

LAW N. 1414 OF NOVEMBER 11th, 2010

“BY WHICH STABLISHED ESPECIAL MEASURES OF PROTECTION FOR PEOPLE WITH EPILEPSY,
PRINCIPLES AND LINES ARE DICTATED FOR INTEGRAL ATTENTION”

THE CONGRESS OF COLOMBIA

DECREE

CHAPTER I

Object, principles, prohibitions, infrastructure and regulations

Article 1º. Object. – The object of this law is to guarantee the protection and integral attention of the people with epilepsy.

Paragraph 1º. For the compliance of the dispositions in this law, the Ministry of Social Protection, the Commission of Regulation in Health (CRES) and the National Superintendence of Health, there will establish the technical, scientific and human resources necessary to offer a multidisciplinary, constant and permanent managing to the people who suffer this disease.

Paragraph 2º. The Health Promoters Entities of both regimens, the territorial entities responsible for the attention to the poor not insured population, the exception regimens, the Public and Private Providing Institutions of Health Services must guarantee the access, opportunity and quality in the integral attention to the population with epilepsy in the terms defined in the Obligatory Health Plan.

Article 2º. Definitions. - To the application of this law, the following definitions will be taken into account:

Epilepsy: Chronic disease of several causes, characterized by recurring crisis, due to an excessive electrical discharge of the nerve cells considered as a neurological disorder, eventually associated with several clinical and para-clinical manifestations.

Integral Attention (Comprehensive care): Set of promotion, prevention and welfare services (diagnosis, treatment, surgical interventions, rehabilitation and readjustment) including the required medicines, rendered to a person or a group of people with epilepsy in their bio-psyche-social environment to guarantee the protection of the individual and collective health.

Comprehensive Care Process: Any activity destined to diagnosis and attention in timely, effective, continuous and permanent way to every patient with epilepsy, in order to provide a multi and interdisciplinary treatment that includes invasive diagnostic aid, the general medical service, specialized and subspecialized, pharmacological and/or surgical, the access to support groups with qualified personnel trained in handling psycho-neurological performance problems, for the adaptation and rehabilitation of the patient.

As a fundamental part of the comprehensive care process, will be provided to the caregiver or family group access to processes of training, education, advice and support in order to attend the patient as a first responder.

Institutional Harmonized System: Is a set of public institutions at national, departmental, municipal and district level, public and private organizations and institutions, teams of professionals competent to integrate its activities and resources to ensure the access to continuous and quality comprehensive care, using mechanisms and coordination systems.

Prevention: Integration of actions aimed at early detection of epilepsy, its control to prevent physical, mental and sensory damage, reduce the appearance of complications or consequences that worsen the health situation and the prognosis of patients suffering this pathology.

Also includes the assistance and technical, scientific and psychological support to the caregiver and family as the first responder in the initial care of patients with epilepsy, to contribute effectively and professionally to their quality of life.

Rehabilitation: Is a process of limited duration, with a definite objective, aimed at ensuring that a person with epilepsy to reach the physical level, mental, social and functional optimal according to their condition.

Accessibility: Absence of barriers. Generation and continuity of high quality conditions for patients with epilepsy in order to provide the necessary services in the primary management of their pathology, the capacitation and support to the caregiver for the appropriate attention that permit the quality incorporation in the family, social and labor environment.

Activity limitation: Difficulty that a person with epilepsy can have in the performance or realization of an activity or employment.

Article 3º. *Prohibition.* - It prohibits any natural or legal person, to conduct or promote any act of discrimination, in any form, that on occasion of the illness may present against the person who has epilepsy.

Article 4º. *Principles.*- It will be taken as guiding principles of the comprehensive protection of the people with epilepsy:

Universality: The State will ensure to all the people with epilepsy, the access and continuity in equal conditions to the comprehensive care under the definitions adopted by this law.

Solidarity: In compliance with the principle of solidarity, the society, the organizations, institutions, the family and other national and international specialized agencies, will participate in joint actions to prevent, promote, educate and protect all the people with epilepsy.

Dignity: The National Government will encourage a favorable environment to all the people with epilepsy and their families ensuring a harmonious development allowing their incorporation to the society by public policy, strategies and actions to achieve the respect and application of the human rights.

Equality: The National Government will promote the conditions to the real an effective equality and will adopt measures in favor of all the people with epilepsy, so that enjoy of the same rights, liberties and opportunities without any discrimination.

Integration: The health authorities, the organizations part of the Social Security System in Health and the civil society, shall tend that in all the instances both public and private were the patient with epilepsy relates, will receive a preferential treatment and with quality under the guiding principles of the comprehensive care, based on respect for Human Rights.

CHAPTER II

Public Policy Criteria for a Comprehensive Care

Article 5º. *Politic Guidelines* .- In the formulation, adoption, implementation, compliance, evaluation and monitoring of a public policy for a comprehensive care to the people with epilepsy it shall take into account the following criteria that in this chapter are arranged, which are under the responsibility of the Ministry of Social Protection.

Article 6º. *Integral Programs of protection to the people with epilepsy*.- The Ministry of Social Protection will demand to all the health entities and institutions of the country, the implementation of integral programs of protection to the people with epilepsy, in which will be included a special chapter directed to the research, detection, treatment, rehabilitation, register and monitoring to the medical comprehensive care that must be provided to the people with epilepsy, for such a purpose the Ministry of Social Protection will regulate the matter.

Paragraph.- The educational institutions, Research centers, Committees of occupational health and Committees of occupational health and other institutions that have to do with the health, will adopt the dispositions established in this law and its regulatory procedures in order to grant to whom suffer epilepsy and their families actions for the integration in the society.

Article 7º. *Awareness for the joint work* .- To the achievement of the objectives of this law, in particular the accomplishment of the principles of solidarity, the health authorities will implement spreading, awareness and civil participation programs destined to the promotion, education and prevention to specific groups of citizens, tending to create conscience on the illness and alert about the necessity to provide an integral treatment and how to ensure the fundamental rights of the people with epilepsy.

Paragraph.- The Territorial Entities in the autonomy granted by the Constitution and the law, they will be able to establish dispositions and special politics, tending to integrate, protect, attend and rehabilitate this vulnerable population.

Article 8º. *International Cooperation*.- The National Government will be able to establish strategies of international cooperation , to facilitate the achievement of the purposes of this law, as well as, to implement mechanisms that allow the development of strategic projects with other States to promote the integral treatment for the people with epilepsy, for such a purpose , it will be able to count with the support and technical assistance of the International League Against the Epilepsy (ILAE). The Colombian League Against the Epilepsy, the Foundation for the Rehabilitation of the People with Epilepsy (FIRE for the meaning in Spanish), The National Academy of Medicine, the Neurology, Neurosurgery and Neuropediatric Associations.

Article 9º. *Financing*.- The National Government will be able to create a count with different sources or contributions: privates, publics or resources of the international cooperation for the prevention, investigation, integral medical attention, opportune and permanent, ensuring the availability of modern equipment, the training of the human resource involved in the integral attention of the patient with epilepsy.

The persons who are not affiliated to one of the systems at the moment of the diagnosis will stay at the expense of the Nation, in an immediate and effective way, through the Ministry of Social Protection. Meanwhile it is defined the patient's affiliation. In case of un-fulfillment or

delay of the service without just reason the pertinent sanctions will be applied by the Surveillance and Control Bodies.

Article 10º. The Health Regulatory Commission (CRES for the letters in Spanish) must include in the benefits plans of the Contributive Regime and the Subsidized Regime the cover of the epilepsy, through the adoption of guides and protocols that foresee the procedures, medicaments and other health services, required to the treatment of this pathology.

Article 11º. The literal a) of the Article 33 of the Law 1122 of 2007 remain as follows: *National Plan of Public Health*. The National Government will define the National Plan of Public Health for every four-year period, which will remain expressed in the respective National Plan of Development. Its Objective will be the attention and prevention of the leading risk factors for the health and the promotion of conditions and healthy lifestyles, fortifying the community and different territorial levels capacity to act. This Plan must include:

- a) The epidemiological profile, identification of the risk protector factors and determinants, the incidence and prevalence of the leading illness that define the priorities in public health. For this purpose shall be taken into account the research developed by the Ministry of the Social Protection and any public or private entity, in vaccination, sexual and reproductive health, mental health with emphasis in domestic violence, drug addiction, suicide and the prevalence of the epilepsy in Colombia.

Paragraph.- The Ministry of Social Protection will be able to coordinate with the support and technical assistance of the International League Against Epilepsy (ILAE), the Colombian League Against Epilepsy, the Foundation for Rehabilitation of the People with Epilepsy (FIRE), the National Academy of Medicine, The Associations of Neurology, Neurosurgery and Neuropediatrics, prevalence research of the epilepsy in Colombia, to have clear motives to the inversion, the investigation and the prevention of the epilepsy.

Article 12º. The National Government through the Ministry of the Social Protection will take necessary actions to comply with the purpose of this law, especially those related to:

1. Generate the research, teaching, information, prevention, education, promotion, diagnosis, integral treatment, epidemiologic and public health surveillance systems.
2. To dictate the rules from the field of their competition would best fulfill the purpose of this law.
3. Carry out educational campaigns destined to the community and specific groups especially the family of the patient.
4. To manage the scientific and technical help to the health authorities of the territorial entities in order to elaborate their regional programs.
5. To promote the arrangement of international agreements, to the formulation and development of common programs related to the purposes of this law.
6. To realize agreements of mutual collaboration in this matter, between the central power and the territorial entities.
7. To assure the patients lacking in economic resources, with or without medical care coverage, beneficiaries or not of SISBEN 1, 2 and 3; the integral and timely medical assistance, in the terms of this law, also like, the integral treatment for free of the needed medication and the surgical intervention to the people that cannot afford because their economic condition.
8. To realize all other actions proceeding of the arranged in this law and its regulation.

CHAPTER III
Rights and Duties of the people with epilepsy.

Article 13º. People with epilepsy, without distinction whatsoever, shall have the right to life, equality, work, Human Dignity and health.

Article 14º. Epilepsy will not be considerate an impediment to the postulation, entry and Labor, sports or school development in worthy and just conditions.

Paragraph 1º.- The Health Occupational Health Program must include activities directed to the workers in general and specifically to the people with epilepsy, to guarantee the health, hygiene and security during the activities they perform.

Article 15º. The people with epilepsy, their families and the communities have right to be sufficiently informed about the different aspects of their condition, to receive complete and actualized information, by all the appropriated means, of the rights which they possess.

Article 16º. The people with epilepsy will be protected from all forms of exploitation and discriminatory, abusive or degrading nature regulation.

Article 17º. The organizations of people with epilepsy legally constituted may be consulted about the matters related to their rights and obligations; as well as, the regulatory developments to be developed.

Article 18º. The national Government will watch over that the people with epilepsy integrate and can participate in the cultural, sports and recreational activities in equal conditions.

Article 19º. The National Government through the Ministry of Social Protection, will ensure an adequate formation and training of all the personnel that will participate in the planning and the supply of services and programs to the people with epilepsy.

Article 20º. The person with epilepsy that refuses to accept the treatment ordered by the doctor, will not be able to realize dangerous activities that involve a risk to the society.

Article 21º. The Health Promoting Entities of the contributory and subsidized regimes, the SRP and the AFP cannot deny, in any case, the affiliation in health, occupational hazards and pension to people who suffer epilepsy.

The Providing Institutions of the Health Service (IPS), from the second level, should have the means to the diagnosis of the epilepsy, such as EEG equipment, Serum Level laboratory, Images Equipment and Personnel trained for the diagnosis and treatment. The epilepsy Centers officially habilitated or accredited, will be obligatory consultant institutions for the cases of difficult managing or medically intractable. The Local clinics must necessarily refer these patients to hospitals and epilepsy centers, after giving the first attention.

Article 22º. The young people who have epilepsy and economically dependent on their parents shall be entitled to be beneficiaries of the health system until this condition changes.

Article 23º. The Ministry of Social Protection in coordination with the Ministry of Education will design an especial program to capacitate the General Practitioners and the teaching

personnel in the early detection of the symptoms that can lead to a neurological disease among them, the epilepsy.

CHAPTER IV **Surveillance and Control**

Article 24º. In case of a violation of the prohibitions defined in this law, the competent authorities will impose the administrative, penal or disciplinary sanctions in such event, without prejudice of the responsibility that is attributable for damages originated to the physical and psychological health of the person who suffers epilepsy and of his relatives.

Article 25º. The Health Authority of the respective jurisdiction, must fulfill the proper functions of prevention, inspection, surveillance and control to the rightful fulfillment of the purpose of this law.

Article 26º. *Epidemiologic Surveillance.*- The National Government will establish politics that guarantee the record and report of epilepsy cases to every entity, institution or similar that make the diagnosis to establish statistics of control and monitoring.

Article 27º. The present law applies from the date of its promulgation and derogate the dispositions that are contrary to the law.

(Signatures)

The President of the Honorable Senate

Hernán Francisco Andrade Serrano

The General Secretary of the Honorable Senate

Emilio Ramón Otero Dajud

The President of the honorable Chamber of Representatives

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