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H. No. 8636

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Congress of the Philippines
Metro Manila

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Third Regular Session

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[REPUBLIC ACT NO. 11215]

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 prevent cancer and improve cancer survivorship by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, prompt and accurate diagnosis, timely and optimal treatment, responsive palliative care and pain management, effective survivorship care and late effects management and rehabilitation. It shall likewise make cancer treatment and care more equitable and affordable for all, especially for the underprivileged, poor and marginalized Filipinos.

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

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

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

(c) *Cancer control* refers to the strategies to reduce the incidence, morbidity and mortality and improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment and palliative care;

(d) *Cancer diagnosis* refers to the various techniques and procedures used to detect or confirm the presence of cancer;

(e) *Cancer registry* refers to a database that contains information about people diagnosed with various types of cancer. The registry shall require systematic collection,

storage, analysis, interpretation and reporting of data on subjects with cancer. There are two (2) main types of cancer registry:

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

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

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

(g) *Cancer screening* refers to the detection of cancer before symptoms start to appear. This may involve blood tests, deoxyribonucleic acid (DNA) tests, urine tests and other tests such as medical imaging;

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

(i) *Cancer treatment* refers to the series of interventions that are aimed at curing the disease and improve the patient's quality of life, such as psychosocial and nutritional support, surgery, radiotherapy, radioisotope therapy, and drug therapy, which includes chemotherapy, hormone therapy, biotherapeutics, immunotherapy, gene therapy and supportive therapy;

(j) *Carer* refers to anyone who provides care for cancer patients and family members;

(k) *Comprehensive cancer care center* refers to a care center that is multidisciplinary and integrates clinical care, education and research to accelerate the control and cure of cancer;

(l) *Continuum of care* refers to delivery of comprehensive health care services, which includes risk assessment, primary prevention, screening, diagnosis, treatment, survivorship and end-of-life care;

(m) *Hospice care* refers to the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, otherwise known as end-of-life care that consists of medical, psychological and spiritual support;

(n) *Psychosocial support program* refers to the assistance on nonmedical costs such as financial assistance, transient housing, transportation, food and nutrition and the like;

(o) *Management of late effects* refers to the management of effects that occur months or years after cancer treatment;

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

(q) *Multidisciplinary patient care* refers to an integrated approach to cancer care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient;

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

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

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

(u) *Palliative care* refers to an approach that improves the quality of life of patients and their families facing the

problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual;

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

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

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

(y) *Supportive care* refers to prevention and management of the adverse effects of cancer and its treatment which includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience.

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, metastasis 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 Council.* – There is hereby created a National Integrated Cancer Control Council, hereinafter referred to as the Council, which shall act as the policy making, planning and coordinating body on cancer control, attached to the Department of Health (DOH). 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 Labor and Employment, or a designated representative;

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

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

(5) Director General of the Food and Drug Administration (FDA), or a designated representative;

(d) Two (2) medical doctors, who must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, have distinguished themselves professionally in public, private, civic or academic service in the field of oncology, and must have been in the active practice of their professions for at least ten (10) years, chosen from at least five (5) persons recommended by the Secretary of Health, to be appointed by the President for a term of three (3) years; and

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

The Council shall utilize the services and facilities of the Disease Prevention and Control Bureau under the DOH as the Secretariat of the Council.

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

SEC. 7. *Roles and Functions.* – The Council shall formulate policies, programs and reforms that enhance the synergy among stakeholders and ensure a well-coordinated, effective and sustainable implementation of the provisions of this Act. It shall, as necessary, create experts' groups or technical working groups to undertake any of the following key tasks:

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

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

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

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

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

(f) Set quality and accreditation standards for oncology focused health service facilities, ethical cancer research, health care providers, medical professionals and allied health care professionals;

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

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

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

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

(3) Diagnostics for cancer;

(4) Innovative medicines and technologies; and

(5) Compassionate use of protocols, as necessary;

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

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

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

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

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

(n) Secure from government agencies and other stakeholders, recommendations and plans pertinent to the

respective mandates of the agencies and other stakeholders for the implementation of the provisions of this Act.

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

A Division Chief for Cancer Control Program shall be designated to provide operational leadership, undertake coordination with program stakeholders and ensure effective and sustainable implementation of the National Integrated Cancer Control Program. The Secretary of Health shall, in coordination with the Secretary of Budget and Management (DBM), create the additional plantilla positions for health personnel required in the program.

ARTICLE III

QUALITY HEALTH CARE SYSTEMS

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

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

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

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

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

(e) Institute workplace retention programs for priority oncology disciplines where shortages exist, and in underserved areas where there are no oncology related practitioners;

(f) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and cancer focused patient navigation for individuals and communities and to clearly provide individualized support during the cancer journey, facilitating access to information and resources as needed, throughout the cancer continuum of care;

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

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

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

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

SEC. 10. *Philippine Cancer Center.* – There shall be established a Philippine Cancer Center under the control and supervision of the DOH, to be headed by an Executive Director.

Other comprehensive specialty cancer centers shall be designated in high population and high risk areas outside Metro Manila.

The Center shall have the following purposes and objectives:

(a) To ensure strategic alignment with the national cancer control plans and programs;

(b) To provide for accommodation, facilities and medical treatment of patients suffering from cancer, subject to the rules and regulations of the Center;

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

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

(e) To encourage and undertake the training of physicians, pathologists, nurses, medical and laboratory technicians, health officers and social workers on the practical and scientific conduct and implementation of cancer health care services, and related activities; and

(f) To assist universities, hospitals and research institutions in their studies of cellular anomalies, including rare cancers to encourage advanced training on matters of, or affecting the human cell, and related fields and to support educational programs of value to general health.

SEC. 11. *Cancer Care Centers.* – The Secretary of Health, in coordination with the Council, shall develop standards to classify, accredit and designate comprehensive cancer care centers, specialty cancer centers, stand-alone specialty cancer centers, regional cancer centers and cancer satellites or stand-alone clinics.

In accordance with Section 33 of this Act, the DOH, in the implementing rules and regulations of this Act, shall provide for the minimum required diagnostic, therapeutic, research capacities and facilities, technical, operational and personnel standards of these centers, as well as the appropriate licensing and accreditation requirements, and procedure for licensing in a timely manner. The use of Public Private Partnership shall be allowed on the procurement of cancer care infrastructure and delivery of services to improve access to and services to hasten delivery of essential oncological

services and promote efficiency in fiscal utilization for cancer programs and projects. Private institutions may also be accredited as comprehensive cancer care centers, specialty cancer centers, stand-alone specialty cancer centers, regional cancer centers and cancer satellites or stand-alone clinics, provided they comply with the requirements for such accreditation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE IV

CANCER AWARENESS

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

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

SEC. 16. *National Cancer Awareness Month.* – The month of February of every year shall be known as the “National Cancer Awareness Month” throughout the Philippines. The DOH, in collaboration with LGUs, cancer focused professional societies, academic institutions, shall lead the observance of National Cancer Awareness Month.

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

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

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

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

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

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

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

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

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

SEC. 19. *Health Education and Promotion in Communities.* – The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local cancer focused patient support organizations and cancer focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age appropriate and gender sensitive cancer-focused health education.

ARTICLE V

AFFORDABLE CANCER CARE AND TREATMENT

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

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

Receipts from donations, whether in cash or in kind, shall be accounted for in the books of the donee government agency in accordance with accounting and auditing rules and regulations. The receipts from cash donations and proceeds from sale of donated commodities shall be deposited with the National Treasury and recorded as a special account in the General Fund and shall be available to the implementing agency concerned through a special budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292. The cash value of the donations shall be deemed automatically appropriated for the purpose specified by the donor. Donations with a term not exceeding one (1) year shall be treated as trust receipts.

The donee-agency concerned shall submit the quarterly reports of all donations received, whether in cash or in kind, and expenditures or disbursements thereon with electronic signature to the DBM, through the Unified Reporting System, and to the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations, the Senate Committee on Finance and the Commission on Audit, by posting such reports on the donee-agency concerned websites for a period

of three (3) years. The head of the donee-agency concerned shall send written notice to the said offices when said reports have been posted on its website which shall be considered the date of submission.

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

The Cancer Assistance Fund and PhilHealth benefits shall be made available in public and private DOH-licensed cancer centers. DOH and PhilHealth shall prescribe, in consultation with stakeholders, the coverage rates and applicable rules on options to charge co-payment for services rendered. Processes to avail of such funding shall be streamlined to ensure timely provision of cancer care.

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

A Cancer Control Policy shall be established in every workplace. It shall form part of employee benefits in the formal sector covering the entire cancer continuum, from prevention,

including genetic counselling and testing, to screening, diagnosis and palliative care, treatment, rehabilitation, survivorship or hospice care.

The Insurance Commission shall mandate the Health Maintenance Organizations (HMOs) to cover genetic counselling and testing, cancer screening, diagnostics and palliative care as well as certain therapeutics of all member employees.

The cancer-related absences from work of member employees as well as voluntary members shall be covered and compensated by the Sickness Benefits of the SSS and Disability Benefits of the GSIS.

The employees in the informal sector shall be prioritized in the cancer control packages of PhilHealth while the employees in the formal sector shall be offered cost-sharing PhilHealth benefit packages.

ARTICLE VI

ESSENTIAL MEDICINES

SEC. 23. *Cancer and Related Supportive Care Medicines.* – The DOH, and other concerned government agencies shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible chance of survival among people with cancer. The reforms include facilitating quick access to drugs for compassionate use and developing a more responsive system for effectively addressing emergency cases.

The FDA shall create a dedicated and streamlined process, not exceeding one (1) year, for the licensing of innovator and generic cancer medication, subject to appropriate quality checks and compliance with minimum standards, such as, but not limited to, being approved and used for cancer treatment in other countries.

SEC. 24. *Palliative Care and Pain Management Medicines.* – The DOH shall ensure sufficient supply of medicines for palliative care and pain management that are available at affordable prices. Further, the DOH shall

formulate a monitoring system to check that pain medications are safe and administered in correct dosages.

ARTICLE VII

SUPPORTIVE ENVIRONMENT FOR PERSONS WITH CANCER AND CANCER SURVIVORS

SEC. 25. *Persons with Disabilities.* – Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the “Magna Carta for Disabled Persons”.

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

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

ARTICLE VIII

CANCER REGISTRY AND MONITORING SYSTEM

SEC. 28. *National Cancer Registry and Monitoring System.* – The DOH, in collaboration with the Council and other stakeholders, shall establish a national cancer registry and monitoring system. The registry must cover all forms of cancer among adults and children and serve as guide in the policy development of the Council. The national cancer registry shall be a population-based cancer registry seeking to collect data on all new cases of cancer by geographical region to provide framework for assessing and controlling the impact of cancer on the community. Cancer registries shall form part of the Electronic Medical Records requirement of the DOH,

and that it shall be in accordance with the National Health Data Standards and Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”.

SEC. 29. *Hospital-Based Cancer Registry.* – Every hospital, including clinics, shall have its own cancer registry. The registry must record the personal identification of cancer patients, cancer type, treatment received and its results and other data that the DOH may prescribe. The regional offices of the DOH shall ensure that all hospitals within their respective jurisdiction have cancer registry. The information shall be treated with utmost confidentiality and shall not be released to third parties, in accordance with Republic Act No. 10173 or the “Data Privacy Act of 2012”. Submission of the cancer registry data to the DOH shall be a requirement for the renewal of a license to operate of a hospital.

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

ARTICLE IX

FINAL PROVISIONS

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

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

For the succeeding years, the amount allocated for the National Integrated Cancer Control Program in the DOH budget shall be based on strategic plan formulated by the Council, in coordination with other stakeholders. The amount

should be in the National Expenditure Program (NEP) as basis for the General Appropriations Act.

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

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

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


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


Approved,


GLORIA MACAPAGAL-ARROYO
*Speaker of the House
of Representatives*



VICENTE C. SOTTO III
President of the Senate

This Act which is a consolidation of Senate Bill No. 1850 and House Bill No. 8636 was passed by the Senate and the House of Representatives on December 13, 2018 and December 12, 2018, respectively.


DANTE ROBERTO P. MALING
*Acting Secretary General
House of Representatives*


MYRA MARIE D. VILLARICA
Secretary of the Senate

Approved: FEB 14 2019


RODRIGO ROA DUTERTE
President of the Philippines

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