

[REPUBLIC ACT NO. 11215, February 14, 2019]

**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: