

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

FIFTEENTH CONGRESS
FIRST REGULAR SESSION

HOUSE BILL NO. 96

Introduced by **HONORABLE EDCCEL C. LAGMAN**

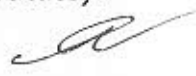
EXPLANATORY NOTE

When the first comprehensive version of the RH bill, House Bill 8110 or "The Integrated Population and Development Act of 1999", was filed in the 11th Congress, the Philippines had a population of roughly 75 million. Today, 10 years later, we hold the dubious distinction of being the 12th most populous country in the world with a population of 94.3 million or a staggering increase of 19.3 million. This would translate to an annual average increase of almost two million every year in a decade.

However, it must be underscored that reproductive health goes beyond a demographic target because it is principally about the right to health and sustainable human development.

The enactment of the RH bill is long overdue because although, reproductive health has long been considered a basic universal human right, this right remains elusive and illusory for millions of Filipinos, especially the poor. Consider the following:

- 2.6 million Filipino women would like to plan their families but lack information and access to do so. (Family Planning Survey 2006)
- The poorest Filipinas are still having an average of 6 children (this is almost 3 times their desired number of children). (FPS 2006)
- 44% of the pregnancies in the poorest quintile are unwanted. (FPS 2006)
- Among the poorest women who would like to avoid pregnancy, at least 41% do not use any contraceptive method because of lack of information or access. (FPS 2006)
- 54% of married women do not want an additional child but 49% of them are not using any form of family planning method (2008 National Demographic and Health Survey).
- 22% of married Filipino women have an unmet need for family planning services (2008 NDHS), an increase by more than one-third since the 2003 NDHS.
- Only 67% of all births in the Philippines are planned. The rest are either mistimed or unwanted (NDHS 2008).
- Women want fewer children than what they actually have. The total wanted fertility in the country of 2.4 children is 27% lower than the actual total fertility rate of 3.3 children (NDHS 2008).
- 42% of women consider a two-child family as the ideal family size (2008 NDHS).
- Correct and consistent use of contraceptives will prevent one-third of all maternal deaths and family planning helps prevent 1 million infant deaths worldwide (WHO and UNFPA)
- Precise and regular use of contraceptives can decrease abortion rates by as much as 85% (Allan Guttmacher Institute).



The proposed bill is pro-poor, pro-women and pro-life. Its principal beneficiaries will be the poorest of the poor and the marginalized. Reproductive health and family planning significantly improves maternal health and lowers maternal morbidity. Having the ability to plan and space children will afford women more employment and educational opportunities and will significantly lower abortion rates. The bill will also prevent infant and child deaths. Family planning will likewise mean larger investments in children's health and education and better health outcomes for children. With resultant lower maternal and infant deaths and capacity for more investments in health and education, RH is definitely pro-life.

The RH bill aims to achieve the following primary objectives:

First, it will help give parents the opportunity to exercise their right to freely and responsibly plan the number and spacing of their children. The bill is truly rights-based. It mandates the provision of all forms of family planning, both modern natural and artificial, to women and couples as long as they are legal and medically-safe, and truly effective. However, the acceptance and adoption of family planning is the option and decision of parents and couples, particularly of women.

Second, it will help improve maternal, newborn and child health and nutrition and reduce maternal, infant and child mortality. The bill is primarily a health measure. It will promote maternal and infant health even as it will help prevent the deaths of thousands of mothers and babies annually. The death of 500,000 women worldwide annually due to complications related to pregnancy and childbirth is both an aberration and a gross social injustice. In the Philippines 11 mothers die daily. The RH bill supports the attainment by the country of our MDG commitments on reduction of infant mortality, improvement of maternal health and universal access to family planning.

Third, the RH bill will give women more opportunities to finish their education and secure productive work by freeing them from unremitting pregnancies. Access to family planning information and services ensures maternal health and allows women to pursue opportunities in education and employment and thus will enhance their social and economic status and that of their families. The RH bill will help women become self-reliant and acquire self-esteem.

Fourth, it will help reduce poverty and achieve sustainable human development. It is necessary to enact a national policy on reproductive health because it is an indispensable development tool. Family planning and mitigation of our population growth rate must be allied components of the development agenda.

Fifth, the RH bill will most definitely help lower the incidence of abortion by preventing unplanned, mistimed and unwanted pregnancies which are the ones usually terminated.

Sixth, promotion of reproductive health is cost effective. It is much less expensive than the mega projects of government but has more beneficiaries. The improvement of maternal and infant health and reduction of maternal and infant mortality will generate savings for the government which could be channeled to education and other basic services. The UNICEF asserts that "family planning could bring more benefits to more people at less cost than any other single technology now available to the human race." (UNICEF State of the World's Children Report, 1992)



This measure is anchored on the principle that everyone has the right to reproductive self-determination – meaning the right to decide when and how often one becomes a parent or the right not to be a parent at all.

Should a couple decide that they want to plan and space their children, the State must be able to provide them with relevant and timely information on all methods of family planning which are legal and medically-safe. Once the couple has decided on the method best suited to their needs, personal convictions and religious beliefs, then the State must once again be prepared and equipped to provide them with quality reproductive health and family planning services.

Moreover, should a woman, who bears the brunt of pregnancy and childbirth decide to become a mother, the State must be able to provide her with the services she needs for safe motherhood.

At the heart of the bill is freedom of informed choice. Neither the State nor the Church has the authority to compel the people or the faithful what family planning method to adopt. The choice belongs to parents and couples, particularly to women who have the inherent right over their own bodies.

Consequently, this bill seeks to provide the enabling environment for couples and individuals to enjoy the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and access to safe, effective, affordable and acceptable methods of family planning of their choice.

The experience of our Asian neighbors clearly shows that a government-funded family planning program together with a comprehensive, health-based, rights-anchored and development-oriented policy on RH and population and development are crucial components in poverty reduction programs and a sound and sensible economic policy.

We cannot address adequately the problem of poverty and its attendant manifestations of poor health, crippling ignorance, widespread hunger, continuing unemployment, scarce mass housing and threatened environment if we do not squarely address the problem of a bloated population and high and unwanted fertility. Experts all agree that sustainable socio-economic development cannot be achieved if the issue of population is ignored or addressed separately from the issues of development and poverty.

Congress should not renege on its duty to enact laws that will protect and promote the right of Filipinos to overall health and well-being and sustainable human development.

Accordingly, approval of this measure is earnestly sought.



EDCEL C. LAGMAN

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 96

Introduced by: **HONORABLE EDCCEL C. LAGMAN**

AN ACT
PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH,
RESPONSIBLE PARENTHOOD 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:

SECTION. 1. Title. - This Act shall be known as the ***"The Reproductive Health and Population and Development Act of 2010."***

SEC. 2. - Declaration of Policy.- The State recognizes and guarantees the exercise of the universal basic human right to reproductive health by all persons, particularly of parents, couples and women, consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood.

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

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

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

SEC. 3. Guiding Principles. - This Act declares the following as guiding principles:

- a. The right to make free and informed decisions, which is central to the exercise of any right shall not be subjected to any form of restraint or coercion, and free exercise must be fully guaranteed by the State like the right itself.
- b. Respect for, protection and fulfillment of reproductive health and rights seek to promote not only the rights and welfare of adult individuals and couples but those of adolescents and children as well.

- c. Since human resource is a principal asset of the country, effective reproductive health care services must be given primacy to ensure maternal health, birth of healthy children and their full human development and responsible parenting.
- d. The provision of accessible, affordable and effective reproductive health care services is essential in the promotion of people's right to health.
- e. The State shall promote, without bias, all modern natural and artificial methods of family planning that are medically safe, legal and effective.
- f. The State shall promote a program that: (1) enables individuals and couples to have the number of children they desire with due consideration to the health of women and resources available to them; (2) achieves equitable allocation and utilization of resources; (3) ensures effective partnership among the national government, local government units and the private sector in the design, implementation, coordination, integration, monitoring and evaluation of people-centered programs to enhance quality of life and environmental protection; and (4) conducts studies to analyze demographic trends towards sustainable human development.
- g. The provision of reproductive health care and information shall be the joint responsibility of the National Government and Local Government Units.
- h. Active participation by non-government, women's, people's, civil society organizations and communities is crucial to ensure that reproductive health and population and development policies, plans, and programs will address the priority needs of the poor, especially women.
- i. While nothing in this Act changes the law against abortion, the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner.
- j. Reproductive health goes beyond a demographic target because it is principally about health and rights.
- k. Gender equality and women empowerment are central elements of reproductive health and population and development.
- l. The limited resources of the country cannot be suffered to be spread so thinly to service a burgeoning multitude that makes the allocations grossly inadequate and effectively meaningless.

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

- 1. **Adolescence** - refers to a life stage of persons aged 10 to 19.
- 2. **Adolescent Sexuality** - refers to, among others, the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings.
- 3. **AIDS (Acquired Immune Deficiency Syndrome)** - refers to a condition characterized by a combination of signs and symptoms, caused

by *Human Immunodeficiency Virus* (HIV) which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.

4. **Anti-Retroviral Medicines (ARVs)** - Antiretroviral drugs are medications for the treatment of infection by retroviruses, primarily HIV.
5. **Basic Emergency Obstetric Care** – refers to lifesaving services for maternal complications being provided by a health facility or professional, which must include the following six signal functions: administration of parenteral antibiotics; administration of parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia and eclampsia; manual removal of placenta; removal of retained products; and assisted vaginal delivery.
6. **Comprehensive Emergency Obstetric Care** – refers to basic emergency obstetric care including performance of caesarian section and blood transfusion.
7. **Employer** – refers to any natural or juridical person who hires the services of a worker. The term shall not include any labor organization or any of its officers or agents except when acting as an employer.
8. **Family Planning** - refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children, acquire relevant information, and have access to a full range of safe, legal, affordable and effective modern natural and artificial methods of preventing and spacing pregnancy.
9. **Gender Equality** – refers to the absence of discrimination on the basis of a person's sex, sexual orientation and gender identity in opportunities, allocation of resources or benefits and access to services.
10. **Gender Equity** – refers to fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to end existing inequalities.
11. **Healthcare Service Providers** - refers to (a) health care institution, which is duly licensed and accredited and devoted primarily to the maintenance and operation of facilities for health promotion, disease prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care; ((b) a health care professional, who is a doctor of medicine, nurse, or midwife; (c) public health worker engaged in the delivery of health care services; and (d) barangay health worker who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).
12. **HIV (Human Immunodeficiency Virus)** – refers to the virus which causes AIDS.

- 13. Male Responsibility** - refers to the involvement, commitment, accountability, and responsibility of males in relation to women in all areas of sexual and reproductive health as well as the protection and promotion of reproductive health concerns specific to men.
- 14. Maternal Death Review** - refers to a qualitative and in-depth study of the causes of maternal death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies.
- 15. Modern Methods of Family Planning** – refers to safe, effective and legal methods to prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom, ligation, vasectomy, and modern natural family planning methods which include mucus, Billings, ovulation, lactational amenorrhea, basal body temperature, and Standard Days methods.
- 16. People Living with HIV (PLWH)** – refers to individuals whose HIV tests indicate that they are infected with HIV.
- 17. Population and Development** - refers to a program that aims to: (1) help couples and parents achieve their desired family size; (2) improve reproductive health of individuals by addressing reproductive health problems; (3) contribute to decreased maternal and infant mortality rates and early child mortality; (4) reduce incidence of teenage pregnancy; (5) enable government to achieve a balanced population distribution; and (6) recognize the linkage between population and sustainable human development.
- 18. Reproductive Health** – refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to enjoy responsible and safe sex, that they have the capability to have children and the freedom to decide if, when and how often to do so. This further implies that women and men attain equal relationships in matters related to sexuality and reproduction.
- 19. Reproductive Health Care** - the access to a full range of methods, techniques, facilities and services that contribute to reproductive health and well-being by preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include:
 - a. maternal, infant and child health and nutrition, including breastfeeding
 - b. family planning information and services;
 - c. proscription of abortion and management of abortion complications;
 - d. adolescent and youth reproductive health;
 - e. prevention and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);
 - f. elimination of violence against women;
 - g. education and counseling on sexuality and reproductive health;
 - h. treatment of breast and reproductive tract cancers and other

- gynecological conditions and disorders;
- i. male responsibility and participation in reproductive health;
- j. prevention and treatment of infertility and sexual dysfunction; and
- k. reproductive health education for the youth.

20. **Reproductive Health Care Program** – refers to the systematic and integrated provision of reproductive health care to all citizens especially the poor, marginalized and those in vulnerable situations.
21. **Reproductive Health Rights** - the rights of individuals and couples to decide freely and responsibly whether or not to have children; to determine the number, spacing and timing of their children; to make allied decisions concerning reproduction free of discrimination, coercion and violence; to have relevant information; and to attain the highest condition of sexual and reproductive health.
22. **Reproductive Health and Sexuality Education** – refers to a lifelong learning process of providing and acquiring complete, accurate and relevant information and education on reproductive health and sexuality through life skills education and other approaches.
23. **Reproductive Tract Infection (RTI)** – refers to sexually transmitted infections, and other types of infections affecting the reproductive system.
24. **Responsible Parenthood** – refers to the will, ability and commitment of parents to adequately respond to the needs and aspirations of the family and children by responsibly and freely exercising their reproductive health rights.
25. **Sexually Transmitted Infections (STIs)** – refers to any infection that may be acquired or passed on through sexual contact.
26. **Skilled Attendant** – an accredited health professional - such as a midwife, doctor or nurse - who has been educated and trained to develop proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns; traditional birth attendants or traditional midwives - trained or not - are excluded from this category.
27. **Skilled Birth Attendance** – childbirth managed by a skilled attendant plus the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral facilities for emergency obstetric care.
28. **Sustainable Human Development** – refers to bringing people, particularly the poor and vulnerable, to the center of development process, the central purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and productive lives, and done in a manner that promotes their rights and protects the life opportunities of future generations and the natural ecosystem on which all life depends.

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

SEC. 6. *Emergency Obstetric Care.* - Each province and city, with the assistance of the DOH, shall establish or upgrade hospitals with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric care. For every 500,000 population, there shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic emergency obstetric care; *Provided*, That people in geographically isolated and depressed areas shall be provided the same level of access.

SEC. 7. *Access to Family Planning.* All accredited health facilities shall provide a full range of modern family planning methods, except in specialty hospitals which may render such services on optional basis. For poor patients, such services shall be fully covered by PhilHealth Insurance and/or government financial assistance.

After the use of any PhilHealth benefit involving childbirth and all other pregnancy-related services, if the beneficiary wishes to space or prevent her next pregnancy, PhilHealth shall pay for the full cost of family planning for the next three (3) years. The benefit payments shall be channeled to appropriate local or national government health facilities.

SEC. 8. *Maternal Death Review.* - All Local Government Units (LGUs), national and local government hospitals, and other public health units shall conduct annual maternal death review in accordance with the guidelines set by the DOH.

SEC. 9. *Family Planning Supplies as Essential Medicines.* - Hormonal contraceptives, intrauterine devices, injectables and other safe and effective family planning products and supplies shall be part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health units.

SEC. 10. *Procurement and Distribution of Family Planning Supplies.* - The DOH shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family planning supplies for the whole country. The DOH shall coordinate with all appropriate LGU bodies to plan and implement this procurement and distribution program. The supply and budget allotments shall be based on, among others, the current levels and projections of the following:

- a. number of women of reproductive age and couples who want to space or limit their children;
- b. contraceptive prevalence rate, by type of method used; and
- c. cost of family planning supplies.

SEC. 11. *Benefits for Serious and Life-Threatening Reproductive Health Conditions.* - All serious and life threatening reproductive health conditions such as HIV and AIDS, breast and reproductive tract cancers, and obstetric complications shall be given the maximum benefits as provided by PhilHealth programs.

SEC. 12. Mobile Health Care Service. - Each Congressional District shall be provided with at least one Mobile Health Care Service (MHCS) in the form of a van or other means of transportation appropriate to coastal or mountainous areas. The MHCS shall deliver health care goods and services to constituents, more particularly to the poor and needy, and shall be used to disseminate knowledge and information on reproductive health. The purchase of the MHCS shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District. The operation and maintenance of the MHCS shall be subject to an agreement entered into between the district representative and the recipient focal municipality or city. The MHCS shall be operated by skilled health providers and adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including, but not limited to, a television set for audio-visual presentations. All MHCS shall be operated by a focal city or municipality within a congressional district.

SEC. 13. Mandatory Age-Appropriate Reproductive Health and Sexuality Education. - Age-appropriate Reproductive Health and Sexuality Education shall be taught by adequately trained teachers in formal and non-formal educational system starting from Grade Five up to Fourth Year High School using life-skills and other approaches. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year from the effectivity of this Act to allow the training of concerned teachers. The Department of Education (DEPED), Commission on Higher Education (CHED), TESDA, Department of Social Welfare and Development (DSWD), and the Department of Health (DOH) shall formulate the RH and Sexuality Education curriculum. Such curriculum shall be common to both public and private schools, out of school youth, and enrollees in the Alternative Learning System (ALS) based on, but not limited to, the following contents: psycho-social wellbeing, legal aspects of RH, demography and RH and physical wellbeing.

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

- a. Values formation;
- b. Knowledge and skills in self protection against discrimination, sexual violence and abuse, and teen pregnancy;
- c. Physical, social and emotional changes in adolescents;
- d. Children's and women's rights;
- e. Fertility awareness;
- f. STI, HIV and AIDS;
- g. Population and development;
- h. Responsible relationship;
- i. Family planning methods;
- j. Proscription and hazards of abortion;
- k. Gender and development; and
- l. Responsible parenthood.

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

SEC. 14. Additional Duty of Family Planning Office. - Each local Family Planning Office shall furnish free instructions and information on family planning, responsible parenthood, breastfeeding and infant nutrition to all applicants for marriage license.

SEC. 15. *Certificate of Compliance.* – No marriage license shall be issued by the Local Civil Registrar unless the applicants present a Certificate of Compliance issued for free by the local Family Planning Office certifying that they had duly received adequate instructions and information on family planning, responsible parenthood, breastfeeding and infant nutrition.

SEC. 16. *Capability Building of Barangay Health Workers.* - Barangay Health Workers and other community-based health workers shall undergo training on the promotion of reproductive health and shall receive at least 10% increase in honoraria, provided that those receiving less than P1,000 monthly shall receive at least 20% increase upon successful completion of training. This increase in honoraria shall be funded from the Gender and Development (GAD) budget and from the national fund on Financial Assistance to Local Government Units or its equivalent as provided for in the annual General Appropriations Act.

SEC. 17. *Ideal Family Size.* – The State shall assist couples, parents and individuals to achieve their desired family size within the context of responsible parenthood for sustainable development and encourage them to have two children as the ideal family size. Attaining the ideal family size is neither mandatory nor compulsory. No punitive action shall be imposed on parents having more than two children.

SEC. 18. *Employers' Responsibilities.* – The Department of Labor and Employment (DOLE) shall ensure that employers respect the reproductive rights of workers. Consistent with the intent of Article 134 of the Labor Code, employers with more than 200 employees shall provide reproductive health services to all employees in their own respective health facilities. Those with less than 200 workers shall enter into partnerships with hospitals, health facilities, and/or health professionals in their areas for the delivery of reproductive health services.

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

- a. The medical and health benefits which workers are entitled to, including maternity and paternity leave benefits and the availability of family planning services;
- b. The reproductive health hazards associated with work, including hazards that may affect their reproductive functions especially pregnant women; and
- c. The availability of health facilities for workers.

SEC. 19. *Multi-Media Campaign.* - The DOH shall initiate and sustain a heightened nationwide multi-media campaign to raise the level of public awareness of the protection and promotion of reproductive health and rights including family planning and population and development.

SEC. 20. *Implementing Mechanisms.* – Pursuant to the herein declared policy, the DOH and the Local Health Units in cities and municipalities shall serve as the lead agencies for the implementation of this Act and shall integrate in their regular operations the following functions:

- a. Ensure full and efficient implementation of the Reproductive Health Care Program;
- b. Ensure people's access to medically safe, legal, effective, quality and affordable reproductive health goods and services;

- c. Ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and that service providers are adequately trained for such reproductive health care delivery;
- d. Take active steps to expand the coverage of the National Health Insurance Program (NHIP), especially among poor and marginalized women, to include the full range of reproductive health services and supplies as health insurance benefits;
- e. Strengthen the capacities of health regulatory agencies to ensure safe, legal, effective, quality, accessible and affordable reproductive health services and commodities with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- f. Facilitate the involvement and participation of non-government organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
- g. Furnish local government units with appropriate information and resources to keep them updated on current studies and researches relating to family planning, responsible parenthood, breastfeeding and infant nutrition; and
- h. Perform such other functions necessary to attain the purposes of this Act.

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

- a. Integrate on a continuing basis the interrelated reproductive health and population development agenda consistent with the herein declared national policy, taking into account regional and local concerns;
- b. Provide the mechanism to ensure active and full participation of the private sector and the citizenry through their organizations in the planning and implementation of reproductive health care and population and development programs and projects;
- c. Conduct sustained and effective information drives on sustainable human development and on all methods of family planning to prevent unintended, unplanned and mistimed pregnancies.

SEC. 21. Reporting Requirements. - Before the end of April of each year, the DOH shall submit an annual report to the President of the Philippines, the President of the Senate and the Speaker of the House of Representatives. The report shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other Government agencies and instrumentalities, civil society and the private sector and recommend appropriate priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, civil society and the private sector organizations involved in said programs.

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

SEC. 22. Prohibited Acts. -The following acts are prohibited:

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

1. Knowingly withhold information or restrict the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health, including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods;
 2. Refuse to perform legal and medically-safe reproductive health procedures on any person of legal age on the ground of lack of third party consent or authorization. In case of married persons, the mutual consent of the spouses shall be preferred. However in case of disagreement, the decision of the one undergoing the procedure shall prevail. In the case of abused minors where parents and/or other family members are the perpetrators as certified to by the Department of Social Welfare and Development (DSWD), no prior parental consent shall be necessary; and
 3. Refuse to extend health care services and information on account of the person's marital status, gender, sexual orientation, age, religion, personal circumstances, or nature of work; *Provided, That*, the conscientious objection of a healthcare service provider based on his/her ethical or religious beliefs shall be respected; however, the conscientious objector shall immediately refer the person seeking such care and services to another healthcare service provider within the same facility or one which is conveniently accessible; *Provided, further*, That the person is not in an emergency condition or serious case as defined in RA 8344 penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases.
- b) Any public official who, personally or through a subordinate, prohibits or restricts the delivery of legal and medically-safe reproductive health care services, including family planning; or forces, coerces or induces any person to use such services.
- c) Any employer or his representative who shall require an employee or applicant, as a condition for employment or continued employment, to undergo sterilization or use or not use any family planning method; neither shall pregnancy be a ground for non-hiring or termination of employment.
- d) Any person who shall falsify a certificate of compliance as required in Section 15 of this Act; and
- e) Any person who maliciously engages in disinformation about the intent or provisions of this Act.

SEC. 23. Penalties. - Any commission of the foregoing prohibited acts or violation of this Act shall be penalized by imprisonment ranging from one (1) month to six (6) months or a fine of Ten Thousand (P 10,000.00) to Fifty Thousand Pesos (P 50,000.00) or both such fine and imprisonment at the discretion of the competent court; *Provided That*, if the offender is a public official or employee, he or she shall suffer the accessory penalty of dismissal from the government service and forfeiture of retirement benefits. If the offender is a juridical person, the penalty shall be imposed upon the president or any responsible officer. An offender who is an alien shall, after service of sentence, be deported immediately without further proceedings by the Bureau of Immigration.

SEC. 24. Appropriations. - The amounts appropriated in the current annual General Appropriations Act for reproductive health and natural and artificial family planning under the DOH and POPCOM and other concerned agencies shall be allocated and utilized for the initial implementation of this Act. Such additional sums necessary to implement this Act; provide for the upgrading of facilities necessary to meet Basic Emergency Obstetric Care and Comprehensive Emergency Obstetric Care standards; train and deploy skilled health providers; procure family planning supplies and commodities as provided in Sec. 10; and implement other reproductive health services, shall be included in the subsequent years' General Appropriations Acts.

SEC. 25. Implementing Rules and Regulations. - Within thirty (30) days from the effectivity of this Act, the Department of Health, National Economic and Development Authority, Department of Education, and the Department of Social Welfare and Development, in sustained and meaningful consultation with non-government, women's, people's, and civil society organizations, shall jointly promulgate, the rules and regulations for the effective implementation of this Act. At least 30% of the members of the drafting committee shall come from aforesaid organizations. Full dissemination of the Implementing Rules and Regulations to the public shall be ensured.

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

SEC. 27. Repealing Clause. All other laws, decrees, orders, issuances, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 28. Effectivity. - This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,