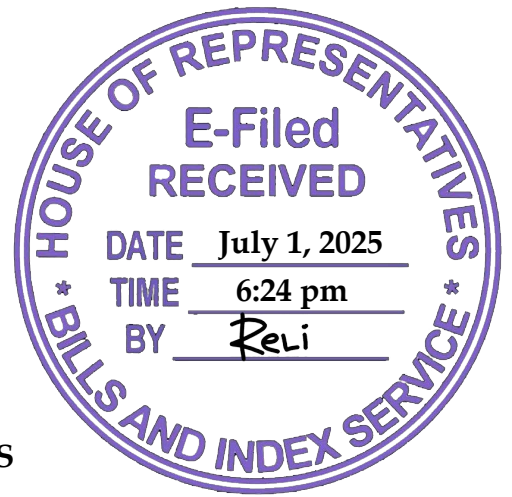




Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Batasan Hills, Quezon City

**TWENTIETH CONGRESS**  
First Regular Session

**HOUSE BILL NO. 1037**



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Introduced by 4Ps Partylist Representative  
**JC M. ABALOS**

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#### **EXPLANATORY NOTE**

Recent advancements in Assisted Reproductive Technology (ART) and the increasing prevalence of surrogacy arrangements have presented both opportunities and challenges in addressing infertility and reproductive health issues globally. A study on Global Fertility care with assisted reproductive technology stated that, in 2018 alone, approximately 670,000 infants were born through ART. Since its inception in 1978, it is estimated that around 60 million ART cycles have been performed globally, resulting in the birth of approximately 10 million infants. These procedures are now practiced in over 100 countries worldwide, showing its increasing use in reproductive healthcare.

However, the Philippines is one of the countries that lacks a regulatory framework for ART and surrogacy practices, leaving them susceptible to abuse, exploitation, and unethical conduct. Notably, besides having no specific laws or regulations governing surrogacy in the country, the Family Code of the Philippines only recognizes artificial insemination in the context of reproduction and fertility treatments. This exposes the ART and surrogacy procedures to potential risks, including the exploitation of surrogate mothers, particularly those from

economically disadvantaged backgrounds, and the unchecked commercialization of gametes.

Moreover, the rights of children born through these technologies are also at risk. As emphasized in the United Nations Convention on the Rights of the Child, every child, including those born through ART or surrogacy, has the inherent right to citizenship, identity, and parental care. The United Nations Children's Fund (UNICEF) has highlighted the need for regulation in this area, noting that while ART and surrogacy offer hope to intending couples and individuals, the unregulated nature has led to compromised surrogate rights, endangered child welfare, and exploitation of the mother and child by intermediaries.

In the Philippines, instances of unsafe medical practices, human trafficking, and unscrupulous surrogacy arrangements have already occurred, further underscoring the urgent need for legal intervention. Thus, this proposed measure seeks to address these concerns by establishing a comprehensive legal framework to regulate ART and surrogacy practices in the country. It aims to ensure that these practices are conducted ethically, safely, and with respect for the rights and welfare of all parties involved, including intended parents, surrogates, and most importantly, the children born through these procedures. The bill also proposes the creation of a dedicated regulatory body to oversee and enforce the standards and regulations governing ART and surrogacy in the country. Considering the increasing popularity of ART and surrogacy practices and the pressing need for appropriate regulation, this bill is both timely and necessary.

Therefore, the immediate passage of this measure is earnestly sought.



**JC M. ABALOS**  
*Representative*  
*4Ps Partylist*



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**AN ACT PROVIDING FOR THE FRAMEWORK FOR THE CONDUCT AND  
REGULATION OF ASSISTED REPRODUCTIVE TECHNOLOGY (ART) AND  
SURROGACY PROCEDURES, AND APPROPRIATING FUNDS THEREFOR**

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

**SECTION 1. *Short Title.*** – This Act shall be known as the “*Assisted  
Reproductive Technology and Surrogacy Regulation Act of 2024*”.

**SEC. 2. *Declaration of Principles.*** – The State recognizes the right of every individual and couple to reproduce and start their own families, as enshrined in the Philippine Constitution and international human rights standards. In pursuance of this, the State is duty-bound to assist spouses to found and complete a family in accordance with their religious convictions and the use of human reproductive materials subject to the health regulations and ethical considerations as provided under this Act shall be for the sole purpose of procreation.

The State shall equally protect the life of the mother and the life of the unborn from conception. In consonance with this, the State shall accord the unborn the basic right to life, to the protection of his or her welfare and against all acts which may place the unborn child in danger of being harmed, injured, or killed, bearing in mind that the unborn is totally incapable of protecting itself.

**SEC. 3. Definition of Terms.** – Unless, otherwise, defined elsewhere in this Act, the following words or phrases shall mean:

- (a) *Advertisement* is any form of presentation, communication, or making available to the public with the intent to inform, disseminate, or circulate information regarding Assisted Reproductive Technology (ART) or surrogacy through any means, including but not limited to, mass media, digital media, notices, print forms, broadcasts, electronic communications, or visible representations.
- (b) *Altruistic surrogacy* is a surrogacy arrangement that does not involve any reward, charges, fees, remuneration, or monetary incentive of any kind, except for the medical expenses and other prescribed expenses incurred during the surrogacy process, which may include, but not limited to, those associated with the pregnancy or birth, assessments or expert advice related to the arrangement or achieving pregnancy of the surrogate, medical expenses, lost earnings due to leave of absence taken for medical reasons during the pregnancy of the surrogate, and reasonable expenses for psychological counseling;
- (c) *Artificial insemination* is the procedure of artificially transferring the husband or donor's semen into the reproductive tract of his wife;
- (d) *Assisted reproductive technology (ART)*, with its grammatical variations and cognate expressions, is all techniques that attempt to obtain a pregnancy by handling the sperm or the oocyte outside the human body and transferring the gamete or the embryo into the reproductive system of a woman;
- (e) *Assisted reproductive technology bank* is an entity or organization that is set up to supply sperm or semen, oocytes or oocyte donors to the assisted reproductive technology clinics or their patients;
- (f) *Assisted reproductive technology clinic* is any clinic or laboratory that is equipped with requisite facilities, recognized reproductive medicine specialists and medical practitioners registered with the Assisted Reproductive Technology and Surrogacy Regulation Commission for carrying out the procedures related to the assisted reproductive technology;
- (g) *Child* is any individual born into or through the use of ART or surrogacy procedure who shall be deemed the biological child of the eligible couple and shall be entitled to all rights and privileges of a natural child under existing laws.

- (h) *Commercial surrogacy* is the commercialization of surrogacy services or procedures, or any component thereof, where the surrogate, surrogate's dependents, representatives, or any person involved in the surrogacy process, receives any payment or valuable consideration beyond the medical and prescribed expenses incurred, including, but not limited to, the sale or purchase of human embryos or gametes, or the selling, buying, or trading of surrogacy services through the provision of payment, reward, benefit, fees, remuneration, or monetary incentive in cash or kind to the surrogate, her dependents, her representatives, or any person participating in the surrogacy process.
- (i) *Eligible couple* is a couple, either married or in a de facto relationship, whereby both individuals are at least twenty-five years old, and granted a document by the Commission declaring their eligibility to undergo ART or surrogacy as provided by Section 10 of this act;
- (j) *Cryo-preserve* is the freezing and storing of gametes, zygotes, and embryos;
- (k) *Egg* refers to the female gamete;
- (l) *Embryo* refers to a developing or developed organism after fertilization until fifty-five days thereafter;
- (m) *Embryologist* is a person who possesses any postgraduate medical qualification or doctoral degree in the field of embryology or clinical embryology from a recognized university with not less than two years of clinical experience;
- (n) *Fertilization* is the penetration of the ovum by the spermatozoon and fusion of genetic materials resulting in the development of a zygote;
- (o) *Fetus* refers to a human organism during the period of its development beginning on the fifth-seventh day following fertilization and ending at birth or abortion;
- (p) *Gamete* refers to the sperm or the oocyte;
- (q) *Gamete donor* is a person, related or unrelated to the eligible couple, who provides sperm or oocyte with the objective of enabling an infertile couple to have a child;

- (r) *Gestational surrogacy* is the practice whereby a surrogate carries to full term a child not genetically related to her, through the implantation of an embryo in the surrogate's womb from either the gamete of the eligible couple or a donor;
- (s) *Human deoxyribonucleic acid* (DNA) is the molecule responsible for carrying genetic information essential for the development and functioning of an organism;
- (t) *Implantation* refers to the attachment and subsequent penetration by the zona-free blastocyst which starts five to seven days following fertilization;
- (u) *Infertility* is the inability of an individual to conceive after one year of unprotected coitus or other proven medical condition preventing a couple from conception;
- (v) *Insurance* refers to an arrangement by which a company or insurer provides the eligible couple a guarantee of compensation for specified loss, damage, complication, or death of oocyte donor during the process of oocyte retrieval or medical expenses, health issues, specified loss, damage, illness or death of surrogate and such other prescribed expenditures incurred during the process of ART or surrogacy;
- (w) *Intending couple* is a couple who, due to infertility or inability to conceive, formally submits to the Commission their application for eligibility to undergo ART or surrogacy procedure;
- (x) *Oocyte* refers to the naturally ovulating female gamete in the female reproductive system;
- (y) *Parties* includes the eligible couple and surrogate or gamete donors;
- (z) *Pre-implantation genetic diagnosis* is the genetic diagnosis when one or both genetic parents has a known genetic abnormality and testing is performed on an embryo to determine if it also carries a genetic abnormality;
- (aa) *Pre-implantation genetic testing* is a technique used to identify genetic defects in embryos created through in-vitro fertilization before pregnancy;
- (bb) *Registered medical practitioner* is a medical practitioner who possesses all medical qualifications as certified by the Philippine College of Physicians and Professional Regulation Commission;

- (cc) *Retrieval* is a procedure of removing oocytes from the ovaries of a woman;
- (dd) *Sperm* refers to the mature male gamete;
- (ee) *Surrogacy* is the practice whereby a surrogate carries and gives birth to a child for an eligible couple, with the intent of relinquishing custody and parental rights of the child to the eligible couple immediately following birth;
- (ff) *Surrogacy clinic* is a center or laboratory conducting surrogacy services, in vitro fertilization services, genetic counseling, genetic laboratory, any clinical establishment, by whatever name called, conducting surrogacy procedures in any form;
- (gg) *Surrogacy procedures* are all gynecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy;
- (hh) *Surrogate* is a woman who meets the conditions set forth by the Commission and agrees to carry a child in her womb for the eligible couple, through gestational or traditional surrogacy, until the birth of the child;
- (ii) Traditional surrogacy is a practice whereby the surrogate, whose egg cell is fertilized with the gamete of either the intending father or a gamete donor, carries to full term a child for the eligible couple; and
- (jj) *Zygote* means the fertilized oocyte before the first cell division.

**SEC. 4. *Assisted Reproductive Technology and Surrogacy Regulation Commission.*** – There is hereby created a three-member commission to be known as the Assisted Reproductive Technology and Surrogacy Regulation Commission, hereinafter referred to as the Commission, which shall be attached to the Department of Health (DOH) for general direction and coordination.

**SEC. 5. *Composition.*** – The Commission shall be headed by one (1) full-time Chairperson and two (2) full-time Commissioners, all appointed by the President for a term of seven (7) years, without reappointment, starting from the time they assume office. Appointments to a vacancy occurring before the expiration of a Commissioner's term shall cover only the unexpired term of the immediate predecessor. Upon the expiration of the Chairperson's term, the most senior Commissioner shall temporarily assume and perform the duties and functions of the Chairperson until a permanent Chairperson is appointed by the President.

The Chairperson or Commissioner shall be at least forty (40) years of age, hold a valid certificate of registration/professional license and a valid professional identification card, or a valid certificate of competency issued by the Philippine Society for Reproductive Medicine, have at least five (5) years of experience, and have distinguished themselves in Assisted Reproductive Technology and/or Surrogacy practice.

**SEC. 6. *Exercise of Powers and Functions of the Commission.*** – The Chairperson and members of the Commission shall sit and act as a body to exercise the general administrative, executive, and policy-making functions of the Commission.

The Chairperson shall serve as the presiding officer and chief executive officer of the Commission. As the presiding officer, he/she shall oversee the meetings of the Commission acting as a collegial body. As the chief executive officer, he/she shall be responsible for implementing the policies and programs adopted by the Commission for its general administration. He/she shall perform such other activities as are necessary for the effective exercise of the powers, functions, and responsibilities of the Commission.

**SEC. 7. *Compensation and Other Benefits.*** – The Chairperson shall receive compensation and allowances equivalent to that of an Undersecretary, while the Commissioners shall receive compensation and allowances equivalent to that of an Assistant Secretary. The Chairperson and the members of the Commission shall be entitled to retirement benefits.

**SEC. 8. *Powers, Functions and Responsibilities of the Commission.*** – The powers, functions, and responsibilities of the Commission are as follows:

- (a) To administer, implement and enforce the regulatory policies of the national government with respect to the conduct of assisted reproductive technology or surrogacy procedures including the enhancement and maintenance of professional and occupational standards and ethics and the enforcement of the rules and regulations relative thereto;
- (b) To perform any and all acts, enter into contracts, make such rules and regulations and issue such orders and other administrative issuance as may be necessary in the execution and implementation of its functions and the improvement of its services;



- (c) To issue licenses and permits to assisted reproductive technology or surrogacy clinics and banks in accordance with the rules and regulations promulgated by the Commission;
- (d) To have custody of all the records of the Assisted Reproductive Technology and Surrogacy clinics and banks including minutes of deliberation, records of administrative cases and investigations for control and disposition;
- (e) To determine and fix the amount of fees to be charged and collected for registration, certification, docket, appeal, replacement, accreditation, including surcharges and other fees or to charge and collect reasonable fees;
- (f) To appoint, subject to Civil Service laws, rules, and regulations, officials and employees of the Commission who are necessary for the effective performance of its functions and responsibilities; prescribe their duties and fix their compensation and allowances including other fringe benefits; and to assign and/or reassign personnel as the exigency of the service requires subject to the Civil Service laws, rules and regulations; and to organize or reorganize the structure of the Commission; and create or abolish positions or change the designation of existing positions in accordance with a staffing pattern prepared by it and approved by the Office of the President upon the recommendation of the Department of Budget and Management (DBM) to meet the changing conditions or as the need arises: *Provided*, that, such changes shall not affect the employment status of the incumbents, reduce their ranks and/or salaries nor shall result in their separate from the service;
- (g) To supervise foreign nationals who are authorized by existing laws to practice their professions either as holders of a certificate of registration and a professional identification card or a temporary special permit in the Philippines; to ensure that the terms and conditions for their practice or of their employment are strictly complied with; to require the hiring or employing government agency or private entity/institution to secure a temporary special permit from the Commission and to file a criminal complaint against the head of the government agency or officers of the said private entity/institution, who shall be liable under the penalty imposed pursuant to this Act, when the professional was hired and allowed to practice his/her profession without permit; to file upon due process request for deportation with the Bureau of Immigration; and to supervise professionals who were former citizens of the Philippines and who had been registered and issued a certificate of registration and a professional identification card prior to their naturalization as foreign citizens, who may, while in the country on a visit, sojourn or permanent residence, practice their profession: *Provided*, that,

prior to the practice of their profession they shall have first been issued a special permit and updated professional identification card by the Professional Regulation Commission upon payment of the permit and annual registration fees;

- (h) To inspect Assisted Reproductive Technology and Surrogacy clinics and banks, monitor their performance and establish a national registry of such banks and clinics, including its patients, the procedures conducted, outcome of the procedure, untoward events during and after the procedure, among others: *Provided, that*, such registry shall comply with the provisions of the Data Privacy Act of 2012;
- (i) To adopt and institute a comprehensive rating system for assisted reproductive technology and surrogacy clinics and banks based internationally-accepted standards;
- (j) To exercise administrative supervision over Assisted Reproductive Technology and Surrogacy clinics and banks and practitioners;
- (k) To adopt and promulgate such rules and regulations as may be necessary to effectively implement policies with respect to the conduct of Assisted Reproductive Technology and Surrogacy;
- (l) To investigate and decide administrative matters involving officers and employees under the jurisdiction of the Commission;
- (m) To investigate *motu proprio* or upon the filing of a verified complaint, any Assisted Reproductive Technology and Surrogacy clinic or bank for neglect of duty, incompetence, unprofessional, unethical, immoral or dishonorable conduct, commission of irregularities which taint or impugn the integrity and authenticity of the results of the assisted reproductive technology or surrogacy procedure and, if found guilty, to revoke or suspend their certificates of registration and recommend to the Professional Regulation Commission the suspension or revocation of the involved medical personnel's professional license/identification cards;
- (n) To issue summons, subpoena and subpoena duces tecum in connection with the investigation of cases against officials and employees of the Assisted Reproductive Technology and Surrogacy clinics and banks;
- (o) To hold in contempt an erring party or person only upon application with a court of competent jurisdiction;

- (p) To call upon or request any department, instrumentality, office, bureau, institution or agency of the government including local government units to render such assistance as it may require, or to coordinate or cooperate in order to carry out, enforce or implement the regulatory policies of the government or any program or activity it may undertake pursuant to the provisions of this Act;
- (q) To initiate an investigation, upon complaint under oath by an aggrieved party, of any person, whether a private individual or professional, local or foreign, who practices assisted reproductive technology or surrogacy procedure without being authorized by law, or without being registered with and licensed by the Commission or special permit, or who commits any of the prohibited acts provided under this Act, which are criminal in nature, and if the evidence so warrants, to forward the records of the case to the office of the city or provincial prosecutor for the filing of the corresponding information in court by the lawyers of the legal services of the Commission who may prosecute said case/s upon being deputized by the Secretary of Justice;
- (r) To prepare an annual report of accomplishments on the programs, projects and activities of the Commission during the year for submission to Congress after the close of each calendar year and make appropriate recommendations on issue and/or problems affecting the Commission and the conduct of assisted reproductive technology and surrogacy procedures in the country;
- (s) To regulate fees charged by assisted reproductive technology and surrogacy clinics and banks; and
- (t) To perform such other functions and duties as may be necessary to carry out the provisions of this Act, laws, decrees, executive orders, and other administrative issuance.

**SEC. 9. *Operation of Assisted Reproductive Technology and Surrogacy Clinics and Banks.*** – In the operation of Assisted Reproductive Technology (ART) and Surrogacy clinics and banks, they shall perform the following duties, namely:

- (a) Ensure that the intending couple, gamete donors, and surrogate meet the eligibility criteria to undergo ART or surrogacy procedures as prescribed by the Commission and issue a document declaring the eligibility of the intending couple: *Provided*, that the intending couple, although capable of conceiving a child, is highly likely that the child would be affected by a genetic abnormality or disease, or is unable to conceive a child;

- (b) Obtain donor gametes from the banks and such banks shall ensure that the donor has been medically tested for such diseases as may be prescribed;
- (c) Provide professional counseling to the intending couple, gamete donors, and surrogates regarding all implications and chances of success associated with ART and surrogacy procedures, including informing them of the advantages, disadvantages, and costs of the procedures, medical side effects, and the risk of multiple pregnancies, and assisting them in arriving at an informed decision on such matters that would most likely be in their best interest before deciding to undergo ART or surrogacy;
- (d) Ensure that the intending couple, gamete donors, and surrogate are made aware of the rights of a child born through the use of ART or surrogacy before deciding to undergo any procedure or treatment;
- (e) Ensure that information about the eligible and intending couple, gamete donors, and surrogate is kept confidential and that details of treatment and procedures shall not be disclosed to anyone pursuant to the Data Privacy Act of 2012 except to the national registry maintained by the Commission, in cases of medical emergency at the request of the eligible couple concerned, or pursuant to an order of a court of competent jurisdiction;
- (f) Maintain a grievance committee to address matters related to such clinics and banks, and establish the procedure for filing complaints before this grievance committee, subject to the rules and regulations prescribed by the Commission;
- (g) Issue a discharge certificate to the eligible couple, gamete donors, and surrogate, detailing the ART or surrogacy procedures performed;
- (h) Cooperate and make available their premises for physical inspection by the Commission;
- (i) Periodically provide the Commission with all information related to the eligible couple, surrogate, and gamete donors, including details of the procedure being undertaken, the outcome of the procedure, and any complications, as may be prescribed.
- (j) Cryo-preserve any human embryo or gamete upon specific instructions and consent in writing from all the parties seeking assisted reproductive technology, in case of death or incapacity of any of the parties;

- (k) Use only human reproductive material to create a human embryo or use only an *in-vitro* human embryo for the sole purpose of procreation and completion of a family;
- (l) While keeping the records, they shall:
  - (i) Maintain a detailed record of all donor oocytes, sperm or embryos used or unused, the manner and technique of their use in such manner as may be prescribed;
  - (ii) Submit to the Commission all information available in relation to the progress of the procedures conducted to the eligible couple and surrogate; and about the number of donors (sperm and oocyte), screened, maintained and supplied and the like within a period of one month from the date of receipt of such information, the records of which shall be maintained by the Commission for at least a period of ten years, upon the expiry of which the clinic or bank shall transfer the records to National Archives database: *Provided*, that, if any criminal or other proceeding is instituted against any clinic or bank, the records and all other documents of such clinic or bank shall be preserved until the final disposal of such proceedings;
  - (iii) In the event of the closure of any clinic or bank before the expiry of the period of ten years, such clinic and bank shall immediately transfer the records to the National Archive; and
  - (iv) Ensure the same be made available for inspection by the Commission.
- (m) While using human gametes and embryos, they shall:
  - (i) Harvest oocytes in such manner as may be specified by the Commission;
  - (ii) Ensure that the number of oocytes or embryos that may be placed in the uterus of a surrogate during the treatment cycle shall be such as may be specified by the Commission;
  - (iii) Ascertain that a surrogate shall not be treated with gametes or embryos derived from more than one man or woman during any one treatment cycle;
  - (iv) Never mix semen from two individuals for the procedures specified under this Act;

- (v) Ascertain that embryos shall not split and used for twinning to increase the number of available embryos;
- (vi) Collect gametes posthumously only upon prior consent of the commissioning or intending couple;
- (vii) Perform pre-implantation genetic testing and pre-implantation diagnosis which shall only be used to screen the human embryo for known, pre-existing, heritable or genetic disease upon the request of the intending or commissioning couple: *Provided*, that, the result of the test and subsequent diagnosis, shall not be used as a basis for intentional abortion but can be a basis to stop the surrogacy or IV;
- (viii) Such other duties may be prescribed.

**SEC. 10. Eligibility for Assisted Reproductive Technology and Surrogacy Procedure.** – The Commission shall perform a thorough evaluation to determine the eligibility for Assisted Reproductive Technology (ART) or surrogacy and issue a document declaring their eligibility based on the following:

1. Eligibility for Intending Couples. – An intending couple shall be eligible if:
  - (a) Married or in a de facto relationship and both individuals are between the ages of 25 and 50 years old on the day of certification;
  - (b) Assessed and issued medical certificates by a medical practitioner and a clinical psychologist indicating their overall physical and mental well-being to suitably participate in the ART or surrogacy procedure and capability to care for a child;
  - (c) Agrees through a written instrument not to abandon the child born from ART or surrogacy for any reason, including but not limited to genetic defects, birth defects, other medical conditions, the child's sex, or the conception of multiple babies; and
  - (d) For surrogacy procedures, the intending couple must obtain medical insurance coverage, as may be prescribed, in favor of the surrogate, from an insurer recognized by the Insurance Commission.
2. Eligibility for Gamete Donors. – A gamete donor shall be eligible if:
  - (a) Undergoes medical testing and screening to determine the medical viability of the sperm or egg and certified by the Commission as suitable for donation;
  - (b) Assessed and issued medical certificates by a medical practitioner and a clinical psychologist indicating their overall physical and mental well-being to donate gametes; and

- (c) Issue an affidavit stating their willingness to voluntarily donate, without any compensation or remuneration from the procedure.
3. Eligibility for Surrogates. – A surrogate shall be eligible if:
- (a) At least 25 years old and has ideally given birth to a live child, unless the Commission is satisfied that exceptional circumstances exist warranting dispensation of this requirement;
  - (b) Assessed and issued medical certificates by a medical practitioner and a clinical psychologist indicating their overall physical and mental well-being to suitably participate in the surrogacy procedure; and
  - (c) Issue an affidavit stating their willingness to voluntarily perform her obligations as a surrogate, without any compensation or remuneration from the procedure.

The surrogate shall only participate in the surrogacy procedure once in her lifetime, with the number of attempts for surrogacy procedures on the surrogate as may be prescribed by the Commission;

**SEC. 11. *Conduct of Assisted Reproductive Technology and Surrogacy Procedures.*** – Assisted Reproductive Technology (ART) and surrogacy procedures shall be conducted, undertaken, performed, availed, or initiated only under the following conditions:

- (a) All parties involved must have been issued a document by the Commission declaring their eligibility to undergo ART or surrogacy procedures;
- (b) All parties shall issue a written informed consent to be submitted to the ART or surrogacy clinic or bank where the treatment or procedure shall be performed;
- (c) Insurance coverage of such amount and for a period as prescribed, in favor of the oocyte donor or surrogate, shall be underwritten by the eligible couple from an insurer recognized by the Insurance Commission;
- (d) The procedures shall not be undertaken for the purpose of producing children for sale, prostitution, or any other form of exploitation;
- (e) To establish Filipino citizenship and the legal principle of *Jus sanguinis*, the ART or surrogacy procedure shall utilize either or both the sperm or egg possessing Filipino deoxyribonucleic acid (DNA); and
- (f) Shall be strictly for altruistic purposes and shall not be used for commercial gain or commercialization of ART or surrogacy procedures.

**SEC 12. *Granting Philippine Citizenship to Surrogate Children Born to Filipino Surrogate Mothers Whose Intending Parents Are Unidentifiable.*** – A child born through surrogacy shall be presumed to be a natural-born Filipino citizen if:

- (a) The surrogate mother is a Filipino citizen, whether residing in the Philippines or abroad at the time of birth;
- (b) The child is born either within or outside Philippine territory;
- (c) The intending parents or commissioning parties are:
  - (i) Unidentifiable or unknown,
  - (ii) Have abandoned the surrogacy arrangement, or
  - (iii) Have refused to acknowledge or assume parental responsibility;
- (d) The child is physically present in the Philippines, and is under the custody of the Filipino surrogate mother, a guardian, or the State; and
- (e) The Department of Social Welfare and Development (DSWD), in coordination with the Bureau of Immigration (BI) and Department of Justice (DOJ), certifies the above conditions through an administrative procedure.

**SEC. 13. *Offenses and Penalties.***

- (a) In addition to acts or omissions already penalized by existing laws, the following acts are unlawful and shall be penalized by imprisonment of at least 12 years and 1 day to 20 years (*reclusion temporal*) or a fine of not less than five hundred thousand pesos (P500,000.00) but not more than five million pesos (P5,000,000.00), or both, such imprisonment and fine, at the discretion of the court:
  - (i) Seeking or encouraging to conduct any surrogacy or surrogacy procedures on a surrogate except for the purpose specified in this Act;
  - (ii) Conducting ART or surrogacy procedures without explaining all known side effects and aftereffects of such procedures to all parties;
  - (i) Failing to obtain the written informed consent of all parties to undergo such procedure or treatment;
  - (ii) Undertaking commercial surrogacy or providing commercial surrogacy or its related component procedures or services in any form or running an organization to select surrogate or using individual brokers or intermediaries to arrange for surrogate and for surrogacy procedures at such clinics, laboratories or in any other place;
  - (iii) Abandoning, disowning or exploiting or causing to be abandoned, disowned or exploited in any form the child or



children born through assisted reproductive technology or surrogacy;

- (iv) Importing or helping in getting imported in whatsoever manner, the human embryos or human gametes without permit or certificate of approval by the Commission;
  - (v) Exploiting the intending or eligible couple, or surrogate, or the gamete donor, or the child born through surrogacy in any form;
  - (vi) Transferring human embryo into a male person or an animal;
  - (vii) Selling human embryos or gametes for the purpose of research or surrogacy or running a clinic, bank, laboratory, agency, or organization for the purpose of selling, purchasing, or trading human embryos or gametes for the purpose of assisted reproductive technology or surrogacy;
    - (i) Conducting sex selection in any form for surrogacy or assisted reproductive technology;
    - (ii) Using any intermediates to obtain gamete donors or purchase gamete donors; or
    - (iii) Forcing the surrogate to abort at any stage of surrogacy except in such conditions as may be prescribed.
- (b) In addition to acts or omissions already penalized by existing laws, any act of discrimination or the making of disparaging remarks against a child, an intending parent, a surrogate, or a gamete donor, which acts are committed by reason of their involvement in or relation to assisted reproductive technology, shall be unlawful. Such acts shall be penalized by imprisonment of *arresto menor* (six (6) days to thirty (30) days) or a fine of Three Thousand Pesos (P3,000.00); or, depending on the severity of the offense and at the discretion of the court, by imprisonment of *arresto mayor* (one (1) month and one (1) day to six (6) months) or a fine of Twenty Thousand Pesos (P20,000.00), or both, such imprisonment and fine.
- (c) In addition to acts or omissions already penalized by existing laws, any person who issues, publishes, distributes, communicates or causes to be issued, published, distributed or communicated any advertisement in any manner including internet, regarding surrogacy or assisted reproductive technology shall be punished by imprisonment of at least 6 years and 1 day to 12 years (*prision mayor*) or a fine of not less than one hundred thousand pesos (P100,000.00) but not more than once million pesos (P1,000,000.00), or both, such imprisonment and fine, at the discretion of the court.

- (d) Where a representative, employee, agent, or any other person employed by an assisted reproductive technology or surrogacy clinic or bank, or any individual who violates any of the provisions of this Act in connection with the business of the said clinic or bank, in addition to the punishment of such violator, the certificate of registration and permit to operate of such clinic or bank shall automatically be canceled.

In addition to acts or omissions already penalized by existing laws, any government official or employee who, by fault or omission, violates any of the provisions of this Act shall be perpetually disqualified from holding public office with forfeiture of benefits in favor of the State.

**SEC. 14. *Assistance of the Law Enforcement Agency.*** – Any law enforcement agency shall, upon call or request of the Commission, render assistance in enforcing the provisions of this Act including the rules and regulations promulgated thereunder by prosecuting the violators thereof in accordance with law and the rules of court.

**SEC. 15. *Congressional Oversight Committee on Assisted Reproductive Technology and Surrogacy Regulation.*** – To monitor the implementation of this Act, there shall be a Congressional Oversight Committee on Assisted Reproductive Technology and Surrogacy Regulation, composed of the Chair of the Committee on Health and four (4) members of the House Committee on Science and Technology, Committee on Justice and Committee on Human Rights. No part of this Act shall be construed as to limit the oversight powers inherently or actually possessed by the same committees.

**SEC. 15. *Appropriations.*** – The sum of 1 Billion Pesos (P1,000,000,000.00) is hereby appropriated for implementation of the provisions of this Act: *Provided*, that, such appropriation shall apply only when this Act is passed before the Commission could be given appropriation under the General Appropriations Act of the nearest upcoming year.

Such amounts as may be necessary for the operations expenses of the Commission for the current calendar year is hereby authorized to be appropriated out of any unappropriated funds in the National Treasury.

The yearly allocation equivalent to the yearly requirement for the operation of the Commission shall be earmarked under the General Appropriations Act.

**SEC. 16. *Authority to Use Income.*** – In addition to the annual appropriations of the Commission provided under the Annual General Appropriations Act, the

Commission is hereby authorized to use its income not exceeding fifty (50%) of the amount it generated per year for a period of five (5) years after the effectivity of this Act for the operations of the Commission, subject to the usual accounting and auditing requirements.

**SEC. 17. *Staffing.*** – The Secretary of Health, in consultation with the Department of Budget and Management (DBM), shall determine the organizational structures, qualification standards, staffing pattern and compensation of the newly created Commission and other positions that are established under this Act in accordance with existing laws, rules and regulations.

**SEC. 18. *Implementing Rules and Regulations.*** – The Secretary of Health, Department of Social Welfare and Development, Commission on Human Rights, Philippine Commission on Women, Council for the Welfare of Children and the Philippine Society for Reproductive Medicine shall promulgate the necessary rules and regulations within ninety (90) working days from the effectivity of this Act.

**SEC. 19. *Separability Clause.*** – If any portion or provision of this Act is subsequently declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall remain in full force and effect.

**SEC. 20. *Repealing Clause.*** – Section 8 of Republic Act No. 8552, otherwise known as the “*Domestic Adoption Act of 1998*” as amended by Republic Act No. 10165, otherwise known as the “*Foster Care Act of 2012*” is hereby amended. All other laws, acts, presidential decrees, executive orders, presidential proclamations, issuances, rules and regulations, or parts thereof which are contrary to or inconsistent with any of the provisions of this Act are hereby repealed, amended, or modified accordingly.

**SEC. 21. *Retroactive Application.*** – This Act shall apply retroactively to all children born through surrogacy or assisted reproductive technology (ART) arrangements prior to the effectivity of this law, where:

- (a) The child was born through a surrogacy or ART arrangement involving a Filipino or foreign surrogate mother;
- (b) The intending parents are identifiable, legally capable, and willing to assume parental responsibility;
- (c) At least one of the intending parents is a Filipino citizen at the time of the child’s birth;
- (d) The child is now physically present in the Philippines, or under the care of the Filipino intending parent or a legal guardian residing in the Philippines; and
- (e) There has been no previous legal recognition of the parental relationship due to the absence of an enabling law at the time of the child’s birth.

Upon petition by the Filipino intending parent or the legal guardian, and subject to verification and compliance with the safeguards provided under this Act, the Department of Social Welfare and Development (DSWD), in coordination with the Department of Justice (DOJ) and the Bureau of Immigration (BI), shall facilitate the recognition of legal parentage and the grant of Philippine citizenship to the child.

The child shall be entitled to recognition as a natural-born Filipino citizen, consistent with the principle of jus sanguinis and the provisions of this Act. The Philippine Statistics Authority (PSA) shall accordingly issue the appropriate civil registry and citizenship documents.

**SEC. 22. *Effectivity.*** — The Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

*Approved,*