shall make a quarterly report to the
2 Office of the President and Congress on the disbursement
3 of the fund.

4 The DOH may solicit and receive donations which
5 shall form part of the fund and such donations shall be
6 exempt from income or donor's tax and all other taxes, fees
7 and charges imposed by the government. Likewise, fund
8 raising activities may be conducted by the Council and the
9 proceeds of which shall accrue to the fund and shall be
10 exempt from any and all taxes.

11 Receipts from donations, whether in cash or in kind,
12 shall be accounted for in the books of the donee
13 government agency in accordance with accounting and
14 auditing rules and regulations. The receipts from cash
15 donations and proceeds from sale of donated commodities
16 shall be deposited with the National Treasury and
17 recorded as a special account in the General Fund and
18 shall be available to the implementing agency concerned
19 through a special budget pursuant to Section 35, Chapter
20 5, Book VI of Executive Order No. 292. The cash value of

1 the donations shall be deemed automatically appropriated
2 for the purpose specified by the donor. Donations with a
3 term not exceeding one (1) year shall be treated as trust
4 receipts.

5 The donee-agency concerned shall submit the
6 quarterly reports of all donations received, whether in cash
7 or in kind, and expenditures or disbursements thereon
8 with electronic signature to the DBM, through the Unified
9 Reporting System, and to the Speaker of the House of
10 Representatives, the President of the Senate of the
11 Philippines, the House Committee on Appropriations, the
12 Senate Committee on Finance and the Commission on
13 Audit, by posting such reports on the donee-agency
14 concerned websites for a period of three (3) years. The head
15 of the donee-agency concerned shall send written notice to
16 the said offices when said reports have been posted on its
17 website which shall be considered the date of submission.

18 *SEC. 21. PhilHealth Benefits for Cancer.* – PhilHealth
19 shall expand the benefit packages to include primary care
20 screening, detection, diagnosis, treatment assistance,

1 supportive care, survivorship follow-up care and
2 rehabilitation, and end of-life-care, for all types and stages
3 of cancer, in both adults and children. It shall also develop
4 innovative benefits such as support for community-based
5 models of care to improve cancer treatment journey and
6 reduce costs of care, including stand-alone chemotherapy
7 infusion centers, ambulatory care, community or home-
8 based palliative care and pain management and
9 community-based hospice facility. The development or
10 expansion of any PhilHealth benefits shall go through a
11 proper, transparent and standardized prioritization setting
12 process, such as the Health Technology Assessment and
13 actuarial feasibility study, to avoid inequitable allocation
14 of funds for health care services.

15 The cancer assistance fund and PhilHealth benefits
16 shall be made available in public and private DOH-
17 licensed cancer centers. DOH and PhilHealth shall
18 prescribe, in consultation with stakeholders, the coverage
19 rates and applicable rules on options to charge co-pay for

1 services rendered. Processes to avail of such funding shall
2 be streamlined to ensure timely provision of cancer care.

3 SEC. 22. *Social Protection Mechanisms.* – The DOH,
4 in collaboration with Social Security System (SSS),
5 Government Service Insurance System (GSIS), Philippine
6 Charity Sweepstakes Office (PCSO), DOLE, DSWD and
7 LGUs, shall develop appropriate and easily accessible
8 social protection mechanisms for cancer patients, people
9 living with cancer, survivors, their families and carers. It
10 shall aim to encourage the underprivileged and
11 marginalized people living with cancer to undergo the
12 necessary treatment and care.

13 The Cancer Control Policy is hereby established in
14 the workplace. It shall form part of employee benefits in
15 the formal sector along the entire cancer continuum, that
16 is, from prevention (including genetic counseling and
17 testing) to screening, diagnosis and palliative care,
18 treatment, rehabilitation, survivorship or hospice care.
19 Likewise, the Insurance Commission shall mandate the
20 Health Maintenance Organization (HMOs) to cover genetic

1 counseling and testing, cancer screening, diagnostics and
2 palliative care as well as certain therapeutics of all
3 member employees. The cancer-related absences from work
4 of member employees as well as voluntary members shall
5 be covered and compensated by the Sickness Benefits of
6 SSS and Disability Benefits of GSIS. The employees in the
7 informal sector shall be prioritized in the cancer control
8 packages of PhilHealth while the employees in the formal
9 sector shall be offered cost-sharing PhilHealth benefit
10 packages.

11 CHAPTER V

12 ESSENTIAL MEDICINES

13 SEC. 23. *Cancer and Related Supportive Care*
14 *Medicines.* – The DOH, and other concerned government
15 agencies shall implement reforms supporting early access
16 to essential medicines, innovative medicines and health
17 technologies, to ensure improved survivorship and better
18 health outcomes among people with cancer. The reforms
19 include facilitating quick access to drugs for compassionate

1 use and developing a more responsive system for
2 effectively addressing emergency cases.

3 The FDA shall create a dedicated and streamlined
4 process, not exceeding one (1) year, for the licensing of
5 innovator and generic cancer medication, subject to
6 appropriate quality checks and compliance with minimum
7 standards.

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

14 CHAPTER VI

15 SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER 16 AND CANCER SURVIVORS

17 SEC. 25. *Persons with Disabilities.* – Cancer patients,
18 persons living with cancer and cancer survivors are
19 considered as persons with disabilities (PWDs) in
20 accordance with Republic Act. No. 7277, as amended,

1 otherwise known as the “Magna Carta for Disabled
2 Persons”.

3 SEC. 26. *Rights and Privileges.* – The cancer patients,
4 persons living with cancer and cancer survivors are
5 accorded the same rights and privileges as PWDs and the
6 DSWD shall ensure that their social welfare and benefits
7 provided under Republic Act No. 7277, as amended, are
8 granted to them. Further, the DOLE shall adopt programs
9 which promote work and employment opportunities for
10 able persons with cancer and cancer survivors.

11 SEC. 27. *Non-discrimination.* – The appropriate
12 government agencies shall ensure that people living with
13 cancer and cancer survivors are free from any form of
14 discrimination in school, workplace and community.

15 CHAPTER VII

16 CANCER REGISTRY AND MONITORING SYSTEM

17 SEC. 28. *National Cancer Registry and Monitoring*
18 *System.* – The DOH, in collaboration with the Council and
19 other stakeholders, shall establish a national cancer
20 registry and monitoring system. The registry must cover

1 all forms of cancer among adults and children and serve as
2 guide in the policy development of the Board. The national
3 cancer registry shall be a population-based cancer registry
4 seeking to collect data on all new cases of cancer by
5 geographical region to provide framework for assessing
6 and controlling the impact of cancer in the community.
7 Cancer registries shall form part of the Electronic Medical
8 Records requirement of the DOH, and that it shall be in
9 accordance with the National Health Data Standards and
10 Republic Act No. 10173, otherwise known as the "Data
11 Privacy Act of 2012".

12 SEC. 29. *Hospital Based Cancer Registry.* – Every
13 hospital, including clinics, shall have its own cancer
14 registry. The registry must record the personal
15 identification of cancer patients, cancer type, treatment
16 received and its results and other data that the DOH may
17 prescribe. The regional offices of the DOH shall ensure
18 that all hospitals within their respective jurisdiction have
19 cancer registry. The information shall be treated with
20 utmost confidentiality and shall not be released to third

1 parties, in accordance with the "Data Privacy Act of 2012".
2 Submission of cancer registry shall be a requirement for
3 the renewal of license to operate of the hospital.

4 SEC. 30. *Recording and Reporting of Cancer Cases.* –
5 Adult and childhood cancer are considered as a notifiable
6 disease in all levels of the health care system. Any hospital
7 or clinic which diagnosed a patient with cancer shall report
8 the same to the DOH. The DOH shall provide the form and
9 manner of reporting of cancer cases.

10 CHAPTER VIII

11 FINAL PROVISIONS

12 SEC. 31. *Annual Report.* – The Secretary of Health
13 shall submit to the Committees on Health of the Senate
14 and the House of Representatives an annual report on the
15 progress of the implementation of this Act.

16 SEC. 32. *Appropriations.* – The amount needed for the
17 initial implementation of this Act shall be charged against
18 the current year's appropriations of the DOH for the
19 maintenance and other operating expenses of the National
20 Integrated Cancer Control Program. Thereafter, the

1 required budget for the continued implementation of this
2 Act shall be submitted to DBM for inclusion in the General
3 Appropriations Act.

4 SEC. 33. *Implementing Rules and Regulations.* –
5 Within ninety (90) days from the approval of this Act, the
6 Secretary of Health, in consultation with the concerned
7 stakeholders, shall promulgate the rules and regulations
8 implementing the provisions of this Act. The implementing
9 rules and regulations issued pursuant to this section shall
10 take effect thirty (30) days after its publication in two (2)
11 newspapers of general circulation.

12 SEC. 34. *Separability Clause.* – If any provision of
13 this Act is declared unconstitutional, the remainder of this
14 Act or any provision not affected thereby shall remain in
15 full force and effect.

16 SEC. 35. *Repealing Clause.* – All laws, presidential
17 decrees or issuances, executive orders, letters of
18 instruction, administrative orders, rules or regulations
19 inconsistent with the provisions of this Act are hereby
20 repealed or modified accordingly.

1 SEC. 36. *Effectivity.* – This Act shall take effect
2 fifteen (15) days after its publication in the *Official Gazette*
3 or in a newspaper of general circulation.

Approved,