



HOUSE OF REPRESENTATIVES

H. No. 4244

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AN ACT PROVIDING FOR A COMPREHENSIVE POLICY ON RESPONSIBLE PARENTHOOD, REPRODUCTIVE HEALTH, AND POPULATION AND DEVELOPMENT, AND FOR OTHER PURPOSES

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

1 SECTION 1. *Title.* – This Act shall be known as “The Responsible
2 Parenthood, Reproductive Health, and Population and Development Act of
3 2012”.

1 SEC. 2. *Declaration of Policy.* – The State recognizes the Filipino
2 family as the foundation of the nation. Accordingly, it shall strengthen its
3 solidarity and actively promote its total development. The State shall defend
4 the right of spouses to found a family in accordance with their religious
5 convictions and the demands of responsible parenthood.

6 The State recognizes and guarantees the exercise of the basic human
7 right and, pursuant to the declaration of State policies under Article II, it is the
8 duty of the State to protect and strengthen the family as a basic autonomous
9 social institution and equally protect the life of the mother and the life of the
10 unborn from conception.

11 Likewise, the State recognizes and guarantees the right to reproductive
12 health by all persons, particularly of parents, couples and women, consistent
13 with their religious convictions, cultural beliefs and the demands of responsible
14 parenthood. The family is the natural and fundamental unit of society and is
15 entitled to protection by society and the State. The 2000 Beijing Declaration
16 and the Platform for Action on the Rights of the Child provides that the State
17 shall be in conformity with all human rights and fundamental freedoms, and the
18 significance of a full respect for various religions and ethical values, cultural
19 backgrounds and philosophical convictions of individuals and their
20 communities. Towards this end, there shall be no discrimination against any
21 person on grounds of gender, age, religion, disabilities, political affiliation and
22 ethnicity.

23 Moreover, the State recognizes and guarantees the promotion of gender
24 equality, equity and women's empowerment as a health and human rights
25 concern. The advancement and protection of women's rights shall be central
26 to the efforts of the State to address reproductive healthcare. As a distinct but
27 inseparable measure to the guarantee of women's rights, the State recognizes
28 and guarantees the promotion of the welfare and rights of children. The State

1 recognizes marriage as an inviolable social institution and the foundation of the
2 family which in turn is the foundation of the nation. Pursuant thereto, the State
3 shall defend the right of spouses to found a family in accordance with their
4 religious convictions and the demands of responsible parenthood and the right
5 of children to receive proper care and nutrition and to special protection from
6 all forms of neglect, abuse, cruelty, exploitation and other conditions
7 prejudicial to their development.

8 The State shall protect and promote the right to health of women
9 especially mothers in particular and of the people in general and instill health
10 consciousness among them. The State shall likewise protect and advance the
11 right of families in particular and the people in general to a balanced and
12 healthful environment in accord with the rhythm and harmony of nature.

13 The State likewise guarantees public access to relevant information and
14 education on natural Billings Ovulation Method, medically safe, legal, ethical,
15 moral, affordable, effective and quality reproductive healthcare services,
16 methods, devices that do not violate the freedom of religion and supplies which
17 do not prevent the implantation of a fertilized ovum in the uterus and the
18 protection of the life of the unborn from conception as determined by the Food
19 and Drug Administration (FDA) and shall prioritize the needs of poor women,
20 men and children in marginalized families as identified through the National
21 Household Targeting System for Poverty Reduction (NHTS-PR) and other
22 government measures of identifying marginalization, who shall be voluntary
23 beneficiaries of reproductive healthcare, services and supplies for free.

24 The State shall also promote openness to life: *Provided*, That parents
25 bring forth to the world only those children whom they can raise in a truly
26 humane way.

27 The State shall eradicate discriminatory practices, laws and policies that
28 infringe on a person's exercise of reproductive health rights.

1 SEC. 3. *Guiding Principles.* – The following principles constitute the
2 framework upon which this Act is anchored:

3 (a) Freedom of choice, which is central to the exercise of right, must be
4 fully guaranteed by the State;

5 (b) Respect for, protection and fulfillment of reproductive health and
6 rights seek to promote the rights and welfare of couples, adult individuals,
7 women and adolescents;

8 (c) Since human resource is among the principal assets of the country,
9 maternal health, safe delivery of healthy children and their full human
10 development, sound replacement rate and responsible parenting must be
11 ensured through effective reproductive healthcare;

12 (d) The provision of ethical and medically safe, legal, accessible,
13 affordable and effective reproductive healthcare services and supplies is
14 essential in the promotion of people's right to health, especially of the poor and
15 the marginalized;

16 (e) The State shall promote, without bias, all effective natural and
17 modern methods of family planning that are medically safe and legal for the
18 poor and marginalized as identified through the NHTS-PR and other
19 government measures of identifying marginalization: *Provided*, That the State
20 shall also provide funding support to promote modern natural methods of
21 family planning, especially the Billings Ovulation Method, consistent with the
22 needs of acceptors and the tenets or teachings of their religion;

23 (f) The State shall promote programs that: (1) enable couples,
24 individuals and women to have the number of children they desire with due
25 consideration, in consideration to existing laws, public morals and religious
26 beliefs on the health of women and in accordance with their religious
27 convictions: *Provided*, That no one shall be deprived, for economic reasons,
28 of the rights to have children; (2) achieve equitable allocation and utilization

1 of resources; (3) ensure effective partnership among the national government,
2 the local government units (LGUs) and the private sector in the design,
3 implementation, coordination, integration, monitoring and evaluation of
4 people-centered programs to enhance the quality of life and environmental
5 protection; (4) conduct studies to analyze demographic trends
6 including demographic dividends from sound population policies towards
7 sustainable human development; and (5) conduct scientific studies to
8 determine safety and efficacy of alternative medicines and methods for
9 reproductive healthcare development;

10 (g) The provision of reproductive health information, care and supplies
11 for poor beneficiaries as identified through the NHTS-PR and other
12 government measures of identifying marginalization shall be the responsibility
13 of both the national government and the LGUs;

14 (h) Active participation by nongovernment, women's, people's, civil
15 society organizations, the religious sector and communities is crucial to ensure
16 that reproductive health and population and development policies, plans and
17 programs will address the priority needs of the poor, especially women;

18 (i) While this Act recognizes that abortion is illegal and punishable by
19 law, the government shall ensure that all women needing care for post abortion
20 and other complications due to pregnancy, childbirth and related issues shall
21 be treated and counseled in a humane, nonjudgmental and compassionate
22 manner without condoning abortion;

23 (j) There shall be no demographic or population targets and the
24 mitigation, promotion and/or stabilization of the population growth rate is
25 incidental to the advancement of reproductive health;

26 (k) Gender equality and women empowerment are central elements of
27 reproductive health and population and development;

1 (l) The resources of the country must be made to serve the entire
2 population, especially the poor, and make allocations thereof adequate and
3 effective: *Provided*, That the life of the unborn is protected;

4 (m) Development is a multi-faceted process that calls for the
5 coordination and integration of policies, plans, programs and projects that seek
6 to uplift the quality of life of the people, more particularly the poor, the needy
7 and the marginalized; and

8 (n) That a comprehensive reproductive health program addresses the
9 needs of people throughout their life cycle.

10 SEC. 4. *Definition of Terms.* – For purposes of this Act, the following
11 terms shall be defined as follows:

12 (a) *Abortifacient* refers to any drug or device that induces abortion or
13 the destruction of a fetus inside the mother's womb or the prevention of the
14 fertilized ovum to reach and be implanted in the mother's womb upon
15 determination of the FDA.

16 (b) *Adolescence* refers to the period of physical and physiological
17 development of an individual from the onset of puberty to complete growth
18 and maturity which usually begins between eleven (11) to thirteen (13) years
19 and terminating at eighteen (18) to twenty (20) years of age.

20 (c) *Adolescent sexuality* refers to, among others, the reproductive
21 system, gender identity, values and beliefs, emotions, relationships and sexual
22 behavior at adolescence.

23 (d) *AIDS (Acquired Immune Deficiency Syndrome)* refers to a
24 condition characterized by a combination of signs and symptoms, caused by
25 Human Immunodeficiency Virus (HIV) which attacks and weakens the body's
26 immune system, making the afflicted individual susceptible to other
27 life-threatening infections.

1 (e) *Antiretroviral (ARV) medicines* refer to medications for the
2 treatment of infection by retroviruses, primarily HIV.

3 (f) *Basic emergency obstetric care* refers to lifesaving services for
4 maternal complications being provided by a health facility or professional,
5 which must include the following six (6)-signal functions: administration
6 of parenteral antibiotics; administration of parenteral oxytocic drugs;
7 administration of parenteral anticonvulsants for preeclampsia and eclampsia;
8 manual removal of placenta; removal of retained products; and assisted vaginal
9 delivery.

10 (g) *Comprehensive emergency obstetric care* refers to basic emergency
11 obstetric care including deliveries by surgical procedure (caesarian section)
12 and blood transfusion.

13 (h) *Contraceptive drug* refers to any medicine, drug, chemical or
14 potion which is used exclusively for the purpose of preventing fertilization of
15 the female ovum.

16 (i) *Contraceptive device* is any instrument, device, material or agent
17 introduced into the female reproductive system for the primary purpose of
18 preventing conception.

19 (j) *Employer* refers to any natural or juridical person who hires the
20 services of a worker. The term shall not include any labor organization or any
21 of its officers or agents except when acting as an employer.

22 (k) *Family planning* refers to a program which enables couples,
23 individuals and women to decide freely and responsibly the number and
24 spacing of their children, acquire relevant information on reproductive
25 healthcare, services and supplies and have access to a full range of safe, legal,
26 affordable, effective natural and modern methods of limiting and spacing
27 pregnancy.

1 (l) *Gender equality* refers to the absence of discrimination on the basis
2 of a person's gender in opportunities, allocation of resources or benefits and
3 access to services.

4 (m) *Gender equity* refers to fairness and justice in the distribution of
5 benefits and responsibilities between women and men, and often requires
6 women-specific projects and programs to end existing inequalities.

7 (n) *Healthcare service provider* refers to: (1) healthcare institution,
8 which is duly licensed and accredited and devoted primarily to the
9 maintenance and operation of facilities for health promotion, disease
10 prevention, diagnosis, treatment and care of individuals suffering from illness,
11 disease, injury, disability or deformity, or in need of obstetrical or other
12 medical and nursing care; (2) healthcare professional, who is a doctor of
13 medicine, a nurse or a midwife; (3) public health worker engaged in the
14 delivery of healthcare services; or (4) barangay health worker who has
15 undergone training programs under any accredited government and
16 nongovernment organization (NGO) and who voluntarily renders primarily
17 healthcare services in the community after having been accredited to function
18 as such by the local health board in accordance with the guidelines
19 promulgated by the Department of Health (DOH).

20 (o) *HIV (Human Immunodeficiency Virus)* refers to the virus which
21 causes AIDS.

22 (p) *Male and female responsibility* refers to both genders'
23 responsibility to the involvement, commitment, accountability and
24 responsibility of males and females in relation to all areas of sexual and
25 reproductive health as well as the protection and promotion of reproductive
26 health concerns of male and female.

1 (q) *Maternal death review* refers to a qualitative and in-depth study of
2 the causes of maternal death with the primary purpose of preventing future
3 deaths through changes or additions to programs, plans and policies.

4 (r) *Modern methods of family planning* refers to safe, effective and
5 legal methods, whether natural or artificial, that are registered with the FDA of
6 the DOH, to plan pregnancy.

7 (s) *Natural family planning* refers to the natural, noncontraceptive
8 method of avoiding pregnancy through periodic continence or the use of
9 marital act during infertile periods.

10 (t) *People Living with HIV (PLWH)* refer to individuals who have
11 been tested and found to be infected with HIV.

12 (u) *Poor* refers to members of households identified as poor through
13 the National Household Targeting System for Poverty Reduction by the
14 Department of Social Welfare and Development (DSWD) or any subsequent
15 system used by the national government in identifying the poor.

16 (v) *Population and development* refers to a program that aims to:
17 (1) help couples and parents achieve their desired family size in accordance
18 with their religion; (2) improve reproductive health of individuals so as to
19 make them productive by addressing reproductive health problems; (3)
20 contribute to decreased maternal and infant mortality rates and early child
21 mortality; (4) reduce incidence of teenage pregnancy; and (5) recognize the
22 linkage between population and sustainable human development.

23 (w) *Reproductive health* refers to the state of complete physical,
24 mental, moral and social well-being and not merely the absence of disease or
25 infirmity, in all matters relating to the reproductive system and to its functions
26 and processes so as to enable the system to achieve its full, natural and normal
27 functions and processes.

1 (x) *Reproductive healthcare* refers to the access to a full range of
2 methods, facilities, services and supplies that contribute to reproductive health
3 and well-being by addressing reproductive health-related problems. It also
4 includes sexual health, the purpose of which is the enhancement of life and
5 personal relations. The elements of reproductive healthcare include the
6 following:

7 (1) Family planning information and services which shall include as a
8 first priority making women of reproductive age fully aware of their respective
9 cycles to make them aware of when fertilization is highly probable, as well as
10 highly improbable;

11 (2) Maternal, infant and child health and nutrition, including
12 breastfeeding;

13 (3) Proscription of abortion and management of abortion
14 complications;

15 (4) Adolescent and youth reproductive health;

16 (5) Prevention and management of reproductive tract infections
17 (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);

18 (6) Elimination of violence against women;

19 (7) Education and counseling on sexuality and reproductive health;

20 (8) Treatment of breast and reproductive tract cancers and other
21 gynecological conditions and disorders;

22 (9) Male responsibility and participation in reproductive health;

23 (10) Prevention and treatment of infertility and sexual dysfunction;

24 (11) Reproductive health education for the adolescents; and

25 (12) Mental health aspect of reproductive healthcare.

26 (y) *Reproductive Healthcare Program* refers to the systematic and
27 integrated provision of reproductive healthcare to all citizens especially the
28 poor, marginalized and those in vulnerable and crisis situations.

1 (z) *Reproductive health rights* refer to the rights of couples,
2 individuals and women to decide freely and responsibly whether or not to have
3 children; to determine the number, spacing and timing of their children; to
4 make decisions concerning reproduction free of discrimination, coercion and
5 violence; to have relevant information; and to attain the highest condition of
6 sexual and reproductive health, subject to existing laws, public morals and
7 religious beliefs.

8 (aa) *Reproductive health and sexuality education* refers to a lifelong
9 learning process of providing and acquiring complete, accurate and relevant
10 information and education on reproductive health and sexuality through life
11 skills education and other approaches: *Provided*, That they are not inserted
12 into disciplines like Mathematics, Literature, History, Geography and other
13 subjects that are not directly related to sexual education.

14 (bb) *Reproductive Tract Infection (RTI)* refers to sexually transmitted
15 infections, and other types of infections affecting the reproductive system;

16 (cc) *Responsible parenthood* refers to the will, ability and
17 commitment of parents to adequately respond to the needs and aspirations of
18 the family and children by responsibly and freely exercising their reproductive
19 health rights consistent with their religion with the government respecting the
20 freedom of religion.

21 (dd) *Sexually Transmitted Infection (STI)* refers to any infection that
22 may be acquired or passed on through sexual contact, use of intravenous,
23 intravenous drug needles, childbirth and breastfeeding.

24 (ee) *Skilled attendant* refers to an accredited health professional, such
25 as midwife, doctor or nurse, who has been educated and trained in the skills
26 needed to manage normal and complicated pregnancies, childbirth and the
27 immediate postnatal period, and in the identification, management and referral

1 of complications in women and newborns, to exclude traditional birth
2 attendant or *hilot*, whether trained or not.

3 (ff) *Skilled birth attendance* refers to childbirth managed by a skilled
4 attendant including the enabling conditions of necessary equipment and
5 support of a functioning health system, and the transport and referral facilities
6 for emergency obstetric care.

7 (gg) *Sustainable human development* refers to bringing people,
8 particularly the poor and vulnerable, to the center of development process, the
9 central purpose of which is the creation of an enabling environment in which
10 all can enjoy long, healthy and productive lives, and done in a manner that
11 promotes their rights and protects the life opportunities of future generations
12 and the natural ecosystem on which all life depends.

13 SEC. 5. *Midwives for Skilled Attendance*. – The LGUs, with the
14 financial and technical assistance from the DOH, shall employ an adequate
15 number of midwives through regular employment or service contracting,
16 subject to the provisions of the Local Government Code, to achieve a
17 minimum ratio of one (1) full-time skilled birth attendant for every one
18 hundred fifty (150) deliveries per year, to be based on the annual number of
19 actual deliveries or live births for the past two (2) years: *Provided*, That
20 people in geographically isolated and depressed areas, where maternal and
21 infant mortality rates are the highest, shall be provided the same level of
22 access.

23 SEC. 6. *Emergency Obstetric and Neonatal Care*. – Each province
24 and city, with the technical and financial assistance of the DOH, shall establish
25 or upgrade hospitals with adequate and qualified personnel, equipment and
26 supplies to be able to provide emergency obstetric and neonatal care. For
27 every five hundred thousand (500,000) population, there shall be at least one
28 (1) hospital with comprehensive emergency obstetric and neonatal care and

1 four (4) hospitals or other health facilities with basic emergency obstetric and
2 neonatal care: *Provided*, That people in geographically isolated and depressed
3 areas shall be provided the same level of access.

4 SEC. 7. *Access to Family Planning.* – All accredited health facilities
5 shall provide a full range of modern family planning methods, except in the
6 case of specialty hospitals and hospitals owned and operated by a religious
7 group; however, these hospitals may render such services on an optional basis.
8 For poor patients, such services shall be fully covered by the Philippine Health
9 Insurance Corporation (PhilHealth) and/or government financial assistance on
10 a no-balance billing.

11 After the use of any PhilHealth benefit involving childbirth and all other
12 pregnancy-related services, if the indigent/sponsored beneficiary wishes to
13 space her next pregnancy, PhilHealth shall pay for the full cost of family
14 planning.

15 SEC. 8. *Maternal and Newborn Healthcare in Crisis Situations.* – The
16 LGUs and the DOH shall ensure that a Minimum Initial Service Package
17 (MISP) for reproductive health, including maternal and neonatal healthcare
18 kits and services as defined by the DOH, will be given proper attention in crisis
19 situations such as disasters and humanitarian crises. The MISP shall become
20 part of all responses by national agencies at the onset of crisis and
21 emergencies.

22 Temporary facilities such as evacuation centers and refugee camps
23 shall be equipped to respond to the special needs in the following situations:
24 normal deliveries, pregnancy complications, miscarriage and post-abortion
25 complications, spread of HIV and STIs and sexual and gender-based violence,
26 and have a system of referral for complicated deliveries.

27 SEC. 9. *Maternal Death Review.* – All LGUs, national and local
28 government hospitals, and other public health units shall conduct annual

1 maternal death review in accordance with the guidelines set by the DOH, to
2 determine the exact reasons for maternal deaths such as lack of medical
3 professionals like doctors, nurses and midwives.

4 SEC. 10. *Role of the Food and Drug Administration (FDA).* – The
5 FDA shall determine the safety, efficacy and classification of products and
6 supplies for modern family planning methods which do not prevent the
7 implantation of the fertilized ovum in the uterus prior to their distribution,
8 procurement, sale and use.

9 The FDA shall update the Philippine National Drug Formulary (PNDF)
10 with respect to the aforesaid products and supplies in accordance with standard
11 medical practice.

12 SEC. 11. *Procurement and Distribution of Family Planning Supplies.* –
13 Subject to the provisions of Republic Act No. 4729 and Republic Act
14 No. 5921, the DOH shall spearhead the efficient procurement, distribution to
15 LGUs and usage-monitoring of family planning supplies for the whole country
16 covering poor households identified through the NHTS-PR and other
17 government measures of identifying marginalization. The DOH shall
18 coordinate with all appropriate LGUs to plan and implement this procurement
19 and distribution program. The supply and the budget allotment shall be based
20 on, among others, the current level and projections of the following:

21 (a) Number of women of reproductive age and couples who want to
22 space or limit their children;

23 (b) Contraceptive prevalence rate, by type of method used; and

24 (c) Cost of family planning supplies.

25 SEC. 12. *Integration of Responsible Parenthood and Family Planning*
26 *Component in Anti-Poverty Programs.* – A multidimensional approach shall
27 be adopted in the implementation of policies and programs to fight poverty.
28 Towards this end, the DOH shall implement programs that ensure full access of

1 poor and marginalized women as identified through the NHTS-PR and other
2 government measures of identifying marginalization to reproductive
3 healthcare, services, products and programs. The DOH shall provide
4 such programs, technical support, including capacity-building and monitoring.

5 *SEC. 13. Roles of Local Government in Family Planning Programs. –*

6 The LGUs shall ensure that poor families receive preferential access to
7 services, commodities and programs for family planning. *Provided, however,*
8 That the LGUs shall recognize and respect the tenets or teachings of religion
9 to which such families belong. The role of Population Officers at the
10 municipal, city and barangay levels in the family planning effort shall be
11 strengthened. The barangay health workers and volunteers shall be capacitated
12 to help implement this Act.

13 *SEC. 14. Benefits for Serious and Life-Threatening Reproductive*
14 *Health Conditions. –* All serious and life-threatening reproductive health
15 conditions such as HIV and AIDS, breast and reproductive tract cancers,
16 obstetric complications, and menopausal and post-menopausal-related
17 conditions shall be given the maximum benefits as provided by PhilHealth
18 programs.

19 *SEC. 15. Mobile Healthcare Service. –* Each congressional district may
20 be provided with at least one (1) Mobile Healthcare Service (MHCS) in the
21 form of a van or other means of transportation appropriate to coastal or
22 mountainous areas, the procurement and operation of which shall be funded by
23 the national government. The MHCS shall deliver healthcare, supplies and
24 services to constituents, such as those relating to prenatal and delivery needs
25 more particularly to the poor and needy, and shall be used to disseminate
26 knowledge and information on reproductive health. The operation and
27 maintenance of the MHCS shall be done by skilled health providers and
28 adequately equipped with a wide range of reproductive healthcare materials

1 and information dissemination devices and equipment, the latter including, but
2 not limited to, a television set for audiovisual presentations. All MHCS shall
3 be operated by a focal city or municipality within a congressional district.

4 SEC. 16. *Mandatory Age-Appropriate Reproductive Health and*
5 *Sexuality Education.* – Subject to the provisions of Section 12, Article II of the
6 Constitution, age-appropriate reproductive health and sexuality education shall
7 be taught by adequately trained and accredited teachers in formal and
8 nonformal education system starting from Grade Six up to Fourth Year High
9 School using life skills and other approaches. The reproductive health and
10 sexuality education shall commence at the start of the school year immediately
11 following one (1) year from the effectivity of this Act to allow the training and
12 accreditation of concerned teachers. Only duly accredited teachers shall
13 handle reproductive health and sexuality education. The DepED, the
14 Commission on Higher Education (CHED), the Technical Education and Skills
15 Development Authority (TESDA), the DSWD and the DOH shall formulate
16 the Reproductive Health and Sexuality Education curriculum. Such
17 curriculum shall be common to both public and private schools, out-of-school
18 youth programs, and Alternative Learning System (ASL) based on, but not
19 limited to, psychosocial and physical well-being, demography, reproductive
20 health, and the legal aspects of reproductive health with due deference to the
21 religion, culture and ethics of various communities.

22 Age-appropriate reproductive health and sexuality education shall be
23 integrated in all relevant subjects and shall include, but not limited to, the
24 following topics:

25 (a) Values formation with due regard to their religion and other
26 affiliations;

27 (b) Knowledge and skills in self-protection against discrimination,
28 sexual violence and abuse, and teen pregnancy;

- 1 (c) Physical, social and emotional changes in adolescents;
- 2 (d) Children's and women's rights;
- 3 (e) Fertility awareness;
- 4 (f) STI, HIV and AIDS;
- 5 (g) Population and development;
- 6 (h) Responsible relationship;
- 7 (i) Family planning methods;
- 8 (j) Proscription and hazards of abortion;
- 9 (k) Gender and development;
- 10 (l) Responsible parenthood; and
- 11 (m) Proper and responsible sexual values and behavior; delayed entry
- 12 into sexual relations; abstinence before marriage; avoidance of multiple sexual
- 13 partners; and prevention of the spread of sexuality transmitted diseases.

14 The DepED, the CHED, the DSWD, the TESDA and the DOH shall
15 provide concerned parents with adequate and relevant scientific materials on
16 the age-appropriate topics and manner of teaching reproductive health and
17 sexuality education to their children.

18 Parents, upon due notification by the DepED and private educational
19 institutions, through their principals, in writing, two (2) weeks before the
20 classes would start, shall be informed of the option of the parents of not
21 allowing their minor children to attend classes pertaining to reproductive
22 health and sexuality education. The parents shall then exercise said option.

23 Flexibility in the curriculum of reproductive health and sexuality
24 education shall be accorded to sectarian schools within the provisions and
25 parameters of this section.

26 *SEC. 17. Additional Duty of the Local Population Officer.* – Each
27 local population officer shall be duly accredited and be qualified of every city
28 and municipality and shall furnish free instructions and information on

1 responsible parenthood, family planning, breastfeeding, infant nutrition and
2 other relevant aspects of this Act to all applicants for marriage license. In the
3 absence of a local Population Officer, a Family Planning Officer under the
4 Local Health Office shall discharge the additional duty of the Population
5 Officer.

6 SEC. 18. *Certificate of Compliance.* – No marriage license shall be
7 issued by the Local Civil Registrar unless the applicants present a Certificate
8 of Compliance issued for free by the local Family Planning Office certifying
9 that they had duly received adequate instructions and information on
10 responsible parenthood, family planning, breastfeeding and infant nutrition.

11 SEC. 19. *Capability-Building of Barangay Health Workers.* –
12 Barangay health workers and other community-based health workers shall
13 undergo training on the promotion of reproductive health and instill
14 responsible parenthood and reproductive health shall receive at least ten
15 percent (10%) increase in honoraria, upon successful completion of training.

16 SEC. 20. *Pro Bono Services for Indigent Women.* – Private and
17 nongovernment reproductive healthcare service providers including, but not
18 limited to, gynecologists and obstetricians, are mandated to provide at least
19 forty-eight (48) hours annually of reproductive health services, ranging from
20 providing information and education to rendering medical services, free of
21 charge to indigent and low-income patients as identified through the NHTS-PR
22 and other government measures of identifying marginalization, especially to
23 pregnant adolescents. The forty-eight (48) hours annual *pro bono* services
24 shall be included as a prerequisite in the accreditation under the Philhealth.

25 SEC. 21. *Sexual and Reproductive Health Programs for Persons with*
26 *Disabilities (PWDs).* – The cities and municipalities must ensure that barriers
27 to reproductive health services for PWDs are obliterated by the following:

1 (a) Providing physical access, and resolving transportation and
2 proximity issues to clinics, hospitals and places where public health education
3 is provided, contraceptives are sold or distributed or other places where
4 reproductive health services are provided;

5 (b) Adapting examination tables and other laboratory procedures to the
6 needs and conditions of PWDs;

7 (c) Increasing access to information and communication materials on
8 sexual and reproductive health in braille, large print, simple language and
9 pictures;

10 (d) Providing continuing education and inclusion rights of PWDs
11 among healthcare providers; and

12 (e) Undertaking activities to raise awareness and address
13 misconceptions among the general public on the stigma and their lack of
14 knowledge on the sexual and reproductive health needs and rights of PWDs.

15 *SEC. 22. Right to Reproductive Healthcare Information.* – The
16 government shall guarantee the right of any person to provide or receive
17 non-fraudulent information about the availability of reproductive healthcare
18 services, including family planning, and prenatal and postnatal and
19 gynecological care particularly in poor households as identified through the
20 NHTS-PR and other government measures of identifying marginalization.

21 The DOH and the Philippine Information Agency (PIA) shall initiate
22 and sustain a heightened nationwide multimedia campaign to raise the level of
23 public awareness of the protection and promotion of reproductive health and
24 rights including family planning and population and development.

25 *SEC. 23. Implementing Mechanisms.* – Pursuant to the herein declared
26 policy, the DOH and the local health units in cities and municipalities shall
27 serve as the lead agencies for the implementation of this Act among poor
28 households as identified through the NHTS-PR and other government

1 measures of identifying marginalization and shall integrate in their regular
2 operations the following functions:

3 (a) Ensure full and efficient implementation of the Reproductive
4 Healthcare Program;

5 (b) Ensure people's access to medically safe, legal, effective, quality
6 and affordable reproductive health supplies and services;

7 (c) Ensure that reproductive health services are delivered with a full
8 range of supplies, facilities and equipment, and that healthcare service
9 providers are adequately trained for such reproductive healthcare delivery;

10 (d) Take active steps to expand the coverage of the National Health
11 Insurance Program (NHIP), especially among poor and marginalized women,
12 to include the full range of reproductive health services and supplies as health
13 insurance benefits;

14 (e) Strengthen the capacities of health regulatory agencies to ensure
15 safe, legal, effective, quality, accessible and affordable reproductive health
16 services and commodities with the concurrent strengthening and enforcement
17 of regulatory mandates and mechanisms;

18 (f) Promulgate a set of minimum reproductive health standards for
19 public health facilities, which shall be included in the criteria for accreditation.
20 These minimum reproductive health standards shall provide for the monitoring
21 of pregnant mothers, and a minimum package of reproductive health programs
22 that shall be available and affordable at all levels of the public health system
23 except in specialty hospitals where such services are provided on optional
24 basis;

25 (g) Facilitate the involvement and participation of NGOs and the
26 private sector in reproductive healthcare service delivery and in the
27 production, distribution and delivery of quality reproductive health and family

1 planning supplies and commodities to make them accessible and affordable to
2 ordinary citizens;

3 (h) Furnish the LGUs with appropriate information and resources to
4 keep them updated on current studies and researches relating to responsible
5 parenthood, family planning, breastfeeding and infant nutrition; and

6 (i) Perform such other functions necessary to attain the purposes of
7 this Act.

8 The Commission on Population (POPCOM), as an attached agency of
9 the DOH, shall serve as the coordinating body in the implementation of
10 Sections 7, 10, 11, 13, 17, 19, 21 and 23 of this Act and shall have the
11 following functions:

12 (a) Integrate on a continuing basis the interrelated reproductive health
13 and population development agenda consistent with the herein declared
14 national policy which does not include population control, taking into account
15 regional and local concerns;

16 (b) Provide the mechanism to ensure active and full participation of the
17 private sector and the citizenry through their organizations in the planning and
18 implementation of reproductive healthcare, and population and development
19 programs and projects; and

20 (c) Conduct sustained and effective information drives on sustainable
21 human development and on all methods of family planning to prevent
22 unintended, unplanned and mistimed pregnancies.

23 SEC. 24. *Reporting Requirements.* — Before the end of April of each
24 year, the DOH shall submit an annual report to the President of the
25 Philippines, the President of the Senate and the Speaker of the House of
26 Representatives (HOR). The report shall provide a definitive and
27 comprehensive assessment of the implementation of its programs and those of
28 other government agencies and instrumentalities, civil society and the private

1 sector and recommend appropriate priorities for executive and legislative
2 actions. The report shall be printed and distributed to all national agencies,
3 LGUs, civil society and the private sector organizations involved in said
4 programs.

5 The annual report shall evaluate the content, implementation and impact
6 of all policies related to reproductive health and family planning to ensure that
7 such *policies promote, protect and fulfill* reproductive health and rights,
8 particularly of parents, couples and women.

9 SEC. 25. *Congressional Oversight Committee (COC)*. – There is
10 hereby created a COC composed of five (5) members each from the Senate
11 and the HOR. The members from the Senate and the HOR shall be appointed
12 by the Senate President and the Speaker, respectively, with at least one (1)
13 member representing the Minority.

14 The COC shall be jointly chaired by the respective Chairs of the
15 Committee on Youth, Women and Family Relations of the Senate and the
16 Committee on Population and Family Relations of the HOR.

17 The Secretariat of the COC shall come from the existing Secretariat
18 personnel of the Senate' and of the HOR' committees concerned.

19 The COC shall monitor and automatically review to ensure the effective
20 implementation of this Act, determine the possible weakness in the law,
21 recommend the necessary remedial legislation or administrative measures and
22 perform such other duties and functions as may be necessary to attain the
23 objectives of this Act every five (5) years from its effectivity.

24 SEC. 26. *Prohibited Acts*. – The following acts are prohibited:

25 (a) Any healthcare service provider, whether public or private, who
26 shall:

27 (1) *Knowingly withhold information or restrict the dissemination*
28 *thereof, or intentionally provide incorrect information regarding programs and*

1 services on reproductive health, including the right to informed choice and
2 access to a full range of legal, medically safe and effective family planning
3 methods;

4 (2) Refuse to perform legal and medically safe reproductive health
5 procedures on any person of legal age on the ground of lack of consent or
6 authorization of the following persons in the following instances:

7 (i) Spousal consent in case of married persons: *Provided*, That, in
8 case of disagreement, the decision of the one undergoing the procedure shall
9 prevail; and

10 (ii) Parental consent or that of the person exercising parental authority
11 in the case of abused minors, where the parent or the person exercising
12 parental authority is the respondent, accused or convicted perpetrator as
13 certified by the proper prosecutorial office or the court; and

14 (3) Refuse to extend healthcare services and information on account of
15 the person's marital status, gender, age, religion, personal circumstances or
16 nature of work: *Provided*, That the objection of a healthcare service provider
17 based on his/her ethical or religious beliefs shall be respected; however, he/she
18 shall, without in anyway agreeing or endorsing the family planning service or
19 procedure required by the person concerned, immediately refer the person
20 seeking such care and services to another healthcare service provider within
21 the same facility or one which is conveniently accessible who is willing to
22 provide the requisite information and services: *Provided, further*, That the
23 person is not in an emergency condition or serious case as defined under
24 Republic Act No. 8344, otherwise known as "An Act Penalizing the Refusal of
25 Hospitals and Medical Clinics to Administer Appropriate Initial Medical
26 Treatment and Support in Emergency and Serious Cases";

27 (b) Any public official charged with the duty to implement the
28 provisions of this Act, who personally or through a subordinate, prohibits or

1 restricts the delivery of legal and medically safe reproductive healthcare
2 services, including family planning; or forces, coerces or induces any person to
3 use such services;

4 (c) Any employer or his representative who shall require an employee
5 or applicant, as a condition for employment or continued employment, to
6 undergo sterilization or use or not use any family planning method; neither
7 shall pregnancy be a ground for non-hiring or termination of employment;

8 (d) Any person who shall falsify a certificate of compliance as required
9 in Section 18 of this Act; and

10 (e) Any pharmaceutical company, whether domestic or multinational,
11 or its agents or distributors, which: (1) shall collude with government officials,
12 whether appointed or elected, in the distribution, procurement and/or sale by
13 the national government and LGUs of modern family planning supplies,
14 products and devices; and/or (2) contribute money or anything of value to
15 partisan political activities involving a government official, whether appointed
16 or elected, and/or any candidate for any elective position, whether national or
17 local.

18 SEC. 27. *Penalties.* – Any violation of this Act or commission of the
19 foregoing prohibited acts shall be penalized by imprisonment ranging from one
20 (1) month to six (6) months or a fine of Ten thousand pesos (P10,000.00) to
21 Fifty thousand pesos (P50,000.00), or both such fine and imprisonment at the
22 discretion of the competent court: *Provided, That*, if the offender is a public
23 official or employee, he or she shall suffer the accessory penalty of dismissal
24 from the government service and forfeiture of retirement benefits. If the
25 offender is a juridical person, the penalty shall be imposed upon the president
26 or any responsible officer. An offender who is an alien shall, after service of
27 sentence, be deported immediately without further proceedings by the Bureau
28 of Immigration. If the offender is a pharmaceutical company, its agent and/or

1 distributor, their license or permit to operate or conduct business in the
2 Philippines shall be perpetually revoked, and a fine triple the amount involved
3 in the violation shall be imposed.

4 SEC. 28. *Appropriations.* – The amounts appropriated in the annual
5 General Appropriations Act (GAA) for Family Health and Responsible
6 Parenting under the DOH and POPCOM, upon the effectivity of this Act, shall
7 be allocated and utilized for the initial implementation of this Act. Such
8 additional sums necessary to implement this Act provide for the upgrading of
9 facilities necessary to meet basic emergency and obstetric care and
10 comprehensive emergency and obstetric care standards; train and deploy
11 skilled health providers; procure family planning supplies and commodities as
12 provided in Section 6; and implement other reproductive health services shall
13 be included in the subsequent GAA.

14 SEC. 29. *Implementing Rules and Regulations (IRR).* – Within sixty
15 (60) days from the effectivity of this Act, the Secretary of the DOH shall
16 formulate and adopt amendments to the existing rules and regulations to carry
17 out the objectives of this Act, in consultation with the Secretaries of the
18 DepED, the Department of the Interior and Local Government (DILG), the
19 DOLE and the DSWD, the Director General of the National Economic and
20 Development Authority (NEDA), the Commissioner of the CHED, the
21 Executive Director of the Philippine Commission on Women (PCW) and two
22 (2) NGOs or peoples' organizations (POs) for women. Full dissemination of
23 the IRR to the public shall be ensured.

24 SEC. 30. *Separability Clause.* – If any part or provision of this Act
25 is held invalid or unconstitutional, the other provisions not affected thereby
26 shall remain in force and effect.

1 SEC. 31. *Repealing Clause.* – All other laws, decrees, orders,
2 issuances, rules and regulations which are inconsistent with the provisions of
3 this Act are hereby repealed, amended or modified accordingly.

4 SEC. 32. *Effectivity.* – This Act shall take effect fifteen (15) days after
5 its publication in at least two (2) newspapers of general circulation.

Approved,

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