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SENATE

Senate Bill No. 3210

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(In Substitution of Senate Bill Nos. 417, 1531, 3008 and 2284)

Prepared by the Joint Committees on Health and Demography; Ways and Means; and Finance with Senators Marcos, Ejercito-Estrada, Defensor Santiago and Guingona as authors thereof

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

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

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

3 SEC. 2. *Declaration of Policy.* The State guarantees the right of the people to
4 quality health care; ensuring that the health status of the people is to be made as
5 good as possible over the entire life cycle. As the Constitution mandates, an
6 integrated and comprehensive approach to health development shall endeavor to
7 make essential goods, health and other social services available to all people at
8 affordable cost even to patients suffering from life threatening illnesses.
9

10 SEC. 3. *Definition of Term.* - As used in this Act:

11 *Palliative and hospice care* refers to an approach that improves the quality of life
12 of patients with life threatening, complex and chronic illnesses or those
13 experiencing progressively debilitating diseases beyond any benefit from curative
14 or definitive treatment, regardless of life expectancy. The approach covers the
15 prevention and relief of suffering by means of early identification, assessment
16 and management of pain and symptoms.
17

18 SEC. 4. *Accreditation.* - Hospitals, private hospice institutions, medical
19 practitioners, health workers, and social workers for palliative and hospice care
20 shall be accredited by the Department of Health (DOH). The DOH, in partnership
21 with the National Palliative and Hospice Care Council of the Philippines (Hospice
22 Philippines, Inc.) shall formulate the rules and guidelines for accreditation to
23 ensure a standard quality of palliative care services.
24

25 SEC. 5. *Quality Assurance.* - Key elements necessary to ensure quality palliative
26 care services in accredited hospitals and hospices include the following:

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

7 **SEC.6. *Mandatory Palliative Care and Hospice Services.*** – All government and private
8 hospitals shall provide palliative and hospice care services to patients with life-
9 threatening illnesses.

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

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

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

21 **SEC. 8. *Education and Training of Health Care Professionals and Volunteers.*** - The
22 DOH, in partnership with the National Hospice and Palliative Care Council of the
23 Philippines and other accredited members, shall develop the education and training
24 modules for health care professionals and workers.

25
26 The Commission on Higher Education shall integrate courses on the principles and
27 practice of Palliative Care and Hospice Care into the curriculum of Medicine and
28 Nursing, as well as in all paramedical and allied health courses.

29
30 **SEC. 9. *Continuing Research.*** – The DOH, in coordination with the Philippine Council
31 for Health Research and Development of the Department of Science and Technology,
32 shall ensure a continuing research and collection of data on palliative and hospice care
33 and availability of funds for this purpose.

34
35 **SEC.10. *Program Implementor*** - The DOH-Office for Technical Services, in
36 coordination with other offices of the Department, is hereby mandated to perform the
37 following functions:

- 38 a. Promote palliative care in the Philippines through advocacy and social marketing;
- 39 b. Formulate policies and develop standards on quality palliative and hospice care;
- 40 c. Monitor the enforcement of standards and implementation of the program on
41 palliative and hospice care;
- 42 d. Mobilize and generate resources for sustainability of operation;
- 43 e. Network with international hospice associations;
- 44 f. Coordinate research undertakings with other institutions and agencies;
- 45 g. Serve as repository of database for policy-making and maintenance of palliative
46 care registry;
- 47 e. Organize and develop continuing training programs for physicians, nurses,
48 physical therapists, and other professional health workers and volunteer workers
49 in the field of palliative care;
- 50 f. Serve as the coordinating center of a national palliative care network located in
51 the different regions of the country; and

1 g. Establish a Code of Ethics and standards in the practice of palliative health
2 care.

3 SEC. 11. *PhilHealth Benefit Package.* – Pursuant to this Act, the PhilHealth shall
4 increase its present benefit package to include inpatient palliative services, outpatient
5 hospice care and home-based palliative care.

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

11 SEC. 13. *Tax Exemptions.* - Any donation or bequest made to the DOH that is intended
12 for palliative and hospice care program shall be exempt from the donor's tax and the
13 same shall be considered as allowable deduction from the gross income of the donor, in
14 accordance with the provision of the National Internal Revenue Code of 1997, as
15 amended: *Provided*, that such donations shall not be disposed of, transferred or sold.

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

21
22 SEC.15. *Rules and Regulations.* - Within sixty (60) days from the approval of this Act,
23 the Secretary of Health, after consultation with the National Palliative and Hospice Care
24 Council of the Philippines (Hospice Philippines, Inc.), shall promulgate the rules and
25 regulations implementing the provisions of this Act.

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27 SEC.16. *Separability Clause.* In case any provision of this Act is declared
28 unconstitutional or invalid, the other provisions hereof which are not affected thereby
29 shall continue in full force and effect.

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31 SEC.17. *Repealing Clause.*- All laws, executive orders, rules and regulations or any part
32 thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

33
34 SEC.18. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in
35 the *Official Gazette* or in any newspaper of general circulation.