

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City

Fifteenth Congress  
First Regular Session



COMMITTEE REPORT NO. 684

Submitted by the Committee on Population and Family Relations on

Re: ~~House Bill No. 4244~~ <sup>21 FEB 2011</sup> 4244

Recommending its approval in substitution of House Bill Nos. 96, 101, 513, 1160, 1520 and 3387

Sponsors: Representatives Espina, Lagman, Garin (J), Bag-Ao, Bello, Biazon, Syjuco, Ilagan and De Jesus

Mr. Speaker

The Committee on Population and Family Relations to which were referred House Bill No. 96 introduced by Rep. Lagman, entitled:

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

House Bill No. 101 introduced by Rep. Garin, J., entitled:

"AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND POPULATION AND DEVELOPMENT, AND FOR OTHER PURPOSES";

House Bill No. 513 introduced by Reps. Bag-Ao and Bello, entitled:

"AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND POPULATION AND DEVELOPMENT, AND FOR OTHER PURPOSES";

House Bill No. 1160 introduced by Rep. Biazon, entitled:

"AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND FOR OTHER PURPOSES";

House Bill No. 1520 introduced by Rep. Syjuco, entitled:

"AN ACT TO PROTECT THE RIGHT OF THE PEOPLE TO INFORMATION ON REPRODUCTIVE HEALTH CARE"; and

House Bill No. 3387 introduced by Reps. Ilagan and De Jesus, entitled:

"AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH FOR WOMEN IN DEVELOPMENT AND FOR OTHER PURPOSES"

has considered the same and recommends that the attached House Bill No. ~~4244~~, entitled:

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

be approved in substitution of House Bill Nos. 96, 101, 513, 1160, 1520 and 3387 with Reps. Lagman, Garin (J), Bag-ao, Bello, Biazon, Syjuco, Ilagan, De Jesus, Go (AF), Estrella, Binay, Flores (Jr), Yap (S), Palmones, Baguilat, Banal, Zubiri III, Ortega, Jaafar, Enguel, Amante-Matba, Leonen-Pizarro, Cagas IV, Escudero III, Dy, Sahidula, Jalosjos Jr., Arroyo Jr., Lopez, Singson (R), Ferriol, Ferrer (J), Duavit, Celeste, Casino, Datumanong, Jalosjos (S), Joson, Mendoza (RD), Obillo, Palatino, Padilla, Pichay, Remulla, Sambar, Suarez, Tinio, Yu, Go (AC), Marcoleta, Aglipay, Kho, Quibranza-Dimaporo, Belmonte Jr. (V), Mariano, Colmenares, Farinas, Singson Jr. (E), Bravo Jr., Fua, Loyola, Cajayon, Radaza, Alcover Jr., Bataoil, Albano, Ortega (VF), Garin (S), Briones, Arquiza, Catamco, Tomawis, Pangandaman (MH), Panotes, Cerilles, Alvarez, Batocabe, Cojuangco (EM), Vergara, Avance-Fuentes, Villafuerte, Paez, Rivera, Diaz, Ping-Ay, Haresco, Lacson-Noel, Pangandaman (S), Cojuangco (K), Trenas, Tupas Jr., Ocampo, Sema and Castelo as authors thereof.

Respectfully submitted,



ROGELIO J. ESPINA, M.D.

Chairman

Committee on Population and Family Relations

THE HONORABLE SPEAKER  
HOUSE OF REPRESENTATIVES  
QUEZON CITY

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City, Metro Manila

Fifteenth Congress  
First Regular Session

HOUSE BILL NO. **4244**

(In substitution of House Bill Nos. 96, 101, 513, 1160, 1520 & 3387)

Introduced by Honorables Edcel C. Lagman, Janette L. Garin, Kaka J. Bag-ao, Walden Bello, Rodolfo G. Biazon, Augusto Syjuco, Luzviminda Ilagan, Emerenciana De Jesus, Arnulfo Fegardo Go, Robert Estrella, Mar-Len Abigail S. Binay, Florencio Tadiar Flores, Jr., Susan A. Yap, Angelo B. Palmones, Teddy Brawner Baguilat Jr., Jorge "Bolet" Banal, Jose F. Zubiri III, Francis Emmanuel R. Ortega, Nur Gaspar Jaafar, Eufranio C. Eriguel, M.D., Ma. Angelica M. Amante-Matba, Catalina Leonen-Pizarro, Marc Douglas Cagas IV, Salvador Escudero III, Napoleon Dy, Nur-Ana Sahidulla, Romeo Jalosjos Jr, Ignacio Arroyo Jr., Carol Jayne B. Lopez, Ronald V. Singson, Abigail C. Ferriol, Jeffrey Padilla Ferrer, Joel Roy Duavit, Jesus "Boying" F. Celeste, Teddy A. Casiño, Simeon A. Datumanong, Seth F. Jalosjos, Josefina Manuel Joson, Raymond Democrito C. Mendoza, Reena Concepcion G. Obillo, Raymond V. Palatino, Carlos Mapili Padilla, Philip Arreza Pichay, Jesus Crispin Catibayan Remulla, Mark Aeron H. Sambar, Danilo Etorma Suarez, Antonio L. Tinio, Victor Jo Yu, Ana Cristina Siquian Go, Rodante D. Marcoleta, Emmeline Y. Aglipay, David L. Kho, Imelda Quibranza-Dimaporo, Vicente Florendo Belmonte Jr., Rafael V. Mariano, Neri Colmenares, Rodolfo Castro Fariñas, Eric Gacula Singson Jr., Narciso Recio Bravo Jr., Orlando Bongcawel Fua, Roy Maulanin Loyola, Mary Mitzi Lim Cajayon, Arturo Ompad Radaza, Pastor M. Alcover Jr, Leopoldo Nalupa Bataoil, Rodolfo B. Albano, Victor Francisco Campos Ortega, Sharon S. Garin, Nicanor M. Briones, Godofredo V. Arquiza, Nancy Alaán Catamco, Acmad Tomawis, Mohammed Hussein P. Pangandaman, Elmer Ellaga Panotes, Aurora Enerio Cerilles, Antonio Chaves Alvarez, Rodel M. Batocabe, Enrique Murphy Cojuangco, Bernardo Mangaoang Vergara, Daisy Avance-Fuentes, Luis Robredo Villafuerte, Cresente C. Paez, Michael Angelo C. Rivera, Antonio Diaz, Jose Ping-ay, Teodorico Haresco, Josephine Veronique Lacson-Noel, Solaiman Pangandaman, Kimi S. Cojuangco, Jerry Perez Treñas, Niel Causing Tupas, Jr., Rosenda Ann Ocampo, Bai Sandra A. Sema and Winston "Winnie" Castelo

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 the House of Representatives of the Philippines in Congress assembled:*

1           **SECTION 1. Title.** - This Act shall be known as the "*The Responsible*  
2 *Parenthood, Reproductive Health and Population and Development Act of 2011.*"

3           **SEC. 2. - Declaration of Policy.** - The State recognizes and guarantees the  
4 exercise of the universal basic human right to reproductive health by all persons,  
5 particularly of parents, couples and women, consistent with their religious convictions,  
6 cultural beliefs and the demands of responsible parenthood. Toward this end, there  
7 shall be no discrimination against any person on grounds of sex, age, religion, sexual  
8 orientation, disabilities, political affiliation and ethnicity.

9           Moreover, the State recognizes and guarantees the promotion of gender  
0 equality, equity and women's empowerment as a health and human rights concern. The  
1 advancement and protection of women's rights shall be central to the efforts of the State  
2 to address reproductive health care. As a distinct but inseparable measure to the  
3 guarantee of women's rights, the State recognizes and guarantees the promotion of the  
4 welfare and rights of children.

5           The State likewise guarantees universal access to medically safe, legal,  
6 affordable, effective and quality reproductive health care services, methods, devices,  
7 supplies and relevant information and education thereon even as it prioritizes the needs  
8 of women and children, among other underprivileged sectors.

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

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

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

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

4 (c) Since human resource is among the principal assets of the country,  
5 maternal health, safe delivery of healthy children and their full human development and  
6 responsible parenting must be ensured through effective reproductive health care;

7 (d) The provision of medically safe, legal, accessible, affordable and effective  
8 reproductive health care services and supplies is essential in the promotion of people's  
9 right to health, especially of the poor and marginalized;

10 (e) The State shall promote, without bias, all effective natural and modern  
11 methods of family planning that are medically safe and legal;

12 (f) The State shall promote programs that: (1) enable couples, individuals  
13 and women to have the number of children and reproductive spacing they desire with  
14 due consideration to the health of women and resources available to them; (2) achieve  
15 equitable allocation and utilization of resources; (3) ensure effective partnership among  
16 the national government, the local government units and the private sector in the  
17 design, implementation, coordination, integration, monitoring and evaluation of people-  
18 centered programs to enhance quality of life and environmental protection; (4) conduct  
19 studies to analyze demographic trends towards sustainable human development and  
20 (5) conduct scientific studies to determine safety and efficacy of alternative medicines  
21 and methods for reproductive health care development;

22 (g) The provision of reproductive health information, care and supplies shall  
23 be the joint responsibility of the National Government and the Local Government Units  
24 (LGUs);

1 (h) Active participation by non-government, women's, people's, civil society  
2 organizations and communities is crucial to ensure that reproductive health and  
3 population and development policies, plans, and programs will address the priority  
4 needs of the poor, especially women.

5 (i) While this Act recognizes that abortion is illegal and punishable by law, the  
6 government shall ensure that all women needing care for post-abortion complications  
7 shall be treated and counseled in a humane, non-judgmental and compassionate  
8 manner.

9 (j) There shall be no demographic or population targets and the mitigation of  
10 the population growth rate is incidental to the promotion of reproductive health and  
11 sustainable human development.

12 (k) Gender equality and women empowerment are central elements of  
13 reproductive health and population and development.

14 (l) The limited resources of the country cannot be suffered to be spread so  
15 thinly to service a burgeoning multitude making allocations grossly inadequate and  
16 effectively meaningless.

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

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

22 **SEC. 4. *Definition of Terms.*** - For the purposes of this Act, the following terms  
23 shall be defined as follows:

1            **Adolescence** refers to the period of physical and physiological development of  
2 an individual from the onset of puberty to complete growth and maturity which usually  
3 begins between eleven (11) to thirteen (13) years and terminating at eighteen (18) to  
4 twenty (20) years of age;

5            **Adolescent Sexuality** refers to, among others, the reproductive system, gender  
6 identity, values and beliefs, emotions, relationships and sexual behavior at  
7 adolescence;

8            **AIDS (Acquired Immune Deficiency Syndrome)** refers to a condition  
9 characterized by a combination of signs and symptoms, caused by *Human*  
10 *Immunodeficiency Virus* (HIV) which attacks and weakens the body's immune system,  
11 making the afflicted individual susceptible to other life-threatening infections;

12            **Anti-Retroviral Medicines (ARVs)** refer to medications for the treatment of  
13 infection by retroviruses, primarily HIV.

14            **Basic Emergency Obstetric Care** refers to lifesaving services for maternal  
15 complications being provided by a health facility or professional, which must include the  
16 following six signal functions: administration of parenteral antibiotics; administration of  
17 parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-  
18 eclampsia and eclampsia; manual removal of placenta; removal of retained products;  
19 and assisted vaginal delivery,

20            **Comprehensive Emergency Obstetric Care** refers to basic emergency  
21 obstetric care including deliveries by surgical procedure (caesarian section) and blood  
22 transfusion;

23            **Employer** refers to any natural or juridical person who hires the services of a  
24 worker. The term shall not include any labor organization or any of its officers or agents  
25 except when acting as an employer.

1        **Family Planning** refers to a program which enables couples, individuals and  
2 women to decide freely and responsibly the number and spacing of their children,  
3 acquire relevant information on reproductive health care, services and supplies and  
4 have access to a full range of safe, legal, affordable, effective natural and modern  
5 methods of limiting and spacing pregnancy;

6        **Gender Equality** refers to the absence of discrimination on the basis of a  
7 person's sex, sexual orientation and gender identity in opportunities, allocation of  
8 resources or benefits and access to services.

9        **Gender Equity** refers to fairness and justice in the distribution of benefits and  
10 responsibilities between women and men, and often requires women-specific projects  
11 and programs to end existing inequalities.

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

23        **HIV (Human Immunodeficiency Virus)** refers to the virus which causes AIDS;

24        **Male Responsibility** refers to the involvement, commitment, accountability, and  
25 responsibility of males in relation to women in all areas of sexual and reproductive

1 health as well as the protection and promotion of reproductive health concerns specific  
2 to men;

3 **Maternal Death Review** refers to a qualitative and in-depth study of the causes  
4 of maternal death with the primary purpose of preventing future deaths through changes  
5 or additions to programs, plans and policies;

6 **Modern Methods of Family Planning** refer to safe, effective and legal methods,  
7 whether the natural, or the artificial that are registered with the Food and Drug  
8 Administration (FDA) of the DOH, to prevent pregnancy;

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

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

15 **Population and Development** refers to a program that aims to: (1) help couples  
16 and parents achieve their desired family size; (2) improve reproductive health of  
17 individuals by addressing reproductive health problems; (3) contribute to decreased  
18 maternal and infant mortality rates and early child mortality; (4) reduce incidence of  
19 teenage pregnancy; and (5) recognize the linkage between population and sustainable  
20 human development;

21 **Reproductive Health** refers to the state of complete physical, mental and social  
22 well-being and not merely the absence of disease or infirmity, in all matters relating to  
23 the reproductive system and to its functions and processes;

24 **Reproductive Health Care** refers to the access to a full range of methods,  
25 facilities, services and supplies that contribute to reproductive health and well-being by

1 preventing and solving reproductive health-related problems. It also includes sexual  
2 health, the purpose of which is the enhancement of life and personal relations. The  
3 elements of reproductive health care include the following:

- 4 (a) family planning information and services;
- 5 (b) maternal, infant and child health and nutrition, including breastfeeding;
- 6 (c) proscriptio of abortion and management of abortion complications;
- 7 (d) adolescent and youth reproductive health;
- 8 (e) prevention and management of reproductive tract infections (RTIs), HIV  
9 and AIDS and other sexually transmittable infections (STIs);
- 10 (f) elimination of violence against women;
- 11 (g) education and counseling on sexuality and reproductive health;
- 12 (h) treatment of breast and reproductive tract cancers and other gynecological  
13 conditions and disorders;
- 14 (i) male responsibility and participation in reproductive health;
- 15 (j) prevention and treatment of infertility and sexual dysfunction;
- 16 (k) reproductive health education for the adolescents; and
- 17 (l) mental health aspect of reproductive health care;

18 *Reproductive Health Care Program* refers to the systematic and integrated  
19 provision of reproductive health care to all citizens especially the poor, marginalized and  
20 those in vulnerable and crisis situations;

21 *Reproductive Health Rights* refer to the rights of couples, individuals and  
22 women to decide freely and responsibly whether or not to have children; to determine  
23 the number, spacing and timing of their children; to make decisions concerning  
24 reproduction free of discrimination, coercion and violence; to have relevant information;  
25 and to attain the highest condition of sexual and reproductive health;

1            *Reproductive Health and Sexuality Education* refers to a lifelong learning  
2 process of providing and acquiring complete, accurate and relevant information and  
3 education on reproductive health and sexuality through life skills education and other  
4 approaches;

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

7            *Responsible Parenthood* refers to the will, ability and commitment of parents to  
8 adequately respond to the needs and aspirations of the family and children by  
9 responsibly and freely exercising their reproductive health rights;

10           *Sexually Transmitted Infection (STI)* refers to any infection that may be  
11 acquired or passed on through sexual contact;

12           *Skilled Attendant* refers to an accredited health professional, such as midwife,  
13 doctor or nurse, who has been educated and trained in the skills needed to manage  
14 normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and  
15 in the identification, management and referral of complications in women and newborns,  
16 to exclude traditional birth attendant or midwife (hilot), whether trained or not;

17           *Skilled Birth Attendance* refers to childbirth managed by a skilled attendant  
18 including the enabling conditions of necessary equipment and support of a functioning  
19 health system, and the transport and referral facilities for emergency obstetric care; and

20           *Sustainable Human Development* refers to bringing people, particularly the  
21 poor and vulnerable, to the center of development process, the central purpose of which  
22 is the creation of an enabling environment in which all can enjoy long, healthy and  
23 productive lives, and done in a manner that promotes their rights and protects the life  
24 opportunities of future generations and the natural ecosystem on which all life depends.

1           **SEC. 5. *Midwives for Skilled Attendance.*** - The LGUs with the assistance of  
2 the DOH, shall employ an adequate number of midwives through regular employment or  
3 service contracting, subject to the provisions of the Local Government Code, to achieve  
4 a minimum ratio of one (1) fulltime skilled birth attendant for every one hundred fifty  
5 (150) deliveries per year, to be based on the annual number of actual deliveries or live  
6 births for the past two (2) years; *Provided*, That people in geographically isolated and  
7 depressed areas shall be provided the same level of access.

8           **SEC. 6. *Emergency Obstetric and Neonatal Care.*** - Each province and city,  
9 with the assistance of the DOH, shall establish or upgrade hospitals with adequate and  
10 qualified personnel, equipment and supplies to be able to provide emergency obstetric  
11 and neonatal care. For every five-hundred thousand (500,000) population, there shall  
12 be at least one (1) hospital with comprehensive emergency obstetric and neonatal care  
13 and four (4) hospitals or other health facilities with basic emergency obstetric and  
14 neonatal care; *Provided*, That people in geographically isolated and depressed areas  
15 shall be provided the same level of access.

16           **SEC. 7. *Access to Family Planning.*** - All accredited health facilities shall  
17 provide a full range of modern family planning methods, except in specialty hospitals  
18 which may render such services on an optional basis. For poor patients, such services  
19 shall be fully covered by the Philippine Health Insurance Corporation (PhilHealth) and/or  
20 government financial assistance on a no balance billing.

21           After the use of any PhilHealth benefit involving childbirth and all other  
22 pregnancy-related services, if the beneficiary wishes to space or prevent her next  
23 pregnancy, PhilHealth shall pay for the full cost of family planning.

24           **SEC. 8. *Maternal and Newborn Health Care in Crisis Situations.*** - The LGUs  
25 and the DOH shall ensure that a Minimum Initial Service Package (MISP) for

1 reproductive health, including maternal and neonatal health care kits and services as  
2 defined by the DOH, will be given proper attention in crisis situations such as disasters  
3 and humanitarian crises. The MISIP shall become part of all responses by national  
4 agencies at the onset of crisis and emergencies

5 Temporary facilities such as evacuation centers and refugee camps shall be  
6 equipped to respond to the special needs in the following situations: normal and  
7 complicated deliveries, pregnancy complications, miscarriage and post-abortion  
8 complications, spread of HIV/AIDS and STIs, and sexual and gender-based violence.

9 **SEC. 9. *Maternal Death Review.*** - All LGUs, national and local government  
10 hospitals, and other public health units shall conduct annual maternal death review in  
11 accordance with the guidelines set by the DOH.

12 **SEC. 10. *Family Planning Supplies as Essential Medicines.*** - Products and  
13 supplies for modern family planning methods shall be part of the National Drug  
14 Formulary and the same shall be included in the regular purchase of essential  
15 medicines and supplies of all national and local hospitals and other government health  
16 units.

17 **SEC. 11. *Procurement and Distribution of Family Planning Supplies.*** - The  
18 DOH shall spearhead the efficient procurement, distribution to LGUs and usage-  
19 monitoring of family planning supplies for the whole country. The DOH shall coordinate  
20 with all appropriate LGUs to plan and implement this procurement and distribution  
21 program. The supply and the budget allotment shall be based on, among others, the  
22 current levels and projections of the following:

23 (a) number of women of reproductive age and couples who want to space or  
24 limit their children;

25 (b) contraceptive prevalence rate, by type of method used, and

1 (c) cost of family planning supplies

2 **SEC. 12. *Integration of Responsible Parenthood and Family Planning***

3 ***Component in Anti-Poverty Programs.*** - A multidimensional approach shall be  
4 adopted in the implementation of policies and programs to fight poverty. Towards this  
5 end, the DOH shall endeavor to integrate a responsible parenthood and family planning  
6 component into all antipoverty and other sustainable human development programs of  
7 government, with corresponding fund support. The DOH shall provide such programs  
8 technical support, including capacity-building and monitoring.

9 **SEC. 13. *Roles of Local Government in Family Planning Programs.*** - The

10 LGUs shall ensure that poor families receive preferential access to services,  
11 commodities and programs for family planning. The role of Population Officers at  
12 municipal, city and barangay levels in the family planning effort shall be strengthened.  
13 The Barangay Health Workers and volunteers shall be capacitated to give priority to  
14 family planning work.

15 **SEC. 14. *Benefits for Serious and Life-Threatening Reproductive Health***

16 ***Conditions.*** - All serious and life-threatening reproductive health conditions such as  
17 HIV and AIDS, breast and reproductive tract cancers, obstetric complications, and  
18 menopausal and post-menopausal related conditions shall be given the maximum  
19 benefits as provided by PhilHealth programs.

20 **SEC. 15. *Mobile Health Care Service.*** - Each Congressional District may be

21 provided with at least one (1) Mobile Health Care Service (MHCS) in the form of a van  
22 or other means of transportation appropriate to coastal or mountainous areas. The  
23 MHCS shall deliver health care supplies and services to constituents, more particularly  
24 to the poor and needy, and shall be used to disseminate knowledge and information on  
25 reproductive health. The purchase of the MHCS may be funded from the Priority

1 Development Assistance Fund (PDAF) of each congressional district. The operation  
2 and maintenance of the MHCS shall be operated by skilled health providers and  
3 adequately equipped with a wide range of reproductive health care materials and  
4 information dissemination devices and equipment, the latter including, but not limited to,  
5 a television set for audiovisual presentations. All MHCS shall be operated by a focal  
6 city or municipality within a congressional district.

7 **SEC. 16. *Mandatory Age-Appropriate Reproductive Health and Sexuality***

8 ***Education.*** – Age-appropriate Reproductive Health and Sexuality Education shall be  
9 taught by adequately trained teachers in formal and non-formal education system  
10 starting from Grade Five up to Fourth Year High School using life skills and other  
11 approaches. The Reproductive Health and Sexuality Education shall commence at the  
12 start of the school year immediately following one (1) year from the effectivity of this Act  
13 to allow the training of concerned teachers. The Department of Education (DepEd), the  
14 Commission on Higher Education (CHED), the Technical Education and Skills  
15 Development Authority (TESDA), the DSWD, and the DOH shall formulate the  
16 Reproductive Health and Sexuality Education curriculum. Such curriculum shall be  
17 common to both public and private schools, out of school youth, and enrollees in the  
18 Alternative Learning System (ALS) based on, but not limited to, the psychosocial and  
19 the physical wellbeing, the demography and reproductive health, and the legal aspects  
20 of reproductive health.

21 Age-appropriate Reproductive Health and Sexuality Education shall be integrated  
22 in all relevant subjects and shall include, but not limited to, the following topics:

- 23 (a) Values formation;
- 24 (b) Knowledge and skills in self protection against discrimination, sexual  
25 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; and
- 10 (l) Responsible parenthood

11 The DepEd, CHED, DSWD, TESDA, and DOH shall provide concerned parents  
12 with adequate and relevant scientific materials on the age-appropriate topics and  
13 manner of teaching Reproductive Health and Sexuality Education to their children.

14 **SEC. 17. *Additional Duty of the Local Population Officer.*** - Each Local  
15 Population Officer of every city and municipality shall furnish free instructions and  
16 information on responsible parenthood, family planning, breastfeeding, infant nutrition  
17 and other relevant aspects of this Act to all applicants for marriage license. In the  
18 absence of a local Population Officer, a Family Planning Officer under the Local Health  
19 Office shall discharge the additional duty of the Population Officer.

20 **SEC. 18. *Certificate of Compliance.*** - No marriage license shall be issued by  
21 the Local Civil Registrar unless the applicants present a Certificate of Compliance  
22 issued for free by the local Family Planning Office certifying that they had duly received  
23 adequate instructions and information on responsible parenthood, family planning,  
24 breastfeeding and infant nutrition.

1           **SEC. 19. *Capability Building of Barangay Health Workers.*** - Barangay Health  
2 Workers and other community-based health workers shall undergo training on the  
3 promotion of reproductive health and shall receive at least 10% increase in honoraria,  
4 upon successful completion of training.

5           **SEC. 20. *Ideal Family Size.*** – The State shall assist couples, parents and  
6 individuals to achieve their desired family size within the context of responsible  
7 parenthood for sustainable development and encourage them to have two children as  
8 the ideal family size. Attaining the ideal family size is neither mandatory nor compulsory.  
9 No punitive action shall be imposed on parents having more than two children.

10           **SEC. 21. *Employers' Responsibilities.*** – The Department of Labor and  
11 Employment (DOLE) shall ensure that employers respect the reproductive rights of  
12 workers. Consistent with the intent of Article 134 of the Labor Code, employers with  
13 more than two hundred (200) employees shall provide reproductive health services to  
14 all employees in their own respective health facilities. Those with less than two hundred  
15 (200) workers shall enter into partnerships with hospitals, health facilities, or health  
16 professionals in their areas for the delivery of reproductive health services.

17           Employers shall furnish in writing the following information to all employees and  
18 applicants:

19           (a)    The medical and health benefits which workers are entitled to, including  
20 maternity and paternity leave benefits and the availability of family planning services;

21           (b)    The reproductive health hazards associated with work, including those  
22 that may affect their reproductive functions especially pregnant women; and

23           (c)    The availability of health care facilities for workers.

24           Employers are obliged to monitor pregnant working employees among their  
25 workforce and ensure that they are provided paid half-day prenatal medical leave for

1 each month of pregnancy period that the pregnant employee is employed in their  
2 company or organization. These paid prenatal medical leave shall be reimbursable from  
3 the Social Security System (SSS) or the Government Service Insurance System (GSIS),  
4 as the case may be.

5 **SEC. 22. Pro Bono Services for Indigent Women.** - Private and non-  
6 government reproductive health care service providers, including but not limited to  
7 gynecologists and obstetricians, are mandated to provide at least forty-eight (48) hours  
8 annually of reproductive health services, ranging from providing information and  
9 education to rendering medical services, free of charge to indigent and low income  
10 patients, especially to pregnant adolescents. The forty-eight (48) hours annual pro bono  
11 services shall be included as pre-requisite in the accreditation under the PhilHealth.

12 **SEC. 23. Sexual And Reproductive Health Programs For Persons With**  
13 **Disabilities (PWDs).** - The cities and municipalities must ensure that barriers to  
14 reproductive health services for PWDs are obliterated by the following:

15 (a) providing physical access, and resolving transportation and proximity  
16 issues to clinics, hospitals and places where public health education is provided,  
17 contraceptives are sold or distributed or other places where reproductive health services  
18 are provided;

19 (b) adapting examination tables and other laboratory procedures to the needs  
20 and conditions of PWDs,

21 (c) increasing access to information and communication materials on sexual  
22 and reproductive health in braille, large print, simple language, and pictures;

23 (d) providing continuing education and inclusion rights of PWDs among  
24 healthcare providers, and

1 (e) undertaking activities to raise awareness and address misconceptions among  
2 the general public on the stigma and their lack of knowledge on the sexual and  
3 reproductive health needs and rights of PWDs.

4 **SEC. 24. Right to Reproductive Health Care Information.** - The government  
5 shall guarantee the right of any person to provide or receive non-fraudulent information  
6 about the availability of reproductive health care services, including family planning, and  
7 prenatal care.

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

12 **SEC. 25. *Implementing Mechanisms.*** - Pursuant to the herein declared policy,  
13 the DOH and the Local Health Units in cities and municipalities shall serve as the lead  
14 agencies for the implementation of this Act and shall integrate in their regular operations  
15 the following functions:

16 (a) Ensure full and efficient implementation of the Reproductive Health Care  
17 Program;

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

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

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

1 (e) Strengthen the capacities of health regulatory agencies to ensure safe,  
2 legal, effective, quality, accessible and affordable reproductive health services and  
3 commodities with the concurrent strengthening and enforcement of regulatory mandates  
4 and mechanisms;

5 (f) Promulgate a set of minimum reproductive health standards for public  
6 health facilities, which shall be included in the criteria for accreditation. These minimum  
7 reproductive health standards shall provide for the monitoring of pregnant mothers, and  
8 a minimum package of reproductive health programs that shall be available and  
9 affordable at all levels of the public health system except in specialty hospitals where  
10 such services are provided on optional basis.

11 (g) Facilitate the involvement and participation of NGOs and the private sector  
12 in reproductive health care service delivery and in the production, distribution and  
13 delivery of quality reproductive health and family planning supplies and commodities to  
14 make them accessible and affordable to ordinary citizens.

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

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

19 The Commission on Population (POPCOM), as an attached agency of DOH,  
20 shall serve as the coordinating body in the implementation of this Act and shall have the  
21 following functions:

22 (a) Integrate on a continuing basis the interrelated reproductive health and  
23 population development agenda consistent with the herein declared national policy,  
24 taking into account regional and local concerns;

1 (b) Provide the mechanism to ensure active and full participation of the  
2 private sector and the citizenry through their organizations in the planning and  
3 implementation of reproductive health care and population and development programs  
4 and projects; and

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

8 **SEC. 26. Reporting Requirements.** - Before the end of April of each year, the  
9 DOH shall submit an annual report to the President of the Philippines, the President of  
10 the Senate and the Speaker of the House of Representatives (HOR). The report shall  
11 provide a definitive and comprehensive assessment of the implementation of its  
12 programs and those of other government agencies and instrumentalities, civil society  
13 and the private sector and recommend appropriate priorities for executive and  
14 legislative actions. The report shall be printed and distributed to all national agencies,  
15 the LGUs, civil society and the private sector organizations involved in said programs.

16 The annual report shall evaluate the content, implementation and impact of all  
17 policies related to reproductive health and family planning to ensure that such policies  
18 promote, protect and fulfill reproductive health and rights, particularly of parents,  
19 couples and women.

20 **SEC. 27. Congressional Oversight Committee (COC).** - There is hereby  
21 created a COC composed of five (5) members each from the Senate and the HOR. The  
22 members from the Senate and the HOR shall be appointed by the Senate President  
23 and the Speaker, respectively, based on proportional representation of the parties or  
24 coalition therein with at least one (1) member representing the Minority.

1 The COC shall be headed by the respective Chairs of the Committee on Youth,  
2 Women and Family Relations of the Senate and the Committee on Population and  
3 Family Relations of the HOR. The Secretariat of the COC shall come from the existing  
4 Secretariat personnel of the Senate' and of the HOR' committees concerned.

5 The COC shall monitor and ensure the effective implementation of this Act,  
6 determine the inherent weakness and loopholes in the law, recommend the necessary  
7 remedial legislation or administrative measures and perform such other duties and  
8 functions as may be necessary to attain the objectives of this Act.

9 **SEC. 28. Prohibited Acts.** - The following acts are prohibited.

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

11 (1) Knowingly withhold information or restrict the dissemination  
12 thereof, or intentionally provide incorrect information regarding programs  
13 and services on reproductive health, including the right to informed choice  
14 and access to a full range of legal, medically safe and effective family  
15 planning methods;

16 (2) Refuse to perform legal and medically safe reproductive  
17 health procedures on any person of legal age on the ground of lack of  
18 third party consent or authorization. In case of married persons, the  
19 mutual consent of the spouses shall be preferred. However in case of  
20 disagreement, the decision of the one undergoing the procedure shall  
21 prevail. In the case of abused minors where parents or other family  
22 members are the respondent, accused or convicted perpetrators as  
23 certified by the proper prosecutorial office or court, no prior parental  
24 consent shall be necessary; and

1 (3) Refuse to extend health care services and information on  
2 account of the person's marital status, gender, sexual orientation, age,  
3 religion, personal circumstances, or nature of work; *Provided*, That, the  
4 conscientious objection of a healthcare service provider based on his/her  
5 ethical or religious beliefs shall be respected, however, the conscientious  
6 objector shall immediately refer the person seeking such care and  
7 services to another healthcare service provider within the same facility or  
8 one which is conveniently accessible who is willing to provide the requisite  
9 information and services; *Provided, further*, That the person is not in an  
10 emergency condition or serious case as defined under Republic Act (RA)  
11 8344 otherwise known as "An Act Penalizing the Refusal of Hospitals and  
12 Medical Clinics to Administer Appropriate Initial Medical Treatment and  
13 Support in Emergency and Serious Cases".

14 (b) Any public official who, personally or through a subordinate, prohibits or  
15 restricts the delivery of legal and medically safe reproductive health care services,  
16 including family planning; or forces, coerces or induces any person to use such  
17 services.

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

22 (d) Any person who shall falsify a certificate of compliance as required in  
23 Section 15 of this Act; and

24 (e) Any person who maliciously engages in disinformation about the intent or  
25 provisions of this Act.

1           **SEC. 29. Penalties.** - Any violation of this Act or commission of the foregoing  
2 prohibited acts shall be penalized by imprisonment ranging from one (1) month to six (6)  
3 months or a fine of Ten Thousand (P 10,000.00) to Fifty Thousand Pesos (P 50,000.00)  
4 or both such fine and imprisonment at the discretion of the competent court; *Provided*  
5 That, if the offender is a public official or employee, he or she shall suffer the accessory  
6 penalty of dismissal from the government service and forfeiture of retirement benefits. If  
7 the offender is a juridical person, the penalty shall be imposed upon the president or  
8 any responsible officer. An offender who is an alien shall, after service of sentence, be  
9 deported immediately without further proceedings by the Bureau of Immigration.

10           **SEC. 30. Appropriations.** - The amounts appropriated in the current annual  
11 General Appropriations Act (GAA) for Family Health and Responsible Parenting under  
12 the DOH and POPCOM shall be allocated and utilized for the initial implementation of  
13 this Act. Such additional sums necessary to implement this Act, provide for the  
14 upgrading of facilities necessary to meet Basic Emergency and Obstetric Care and  
15 Comprehensive Emergency and Obstetric Care standards, train and deploy skilled  
16 health providers, procure family planning supplies and commodities as provided in Sec.  
17 6, and implement other reproductive health services, shall be included in the  
18 subsequent GAA

19           **SEC. 31. Implementing Rules and Regulations (IRR).** - Within sixty (60) days  
20 from the effectivity of this Act, the Secretary of the DOH shall formulate and adopt  
21 amendments to the existing rules and regulations to carry out the objectives of this Act,  
22 in consultation with the Secretaries of the DepEd, the Department of Interior and Local  
23 Government (DILG), the DOLE, the DSWD, the Director General of the National  
24 Economic and Development Authority (NEDA), and the Commissioner of CHED, the  
25 Executive Director of the Philippine Commission on Women (PCW), and two NGOs or  
Page 22 of 23

1 Peoples' Organizations (POs) for women. Full dissemination of the IRR to the public  
2 shall be ensured.

3 **SEC. 32. *Separability Clause.*** - If any part or provision of this Act is held invalid  
4 or unconstitutional, other provisions not affected thereby shall remain in force and  
5 effect.

6 **SEC. 33. *Repealing Clause.*** - All other laws, decrees, orders, issuances, rules  
7 and regulations which are inconsistent with the provisions of this Act are hereby  
8 repealed, amended or modified accordingly.

9 **SEC. 34. *Effectivity.*** - This Act shall take effect fifteen (15) days after its  
10 publication in at least two (2) newspapers of general circulation.

11 Approved,