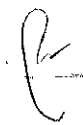


FIFTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )

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JUN 11 1964

SENATE

S. B. No. 2350

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INTRODUCED BY SENATOR ALAN PETER "COMPAÑERO" S. CAYETANO

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**EXPLANATORY NOTE**

Psalm 82:3 tells us to, "Defend the weak and the fatherless; uphold the cause of the poor and the oppressed.

The Philippine Constitution affirms that "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to *all* people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and *children...*" (Section 11, Article XIII).

This Section underscores the important duty of the government to provide adequate healthcare to *all* its citizens. Moreover, it underscores the fact that certain sectors of our society have to be given priority in their healthcare needs by virtue of their particular condition and/or challenging circumstances. Furthermore, this makes manifest the fact that access to proper health care is a fundamental right.

Children, considering their age and limited ability to perform certain tasks, would normally need the guidance and care of their parents for their proper growth and development. Sadly, there are children – orphaned, abandoned, neglected or voluntary committed children – who have life's misfortune of being deprived of parents, usually because of their parents' death or abandonment. Therefore, this specific group of children requires extra support and attention which is essential to their well-being.

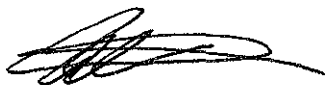
In the absence of their parents, it is, thus, the duty of the State to look after the needs of these children. In fact, there is a notion of referring the country as "Motherland" in affirmation that the country is a cradle of comfort and protection, imbibing the nurturing and caring qualities of a mother.

This bill emphasizes the welfare and protection needed by the orphaned, abandoned, neglected or voluntary committed child by providing for health insurance, hospitalization support and annual medical and dental check-ups. These would help ensure the optimum health of the orphaned, abandoned, neglected or voluntary committed child and provide him or her sufficient flexibility to explore all his God-given skills and abilities and develop them to the fullest.

While the State acknowledges "the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being" (Section 13, Article II Philippine Constitution), it is essential for the government and the rest of the society to show all the children of this nation all the compassion and support necessary for their normal upbringing.

We can start by adequately empowering our institutions in charge of the care of orphaned, abandoned, neglected or voluntary committed children to provide a comprehensive and sustained healthcare to their wards. With sound minds and healthy bodies, our country's orphaned, abandoned, neglected or voluntary committed children will be on the same footing as other children with parents who have the ability to realize their personal dreams in life and become good and productive citizens of their country.

In view of the foregoing, immediate approval of this bill is earnestly sought.



**SEN. ALAN PETER "COMPAÑERO" S. CAYETANO**

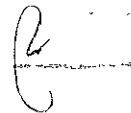
FIFTEENTH CONGRESS OF THE )  
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SENATE

S. B. No. 2350

INTRODUCED BY: 

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INTRODUCED BY SENATOR ALAN PETER "COMPAÑERO" S. CAYETANO

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AN ACT  
PROVIDING FOR THE WELFARE AND PROTECTION OF THE ORPHANED,  
ABANDONED, NEGLECTED AND VOLUNTARILY COMMITTED CHILDREN

*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 "*Orphaned, Abandoned, Neglected or Voluntarily Committed Children's Welfare and Protection Act of 2010.*"

**Section 2. Declaration of Policy.-** It is an acknowledged duty of the State to promote the welfare and protect the physical, moral, intellectual, and social well-being of the child. Thus, it is the policy of the State to assist, provide and protect the child when his or her parents or guardians are unable to provide for the basic needs for his or her proper growth and development. Priority then shall be given to the health needs and welfare of the orphaned, abandoned, neglected or voluntary committed child.

**Section 3. Definition of Terms.-** For purposes of this Act, the following terms are defined:

- a.) "**Child-Caring Institution**" refers to any twenty-four hour resident group care service for the physical, mental, social and spiritual well-being of nine or more mentally gifted, dependent, orphaned, abandoned, neglected, handicapped or disturbed children that is accredited with the Department of Social Welfare and Development (DSWD);
- b.) "**Guardian**" refers to the owner of the child-caring institution and/or any elder in the child-caring institution tasked to look after the welfare of the orphaned, abandoned, neglected or voluntary committed child;

- c.) **"Abandoned Child"** refers to a child who has no proper parental care or guardianship, or whose parent(s) have deserted him/her for a period of at least three (3) continuous months, which include a foundling.
- d.) **"Neglected Child"** refers to a child whose basic needs have been deliberately unattended or inadequately attended within a period of three (3) continuous months. Neglect may occur in two (2) ways:
1. There is physical neglect when the child is malnourished, ill-clad, and without proper shelter. A child is unattended when left by himself/herself without proper provisions and/or without proper supervision.
  2. There is emotional neglect when the child is maltreated, raped, seduced, exploited, overworked, or made to work under conditions not conducive to good health; or is made to beg in the streets or public places; or when children are in moral danger, or exposed to gambling, prostitution, and other vices.
- e.) **"Voluntarily Committed Child"** is one whose parent(s) or legal guardian knowingly and willingly relinquished parental authority to the DSWD or to any duly accredited child-placement or child-caring agency or institution.
- f.) **"Hospitalization"** refers to the event of the orphaned, abandoned, neglected or voluntary committed child necessitating medical care in a hospital, whether inpatient or outpatient.

**Section 4. Coverage.-** All orphaned, abandoned, neglected or voluntary committed children, under the care of child-caring institutions, whether public or private, with a reputable track record in participating and contributing to the betterment of the minor orphaned, abandoned, neglected or voluntary committed children shall be covered by the provisions of this Act.

**Section 5.- Insurance.-** The Government of the Philippines shall provide for the contributions of every, in accordance with Section 4 of this Act, to the National Health Insurance Program to qualify for the insurance benefits provided by the Philippine Health Insurance Corporation (Philhealth). A separate portion in the annual budget of the DSWD shall be allocated for the payment of the Philhealth premiums of the orphaned, abandoned, neglected or voluntary committed children in child-caring institutions.

**Section 6.- Hospitalization.-** In the event that the hospitalization of the orphaned, abandoned, neglected or voluntary committed child is necessary to his or her

health and well-being, the child-caring institution must immediately attend to such need. The hospitalization bill of the orphaned, abandoned, neglected or voluntary committed child shall be paid by the State through the DSWD. A special fund in the amount of at least ONE HUNDRED MILLION PESOS (Php100,000,000.00) shall be set aside annually by the DSWD for the payment of such hospitalization expenses.

**Section 7.- Annual Check-ups.-** The child-caring institution shall ensure that the orphaned, abandoned, neglected or voluntary committed children under its care and custody shall undergo annual medical and semi-annual dental check-ups in any accredited medical and dental facilities and hospitals. Such dental and medical annual check-ups shall be provided to them for free in public dental and medical facilities including hospitals, upon presentation of a certification and request from the DSWD.

**Section 8. Incentives to Local Government Units.-** The National Government shall grant additional incentives to local government units which implement a counterpart Program.

**Section 9. Implementing Rules and Regulations.** – The (DSWD) in consultation with the Department of Interior and Local Government (DILG), non-government organizations (NGO's) and other agencies deemed necessary to consult, shall issue the Implementing Rules and Regulations (IRR) within ninety (90) days after the approval of this Act.

**Section 10. Separability Clause.** – If any provision of this Act is declared unconstitutional, the same shall not affect the validity and effectivity of the other provisions hereof.

**Section 11. Repealing Clause.-** All laws, decrees, orders, issuances or portions thereof, which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

**Section 12. Effectivity** – This Act shall take effect fifteen (15) days after its publication in two (2) national newspapers of general circulation.

Approved,