



HOUSE OF REPRESENTATIVES

H. No. 8636

BY REPRESENTATIVES ROMAN, VARGAS, TAN (A.), SUANSING (E.), RODRIGUEZ (M.), ARAGONES, CASTELO, ESCUDERO, BRAVO (M.V.), ALEJANO, BOLILIA, GATCHALIAN, NOGRALES (K.A.), NOGRALES (J.J.), ROA-PUNO, HERRERA-DY, LANETE, YAP (V.), MACEDA, NIETO, LOBREGAT, VIOLAGO, RADAZA, DALIPE, SAVELLANO, DE VENECIA, SUANSING (H.), CATAMCO, DURANO, ORTEGA (V.N.), CUEVA, CAMINERO, AGGABAO, CORTUNA, DE VERA, NOEL, SALCEDA, GARIN (S.), ACOP, YU, SACDALAN, ALVAREZ (M.), GONZALES (A.D.), TUPAS, DIMAPORO (A.), SIAO, FERNANDO, TOLENTINO, RAMOS, GARCIA (J.E.), NUÑEZ-MALANYAON, CALDERON, ACHARON, CERAFICA, MARINO, TEJADA, GARCIA (G.), MONTORO, DALOG, PADUANO, BANAL, MADRONA, ROMUALDO, GERON, BELMONTE (J.C.), ZUBIRI, CUARESMA, GORRICETA, FERRER (J.), ABU, ORTEGA (P.), SANDOVAL, DUAVIT, MACAPAGAL-ARROYO, DEL ROSARIO, AGARAO, UNGAB, PIMENTEL, BAGUILAT, ABELLANOSA, BRAVO (A.), ROMERO, UY (J.), QUIMBO, VERGARA, COJUANGCO, ALVAREZ (F.), ACOSTA, LACSON, CAGAS, MARCOS, TING, PANOTES, DE JESUS, GASATAYA, MERCADO, ALMARIO, LOYOLA, SILVERIO, MALAPITAN, LEACHON, SALO, BELARO, RELAMPAGOS, VILLARICA, ZAMORA (R.), CHIPECO, RODRIGUEZ (I.), DEL MAR, LAZATIN, ARCILLAS, SANTOS-RECTO, SAHALI, PLAZA, ENVERGA, BAUTISTA-BANDIGAN, GO (M.), FERRER (L.), ESTRELLA, VELASCO-CATERA, UY (R.), VELOSO, FORTUNO, ERIGUEL, VILLARAZA-SUAREZ, ANTONIO, ALVAREZ (P.), DY, BILLONES, JALOSJOS, ADVINCULA, TY, DIMAPORO (M.K.), FORTUN, LOPEZ (M.L.), ATIENZA, HERNANDEZ (F.), GONZAGA, SARMIENTO (E.M.), GONZALES (A.P.), SAMBAR, PANCHO, UNICO, BONDOC, CELESTE, ALBANO, BATAOIL, ABUEG, ANGARA-CASTILLO, AUMENTADO, MANGAOANG, COSALAN, VARGAS-ALFONSO,

MANJUDADATU (Z), BERTIZ, AMANTE, MIRASOL, PINEDA, CHAVEZ, NAVA, VILLAFUERTE, AMATONG, SALIMBANGON, AGLIPAY-VILLAR, FUENTEBELLA, YAP (M.), ERICE, CAMPOS, ACOSTA-ALBA, VELARDE, ZARATE, ROBES, DELOSO-MONTALLA, ROQUE, SY-ALVARADO, TAMBUNTING, OLIVAREZ, GARBIN, BATOCABE, SALON, ANDAYA, MARCOLETA, DEFENSOR, HOFER, CRISOLOGO, PALMA, ESPINA, ALONTE, SUAREZ, ABAYON, LOPEZ (B.), MATUGAS AND GULLAS, PER COMMITTEE REPORT NO. 946

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:

ARTICLE I

INTRODUCTORY PROVISIONS

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

SEC. 2. *Declaration of Policy.* – Recognizing that cancer is one of the leading causes of death in the Philippines, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family centered cancer control policies, programs, systems, interventions and services at all levels of the existing health care delivery system.

Towards this end, the State shall endeavor to improve survivorship by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, prompt and accurate diagnosis, responsive palliative care and pain management, timely and optimal treatment, effective survivorship care and late effects management and rehabilitation. It shall

1 likewise make cancer treatment and care more equitable and
 2 affordable for all, especially for the underprivileged, poor and
 3 marginalized Filipinos.

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

5 (a) *Allied health workers* refer to any trained non-cancer
 6 health professionals such as physicians, social workers, nurses,
 7 occupational therapists, recreational therapists, dietitians, among
 8 others;

9 (b) *Biobank* refers to a biorepository that accepts, processes,
 10 stores and distributes biospecimens such as blood and tissue, and
 11 associated data for use in research and clinical care;

12 (c) *Cancer* refers to a generic term for a large group of
 13 diseases that can affect any part of the body. Other terms used are
 14 malignant tumors and neoplasms. One defining feature of cancer is
 15 the rapid creation of abnormal cells that grow beyond their usual
 16 boundaries, and which can then invade adjoining parts of the body
 17 and spread to other organs;

18 (d) *Cancer burden* refers to a difference in the burden of
 19 cancer between different countries which relate to cancer incidence,
 20 cancer mortality and prevalence of individuals with cancer.

21 (1) *Cancer incidence* represents the number of new cases in a
 22 defined population over a specific time period; and

23 (2) *Cancer prevalence* represents the disease burden in a
 24 population at a specific time and is related to survival of individuals
 25 diagnosed with cancer;

26 (e) *Cancer control* refers to the method to reduce the
 27 incidence, morbidity and mortality of cancer which aims to improve

1 the quality of life of cancer patients in a defined population, through
 2 the systematic implementation of evidence-based interventions for
 3 prevention, early detection, diagnosis, treatment and palliative care;

4 (f) *Cancer diagnosis* refers to the various techniques and
 5 procedures used to detect or confirm the presence of cancer and
 6 typically involves evaluation of the patient's history, clinical
 7 examinations, review of laboratory test results and radiological
 8 data, and microscopic and genotypic examination of tissue samples
 9 obtained by biopsy or fine-needle aspiration or blood samples
 10 obtained by blood extraction;

11 (g) *Cancer prevention* refers to the following:

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

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

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

20 (h) *Cancer registry* refers to a database that contains
 21 information about people diagnosed with various types of cancer.
 22 The registry shall require systematic collection, storage, analysis,
 23 interpretation and reporting of data on subjects with cancer. There
 24 are two (2) main types of cancer registry:

25 (1) *Population-based cancer registry* refers to the collection of
 26 data on all new cases of cancer occurring in a well-defined
 27 population, including mortality and survivorship;

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

4 (i) *Cancer rehabilitation* refers to a program that helps
5 people with cancer maintain and restore physical and emotional
6 well-being. Cancer rehabilitation is available before, during and
7 after cancer treatment;

8 (j) *Cancer screening* refers to the detection of cancer before
9 symptoms start to appear. This may involve blood tests,
10 deoxyribonucleic acid (DNA) tests, urine tests, other tests, or
11 medical imaging;

12 (k) *Cancer survivorship* refers to the period starting at the
13 time of disease diagnosis and continues throughout the rest of the
14 patient's life. Family carers and friends are also considered
15 survivors. Survivorship care has three (3) distinct phases: living
16 through, with, and beyond cancer;

17 (l) *Cancer treatment* refers to the series of interventions,
18 including psychosocial and nutritional support, surgery,
19 radiotherapy, radioisotope therapy, and drug therapy, which
20 includes chemotherapy, hormonotherapy, biotherapeutics,
21 immunotherapy, gene therapy and supportive therapy, that are
22 aimed at curing the disease or prolonging the patient's life
23 considerably for several years while improving the patient's quality
24 of life;

25 (m) *Carer* refers to anyone who provides care for a friend or
26 family member;

1 (n) *Comprehensive cancer care center* refers to a care center
2 with a focused program of work that is multidisciplinary and
3 integrates cancer research, education and clinical care to accelerate
4 the control and cure of cancer;

5 (o) *Continuum of care* refers to delivery of comprehensive
6 health care which includes risk assessment, primary prevention,
7 screening, detection, diagnosis, treatment, survivorship and
8 end-of-life care;

9 (p) *Hospice care* refers to the palliation of a chronically ill,
10 terminally ill or seriously ill patient's pain and symptoms, otherwise
11 known as end-of-life care that essentially consists of medical,
12 psychological and spiritual support so the patient's life is spent
13 comfortably, peacefully and with dignity;

14 (q) *Indirect medical cost or Psychosocial support Intervention*
15 *or Social Welfare Assistance* refers to practical assistance on
16 non-medical costs such as financial assistance, transient housing,
17 transportation, food and nutrition and the like;

18 (r) *Management of late effects* refer to the management of
19 health problems, which may be short-term side effects or long-term
20 side effects, that occur months or years after cancer treatment;

21 (s) *Metastasis* refers to the spread of cancer cells from the
22 place where they first formed to new areas of the body often by way
23 of the lymph system or bloodstream;

24 (t) *Multidisciplinary care* refers to an integrated
25 (interdisciplinary) team approach to cancer care in which medical
26 and allied health care professionals consider all relevant treatment
27 options and develop collaboratively an individual treatment plan for

1 each patient. The multidisciplinary team includes professionals
 2 from different disciplines forming a team to implement
 3 multidisciplinary-interdisciplinary process to cancer management.
 4 The multidisciplinary care process involves the bringing of insights
 5 from different disciplines together, contributing to one plan of
 6 management for the patient;

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

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

13 (w) *Optimal treatment and care* refers to a quality treatment
 14 care that adheres to the standards of treatment and care based on
 15 evidence-based guidelines;

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

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

1 (z) *Panomics* or *pan-omics* refers to the range of molecular
 2 biology technologies including genomics, proteomics, metabolomics,
 3 transcriptomics, or the integration of their combined use. *Genomics*
 4 is the study of the genes in an organism while proteomics is the
 5 study of all the proteins in a cell;

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

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

17 (cc) *Premature mortality* refers to deaths that occur between
 18 the ages of 30 and 70;

19 (dd) *Secondary cancer* refers to either a second primary cancer
 20 or to cancer that has spread from one part of the body to another
 21 (metastatic cancer); and

22 (ee) *Supportive care* refers to prevention and management of
 23 the adverse effects of cancer and its treatment which includes
 24 management of physical and psychological symptoms and side
 25 effects across the continuum of the cancer experience from
 26 diagnosis, through anti-cancer treatment to posttreatment care.

ARTICLE II

THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

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

(a) Decrease the overall mortality and impact of all adult and childhood cancer;

(b) Lessen the incidence of preventable cancer in adults and children;

(c) Prevent cancer recurrence and secondary cancer among survivors and people living with cancer;

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

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

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

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

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

SEC. 5. *National Integrated Cancer Control Advisory Council.*

– There is hereby created a National Integrated Cancer Control Advisory Council, hereinafter referred to as the Council, which shall act as a recommendatory body for policy matters related to cancer

control. The Council shall provide technical guidance and support and oversee the implementation of this Act, ensuring judicious and best use of available resources for the benefit of all, especially the most vulnerable sectors of society, the elderly, women and children, the poor, marginalized and disadvantaged.

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

(a) The Secretary of Health, or a designated representative, with a rank not lower than assistant secretary, as chairperson in an *ex officio* capacity;

(b) A vice chairperson, who shall be elected by the non *ex officio* members, from among themselves, and who shall serve for a term of three (3) years;

(c) *Ex officio* members consisting of the following:

(1) Secretary of Social Welfare and Development, or a designated representative;

(2) Secretary of Science and Technology, or a designated representative;

(3) Secretary of Labor and Employment, or a designated representative;

(4) Secretary of the Interior and Local Government, or a designated representative;

(5) Chairperson of the Commission on Higher Education (CHED), or a designated representative;

(6) President and Chief Executive Order of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative; and

1 (7) Director General of the Food and Drug Administration, or
2 a designated representative;

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

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

15 The Council shall utilize the services and facilities of the
16 Disease Prevention and Control Bureau under the Department of
17 Health (DOH) as the Secretariat of the Council.

18 The non *ex officio* members may receive honoraria in
19 accordance with existing laws, rules and regulations.

20 SEC. 7. *Roles and Functions.* – The Council shall recommend
21 policies, programs and reforms that enhance the synergy
22 among stakeholders and ensure a well-coordinated, effective
23 and sustainable implementation of the provisions of this Act.
24 It shall advise and assist in planning, policy making, program
25 development, development of good practice models, standard
26 setting, stakeholder engagement, program monitoring, evaluation
27 and assessment, strategic, programmatic and operational review.

1 It shall, as necessary, create experts' groups or technical working
2 groups to assist the DOH to undertake any of the following key
3 tasks:

4 (a) Develop integrated and responsive cancer control policies
5 and programs tailored to the socioeconomic context and
6 epidemiological profiles of the Philippines which aim to improve
7 survivorship, make cancer care more accessible and affordable,
8 expand cancer care to include the whole continuum of care, promote
9 integrated, multidisciplinary, developmentally-appropriate patient
10 and family-centered care, and enhance the well-being and quality of
11 life of cancer patients and their families;

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

16 (c) Develop, update and promote, evidence-based treatment
17 standards and guidelines for all adult and childhood cancer, of all
18 stages, including the management of late effects;

19 (d) Develop innovative and cost-effective cancer care service
20 models for effectively delivering integrated cancer care in the most
21 appropriate settings and improve patient care flow from primary to
22 tertiary care;

23 (e) Develop clearly defined patient care pathways and
24 evidence-based standards of care for the network of cancer centers;

25 (f) Set quality and accreditation standards for oncology
26 focused health service facilities, health care providers, medical

1 professionals, allied health professionals, as well as, ethical cancer
2 research;

3 (g) Monitor and assess the implementation of prioritized
4 packages of cancer services for all ages and all stages of cancer,
5 ensuring that they are provided in an equitable, affordable and
6 sustainable manner, at all levels of care;

7 (h) Recommend responsive and proactive medicine access
8 programs, including improvements of core systems and processes
9 related to:

10 (1) Availability and affordability of quality, safe, and effective
11 medicines;

12 (2) Increased access to cost effective vaccinations to prevent
13 infections associated with cancer;

14 (3) Diagnostics for cancer;

15 (4) Innovative medicines and technologies; and

16 (5) Compassionate use of protocols, as necessary;

17 (i) Establish mechanisms and platforms for multisectoral and
18 multistakeholder collaboration, coordination, and cooperation,
19 especially in health promotion, disease prevention, capacity
20 development, education, training and learning, information and
21 communication, social mobilization and resource mobilization;

22 (j) Establish mechanisms and platforms for patient, family
23 and community engagement, especially on protection and promotion
24 of the rights of patients, survivors and their families and their
25 active involvement in multidisciplinary patient care, patient
26 navigation and survivors' follow-up care;

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

6 (l) Institute the provision of child life services in all
7 appropriate hospitals and facilities;

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

13 (n) Secure from government agencies and other stakeholders,
14 recommendations and plans pertinent to the respective mandates of
15 the agencies and other stakeholders for the implementation of the
16 provisions of this Act.

17 *SEC. 8. Personnel Complement.* – The personnel complement
18 for the Cancer Control Program in the Disease Prevention and
19 Control Bureau of the DOH shall be increased to ensure the
20 effective implementation of this Act.

21 A director for Cancer Control Program shall be designated
22 to provide operational leadership, undertake coordination with
23 program stakeholders and ensure effective and sustainable
24 implementation of the National Integrated Cancer Control
25 Program. The Secretary of Health shall, in coordination with
26 the Secretary of Budget and Management (DBM), create the

1 additional plantilla positions for health personnel required in
2 the program.

3 ARTICLE III

4 QUALITY HEALTH CARE SYSTEMS

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

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

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

16 (c) Provide reliable supply of cancer drugs and cancer control
17 related vaccines to patients by ensuring that health facilities and
18 local health centers have sufficient supply of essential medicines
19 and vaccines;

20 (d) Enhance the oncology related competencies of health
21 providers in all levels of care and the capacity to collaborate and
22 work effectively in an integrated, multidisciplinary settings;

23 (e) Institute work place retention programs for priority
24 oncology disciplines, disciplines where shortages exist and in
25 underserved areas, where there are no oncology related
26 practitioners;

1 (f) Establish clear standards and guidelines for patient care,
2 psychosocial support, palliative care and pain management, and
3 patient navigation;

4 (g) Establish and strengthen community level of care for
5 cancer patients, cancer survivors, and people living with cancer, of
6 all genders and ages;

7 (h) Ensure the proper recording, reporting and monitoring of
8 cancer cases of all genders and ages, in all levels of care;

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

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

15 SEC. 10. *Cancer Care Centers.* – The Secretary of Health, in
16 coordination with the Council, shall develop standards to classify,
17 accredit and designate comprehensive cancer centers, specialty
18 cancer centers, regional cancer centers and cancer satellites or
19 stand-alone clinics. The network of cancer care centers that is easily
20 accessible to patients shall be established strategically in the
21 country. The required diagnostic, therapeutic, research capacities
22 and facilities, technical, operational and personnel standards of
23 these centers shall be defined in the implementing rules and
24 regulations of this law. If necessary, the use of public-private
25 partnership shall be allowed in the procurement of cancer care
26 facilities and services to hasten delivery of essential oncological

1 services and promote efficiency in fiscal utilization for cancer
2 programs and projects.

3 SEC. 11. *Regional Cancer Center.* – The objectives and
4 functions of a regional cancer center are as follows:

5 (a) Provide timely, developmentally appropriate, and high-
6 quality cancer services such as screening, diagnosis, optimal
7 treatment and care, supportive care and palliative care,
8 survivorship follow-up care, and reintegration and rehabilitation, to
9 cancer patients of all genders and ages;

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

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

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

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

24 (f) Undertake and support the training of physicians,
25 nurses, medical technicians, pharmacists, health officers and
26 social workers on evidence-based and good practice models for

1 the delivery of responsive, multidisciplinary, integrated cancer
2 services;

3 (g) Address the psychosocial and rehabilitation needs of
4 cancer patients and survivors;

5 (h) Adopt and promote evidence-based innovations, good
6 practice models, equitable, sustainable strategies and actions across
7 the continuum of care;

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

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

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

23 SEC. 13. *Oncology-Related Academic Curriculum.* – The
24 CHED, in collaboration with the DOH, higher education institutions
25 (HEIs), cancer focused professional societies, accrediting
26 institutions and patient support organizations, shall undertake an
27 assessment of current oncology-related academic curriculum and

1 ensure that the curriculum meets local needs and global practice
 2 standards. The CHED shall encourage HEIs to offer degree
 3 programs for high priority oncology-related specializations and
 4 continuing education programs related to oncological treatment and
 5 care.

6 ARTICLE IV

7 CANCER AWARENESS

8 SEC. 14. *Cancer Awareness Campaign.* – The DOH shall
 9 intensify its cancer awareness campaign and provide the latest and
 10 evidence-based information for the prevention and treatment of
 11 cancer including practical advice, support and referral for cancer
 12 patients, people living with cancer, cancer survivors, their families
 13 and carers. The DOH, in collaboration with the Department of
 14 Information and Communications Technology, shall make full use of
 15 the latest technology to disseminate information to reach every
 16 Filipino.

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

21 SEC. 15. *Health Education and Promotion in Schools,*
 22 *Colleges, and Universities.* – The CHED and the Department of
 23 Education, in coordination with the DOH, shall develop policies
 24 and provide technical guidance to academic institutions and
 25 administrators to:

26 (a) Promote and facilitate integration of age appropriate and
 27 gender sensitive key messages on cancer risk factors, early warning

1 signs and symptoms of adult cancer and childhood cancer, cancer
 2 prevention and control, and adoption of healthy lifestyles and
 3 healthy diets in their curriculum, health and wellness programs,
 4 and cocurricular activities;

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

9 (c) Adopt initiatives that minimize or eliminate stigma
 10 and discrimination in schools, colleges, and universities that
 11 are experienced by people with cancer, cancer survivors and their
 12 families.

13 SEC. 16. *Health Education and Promotion in the Workplace.*

14 – The DOLE, Civil Service Commission, and Technical Education
 15 and Skills Development Authority, in coordination with the DOH,
 16 shall develop policies and provide technical guidance to employers,
 17 employees associations, and unions to:

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

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

1 (c) Integrate appropriate cancer services in their health
2 services and clinics; and

3 (d) Develop programs, initiatives or mechanisms that shall
4 minimize or eliminate stigma and discrimination in the workplace
5 that is experienced by people living with cancer, cancer survivors,
6 and their families.

7 SEC. 17. *Health Education and Promotion in Communities.* –

8 The Department of the Interior and Local Government (DILG) and
9 LGUs, in collaboration with the DOH central and regional offices,
10 local cancer focused patient support organizations and cancer
11 focused professional societies, shall lead the health education and
12 promotion campaign in the local communities. The DILG, in
13 coordination with the Department of Social Welfare and
14 Development (DSWD), shall conduct and promote age appropriate
15 and gender sensitive cancer focused health education including to
16 out-of-school youth.

17 ARTICLE V

18 AFFORDABLE CANCER CARE AND TREATMENT

19 SEC. 18. *Establishment of Cancer Assistance Fund.* – There
20 is hereby established a cancer assistance fund to support the cancer
21 medicine and treatment assistance program. The DOH shall
22 manage the fund in accordance with the existing budgeting,
23 accounting and auditing rules and regulations and shall make a
24 quarterly report to the Office of the President and Congress on the
25 disbursement of the fund.

26 The DOH may solicit and receive donations which shall
27 form part of the fund. Likewise, fund raising activities may be

1 conducted by the Council, the proceeds of which shall accrue to
2 the fund.

3 SEC. 19. *Tax Exemption.* – All grants, bequests,
4 endowments, donations, and contributions made to the DOH to be
5 used actually, directly and exclusively to support the cancer
6 medicine and treatment assistance program shall be exempt from
7 donor's tax and the same shall be considered as allowable deduction
8 from the gross income of the donor, in accordance with the
9 provisions of the National Internal Revenue Code of 1997, as
10 amended.

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

1 DOH may prescribe. The regional offices of the DOH shall ensure
 2 that all hospitals within their respective jurisdiction have cancer
 3 registry. The information shall be treated with utmost
 4 confidentiality and shall not be released to third parties, in
 5 accordance with the Data Privacy Act of 2012. Submission of the
 6 cancer registry data to the DOH shall be a requirement for the
 7 renewal of a license to operate of a hospital.

8 SEC. 29. *Recording and Reporting of Cancer Cases.* – Adult
 9 and childhood cancer are considered as a notifiable disease in all
 10 levels of the health care system. Any hospital or clinic which
 11 diagnosed a patient with cancer shall report the same to the DOH.
 12 The DOH shall provide the form and manner of reporting of cancer
 13 cases.

14 ARTICLE IX

15 FINAL PROVISIONS

16 SEC. 30. *Unlawful Acts and Penalties.* – It shall be unlawful
 17 for any person, natural or juridical, to make any false or misleading
 18 claims, through advertisement in any media outlet, about any drug,
 19 device, agent or procedure purporting to be a cure or prophylactic
 20 against cancer. It shall also be unlawful to advertise any drug,
 21 device, agent or procedure related to cancer without prior approval
 22 or authority from the appropriate regulatory bodies.

23 Any person who commits the unlawful acts provided in this
 24 section shall be punished with imprisonment of not less than six (6)
 25 months but not more than one (1) year or a fine of not less than One
 26 hundred thousand pesos (P100,000.00), nor more than Five hundred
 27 thousand pesos (P500,000.00) or both. If the offender is a

1 corporation or association, the president, member of the Board,
 2 manager, managing partner or any officer of the corporation or
 3 association who directly participated in the violation of this section
 4 shall suffer the penalty imposed under this section.

5 SEC. 31. *Annual Report.* – The Secretary of Health shall
 6 submit to the Committees on Health of the Senate and the House of
 7 Representatives an annual report on the progress of the
 8 implementation of this Act.

9 SEC. 32. *Appropriations.* – The amount necessary to cover
 10 the initial implementation of this Act shall be charged against the
 11 current year's appropriations of the Department of Health for the
 12 National Integrated Cancer Control Program. Thereafter, such
 13 sums as may be necessary for the continued implementation of this
 14 Act shall be included in the annual General Appropriations Act.

15 SEC. 33. *Implementing Rules and Regulations.* – Within
 16 ninety (90) days from the approval of this Act, the Secretary of
 17 Health, in consultation with the Philippine Society of Medical
 18 Oncologist, Philippine Society of Oncology, Cancer Coalition
 19 Philippines and other concerned stakeholders, shall promulgate the
 20 necessary rules and regulations for the effective implementation of
 21 this Act.

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

25 SEC. 35. *Repealing Clause.* – All laws, presidential decrees
 26 or issuances, executive orders, letters of instruction, administrative

1 orders, rules or regulations inconsistent with the provisions of this
2 Act are hereby repealed or modified accordingly.

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

Approved,

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