

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

**FOURTEENTH CONGRESS**  
FIRST REGULAR SESSION

**HOUSE BILL NO. 5043**  
(In substitution to HB Nos. 17, 812, 2753 & 3970)

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Introduced by Honorables Edcel C. Lagman, Janette L. Garin, Narciso D. Santiago III, Mark Llandro Mendoza, Ana Theresia Hontiveros-Baraquel, Eleandro Jesus F. Madrona

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

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

1 SECTION 1. **Short Title.** – This Act shall be known as the “**Reproductive Health**  
2**and Population Development Act of 2008**”.

3  
4 SEC. 2. **Declaration of Policy.** – The State upholds and promotes responsible  
5parenthood, informed choice, birth spacing and respect for life in conformity with  
6internationally recognized human rights standards.

7  
8 The State shall uphold the right of the people, particularly women and their  
9organizations, to effective and reasonable participation in the formulation and  
10implementation of the declared policy.

11  
12 This policy is anchored on the rationale that sustainable human development is  
13better assured with a manageable population of healthy, educated and productive citizens.

14  
15 The State likewise guarantees universal access to medically-safe, legal, affordable  
16and quality reproductive health care services, methods, devices, supplies and relevant  
17information thereon even as it prioritizes the needs of women and children, among other  
18underprivileged sectors.

19  
20 SEC. 3. **Guiding Principles.** – This Act declares the following as basic guiding  
21principles:

- 22 a. In the promotion of reproductive health, there should be no bias for either  
23 modern or natural methods of family planning;  
24 b. Reproductive health goes beyond a demographic target because it is  
25 principally about health and rights;  
26 c. Gender equality and women empowerment are central elements of  
27 reproductive health and population development;

- 1 d. Since manpower is the principal asset of every country, effective  
2 reproductive health care services must be given primacy to ensure the  
3 birth and care of healthy children and to promote responsible parenting;
- 4 e. The limited resources of the country cannot be suffered to be spread so  
5 thinly to service a burgeoning multitude that makes the allocations grossly  
6 inadequate and effectively meaningless;
- 7 f. Freedom of informed choice, which is central to the exercise of any right,  
8 must be fully guaranteed by the State like the right itself;
- 9 g. While the number and spacing of children are left to the sound judgment  
10 of parents and couples based on their personal conviction and religious  
11 beliefs, such concerned parents and couples, including unmarried  
12 individuals, should be afforded free and full access to relevant, adequate  
13 and correct information on reproductive health and human sexuality and  
14 should be guided by qualified State workers and professional private  
15 practitioners;
- 16 h. Reproductive health, including the promotion of breastfeeding, must be the  
17 joint concern of the National Government and Local Government Units  
18 (LGUs);
- 19 i. Protection and promotion of gender equality, woman empowerment and  
20 human rights, including reproductive health rights, are imperative;
- 21 j. Development is a multi-faceted process that calls for the coordination and  
22 integration of policies, plans, programs and projects that seek to uplift the  
23 quality of life of the people, more particularly the poor, the needy and the  
24 marginalized;
- 25 k. Active participation by and thorough consultation with concerned non-  
26 government organizations (NGOs), people's organizations (POs) and  
27 communities are imperative to ensure that basic policies, plans, programs  
28 and projects address the priority needs of stakeholders;
- 29 l. Respect for, protection and fulfillment of reproductive health rights seek to  
30 promote not only the rights and welfare of adult individuals and couples  
31 but those of adolescents' and children's as well; and
- 32 m. While nothing in this Act changes the law on abortion, as abortion remains  
33 a crime and is punishable, the government shall ensure that women  
34 seeking care for post-abortion complications shall be treated and counseled  
35 in a humane, non-judgmental and compassionate manner.

36  
37 **SEC. 4. Definition of Terms.** – For purposes of this Act, the following terms shall  
38 be defined as follows:

- 39
- 40 a. Responsible Parenthood – refers to the will, ability and commitment of parents to  
41 respond to the needs and aspirations of the family and children more particularly  
42 through family planning.
- 43
- 44 b. Family Planning - refers to a program which enables couples and individuals to  
45 decide freely and responsibly the number and spacing of their children and to have  
46 the information and means to carry out their decisions, and to have informed choice  
47 and access to a full range of safe, legal and effective family planning methods,  
48 techniques and devices.
- 49

- 1 c. Reproductive Health – refers to the state of physical, mental and social well-being  
2 and not merely the absence of disease or infirmity, in all matters relating to the  
3 reproductive system and to its functions and processes. This implies that people are  
4 able to have a satisfying and safe sex life, that they have the capability to reproduce  
5 and the freedom to decide if, when and how often to do so, provided that these are  
6 not against the law. This further implies that women and men are afforded equal  
7 status in matters related to sexual relations and reproduction.  
8
- 9 d. Reproductive Health Rights – refers to the rights of individuals and couples to decide  
10 freely and responsibly the number, spacing and timing of their children; to make  
11 other decisions concerning reproduction free of discrimination, coercion and  
12 violence; to have the information and means to carry out their decisions; and to  
13 attain the highest standard of sexual and reproductive health.  
14
- 15 e. Gender Equality – refers to the absence of discrimination on the basis of a person’s  
16 sex, in opportunities, allocation of resources and benefits, and access to services.  
17
- 18 f. Gender Equity – refers to fairness and justice in the distribution of benefits and  
19 responsibilities between women and men, and often requires women-specific  
20 projects and programs to eliminate existing inequalities, inequities, policies and  
21 practices unfavorable to women.  
22
- 23 g. Reproductive Health Care – refers to the availability OF and access to a full range of  
24 methods, techniques, supplies and services that contribute to reproductive and  
25 sexual health and well-being by preventing and solving reproductive health-related  
26 problems in order to achieve enhancement of life and personal relations. The  
27 elements of reproductive health care include:  
28
- 29 1. Maternal, infant and child health and nutrition;
  - 30 2. Promotion of breastfeeding;
  - 31 3. Family planning information and services;
  - 32 4. Prevention of abortion and management of post-abortion complications;
  - 33 5. Adolescent and youth health;
  - 34 6. Prevention and management of reproductive tract infections (RTIs), HIV/AIDS  
35 and other sexually transmittable infections (STIs);
  - 36 7. Elimination of violence against women;
  - 37 8. Education and counseling on sexuality and sexual and reproductive health;
  - 38 9. Treatment of breast and reproductive tract cancers and other gynecological  
39 conditions;
  - 40 10. Male involvement and participation in reproductive health;
  - 41 11. Prevention and treatment of infertility and sexual dysfunction; and
  - 42 12. Reproductive health education for the youth.
- 43
- 44 h. Reproductive Health Education – refers to the process of acquiring complete,  
45 accurate and relevant information on all matters relating to the reproductive system,  
46 its functions and processes and human sexuality; and forming attitudes and beliefs  
47 about sex, sexual identity, interpersonal relationships, affection, intimacy and gender  
48 roles. It also includes developing the necessary skills to be able to distinguish  
49 between facts and myths on sex and sexuality; and critically evaluate and discuss

- 1 the moral, religious, social and cultural dimensions of related sensitive issues such as  
2 contraception and abortion.
- 3 i. Male involvement and participation - refers to the involvement, participation,  
4 commitment and joint responsibility of men with women in all areas of sexual and  
5 reproductive health, as well as reproductive health concerns specific to men.  
6
- 7 j. Reproductive tract infection (RTI) – refers to sexually transmitted infections, sexually  
8 transmitted diseases and other types of infections affecting the reproductive system.  
9
- 10 k. Basic Emergency Obstetric Care – refers to lifesaving services for maternal  
11 complication being provided by a health facility or professional which must include  
12 the following six signal functions: administration of parenteral antibiotics;  
13 administration of parenteral oxytocic drugs; administration of parenteral  
14 anticonvulsants for pre-eclampsia and eclampsia; manual removal of placenta; and  
15 assisted vaginal delivery.  
16
- 17 l. Comprehensive Emergency Obstetric Care – refers to basic emergency obstetric care  
18 plus two other signal functions: performance of caesarean section and blood  
19 transfusion.  
20
- 21 m. Maternal Death Review - refers to a qualitative and in-depth study of the causes of  
22 maternal death with the primary purpose of preventing future deaths through  
23 changes or additions to programs, plans and policies.  
24
- 25 n. Skilled Attendant – refers to an accredited health professional such as a licensed  
26 midwife, doctor or nurse who has adequate proficiency and the skills to manage  
27 normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period,  
28 and in the identification, management and referral of complication in women and  
29 newborns.  
30
- 31 o. Skilled Attendance - refers to childbirth managed by a skilled attendant under the  
32 enabling conditions of a functional emergency obstetric care and referral system.  
33
- 34 p. Development – refers to a multi-dimensional process involving major changes in  
35 social structures, popular attitudes, and national institutions as well as the  
36 acceleration of economic growth, the reduction of inequality and the eradication of  
37 widespread poverty.  
38
- 39 q. Sustainable Human Development – refers to the totality of the process of expanding  
40 human choices by enabling people to enjoy long, healthy and productive lives,  
41 affording them access to resources needed for a decent standard of living and  
42 assuring continuity and acceleration of development by achieving a balance between  
43 and among a manageable population, adequate resources and a healthy  
44 environment.  
45
- 46 r. Population Development – refers to a program that aims to: (1) help couples and  
47 parents achieve their desired family size; (2) improve reproductive health of  
48 individuals by addressing reproductive health problems; (3) contribute to decreased

1 maternal and infant mortality rates and early child mortality; (4) reduce incidence of  
2 teenage pregnancy; and (5) enable government to achieve a balanced population  
3 distribution.  
4

5 **SEC. 5. The Commission on Population (POPCOM).** – Pursuant to the herein  
6 declared policy, the Commission on Population (POPCOM) shall serve as the central  
7 planning, coordinating, implementing and monitoring body for the comprehensive and  
8 integrated policy on reproductive health and population development. In the  
9 implementation of this policy, POPCOM, which shall be an attached agency of the  
10 Department of Health (DOH) shall have the following functions:

- 11 a. To create an enabling environment for women and couples to make an  
12 informed choice regarding the family planning method that is best suited to  
13 their needs and personal convictions;
- 14 b. To integrate on a continuing basis the interrelated reproductive health and  
15 population development agenda into a national policy, taking into account  
16 regional and local concerns;
- 17 c. To provide the mechanism to ensure active and full participation of the  
18 private sector and the citizenry through their organizations in the planning  
19 and implementation of reproductive health care and population  
20 development programs and projects;
- 21 d. To ensure people’s access to medically safe, legal, quality and affordable  
22 reproductive health goods and services;
- 23 e. To facilitate the involvement and participation of non-government  
24 organizations and the private sector in reproductive health care service  
25 delivery and in the production, distribution and delivery of quality  
26 reproductive health and family planning supplies and commodities to make  
27 them accessible and affordable to ordinary citizens;
- 28 f. To fully implement the Reproductive Health Care Program with the  
29 following components:
  - 30 (1) Reproductive health education including but not limited to counseling  
31 on the full range of legal and medically-safe family planning methods  
32 including surgical methods;
  - 33 (2) Maternal, peri-natal and post-natal education, care and services;
  - 34 (3) Promotion of breastfeeding;
  - 35 (4) Promotion of male involvement, participation and responsibility in  
36 reproductive health as well as other reproductive health concerns of  
37 men;
  - 38 (5) Prevention of abortion and management of post-abortion  
39 complications; and
  - 40 (6) Provision of information and services addressing the reproductive  
41 health needs of the poor, senior citizens, women in prostitution,  
42 differently-abled persons, and women and children in war AND crisis  
43 situations.
- 44 g. To ensure that reproductive health services are delivered with a full range  
45 of supplies, facilities and equipment and that service providers are  
46 adequately trained for reproductive health care;
- 47 h. To endeavor to furnish local Family Planning Offices with appropriate  
48 information and resources to keep the latter updated on current studies  
49

- 1 and research relating to family planning, responsible parenthood,  
2 breastfeeding and infant nutrition;
- 3 i. To direct all public hospitals to make available to indigent mothers who  
4 deliver their children in these government hospitals, upon the mother's  
5 request, the procedure of litigation without cost to her;
- 6 j. To recommend the enactment of legislation and adoption of executive  
7 measures that will strengthen and enhance the national policy on  
8 reproductive health and population development;
- 9 k. To ensure a massive and sustained information drive on responsible  
10 parenthood and on all methods and techniques to prevent unwanted,  
11 unplanned and mistimed pregnancies, it shall release information bulletins  
12 on the same for nationwide circulation to all government departments,  
13 agencies and instrumentalities, non-government organizations and the  
14 private sector, schools, public and private libraries, tri-media outlets,  
15 workplaces, hospitals and concerned health institutions;
- 16 l. To strengthen the capacities of health regulatory agencies to ensure safe,  
17 high-quality, accessible, and affordable reproductive health services and  
18 commodities with the concurrent strengthening and enforcement of  
19 regulatory mandates and mechanisms;
- 20 m. To take active steps to expand the coverage of the National Health  
21 Insurance Program (NHIP), especially among poor and marginalized  
22 women, to include the full range of reproductive health services and  
23 supplies as health insurance benefits; and
- 24 n. To perform such other functions necessary to attain the purposes of this  
25 Act.

26  
27 The membership of the Board of Commissioners of POPCOM shall consist of the  
28 heads of the following agencies:

- 29
- 30 1. National Economic Development Authority (NEDA)
  - 31 2. Department of Health (DOH)
  - 32 3. Department of Social Welfare and Development (DSWD)
  - 33 4. Department of Labor and Employment (DOLE)
  - 34 5. Department of Agriculture (DA)
  - 35 6. Department of the Interior and Local Government (DILG)
  - 36 7. Department of Education (DepEd)
  - 37 8. Department of Environment and Natural Resources (DENR)
  - 38 9. Commission on Higher Education (CHED)
  - 39 10. University of the Philippines Population Institute (UPPI)
  - 40 11. Union of Local Authorities of the Philippines (ULAP)
  - 41 12. National Anti-Poverty Commission (NAPC)
  - 42 13. National Commission on the Role of Filipino Women (NCRFW)
  - 43 14. National Youth Commission (NYC)
- 44

45 In addition to the aforementioned members, there shall be three private sector  
46 representatives to the Board of Commissioners of POPCOM who shall come from NGOs.  
47 There shall be one (1) representative each from women, youth and health sectors who  
48 have a proven track record of involvement in the promotion of reproductive health. These  
49 representatives shall be nominated in a process determined by the above-mentioned

1 sectors, and to be appointed by the President for a term of three (3) years.

2  
3 **SEC. 6. Midwives for Skilled Attendance** – Every city and municipality shall  
4 endeavor to employ adequate number of midwives or other skilled attendants to achieve a  
5 minimum ratio of one (1) for every one hundred fifty (150) deliveries per year, to be based  
6 on the average annual number of actual deliveries or live births for the past two years.

7  
8 **SEC. 7. Emergency Obstetric Care** – Each province and city shall endeavor to  
9 ensure the establishment and operation of hospitals with adequate and qualified personnel  
10 that provide emergency obstetric care. For every 500,000 population, there shall be at least  
11 one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic  
12 emergency obstetric care.

13  
14 **SEC. 8. Maternal Death Review** – All LGUs, national and local government  
15 hospitals, and other public health units shall conduct maternal death review in accordance  
16 with the guidelines to be issued by the DOH in consultation with the POPCOM.

17  
18 **SEC. 9. Hospital-Based Family Planning** – Tubal ligation, vasectomy,  
19 INTRAUTERINE DEVICE INSERTION and other family planning methods requiring hospital  
20 services shall be available in all national and local government hospitals, except in specialty  
21 hospitals which may render such services on an optional basis. [Such services shall be  
22 covered by PhilHealth benefits and government funding for financial assistance to indigent  
23 patients.] For indigent patients, such services shall be fully covered by PhilHealth insurance  
24 and/or government financial assistance.

25  
26 **SEC. 10. Contraceptives as Essential Medicines.** – Hormonal contraceptives,  
27 intrauterine devices, injectables and other allied reproductive health products and supplies  
28 shall be considered under the category of essential medicines and supplies which shall form  
29 part of the National Drug Formulary and the same shall be included in the regular purchase  
30 of essential medicines and supplies of all national and local hospitals and other government  
31 health units.

32  
33 **SEC. 11. Mobile Health Care Service.** – Each Congressional District shall be  
34 provided with a van to be known as the Mobile Health Care Service (MHCS) to deliver  
35 health care goods and services to its constituents, more particularly to the poor and needy,  
36 as well as disseminate knowledge and information on reproductive health: *Provided, That*  
37 reproductive health education shall be conducted by competent and adequately trained  
38 persons preferably reproductive health care providers: *Provided, further, That* the full range  
39 of family planning methods, both natural and modern, shall be promoted.

40  
41 The acquisition, operation and maintenance of the MHCS shall be funded from the  
42 Priority Development Assistance Fund (PDAF) of each Congressional District.

43  
44 The MHCS shall be adequately equipped with a wide range of reproductive health  
45 care materials and information dissemination devices and equipment, the latter including  
46 but not limited to, a television set for audio-visual presentation.

47  
48 **SEC. 12. Mandatory Age-Appropriate Reproductive Health Education.** -  
49 Recognizing the importance of reproductive health rights in empowering the youth and

1developing them into responsible adults, Reproductive Health Education in an age-  
2appropriate manner shall be taught by adequately trained teachers starting from Grade 5  
3up to Fourth Year High School. In order to assure the prior training of teachers on  
4reproductive health, the implementation of Reproductive Health Education shall commence  
5at the start of the school year one year following the effectivity of this Act. The POPCOM, in  
6coordination with the Department of Education, shall formulate the Reproductive Health  
7Education curriculum, which shall be common to both public and private schools and shall  
8include related population and development concepts in addition to the following subjects  
9and standards:

- 10
- 11 a. Reproductive health and sexual rights;
- 12 b. Reproductive health care and services;
- 13 c. Attitudes, beliefs and values on sexual development, sexual behavior and sexual  
14 health;
- 15 d. Proscription and hazards of abortion and management of post-abortion  
16 complications;
- 17 e. Responsible parenthood;
- 18 f. Use and application of natural and modern family planning methods to promote  
19 reproductive health, achieve desired family size and prevent unwanted,  
20 unplanned and mistimed pregnancies;
- 21 g. Abstinence before marriage;
- 22 h. Prevention and treatment of HIV/AIDS and other STIs/STDs, prostate cancer,  
23 breast cancer, cervical cancer and other gynecological disorders;
- 24 i. Responsible sexuality; and
- 25 j. Maternal, peri-natal and post-natal education, care and services
- 26

27 In support of the natural and primary right of parents in the rearing of the youth,  
28the POPCOM shall provide concerned parents with adequate and relevant scientific  
29materials on the age-appropriate topics and manner of teaching reproductive health  
30education to their children.

31  
32 In the elementary level, reproductive health education shall focus, among others, on  
33values formation.

34  
35 Non-formal education programs shall likewise include the abovementioned  
36Reproductive Health Education.

37  
38 **SEC. 13. Additional Duty of Family Planning Office.** - Each local Family  
39Planning Office shall furnish for free instructions and information on family planning,  
40responsible parenthood, breastfeeding and infant nutrition to all applicants for marriage  
41license.

42  
43 **SEC. 14. Certificate of Compliance.** - No marriage license shall be issued by the  
44Local Civil Registrar unless the applicants present a Certificate of Compliance issued for free  
45by the local Family Planning Office certifying that they had duly received adequate  
46instructions and information on family planning, responsible parenthood, breastfeeding and  
47infant nutrition.

48  
49 **SEC. 15. Capability Building of Community-Based Volunteer Workers.** -

1Community-based volunteer workers, like but not limited to, Barangay Health Workers,  
2shall undergo additional and updated training on the delivery of reproductive health care  
3services and shall receive not less than 10% increase in honoraria upon successful  
4completion of training. The increase in honoraria shall be funded from the Gender and  
5Development (GAD) budget of the National Economic and Development Authority (NEDA),  
6Department of Health (DOH) and the Department of the Interior and Local Government  
7(DILG).

8  
9 **SEC. 16. Ideal Family Size.** – The State shall assist couples, parents and  
10individuals to achieve their desired family size within the context of responsible parenthood  
11for sustainable development and encourage them to have two children as the ideal family  
12size. Attaining the ideal family size is neither mandatory nor compulsory. No punitive action  
13shall be imposed on parents having more than two children.

14  
15 **SEC. 17. Employers’ Responsibilities.** – Employers shall respect the reproductive  
16health rights of all their workers. Women shall not be discriminated against in the matter of  
17hiring, regularization of employment status or selection for retrenchment.

18  
19 All Collective Bargaining Agreements (CBAs) shall provide for the free delivery by the  
20employer of reasonable quantity of reproductive health care services, supplies and devices  
21to all workers, more particularly women workers. In establishments or enterprises where  
22there are no CBAs or where the employees are unorganized, the employer shall have the  
23same obligation.

24  
25 **SEC. 18. Support of Private and Non-government Health Care Service**  
26**Providers.** - Pursuant to Section 5(b) hereof, private reproductive health care service  
27providers, including but not limited to gynecologists and obstetricians, are encouraged to  
28join their colleagues in non-government organizations in rendering such services free of  
29charge or at reduced professional fee rates to indigent and low income patients.

30  
31 **SEC. 19. Multi-Media Campaign.** POPCOM shall initiate and sustain an intensified  
32nationwide multi-media campaign to raise the level of public awareness on the urgent need  
33to protect and promote reproductive health and rights.

34  
35 **SEC. 20. Reporting Requirements.** - Before the end of April of each year, the  
36DOH shall submit an annual report to the President of the Philippines, the President of the  
37Senate and the Speaker of the House of Representatives on a definitive and comprehensive  
38assessment of the implementation of this Act and shall make the necessary  
39recommendations for executive and legislative action. The report shall be posted in the  
40website of DOH and printed copies shall be made available to all stakeholders.

41  
42 **SEC. 21. Prohibited Acts.** – The following acts are prohibited:  
43 a) Any health care service provider, whether public or private, who shall:  
44 1. Knowingly withhold information or impede the dissemination thereof, and/or  
45 intentionally provide incorrect information regarding programs and services  
46 on reproductive health including the right to informed choice and access to a  
47 full range of legal, medically-safe and effective family planning methods;  
48 2. Refuse to perform voluntary ligation and vasectomy and other legal and  
49 medically-safe reproductive health care services on any person of legal age on

1 the ground of lack of spousal consent or authorization.

- 2 3. Refuse to provide reproductive health care services to an abused minor,  
3 whose abused condition is certified by the proper official or personnel of the  
4 Department of Social Welfare and Development (DSWD) or to duly DSWD-  
5 certified abused pregnant minor on whose case no parental consent is  
6 necessary.
- 7 4. Fail to provide, either deliberately or through gross or inexcusable negligence,  
8 reproductive health care services as mandated under this Act, the Local  
9 Government Code of 1991, the Labor Code, and Presidential Decree 79, as  
10 amended; and
- 11 5. Refuse to extend reproductive health care services and information on  
12 account of the patient's civil status, gender or sexual orientation, age,  
13 religion, personal circumstances, and nature of work: *Provided*, That all  
14 conscientious objections of health care service providers based on religious  
15 grounds shall be respected: *Provided, further*, That the conscientious objector  
16 shall immediately refer the person seeking such care and services to another  
17 health care service provider within the same facility or one which is  
18 conveniently accessible: *Provided, finally*, That the patient is not in an  
19 emergency or serious case as defined in RA 8344 penalizing the refusal of  
20 hospitals and medical clinics to administer appropriate initial medical  
21 treatment and support in emergency and serious cases.
- 22 b) Any public official who prohibits or restricts personally or through a subordinate the  
23 delivery of legal and medically-safe reproductive health care services, including  
24 family planning;
- 25 c) Any employer who shall fail to comply with his obligation under Section 17 of this  
26 Act or an employer who requires a female applicant or employee, as a condition for  
27 employment or continued employment, to involuntarily undergo sterilization, tubal  
28 ligation or any other form of contraceptive method;
- 29 d) Any person who shall falsify a certificate of compliance as required in Section 14 of  
30 this Act; and
- 31 e) Any person who maliciously engages in disinformation about the intent or provisions  
32 of this Act.

33

34 **SEC. 22. Penalties.** - The proper city or municipal court shall exercise jurisdiction  
35 over violations of this Act and the accused who is found guilty shall be sentenced to an  
36 imprisonment ranging from one (1) month to six (6) months or a fine ranging from Ten  
37 Thousand Pesos (P10,000.00) to Fifty Thousand Pesos (P50,000.00) or both such fine and  
38 imprisonment at the discretion of the court. If the offender is a juridical person, the penalty  
39 shall be imposed upon the president, treasurer, secretary or any responsible officer. An  
40 offender who is an alien shall, after service of sentence, be deported immediately without  
41 further proceedings by the Bureau of Immigration. An offender who is a public officer or  
42 employee shall suffer the accessory penalty of dismissal from the government service.

43

44 Violators of this Act shall be civilly liable to the offended party in such amount at the  
45 discretion of the proper court.

46

47 **SEC. 23. Appropriations.** - The amounts appropriated in the current annual  
48 General Appropriations Act for reproductive health and family planning under the DOH and  
49 POPCOM together with ten percent (10%) of the Gender and Development (GAD) budgets

1of all government departments, agencies, bureaus, offices and instrumentalities funded in  
2the annual General Appropriations Act in accordance with Republic Act No. 7192 (Women in  
3Development and Nation-building Act) and Executive Order No. 273 (Philippine Plan for  
4Gender Responsive Development 1995-2025) shall be allocated and utilized for the  
5implementation of this Act. Such additional sums as may be necessary for the effective  
6implementation of this Act shall be included in the subsequent years' General  
7Appropriations Acts.

8  
9       **SEC. 24. Implementing Rules and Regulations.** – Within sixty (60) days from  
10the effectivity of this Act, the Department of Health shall promulgate, after thorough  
11consultation with the Commission on Population (POPCOM), the National Economic  
12Development Authority (NEDA), concerned non-government organizations (NGOs) and  
13known reproductive health advocates, the requisite implementing rules and regulations.

14  
15       **SEC. 25. Separability Clause.** – If any part, section or provision of this Act is held  
16invalid or unconstitutional, other provisions not affected thereby shall remain in full force  
17and effect.

18  
19       **SEC. 26. Repealing Clause.** – All laws, decrees, orders, issuances, rules and  
20regulations contrary to or inconsistent with the provisions of this Act are hereby repealed,  
21amended or modified accordingly.

22  
23       **SEC. 27. Effectivity.** – This Act shall take effect fifteen (15) days after its  
24publication in at least two (2) newspapers of national circulation.

25  
26       Approved,