

LAW N. 1414 OF NOVEMBER 11th, 2010

“BY WHICH IS ESTABLISHED 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 1°. Object.** – The object of the present law is to guarantee protection and integral attention of people with epilepsy.

**Paragraph 1°.** For the compliance of the provisions within the present law, the Ministry of Social Protection, the Commission of Regulation in Health (CRES) and the National Superintendence of Health, they 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 2°.** Health Promoters Entities of both regimes, territorial entities responsible for the attention to the poor population uninsured, exceptional regimes, Public and Private Providing Institutions of Health Services must guarantee access, opportunity and quality in the integral attention to the population with epilepsy in the terms defined in the Obligatory Health Plan.

**Article 2°. 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 promotional, preventive and welfare services (diagnosis, treatment, surgical interventions, rehabilitation and readjustment) including the required medicines, rendered to an individual 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 diagnose and treat in timely manner, efficient, continuous and permanent way to every patient with epilepsy, in order to provide a multi and interdisciplinary treatment that includes invasive diagnostic aid, general medical service, specialized and subspecialized, pharmacological and/or surgical, 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 assist the patient as a first responder.

**Institutional Harmonized System:** A set of public institutions at national, departmental, municipal and district level, public and private organizations and institutions, competent professional teams to integrate its activities and resources in order to ensure accessibility to a continuous, integral and quality 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 appearance of complications or consequences that worsen health conditions and 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:** A process of limited duration, with a defined objective, aimed at ensuring that an individual with epilepsy is able to reach the physical, mental, social and functional optimal level according to its condition.

**Accessibility:** Absence of barriers. Generation and continuity of high quality conditions and favorability in order for patients with epilepsy to receive required services in the integral management of their pathology, the capacitation and support to the caregiver for the appropriate attention that allows a proper integration in the family, social and labor environment.

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

**Article 3°. Prohibition.** - It prohibits any individual or legal entity, to conduct or promote any act of discrimination, in any form, that on occasion of the illness may present against the individual who suffers epilepsy.

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

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

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

**Dignity:** The National Government will encourage a favorable environment to all individuals with epilepsy as well as their families ensuring a sustainable development allowing their integration to society by public policies, strategies and actions to achieve the respect and application of human rights.

**Equality:** The National Government will promote the necessary conditions for an effective and real equality and will adopt measures in favor of all individuals with epilepsy, in order for them to enjoy 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 observe a preferential and quality treatment in all instances (both public and private), to any individual declared as suffering from epilepsy, under the guiding principles of the comprehensive care, based on respect for Human Rights.

## CHAPTER II

### Public Policy Criteria for a Comprehensive Care

**Article 5°. Policy Guidelines .-** In the formulation, adoption, implementation, observation, evaluation and monitoring of a public policy for a comprehensive care to individuals with epilepsy, the following criteria established in this chapter will be taken into account, which are under the responsibility of the Ministry of Social Protection.

**Article 6°. Integral Programs for protection to individuals suffering from epilepsy.-** The Ministry of Social Protection will require from all health entities and institutions of the country, the implementation of integral programs for protection to individuals suffering from epilepsy, in which will be included a specific chapter dedicated to the research, detection, treatment,

rehabilitation, register and monitoring regarding the medical comprehensive care that must be provided to individuals suffering from 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 other institutions that have to do with the health, will adopt the provisions established in this law and its regulatory procedures in order to grant to those suffering from epilepsy and their families actions for their integration in the society.

**Article 7°. Awareness for a joint work.** – In order to achieve the objectives of this law, in particular the accomplishment of the principles of solidarity, health authorities will implement programs envisaged to spread awareness and expand civil participation in terms of promotion, education and prevention to specific groups of citizens, tending to create conscience on the illness, alert the need to provide an integral treatment and ensure the fundamental rights of individuals suffering from epilepsy.

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

**Article 8°. International Cooperation.-** The National Government will be entitled to establish strategies of international cooperation , in order 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 which promote the integral treatment for individuals suffering from epilepsy. For such a purpose, the National Government will be entitled 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, as well as the Neurology, Neurosurgery and Neuropediatrics Associations.

**Article 9°. Financial Support.-** The National Government will be entitled to create an specific account composed of different sources or contributions: private, public as well as resources from the international cooperation, which are all aimed to the prevention, investigation, adequate and permanent integral medical attention, ensuring access to last generation equipment, as well as capability development for the staff involved in the integral attention of the patient with epilepsy.

Individuals whom, by the time of the diagnosis, are not affiliated to any of the National Health regimes, will fall immediately and effectively under the protection of the Nation, through the Ministry of Social Protection, meanwhile it is defined the patient's affiliation. In case of un-fulfillment or delay in the assistance without justified reason, the corresponding sanctions will be imposed by the Surveillance and Control Bodies.

**Article 10°.** The Regulatory Commission for Health (CRES for the letters in Spanish) shall include in both Contributive Regime and the Subsidized Regime, plans for supporting epilepsy, through the adoption of guidelines and protocols that encompasses procedures, medicaments and other health services, required to the treatment of this pathology.

**Article 11°.** 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 years period which will remain expressed in the respective National Development Plan. Its Objective will be the attention and prevention of the leading risk factors for health conditions and promotion of healthy lifestyles, strengthening both community's and different territorial levels' capacity to act. This Plan shall include:

- a) The epidemiological profile, identification of the protecting risk and determining factors, 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, within the fields of vaccination, sexual and reproductive health, mental health with emphasis in domestic violence, drug addiction, suicide and the prevalence of epilepsy in Colombia.

**Paragraph.-** The Ministry of Social Protection shall coordinate with the support and technical assistance of the International League Against Epilepsy (ILAE), the Colombian League Against Epilepsy, the Foundation for Rehabilitation of Individuals with Epilepsy (FIRE), the National Academy of Medicine, The Associations of Neurology, Neurosurgery and Neuropediatrics, prevalence research of epilepsy in Colombia, in order to build up clear grounds for the investment, investigation and prevention of the epilepsy.

**Article 12°.** 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 initiatives such as research, teaching, information, prevention, education, promotion, diagnosis, integral treatment, epidemiologic and public health surveillance systems.
2. To make use of its legislative competency to facilitate the fulfillment of the purpose of this law.
3. Carry out educational campaigns specially focused to community in general and specific groups, in particular to the family of the patient.
4. To manage all scientific and technical support to health authorities of the territorial entities in order to elaborate their regional programs.
5. To promote the arrangement of international agreements, for the formulation and development of common programs related to the purposes of this law.
6. To celebrate agreements of mutual collaboration in this matter, between the central power and the territorial entities.
7. To guarantee that, patients lacking economic resources, with or without medical care coverage, beneficiaries or not of SISBEN 1, 2 and 3; all receive integral and timely medical assistance, in the terms of this law, as well as integral treatment (free of charge) of the all needed medication and surgical intervention for individuals that due to their economic condition are not able to afford it by themselves.
8. To execute all other actions derived from the dispositions established in this law and its regulation.

### CHAPTER III

#### Rights and Duties of individuals with epilepsy.

**Article 13°.** Individuals suffering from epilepsy, without distinction whatsoever, shall have the right to life, equality, work, Human Dignity and health.

**Article 14°.** Epilepsy shall not be considered as an impediment to the postulation, entry and labor, sportive or scholar activity in dignified and just conditions.

**Paragraph 1°.-** The Occupational Health Program must include activities targeted to workers in general and to individuals suffering from epilepsy in particular, in order to guarantee the health, hygiene and security during the activities they perform.

**Article 15°.** Individuals suffering from epilepsy, their families and the communities are entitled 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 16°.** Individuals suffering from epilepsy will be protected from all forms of exploitation and discriminatory, abusive or degrading nature regulation.

**Article 17°.** The legally constituted organizations of Individuals suffering from epilepsy may be consulted about the matters related to their rights and obligations; as well as, the legislative developments to be planned.

**Article 18°.** The national Government will observe that Individuals suffering from epilepsy integrate and can participate in the cultural, sports and recreational activities in equal conditions.

**Article 19°.** The National Government through the Ministry of Social Protection will ensure an adequate capability development and training of all personnel that will participate in the planning and render of services and programs related to Individuals suffering from epilepsy.

**Article 20°.** An individual suffering from epilepsy that refuses to accept the treatment prescribed by the doctor, will not be able to carry out dangerous activities that involve risk to society.

**Article 21°.** The Health Promoting Entities of the contributory and subsidized regimes, the SRP and the AFP will not be allowed to deny, in any case, health affiliation, occupational risks and pension to individuals suffering from epilepsy.

The Providing Institutions of the Health Service (IPS), from the second level, shall have the necessary means for the diagnosis of 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 become mandatory consultative institutions for cases considered as especially complex or medically intractable. The Local clinics must necessarily refer these patients to hospitals and epilepsy centers, after giving the first attention.

**Article 22°.** Young individuals who suffer from epilepsy and are economically dependent from their parents shall be beneficiaries of the health system until the aforementioned condition changes.

**Article 23°.** The Ministry of Social Protection in coordination with the Ministry of Education will design an especial program to capacitate General Practitioners and 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 24°.** In case of a breach of any of the prohibitions established by this law, the competent authorities will impose the corresponding administrative, penal or disciplinary sanctions, without prejudice of any other responsibility derived from direct or indirect damages originated to the physical and psychological health of the person who suffers epilepsy and his relatives.

**Article 25°.** 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 the present law.

**Article 26°. *Epidemiologic Surveillance.***- The National Government will establish policies that guarantee the proper registration and reporting of cases of epilepsy to every entity, institution or similar that make diagnosis to establish statistics of control and monitoring.

**Article 27°.** The present law applies from the date of its promulgation and derogates any dispositions that are contrary to the content or spirit of the present 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**

*Germán Varón Cotrino*

**The General Secretary of the Honorable Chamber of Representatives**

*Jesús Alfonso Rodríguez Camargo*