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SENATE

COMMITTEE REPORT NO. 286

Submitted jointly by the Committees on Health and Demography (Sub-Committee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government; Ways and Means; on MAR - 4 2009

RE : Senate Bill No. 3122 prepared by the Committees.

Recommending its approval in substitution of Senate Bill Nos. 40, 43, 187, 622, 1299 taking into consideration P.S. Res. No. 376

Sponsor ^{aw} : Senator Biazon

Mr. President

The Committees on Health and Demography (Sub-Committee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government; Ways and Means to which were referred Senate Bill No. 40 introduced by Senator Rodolfo G. Biazon, entitled:

**“AN ACT
PROVIDING FOR REPRODUCTIVE HEALTH CARE STRUCTURES
AND APPROPRIATING FUNDS THEREFOR”**

Senate Bill No. 43, introduced by Senator Panfilo M. Lacson, entitled:

**“AN ACT
CREATING A REPRODUCTIVE HEALTH AND POPULATION MANAGEMENT
COUNCIL FOR THE IMPLEMENTATION OF AN INTEGRATED POLICY ON
REPRODUCTIVE HEALTH RELATIVE TO SUSTAINABLE HUMAN
DEVELOPMENT AND POPULATION MANAGEMENT,
AND FOR OTHER PURPOSES”**

Senate Bill No. 187, introduced by Senator Rodolfo G. Biazon, entitled:

**“AN ACT
ESTABLISHING AN INTEGRATED POPULATION AND DEVELOPMENT POLICY,
STRENGTHENING ITS IMPLEMENTING MECHANISMS
AND FOR OTHER PURPOSES”**

Senate Bill No. 622, introduced by Senator Jinggoy Ejercito-Estrada, entitled:

**“AN ACT
TO PROTECT THE RIGHT OF THE PEOPLE TO INFORMATION
ABOUT REPRODUCTIVE HEALTH CARE SERVICES”**

Senate Bill No. 1299, introduced by Senator Miriam Defensor Santiago, entitled:

**“AN ACT
TO PROTECT THE RIGHT OF THE PEOPLE TO INFORMATION
ABOUT REPRODUCTIVE HEALTH CARE SERVICES”**

Proposed Senate Resolution No. 376, introduced by Senator Pia S. Cayetano, entitled:

**“A RESOLUTION
DIRECTING THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY
TO INQUIRE, IN AID OF LEGISLATION, ON THE STATUS OF THE PHILIPPINES IN
ATTAINING THE MILLENNIUM DEVELOPMENT GOALS SPECIFICALLY ON REDUCING
CHILD MORTALITY, IMPROVING MATERNAL HEALTH, AND ERADICATING HIV/AIDS,
MALARIA AND OTHER DISEASES”**

have considered the same and have the honor to report them back to the Senate with the recommendation that the attached Senate Bill No. 3122, prepared by the Committees, entitled:

**“AN ACT
PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH
AND FOR OTHER PURPOSES”**

be approved in substitution of Senate Bill Nos. 40, 43, 187, 622, 1299 taking into consideration P.S. Res. No. 376 with Senators Biazon, Lacson, Ejercito-Estrada, Santiago, Cayetano, P., Legarda, Madrigal, Angara and Aquino as authors thereof.

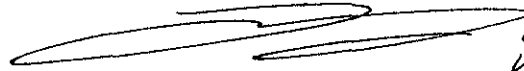
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clarifications +*

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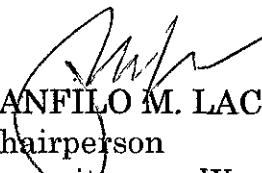
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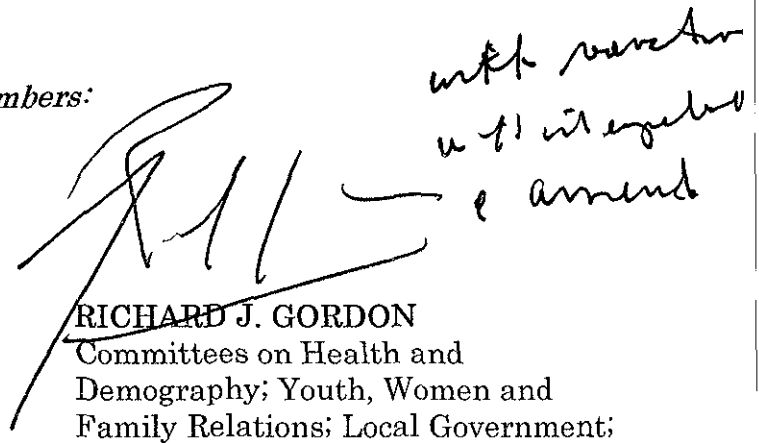
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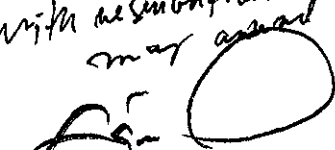
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*with reservations and
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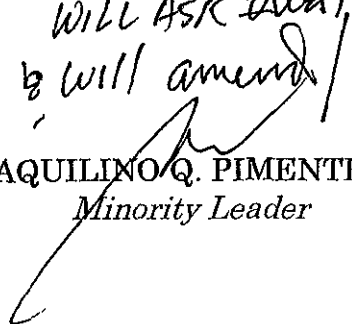


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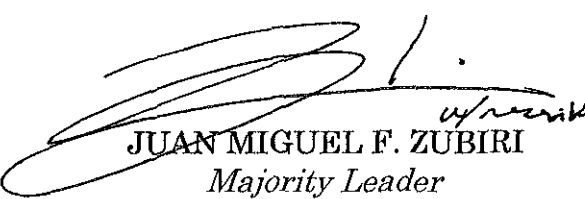
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Ex-Officio Members:

*WILL ASK QUESTIONS
to will amend*



AQUILINO Q. PIMENTEL JR.
Minority Leader



JUAN MIGUEL F. ZUBIRI
Majority Leader



JINGGOY EJERCITO ESTRADA
President Pro-Tempore

*may amend &
interpellate*

JUAN PONCE ENRILE
Senate President
Senate of the Philippines
Pasay City

SENATE

S.B. NO. 3122

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(In substitution of Senate Bill Nos. 40, 43, 187, 622, 1299
taking into consideration P.S. Res. No. 376)

Prepared by the Committees on Health and Demography (Subcommittee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government and Ways and Means with Senators Biazon, Lacson, Ejercito-Estrada, Santiago, Cayetano, P., Legarda, Angara, Madrigal, Aquino III as authors thereof.

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

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

1 **SEC. 1. Title.** - This Act shall be known as the "The Reproductive Health and Population
2 and Development Act of 2009."

3 **SEC. 2. - Declaration of Policy.** - It is hereby declared the policy of the State to
4 recognize and guarantee:

5 (a) the human rights of all persons including the right to equality and equity, the right to
6 sustainable human development, the right to health which includes reproductive health, the right
7 to education and the right to choose and make decisions for themselves in accordance with their
8 religious convictions, cultural beliefs, and the demands of responsible parenthood; and

9 (b) the promotion of gender equality, equity and women's empowerment as a health and
10 human rights concern. The advancement and protection of women's human rights shall be
11 central to the efforts of the State to address reproductive health care. As a distinct but inseparable

1 measure to the guarantee of women's human rights, the State recognizes and guarantees the
2 promotion of the welfare and rights of children.

3 Toward these ends, the State shall guarantee universal access to information and
4 education, and safe, affordable, quality and non-hazardous reproductive health care services.

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

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

- 8 a. Freedom of choice, which is central to the exercise of any right, must be fully guaranteed
9 by the State like the right itself.
- 10 b. The state shall guarantee the free exercise of religious belief in the enforcement of this
11 Act.
- 12 c. Since human resource is the principal asset of the country, effective reproductive health
13 care services must be given primacy to ensure maternal health, birth of healthy children,
14 their full human development, and the promotion of responsible parenting.
- 15 d. The provision of medically-safe, accessible, affordable and quality reproductive health
16 care services is essential in the promotion of people's right to health.
- 17 e. The state will promote, without bias, all modern methods of family planning.
- 18 f. The state shall endeavor to promote a program that aims to: (1) enable couples to have
19 the number of children they desire with due consideration to the health, particularly
20 women, and resources available to the family. (2) encourage equitable allocation and
21 utilization of resources; (3) promote effective partnership among the national
22 government, local government units and the private sector in the design, implementation,
23 coordination, integration, monitoring and evaluation of people-centered programs
24 towards quality of life and environmental protection; and (4) conduct studies to analyze
25 demographic trends towards sustainable human development.
- 26 g. Reproductive health must be the joint responsibility of the National Government and
27 Local Government Units.
- 28 h. Active participation by and thorough consultation with non-government organizations,
29 communities and people's organizations is crucial to ensure that reproductive health and
30 population and development policies, plans, and programs will address the priority needs
31 of the poor, especially women.
- 32 i. While nothing in this Act changes the law on abortion, as abortion remains a crime and is
33 punishable, the government shall ensure that all women needing care for post-abortion

1 complications shall be treated and counseled in a humane, non-judgmental and
2 *compassionate manner.*

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

- 5 1. *“Adolescence”* refers to a life stage of people with age from 10 up to 19.
- 6 2. *“Adolescent sexuality”* refers to, among others, the reproductive system, gender identity,
7 values or beliefs, emotions, relationships and sexual behavior of young people as social
8 beings.
- 9 3. *“Basic Emergency Obstetric Care”* refers to lifesaving services for maternal
10 complications being provided by a health facility or professional, which must include the
11 following six signal functions: administration of parenteral antibiotics; administration of
12 parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia
13 and eclampsia; manual removal of placenta; removal of retained products; and assisted
14 vaginal delivery.
- 15 4. *“Comprehensive Emergency Obstetric Care”* refers to basic emergency obstetric care
16 plus two other signal functions: performance of caesarian SEC. and blood transfusion.
- 17 5. *“Employer”* includes any person acting in the interest of an employer, directly or
18 indirectly. The term shall not include any labor organization or any of its officers or
19 agents except when acting as an employer.
- 20 6. *“Family planning”* refers to a program which enables couples and individuals to decide
21 freely and responsibly the number and spacing of their children and to have the
22 information and means to do so, and to have informed choice and access to a full range of
23 safe and effective modern methods of preventing pregnancy.
- 24 7. *“Gender equality”* refers to the absence of discrimination on the basis of a person’s sex,
25 in opportunities, in the allocation of resources or benefits, or in access to services.
- 26 8. *“Gender equity”* refers to fairness and justice in the distribution of benefits and
27 responsibilities between women and men, and often requires women-specific projects and
28 programs to end existing inequalities.
- 29 9. *“Healthcare Service Providers”* refers to (a) a health care institution, which is duly
30 licensed and accredited and devoted primarily to the maintenance and operation of
31 facilities for health promotion, prevention, diagnosis, treatment, and care of individuals
32 suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or
33 other medical and nursing care; (b) a health care professional, who is any doctor of

1 medicine, nurse, or midwife; (c) public health workers engaged in the delivery of health
2 care services; and (d) barangay health workers who has undergone training programs
3 under any accredited government and non-government organization and who voluntarily
4 renders primarily health care services in the community after having been accredited to
5 function as such by the local health board in accordance with the guidelines promulgated
6 by the Department of Health (DOH).

7 10. "*Male involvement and participation*" refers to the effort, commitment and joint
8 responsibility of men with women in all areas of sexual and reproductive health, as well
9 as the care of reproductive health concerns specific to men.

10 11. "*Maternal Death Review*" refers to a qualitative and in-depth study of the causes of
11 maternal death with the primary purpose of preventing future deaths through changes or
12 additions to programs, plans and policies.

13 12. "*Modern Methods of Family Planning* " refers to safe, effective and legal methods to
14 prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom,
15 ligation, vasectomy, and modern natural family planning methods include
16 mucus/billing/ovulation, lactational amenorrhea, basal body temperature and standard
17 days method.

18 13. "*Reproductive health*" refers to the state of complete physical, mental and social well-
19 being and not merely the absence of disease or infirmity, in all matters relating to the
20 reproductive system and to its functions and processes. This implies that people are able
21 to have a safe sex life, that they have the capability to reproduce and the freedom to
22 decide if, when and how often to do so, provided that these are not against the law. This
23 further implies that women and men attain equal relationships in matters related to sexual
24 relations and reproduction.

25 14. "*Reproductive Health Care*" refers to the access to a full range of methods, techniques,
26 facilities and services that contribute to reproductive health and well being by preventing
27 and solving reproductive health-related problems. It also includes sexual health, the
28 purpose of which is the enhancement of life and personal relations. The elements of
29 reproductive health care include:

- 30 a. maternal, infant and child health and nutrition including breastfeeding
- 31 b. family planning information and services;
- 32 c. prevention and management of post-abortion complications;
- 33 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 sexual health;
- h. treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;
- i. male involvement and participation in reproductive health; and
- j. prevention and treatment of infertility and sexual dysfunction

15. "*Reproductive Health Care program*" is the systematic, integrated provision of reproductive health care services to all citizens especially the poor, marginalized and those in vulnerable situations.

16. "*Reproductive tract infection (RTI)*" includes sexually transmitted infections, and other types of infections affecting the reproductive system.

17. "*Reproductive Health and Sexuality Education*" refers to the process of providing complete, accurate and relevant information on all matters relating to reproductive health.

18. "Reproductive rights" - the rights of individuals and couples, subject to applicable laws, to decide freely and responsibly the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual and reproductive health.

19. "*Skilled Attendant*" refers to accredited health professional such as a midwife, doctor or nurse who has been educated and trained to proficiency in the skills needed to manage normal or 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.

20. "*Skilled Birth Attendance*" refers to 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.

21. "*Sustainable Human Development*" refers to bringing people particularly the poor and vulnerable, at 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 creative

1 lives, and done in a manner that protects the life opportunities of future generations and
2 the natural ecosystem on which all life depends.

3 **SEC. 5: Midwives for Skilled Birth Attendance.** *The Local Government Units (LGUs)*
4 *with assistance of the Department of Health (DOH), shall deploy an adequate number of*
5 *midwives to achieve a minimum ratio of one (1) fulltime skilled birth attendant for every one*
6 *hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or*
7 *live births for the past two years.*

8 **SEC. 6: Emergency Obstetric Care.** - Each province and city shall ensure the
9 establishment or upgrading of hospitals with adequate and qualified personnel, equipment and
10 supplies to be able to provide emergency obstetric care. At the very least, for every 500,000
11 population, there shall be at least one (1) hospital for comprehensive emergency obstetric care
12 and four (4) hospitals for basic emergency obstetric care.

13 **SEC. 7. Surgical Family Planning.** Modern family planning methods requiring hospital
14 services shall be available in all national and local government hospitals, except in specialty
15 hospitals which may render such services on optional basis. For poor patients, such services shall
16 be fully covered by PhilHealth Insurance and/or government financial assistance.

17 After the use of any PhilHealth benefit involving childbirth and all other pregnancy-
18 related service wherein the beneficiary wishes to space or prevent her next pregnancy, PhilHealth
19 shall pay for the full cost of family planning for the next three (3) years. Provided, that the
20 beneficiary retains her membership with PhilHealth. The benefit payments shall be channeled to
21 appropriate local or national government health facilities.

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

25 **SEC. 9: Family Planning Supplies as Essential Medicines** - Hormonal contraceptives,
26 intrauterine devices, injectables and other safe, effective and legal family planning products and
27 supplies shall be included under the category of essential medicines and supplies which shall
28 form part of the National Drug Formulary and the same shall be included in the regular purchase
29 of essential medicines and supplies of all national and local hospitals and other government
30 health units.

31 **SEC. 10. Procurement and Distribution of Family Planning Supplies** - The DOH
32 shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family
33 planning supplies for the whole country. The DOH shall coordinate with all appropriate LGU

1 bodies to plan and implement this procurement and distribution program. The supply and budget
2 allotments shall be based on, among others, the current levels and projections of the following:

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

7 **SEC. 11. Mobile Health Care Service.** Each Congressional District shall be provided
8 with a van to be known as the Mobile Health Care Service (MHCS) to deliver health care goods
9 and services to its constituents, more particularly to the poor and needy, as well as disseminate
10 knowledge and information on reproductive health. The purchase of such vans shall be funded
11 from the Priority Development Assistance Fund (PDAF) of each Congressional District. The
12 subsequent operation and maintenance of the MHCS shall be subject to an agreement entered
13 into between the district representative and the recipient province. The MHCS shall be
14 adequately equipped with a wide range of reproductive health care materials and information
15 dissemination devices and equipment, the latter including but not limited to a television set for
16 audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly
17 urbanized cities.

18 **SEC. 12. Mandatory Age-Appropriate Reproductive Health and Sexuality**
19 **Education.** Reproductive Health and Sexuality Education in an age-appropriate manner shall be
20 taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School.
21 Reproductive Health and Sexuality Education shall commence at the start of the school year
22 immediately following one year from the effectivity of this Act. The Department of Education
23 (DEPED) shall formulate the Sexuality Education curriculum, which shall be common to both
24 public and private schools, based on but not limited to the following subjects:

- 25 a. Knowledge and skills in self-protection against discrimination, sexual violence, sexual
26 abuse, STIs, HIV and AIDS and teen pregnancy.
- 27 b. Values formation
- 28 c. Physical, Social and Emotional Changes in Adolescents
- 29 d. Children and women's rights
- 30 e. Fertility awareness
- 31 f. Population and development education
- 32 g. Responsible relationship
- 33 h. Family planning methods

- 1 i. Proscription and hazards of abortion
- 2 j. Gender and development
- 3 k. Responsible parenthood

4 The DepEd shall provide concerned parents with adequate and relevant scientific materials
5 on the age-appropriate topics and manner of teaching reproductive health education to their
6 children. This shall be complementary to the parents' role in rearing their children.

7 Non-formal education programs shall likewise include the above-mentioned Reproductive
8 Health Education.

9 **SEC. 13. Capability Building of Barangay Health Workers.** Barangay Health Workers
10 shall undergo training on the promotion of reproductive health and shall receive at least 10%
11 increase in honoraria upon successful completion of training. The increase in honoraria shall be
12 funded from the Gender and Development (GAD) budget of the Local Government Units.

13 **SEC. 14. Employers' Responsibilities.** – The Department of Labor and Employment
14 (DOLE) shall ensure that employers respect the reproductive rights of their workers. Employers
15 with less than 200 workers shall enter into partnership with hospitals, health facilities, and or
16 health professionals in their areas for the delivery of reproductive health services.

17 All Collective Bargaining Agreements (CBAs) shall provide for the free delivery of
18 reasonable reproductive health care services and devices to workers, more particularly the
19 women.

20 Employers shall also uphold the right of women to know work conditions which affect
21 their health, particularly those related with their reproductive health. Employers shall furnish in
22 writing the following information to women employees and applicants:

- 23 a. The medical and health benefits which workers are entitled to, including maternity leave
24 benefits and the availability of family planning services;
- 25 b. The reproductive health hazards associated with work, including hazards that may affect
26 their maternal functions;
- 27 c. The availability of facilities for women which are required under Presidential Decree No.
28 442, as amended, also known as the Labor Code, Article 132.

29 **SEC. 15. Multi-Media Campaign.** The DOH shall initiate and sustain a heightened
30 nationwide multi-media campaign to raise the level of public awareness on the protection and
31 promotion of reproductive health and rights including family planning and population and
32 development.

33 **SEC. 16. Implementing mechanisms.**

1 a. Pursuant to the herein declared policy, the DOH and the Local Health Units shall serve
2 as the lead agency for the implementation of this Act and shall integrate in their regular
3 operations the following functions:

- 4 i. Fully and efficiently implement the Reproductive Health Care Program;
- 5 ii. Ensure people's access to medically safe, legal, quality and affordable reproductive
6 health goods and services;
- 7 iii. Ensure that reproductive health services are delivered with a full range of supplies,
8 facilities and equipment and that service providers are adequately trained for such
9 reproductive health care delivery;
- 10 iv. Expand the coverage of the Philippine Health Insurance Corporation (PhilHealth),
11 especially among poor and marginalized women, to include the full range of
12 reproductive health services and supplies as health insurance benefits;
- 13 v. Strengthen the capacities of health regulatory agencies to ensure safe, high-quality,
14 accessible, and affordable reproductive health services and commodities with the
15 concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- 16 vi. Facilitate the involvement and participation of non-government organizations and the
17 private sector in reproductive health care service delivery and in the production,
18 distribution and delivery of quality reproductive health and family planning supplies
19 and commodities to make them accessible and affordable to ordinary citizens;
- 20 vii. Furnish local government units with appropriate information and resources to keep
21 the latter updated on current studies and researches relating to family planning,
22 responsible parenthood, breastfeeding and infant nutrition; and
- 23 viii. Perform such other functions necessary to attain the purposes of this Act.

24 b. The POPCOM, as an attached agency of DOH, shall serve as the coordinating body in
25 the implementation of this Act and shall have the following functions:

- 26 i. Integrate on a continuing basis the interrelated reproductive health and population
27 development agenda into a national policy, taking into account regional and local
28 concerns;
- 29 ii. Provide the mechanism to ensure active and full participation of the private sector and
30 the citizenry through their organizations in the planning and implementation of
31 reproductive health care and population development programs and projects;

- 1 iii. Conduct sustained and effective information drives on sustainable human
2 development and on all methods of family planning to prevent unintended, unplanned
3 and mistimed pregnancies.

4 **SEC. 17. Prohibited Acts.** -The following acts are prohibited:

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

- 6 1. Knowingly withhold information or restrict the dissemination thereof, and/or
7 intentionally provide incorrect information regarding programs and services on
8 reproductive health including the right to informed choice and access to a full
9 range of legal, medically-safe and effective family planning methods, as well as
10 the information required under Section 14 of this Act;
- 11 2. Refuse to perform legal and medically-safe reproductive healthcare and services
12 on any person of legal age on the ground of lack of third party consent or
13 authorization. In case of married persons the mutual consent of the spouses shall
14 be required. However in case of disagreement, the decision of the one undergoing
15 the procedure shall prevail. In the case of abused minors with parents and/or other
16 family members as perpetrators as certified to by the Department of Social
17 Welfare (DSWD) and Development and/or local social welfare offices, no prior
18 parental consent shall be necessary;
- 19 3. Refuse to extend quality health care services and information on account of the
20 person's marital status, gender, sexual orientation, age, religion, personal
21 circumstances, or nature of work, provided that, the conscientious objection of a
22 healthcare service provider based on his/her ethical or religious beliefs shall be
23 respected; however, the conscientious objector shall immediately refer the person
24 seeking such care and services to another healthcare service provider within the
25 same facility or one which is conveniently accessible; provided further that the
26 person is not in an emergency condition or serious case as defined in RA 8344
27 penalizing the refusal of hospitals and medical clinics to administer appropriate
28 initial medical treatment and support in emergency and serious cases.

- 29 b) Any public official with power and authority over any subordinate who shall prohibit or
30 intentionally restrict provision of legal and medically-safe reproductive healthcare
31 services, including family planning to such subordinate.

1 c) Any employer who shall require or cause a female applicant for employment or an
2 employee to submit herself to sterilization or any contraceptive method, as a condition for
3 employment or continued employment.

4 **SEC. 18. Penalties.** - Any violation of this act shall be penalized by imprisonment
5 ranging from one (1) month to six (6) months or imposed a fine of Twenty Thousand Pesos
6 (P20,000.00) or both such fine and imprisonment at the discretion of the court, provided that if
7 the offender is a public official, s/he shall also be administratively liable.

8 **SEC. 19. Reporting Requirements.** - Before the end of April each year, the DOH shall
9 submit an annual report to the President and to the Congress of the Philippines. The report shall
10 provide the Reproductive Health Program, a definitive and comprehensive assessment of the
11 implementation of its programs and those of other Government agencies and instrumentalities,
12 civil society and the private sector and recommend appropriate priorities for executive and
13 legislative actions. The report shall be printed and distributed to all national agencies, the LGUs,
14 civil society and the private sector organizations involved in said programs.

15 The annual report shall evaluate the content, implementation, and impact of all policies
16 related to reproductive health, and family planning to ensure that such policies promote, protect
17 and fulfill women's reproductive health and rights.

18 **SEC. 20. Appropriations.** - The amounts appropriated in the current annual General
19 Appropriations Act for reproductive health and family planning under the DOH and POPCOM
20 shall be allocated and utilized for the implementation of this Act. Such additional sums necessary
21 to provide for family planning commodity requirements as outlined in Sec. 9, and for other
22 reproductive health services, shall be included in the subsequent years' General Appropriations
23 Acts.

24 **SEC. 21. Implementing Rules and Regulations.** - Within thirty (30) days from the
25 effectivity of this Act, the Department of Health, National Economic and Development Authority
26 and Commission on Population shall jointly promulgate, after thorough consultation with health
27 and national multi-sectoral non-government organizations, the rules and regulations for the
28 effective implementation of this Act and shall ensure the full dissemination of the same to the
29 public.

30 **SEC. 22. Separability Clause.** - If any part, SEC. or provision of this Act is held invalid
31 or unconstitutional, other provisions not affected thereby shall remain in force and effect.

32 **SEC. 23. Repealing Clause.** All other laws, decrees, orders, issuances, rules and
33 regulations which are inconsistent with the provisions of this Act are hereby repealed, amended

1 or modified accordingly.

2 **SEC. 24. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in
3 the Official Gazette or in at least two (2) newspapers of general circulation.

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5 Approved,