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First Regular Session)

HOUSE OF REPRESENTATIVES

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HOUSE OF REPRESENTATIVES

538

House Bill No. _____

Introduced by Representative Victor A. Yap

EXPLANATORY NOTE

Within the last five years the number of reported cases of HIV infection in the Philippines has risen dramatically. Previously categorized as a “low and slow” country, the HIV incidence in the country has increased rapidly starting in 2010. According to the latest data from the Philippine Department of Health’s Epidemiology Bureau, the number of individuals with HIV newly diagnosed per day rose to 22 in 2015, from just one in 2008, four in 2010, nine in 2012 and 17 in 2014.

In July 2015, 682 new cases were registered, a seventeen percent (17%) increase in comparison to July 2014. Ninety-four per cent (94%) of the cases were male and the average age was twenty-seven (27). Half of the individuals diagnosed as HIV positive belong to those aged 25-to-34 years old, while thirty percent (30%) were youth aged 15 to 24.

Despite warnings issued by domestic and international HIV experts, we are on the brink of an HIV epidemic. Thus far, response to the HIV threat has been marked with complacency – condom use is low among Filipinos and among key populations, sexually transmitted infections and multiple sexual partnerships are common. Further, the lack of political leadership and the reckless disregard of evidence-informed strategies and approaches have weakened the fight against HIV as modest targets for HIV and HIV-related services have not been met, and public spending on HIV prevention, treatment, care and support has dwindled from Php81 million in 2011 despite the alarming growth in HIV incidence in the country.

Moreover, the governance structure designated to spearhead the HIV response is saddled with bureaucratic confusion and uneven political commitments. Every five (5) years, thru the collaborative effort of various government agencies and civil society groups, the country adopts an HIV and AIDS Medium-Term Plan, a national road map on HIV and AIDS, but the implementation of this strategic plan is impeded by recalcitrant implementing agencies and lack of support from the national government.

Through the MDGs and other international development instruments, the Philippine government has consistently committed to reduce HIV infection, and while it has made progress in other development indicators, it has failed in achieving commitments on HIV. R.A. No. 8504, the present law on HIV and AIDS prevention needs to be amended in order to address the current situation and experience of the country in preventing, treating, and managing HIV and AIDS.

The passage of this bill is earnestly sought to address and halt the spread of HIV.


VICTOR A. YAP
Representative, 2nd District of Tarlac

SEVENTEENTH CONGRESS)
OF THE REPUBLIC OF THE PHILIPPINES)
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HOUSE OF REPRESENTATIVES

House Bill No. 538

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AN ACT

STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PREVENTION, TREATMENT, CARE AND SUPPORT, AND ESTABLISHING THE PHILIPPINE NATIONAL HIV AND AIDS PLAN, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS THE "PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998", AND APPROPRIATING FUNDS THEREFOR

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

1 **SECTION 1. Short Title.** – This Act shall be known as the "Philippine HIV and AIDS Policy
2 Act".

3 **SEC. 2. Declaration of Policy.** – The Human Immunodeficiency Virus (HIV) and Acquired
4 Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social,
5 political, and economic repercussions. Responding to the HIV and AIDS epidemic is therefore
6 imbued with public interest. Accordingly, the State shall:

7 (a) Establish policies and programs to prevent the spread of HIV and deliver treatment, care, and
8 support services to Filipinos living with HIV in accordance with evidence-based strategies and
9 approaches that follow the principles of human rights, gender-responsiveness, and meaningful
10 participation of communities affected by the epidemic;

11 (b) Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring that local
12 communities, civil society organizations, and persons living with HIV are at the center of the
13 process;

14 (c) Remove all barriers to HIV and AIDS-related services by eliminating the climate of stigma that
15 surrounds the epidemic and the people directly and indirectly affected by it; and

16 (d) Positively address and seek to eradicate conditions that aggravate the spread of HIV infection,
17 which include poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance.

18 Respect for, protection of and promotion of human rights are the cornerstones of an effective
19 response to the HIV epidemic. The meaningful inclusion and participation of persons directly and
20 indirectly affected by the epidemic, especially persons living with HIV, are crucial in eliminating the
21 virus. Thus, unless otherwise provided in this Act, the confidentiality, anonymity, and non-
22 compulsory nature of HIV testing and HIV-related testing shall always be guaranteed and protected
23 by the State.

1 Policies and practices that discriminate on the basis of perceived or actual HIV status, sex, gender,
2 sexual orientation, gender identity, age, economic status, disability and ethnicity hamper the
3 enjoyment of basic human rights and freedom guaranteed in the Constitution and are deemed
4 inimical to national interest.

5 **SEC. 3. Definition of Terms.** – As used in this Act:

6 (a) Acquired Immune Deficiency Syndrome (AIDS) refers to a health condition where there is a
7 deficiency of the immune system that stems from infection with HIV, making an individual
8 susceptible to opportunistic infections;

9 (b) Antiretroviral (ARV) refers to the treatment that stops or suppresses viral replication or
10 replications of a retrovirus like HIV, thereby slowing down the progression of infection;

11 (c) Civil society organizations (CSOs) refer to groups of nongovernmental and non-commercial
12 individuals or legal entities that are engaged in no coerced collective action around shared interests,
13 purposes and values;

14 (d) Community-based research refers to research study undertaken in community settings and which
15 involve community members in the design and implementation of research projects;

16 (e) Compulsory HIV testing refers to HIV testing imposed upon an individual characterized by lack
17 of consent, use of force or intimidation, the use of testing as a prerequisite for employment or other
18 purposes, and other circumstances when informed choice is absent;

19 (f) Discrimination refers to unfair or unjust treatment that distinguishes, excludes, restricts, or shows
20 preferences based on any ground such as sex, gender, age, sexual orientation, gender identity,
21 economic status, disability, ethnicity, and HIV status, whether actual or perceived, and which has the
22 purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons
23 similarly situated, of all rights and freedoms;

24 (g) Gender identity refers to a person's internal and individual experience of gender that may or may
25 not correspond with the sex assigned at birth, including the person's sense of the body, which may
26 involve, if freely chosen, modification of bodily appearance or function by medical, surgical and
27 other means, and experience of gender, among them, dress, speech, and mannerism;

28 (h) Harm reduction refers to evidence-based policies, programs and approaches that aim to reduce
29 transmission of HIV and its harmful consequences on health, social relations and economic
30 conditions;

31 (i) High-risk behaviour refers to a person's frequent involvement in certain activities that increase
32 the risk of transmitting or acquiring HIV;

33 (j) Human Immunodeficiency Virus (HIV) refers to the virus, of the type called retrovirus, which
34 infects cells of the human immune system –mainly CD4positiveT cells and macrophages-key
35 components of the cellular immune system – and destroys or impairs the cells' function. Infection
36 with HIV results in the progressive deterioration of the immune system, leading to immune
37 deficiency;

38 (k) HIV counselling refers to the interpersonal, dynamic communication process between a client
39 and a trained counsellor, who is bound by a code of ethics and practice, to resolve personal, social,
40 or psychological problems and difficulties, whose objective, in the context of an HIV diagnosis, is to
41 encourage the client to explore important personal issues, identify ways of coping with anxiety and
42 stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission)

- 1 and counselling in the context of a negative HIV test result that focuses on exploring the client's
2 motivation, options, and skills to stay HIV-negative;
- 3 (l) HIV and AIDS counselor refers to any individual trained by an institution or organization
4 accredited by the Department of Health (DOH) to provide counseling services on HIV and AIDS
5 with emphasis on behaviour modification;
- 6 (m) HIV and AIDS monitoring refers to the documentation and analysis of the number of
7 HIV/AIDS infections and the pattern of its spread;
- 8 (n) HIV and AIDS prevention and control refers to measures aimed at protecting no infected
9 persons from contracting HIV and minimizing the impact of the condition of persons living with
10 HIV;
- 11 (o) HIV-negative refers to the absence of HIV or HIV antibodies upon HIV testing;
- 12 (p) HIV-positive refers to the presence of HIV infection as documented by the presence of HIV or
13 HIV antibodies in the sample being tested;
- 14 (q) HIV-related testing refers to any laboratory testing or procedure done on an individual regardless
15 of whether the person is HIV positive or negative;
- 16 (r) HIV testing refers to any facility-based or mobile medical procedure that is conducted to
17 determine the presence or absence of HIV in a person's body. HIV testing is confidential, voluntary
18 in nature and must be accompanied by counseling prior to, and after the testing, and conducted only
19 with the informed consent of the person;
- 20 (s) HIV testing facility refers to any DOH-accredited in-site or mobile testing center, hospital, clinic,
21 laboratory and other facility that has the capacity to conduct voluntary HIV counseling and HIV
22 testing;
- 23 (t) HIV transmission refers to the transfer of HIV from one infected person to an uninfected
24 individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous
25 needles, and vertical transmission;
- 26 (u) Key affected populations at higher risk of HIV exposure or key populations refer to those
27 groups of persons, as determined by the Philippine National AIDS Council whose behaviour make
28 them more likely to be exposed to HIV or to transmit the virus;
- 29 (v) Laboratory refers to an area or place, including community-based settings, where research studies
30 are being undertaken to further develop local evidence base for effective HIV programs;
- 31 (w) Medical confidentiality refers to the relationship of trust and confidence created or existing
32 between a patient or a person living with HIV and his attending physician, consulting medical
33 specialist, nurse, medical technologist and all other health workers or personnel involved in any
34 counseling, testing or professional care of the former. It also applies to any person who, in any
35 official capacity, has acquired or may have acquired such confidential information;
- 36 (x) Opportunistic infection refers to illnesses caused by various organisms, many of which do not
37 cause disease in persons with healthy immune system;
- 38 (y) Partner notification refers to the process by which the "index client", "source" or "patient", who
39 has a sexually transmitted infection (STI) including HIV, is given support in order to notify and
40 advise the partners that have been exposed to infection. Support includes giving the index client a
41 mechanism to encourage the client's partner to attend counseling, testing and other prevention and
42 treatment services. Confidentiality shall be observed in the entire process;

- 1 (z) Person living with HIV refers to any individual diagnosed to be infected with HIV;
- 2 (aa) Pre-test counseling refers to the process of providing an individual information on the
3 biomedical aspects of HIV/AIDS and emotional support to any psychological implications of
4 undergoing HIV testing and the test result itself before the individual is subjected to the test;
- 5 (bb) Post-test counseling refers to the process of providing risk-reduction information and
6 emotional support to a person who submitted to HIV testing at the time the result is released;
- 7 (cc) Prophylactic refers to any agent or device used to prevent the transmission of a disease;
- 8 (dd) Provider-initiated counseling and testing refers to a health care provider initiating HIV anti-
9 body testing to a person practicing high-risk behavior or vulnerable to HIV after conducting HIV
10 pre-test counseling. A person may elect to decline or defer testing such that consent is conditional;
- 11 (ee) Routine HIV testing refers to HIV testing recommended at health care facilities as a standard
12 component of medical care. It is part of the normal standard of care offered irrespective of whether
13 or not the patient has signs and symptoms of underlying HIV infection or has other reasons for
14 presenting to the facility: Provided, That a patient may elect to decline or defer testing;
- 15 (ff) Safer sex practices refer to choices made and behaviors adopted by a person to reduce or
16 minimize the risk of HIV transmission. These include postponing sexual debut, non-penetrative sex,
17 correct and consistent use of male or female condoms, and reducing the number of sexual partners;
- 18 (gg) Sexually transmitted infections (STIs) refer to infections that are spread through the transfer of
19 organisms from one person to another as a result of sexual contact;
- 20 (hh) Sexual orientation refers to a person's sexual and emotional attraction to or intimate and sexual
21 relationship with, individuals of different, the same, or both sexes;
- 22 (ii) Social protection refers to a set of policies and programs designed to reduce poverty and
23 vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and
24 enhancing their capacity to protect themselves against hazards and interruptions/loss of income;
- 25 (jj) Stigma refers to the dynamic devaluation and dehumanization of an individual in the eyes of
26 others which may be based on attributes that are arbitrarily defined by others as discreditable or
27 unworthy and which result in discrimination when acted upon;
- 28 (kk) Treatment hubs refer to private and public hospitals or medical establishments accredited by
29 the DOH to have the capacity and facility to provide anti-retroviral treatment;
- 30 (l) Vertical transmission refers to the process of transmission during pregnancy, birth, or
31 breastfeeding;
- 32 (mm) Voluntary HIV testing refers to HIV testing of an individual who, after having undergone pre-
33 test counseling, willingly submits to such test;
- 34 (nn) Vulnerable communities refer to communities and groups suffering from vulnerabilities such as
35 unequal opportunities, social exclusion, poverty, unemployment, and other similar social, economic,
36 cultural and political conditions, making them more susceptible to HIV infection and to developing
37 AIDS;
- 38 (oo) Window period refers to the period of time, usually lasting from two (2) weeks to six (6)
39 months during which an infected individual will test "negative" upon HIV testing but can actually
40 transmit the infection; and

1 (pp) Work place refers to the office, premise or work site where workers are habitually employed
2 and shall include the office or place where workers, with no fixed or definite work site, regularly
3 report for assignment in the course of their employment.

4 ARTICLE I

5 PHILIPPINE NATIONAL AIDS COUNCIL

6 **SEC. 4. Establishment of the Philippine National AIDS Council.** – The Philippine National
7 AIDS Council, hereinafter referred to as the Council, is hereby created and shall be the policy-
8 making, planning, coordinating and advisory body of the Philippine National HIV and AIDS
9 Program. It shall be an agency attached to the DOH.

10 In situations where a gap in the national response has been identified, the Council may catalyze or
11 develop the intervention required for endorsement to appropriate government agencies.

12 **SEC. 5. Functions.** – The Council shall perform the following functions:

13 (a) Develop the National Multi-Sectoral HIV and AIDS Strategic Plan in collaboration with relevant
14 government agencies and CSOs;

15 (b) Ensure the operationalization and implementation of the National Multi-Sectoral HIV and AIDS
16 Strategic Plan;

17 (c) Coordinate with government agencies and other entities mandated to implement the provisions
18 of this Act;

19 (d) Develop and ensure the implementation of the guidelines and policies provided in this Act,
20 including other policies that may be necessary to implement the National Multi-Sectoral HIV and
21 AIDS Strategic Plan;

22 (e) Monitor the progress of the epidemic;

23 (f) Monitor the implementation of the National Multi-Sectoral HIV and AIDS Strategic Plan,
24 undertake mid-term assessments and evaluate its impact;

25 (g) Mobilize sources of fund for the National Multi-Sectoral HIV and AIDS Strategic Plan;

26 (h) Coordinate, organize, and work in partnership with foreign and international organizations
27 regarding funding, data collection, research, and prevention and treatment modalities on HIV and
28 AIDS, and ensure foreign-funded programs are aligned to the national response;

29 (i) Advocate for policy reforms to Congress and other government agencies to strengthen the
30 country's response to the epidemic; and

31 (j) Submit an annual report to the Office of the President, Congress, and the members of the
32 Council.

33 **SEC. 6. Membership, Composition, Appointment, Quorum and Term of Office.** – The
34 following member agencies and CSOs shall be represented in the Council:

35 (a) The Secretary of the Department of Health (DOH);

36 (b) The Secretary of the Department of Education (DepED);

37 (c) The Secretary of the Department of Labor and Employment (DOLE);

38 (d) The Secretary of the Department of Social Welfare and Development (DSWD);

- 1 (e) The Secretary of the Department of the Interior and Local Government (DILG);
- 2 (f) The Secretary of the Department of Justice (DOJ);
- 3 (g) The Secretary/Director-General of the Department of Budget and Management/National
4 Economic and Development Authority;
- 5 (h) Four (4) members of the League of City Mayors, each one representing the local government
6 unit (LGU) with the highest number of HIV and AIDS cases in the National Capital Region, Luzon,
7 Visayas and Mindanao;
- 8 (i) Two (2) representatives from nongovernmental organizations (NGOs) which have expertise in
9 standard setting and service delivery;
- 10 (j) Seven (7) representatives from NGOs working for the welfare of identified key populations; and
- 11 (k) A representative of an organization of persons living with HIV.

12 Except for the ex officio members, the other members of the Council shall be appointed by the
13 President of the Philippines. The heads of government agencies may be represented by an official
14 duly designated by their respective agencies. The members of the Council shall be appointed not
15 later than thirty (30) days after the date of the enactment of this Act.

16 The presence of the Chairperson or the Vice Chairperson of the Council, and at least seven (7) other
17 Council members and/or permanent alternates shall constitute a quorum to do business, and a
18 majority vote of those present shall be sufficient to pass resolutions or render decisions. The
19 Secretary of Health shall be the permanent Chairperson of the Council. However, the Vice
20 Chairperson shall be elected from the government agency members, and shall serve for a term of six
21 (6) years. Members representing the CSOs shall serve for a term of three (3) years, renewable upon
22 recommendation of the Council for a maximum of two (2) consecutive terms.

23 **SEC. 7. Secretariat.** – The Council shall be supported by a Secretariat consisting of personnel with
24 the necessary technical expertise and capability that shall be conferred permanent appointments,
25 subject to Civil Service rules and regulations. The Secretariat shall be headed by an Executive
26 Director, who shall be under the direct supervision of the Chairperson of the Council.

27 The Secretariat shall perform the following functions:

- 28 (a) Coordinate and manage the day-to-day affairs of the Council;
- 29 (b) Assist in the formulation, monitoring, and evaluation of the National Multi-Sectoral HIV and
30 AIDS Strategic Plan and policies;
- 31 (c) Provide technical assistance, support, and advisory services to the Council and its external
32 partners;
- 33 (d) Assist the Council in identifying and building internal and external networks and partnerships;
- 34 (e) Coordinate and support the efforts of the Council and its members to mobilize resources;
- 35 (f) Serve as the clearing house and repository of HIV and AIDS-related information;
- 36 (g) Disseminate updated, accurate, relevant, and comprehensive information about the epidemic to
37 Council members, policy makers, and the media;
- 38 (h) Provide administrative support to the Council; and

- 1 (i) Act as spokesperson and representative for and in behalf of the Council.

2 **SEC. 8. National Multi-Sectoral HIV and AIDS Strategic Plan.** – A six (6)-year National Multi-

3 Sectoral HIV and AIDS Strategic Plan or an AIDS Medium-Term Plan (AMTP) shall be formulated

4 and periodically updated by the Council. The AMTP shall include the following:

5 (a) The country's targets and strategies in addressing the epidemic;

6 (b) The prevention, treatment, care and support, and other components of the country's response;

7 (c) The six (6)-year operationalization of the program and identification of the government agencies

8 that shall implement the program, including the designated office within each agency responsible for

9 overseeing, coordinating, facilitating and/or monitoring the implementation of its AIDS program

10 from the national to the local levels; and

11 (d) The budgetary requirements and a corollary investment plan that shall identify the sources of

12 funds for its implementation.

13 SEC. 9. National HIV and AIDS and STI Prevention and Control Program of the DOH. –
14 The existing National HIV and AIDS and STI Prevention and Control Program (NASPCP) of the
15 DOH, which is composed of qualified medical specialists and support personnel with permanent
16 appointments and with adequate yearly budget, shall coordinate with the Council for the
17 implementation of the health sector's HIV and AIDS and STI response, as identified in the National
18 Multi-Sectoral HIV and AIDS Strategic Plan or the AMTP.

19 SEC. 10. Protection of Human Rights. – The country's response to the HIV and AIDS
20 phenomena shall be anchored on the principles of human rights and human dignity. Public health
21 concerns shall be aligned with internationally-recognized human rights instruments and standards.

22 Towards this end, the members of the Council, in cooperation with CSOs and in collaboration with
23 the DOJ and the Commission on Human Rights (CHR), shall ensure the delivery of non-
24 discriminatory HIV and AIDS services by government and private HIV and AIDS service providers.
25 Further, the DOH and the CHR, in coordination with the Council, shall take the lead in developing
26 redress mechanisms for persons living with HIV to ensure that their civil, political, economic and
27 social rights are protected.

ARTICLE II

EDUCATION AND INFORMATION

SEC. 11. Prevention Program. – There shall be an HIV and AIDS prevention program that shall educate the public on these and other sexually transmitted infections, with the goal of reducing risky behavior, lowering vulnerabilities, and promoting the human rights of persons living with HIV.

33 The Council shall promote and adopt a range of measures and interventions, in partnership with
34 CSOs that aim to prevent, halt, or control the spread of HIV in the general population, especially
35 among the key populations and vulnerable communities. These measures shall likewise promote the
36 rights, welfare, and participation of persons living with HIV and the affected children, young people,
37 families and partners of persons living with HIV.

38 The HIV and AIDS prevention programs shall be age-appropriate and based on up-to-date evidence
39 and scientific strategies, and shall actively promote:

- 40 (a) Safer sex practices among the general population, especially among key populations;
41 (b) Safer sex practices that reduce risk of HIV infection;

- 1 (c) Universal access to evidence-based and relevant information and education, and medically safe,
- 2 legally affordable, effective and quality treatment;
- 3 (d) Sexual abstinence and sexual fidelity; and
- 4 (e) Consistent and correct condom use.

5 **SEC. 12. Education in Learning Institutions.** – Using standardized information and data from
6 the Council, the DepED, the Commission on Higher Education (CHED), and the Technical
7 Education and Skills Development Authority (TESDA), shall integrate basic and age-appropriate
8 instruction on the causes, modes of transmission and ways of preventing the spread of HIV and
9 AIDS and other sexually transmitted infections in their respective curricula taught in public and
10 private learning institutions, including alternative and indigenous learning systems. The learning
11 modules shall include human rights-based principles and information on treatment, care and support
12 to promote stigma reduction.

13 The DepED, the CHED and the TESDA shall ensure the development and provision of
14 psychosocial support and counseling in learning institutions for the development of positive health,
15 promotion of values and behavior pertaining to reproductive health in coordination with the DOH.
16 For this purpose, funds shall be allocated for the training and certification of teachers and school
17 counselors.

18 **SEC. 13. Education as a Right to Health and Information.** – HIV and AIDS education and
19 information dissemination shall form part of the constitutional right to health.

20 **SEC. 14. Education in the Workplace.** – All public and private employers and employees shall be
21 provided with standardized basic information and instruction on HIV and AIDS, including topics
22 on confidentiality in the workplace and reduction or elimination of stigma and discrimination.

23 The DOLE for the private sector and the Civil Service Commission (CSC) for the public sector shall
24 implement this provision. The members of the Armed Forces of the Philippines (AFP) and the
25 Philippine National Police (PNP) shall likewise be provided with standardized basic information and
26 instruction on HIV and AIDS by the DOH in partnership with appropriate agencies.

27 **SEC. 15. Education for Filipinos Going Abroad.** – The Department of Foreign Affairs (DFA)
28 shall, in coordination with the Commission on Filipino Overseas, the DOLE and the Council,
29 ensure that all overseas Filipino workers, including diplomatic, military, trade, labor officials, and
30 personnel and their families to be assigned overseas, shall undergo or attend a seminar on HIV and
31 AIDS, and shall be provided with information on how to access on-site HIV-related services and
32 facilities before certification for overseas assignment.

33 **SEC. 16. Information for Tourists and Transients.** – Educational materials on the causes, modes
34 of transmission, prevention, consequences of HIV infection and list of HIV counseling and testing
35 facilities shall be adequately provided at all international and local ports of entry and exit. The
36 Department of Tourism (DOT), the DFA, the Department of Transportation and Communications
37 (DOTC) and the Bureau of Immigration, in coordination with the Council and stakeholders in the
38 tourism industry, shall lead in the implementation of this section.

39 **SEC. 17. Education in Communities.** – The DILG, the League of Provinces, the League of Cities
40 and the League of Municipalities, through the Local HIV and AIDS Council (LAC) or the Local
41 Health Boards and, in coordination with the Council, shall implement a locally-based, multi-sectoral
42 community response to HIV and AIDS by raising awareness about it and ways to curtail its
43 transmission.

44 Gender and Development (GAD) funds and other sources may be utilized for these purposes.

1 The DILG, in coordination with the DSWD, shall also conduct age-appropriate HIV and AIDS
2 education for out-of-school youths.

3 **SEC. 18. Education for Key Populations and Vulnerable Communities.** – To ensure that HIV
4 services reach key populations at higher risk, the Council, in collaboration with the LGUs and CSOs
5 engaged in HIV and AIDS programs and projects, shall support and provide funding for HIV and
6 AIDS education programs, such as peer education, support groups, outreach activities and
7 community-based research that target these populations and other vulnerable communities. The
8 DOH shall, in coordination with appropriate agencies and the Council, craft the guidelines and
9 standardized information messages for peer education, support group and outreach activities.

10 **SEC. 19. Prevention in Prisons and in Other Closed Settings.** – All prisons, rehabilitation
11 centers and other closed-setting institutions shall have comprehensive STI, HIV and AIDS
12 prevention and control program that includes HIV education and information, HIV counseling and
13 testing, and access to HIV treatment and care services. The DOH shall, in coordination with the
14 DILG, the DOJ, and the DSWD, develop HIV and AIDS comprehensive program and policies
15 which include the HIV counseling and testing procedures.

16 Persons living with HIV in prisons and in other closed settings shall be provided HIV treatment,
17 which includes ARV drugs, care and support in accordance with the national guidelines. Efforts
18 should be undertaken to ensure the continuity of care at all stages, from admission or imprisonment
19 to release. The provision on informed consent and confidentiality shall also apply in closed settings.

20 **SEC. 20. Information on Prophylactics.** – Appropriate information shall be attached to or provided
21 with every prophylactic offered for sale or given as a donation. Such information shall be legibly
22 printed in English and Filipino, and contain literature on the proper use of the prophylactic device
23 or agent, its efficacy against HIV and STI, as well as the importance of sexual abstinence and mutual
24 fidelity.

25 **SEC. 21. Misinformation on HIV and AIDS.** – Misinformation on HIV and AIDS, which
26 includes false and misleading advertising and claims in any of the multimedia or the promotional
27 marketing of drugs, devices, agents or procedures without prior approval from the DOH through
28 the Food and Drug Administration (FDA) and without the requisite medical and scientific basis,
29 including markings and indications in drugs and devices or agents, purporting to be a cure or a fail-
30 safe prophylactic for HIV infection, shall be prohibited.

31 ARTICLE III

32 PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES

33 **SEC. 22. Positive Health, Dignity and Prevention.** – The Council, in coordination with the
34 DOH, LGUs, and other relevant government agencies, private sector, CSOs, faith-based
35 organizations, and persons living with HIV, shall support preventive measures that shall focus on
36 the positive roles of persons living with HIV. Such preventive measures shall include the following:

37 (a) Creation of rights-based and community-led behavior modification programs that seek to
38 encourage HIV risk reduction behavior among persons living with HIV;

39 (b) Establishment and enforcement of rights-based mechanisms to strongly encourage newly tested
40 HIV-positive individuals to conduct partner notification and to promote HIV status disclosure to
41 sexual partners;

42 (c) Establishment of standard precautionary measures in public and private health facilities;

43 (d) Accessibility of ARV treatment and management of opportunistic infections; and

1 (e) Mobilization of communities of persons living with HIV for public awareness campaigns and
2 stigma reduction activities.

3 The enforcement of this section shall not lead to or result in the discrimination or violation of the
4 rights of persons living with HIV.

5 SEC. 23. Harm Reduction Strategies. – The DILG and the DOH, in close coordination with the
6 Dangerous Drugs Board and in partnership with the key affected population, shall establish a human
7 rights and evidenced-based HIV prevention policy and program for people who use and inject
8 drugs.

9 The presence of used or unused condoms, other safer sex paraphernalia and sterile injecting
10 equipment shall not be used as basis to conduct raids or similar police operations in sites and venues
11 of HIV prevention interventions.

12 The DILG and the DOH, in coordination with the Dangerous Drugs Board, shall establish a
13 national policy to guarantee the implementation of this provision.

SEC. 24. Prevention of Mother-to-Child HIV Transmission. – The DOH shall implement a program to prevent mother-to-child HIV transmission that shall be integrated into its maternal and child health services.

17 SEC. 25. Standard Precaution on the Donation of Blood, Tissue, or Organ. – The DOH shall
18 enforce the following guidelines on donation of blood, tissue, or organ:

19 (a) A donation of tissue or organ, whether gratuitous or onerous, shall be accepted by a laboratory
20 or institution only after a sample from the donor has been tested negative for HIV;

21 (b) All donated blood shall also be subject to HIV testing. HIV-positive blood shall be disposed of
22 properly and immediately; and

23 (c) A second testing may be demanded, as a matter of right, by the blood, tissue, or organ recipients
24 or their immediate relatives before transfusion or transplant, except during emergency cases.

25 Donations of blood, tissue, or organ testing positive for HIV may be accepted for research purposes
26 only, and shall be subject to strict sanitary disposal requirements.

27 SEC. 26. Standard Precaution on Surgical and Other Similar Procedures. – The DOH shall, in
28 consultation with concerned professional organizations and hospital associations, issue guidelines on
29 precautions against HIV transmission during surgical, dental, embalming, body painting or tattooing
30 that require the use of needles or similar procedures. The necessary protective equipment such as
31 gloves, goggles and gowns shall be prescribed and required, and made available to all physicians and
32 health care providers, tattoo artists, and similarly exposed personnel at all times.

ARTICLE IV

TESTING, SCREENING AND COUNSELING

35 **SEC. 27. Voluntary HIV Testing.** – As a policy, the State shall encourage voluntary HIV testing.
36 Written consent from the person taking the test must be obtained before HIV testing. If the person
37 is below fifteen (15) years of age or is mentally incapacitated, such consent shall be obtained from
38 the child's parents, legal guardian or, whenever applicable, from the licensed social worker, licensed
39 health service provider or a DOH-accredited health service provider assigned to provide health
40 services to the child.

1 HIV testing and counseling shall be made available to a child who is fifteen (15) years old but below
2 eighteen (18) years of age, who requests to undergo these procedures and counseling and other
3 related services under any of the following conditions:

4 (a) The child expresses the intention to submit to HIV testing and counseling and other related
5 services;

6 (b) Reasonable efforts were undertaken to locate, provide counseling to, and obtain consent of
7 parents, but the parents are absent or cannot be located, or otherwise refuse to give their consent. In
8 this case, consent shall be obtained from the child's legal guardian or, whenever applicable, from
9 licensed social worker, licensed health service provider or a DOH-accredited health service provider
10 assigned to provide health services to the child. The licensed social worker, health care provider or
11 other health care professional shall determine if the child is "at higher risk of HIV exposure" as
12 defined in this Act, and that the conduct of the testing and counseling is in the child's best interest
13 and welfare; and

14 (c) In every circumstance, proper counseling shall be conducted by a social worker, a health care
15 provider or other health care professional accredited by the DOH or the DSWD.

16 **SEC. 28. Compulsory HIV Testing.** – Compulsory HIV testing shall be allowed only in the
17 following instances:

18 (a) When it is necessary to test a person who is charged with any of the offenses punishable under
19 Articles 264, 266, 335 and 338 of "The Revised Penal Code", as amended by Republic Act No.
20 8353, otherwise known as "The Anti-Rape Law of 1997";

21 (b) When it is necessary to resolve relevant issues under Executive Order No. 209, otherwise known
22 as "The Family Code of the Philippines"; and

23 (c) As a prerequisite in the donation of blood in compliance with the provisions of Republic Act No.
24 7170, otherwise known as the "Organ Donation Act of 1991", and Republic Act No. 7719,
25 otherwise known as the "National Blood Services Act of 1994".

26 **SEC. 29. HIV Counseling and Testing.** – To ensure access to voluntary and confidential HIV
27 testing, which shall include client-initiated HIV testing and routine provider-initiated testing, the
28 DOH shall:

29 (a) Accredit public and private HIV testing facilities based on capacity to deliver testing services
30 including HIV counseling: Provided, That only DOH-accredited HIV testing facilities shall be
31 allowed to conduct HIV testing;

32 (b) Develop the guidelines for HIV counseling and testing, including mobile HIV counseling and
33 testing and routine provider-initiated HIV counseling and testing that shall ensure, among others,
34 that HIV testing is based on informed consent, is voluntary and confidential, is available at all times,
35 and provided by qualified persons and DOH-accredited providers;

36 (c) Accredit institutions or organizations that train HIV and AIDS counselors in coordination with
37 the DSWD; and

38 (d) Set the standards for HIV counseling and work closely with HIV and AIDS CSOs that train HIV
39 and AIDS counselors and peer educators in coordination and participation of NGOs, government
40 organizations (GOs) and Civil Society Organization-People Living with HIV (CSO-PLHIV).

41 All HIV testing facilities shall provide free pre-test and post-test HIV counseling to individuals who
42 wish to avail of HIV testing, which shall likewise be confidential. No HIV testing shall be conducted

1 without informed consent. The State shall ensure that specific approaches to HIV counseling and
2 testing are adopted based on the nature and extent of HIV/AIDS incidence in the country.

3 The DOH shall also ensure access to routine HIV testing as part of clinical care in all health care
4 settings.

5 ARTICLE V

6 HEALTH AND SUPPORT SERVICES

7 **SEC. 30. Access to Treatment by Indigents.** – The DOH shall establish a program that will
8 provide free and accessible ARV treatment to all indigents living with HIV who are enrolled in the
9 program. Free medication for opportunistic infections shall be made available to all indigents in the
10 government treatment hubs. It shall likewise designate public and private hospitals to become
11 satellite hubs with an established HIV and AIDS Core Team (HACT). A manual of procedures for
12 management of PLHIV shall be developed by the DOH.

13 **SEC. 31. Economic Empowerment and Support.** – Persons living with HIV shall not be
14 deprived of any employment, livelihood, micro-finance, self-help, and cooperative programs by
15 reason of their HIV status. The DSWD, in coordination with the DILG, the DOLE and the
16 TESDA, shall develop enabling policies and guidelines to ensure economic empowerment and
17 independence designed for persons living with HIV.

18 **SEC. 32. Care and Support for Persons Living with HIV.** – The DSWD, in coordination with
19 the DOH and the TESDA, shall develop care and support programs for persons living with HIV,
20 which shall include peer-led counseling and support, social protection, welfare assistance, and
21 mechanisms for case management. These programs shall include care and support for the affected
22 children, families and partners of persons living with HIV.

23 **SEC. 33. Care and Support for Overseas Workers Living with HIV.** – The Overseas Workers
24 Welfare Administration (OWWA), in coordination with the DSWD, the DFA, the Commission on
25 Filipino Overseas and the Bureau of Quarantine, shall develop a program to provide a stigma-free
26 comprehensive reintegration, care and support program, including economic, social and medical
27 support, for overseas workers, regardless of employment status and stage in the migration process.

28 **SEC. 34. Testing of Organ Donation.** – Lawful consent to HIV testing of a donated human body,
29 organ, tissue or blood shall be considered as having been given when:

30 (a) A person volunteers or freely agrees to donate one's blood, organ, or tissue for transfusion,
31 transplantation, or research; and

32 (b) A legacy and a donation are executed in accordance with Sections 3 and 4, respectively, of
33 Republic Act No. 7170, otherwise known as the "Organ Donation Act of 1991".

34 **SEC. 35. HIV Anti-Body Testing for Pregnant Women.** – A health care provider who offers
35 pre-natal medical care shall routinely conduct HIV screening with an opt-out HIV testing for
36 pregnant women. The DOH shall provide the necessary guidelines for health care providers in the
37 conduct of the screening procedure.

38 **SEC. 36. Immunity from Suit for HIV Educators, Licensed Social Workers, Health Workers
39 and Other HIV and AIDS Service Providers.** – Any person involved in the provision of HIV and
40 AIDS services, including peer educators, shall be immune from suit, arrest or prosecution, and from
41 civil, criminal or administrative liability, on the basis of their delivery of such services in HIV
42 prevention, or in relation to the legitimate exercise of protective custody of children, whenever
43 applicable. This immunity does not cover acts which are committed in violation of this Act.

1 SEC. 37. Health Insurance. – The Philippine Health Insurance Corporation (PhilHealth) shall
2 develop an insurance package for persons living with HIV that shall include coverage for inpatient
3 and outpatient medical and diagnostic services, including medication and treatment, and a set of
4 benefits to the unborn and newborn child infected by their mothers. Additionally, it shall set a
5 reference price for HIV services in government hospitals and conduct programs to educate the
6 human resource units of companies on the PhilHealth package on HIV and AIDS.

7 The PhilHealth shall enforce confidentiality in the provision of these packages to persons living with
8 HIV.

9 No person living with HIV shall be denied or deprived of private health insurance by a Health
10 Maintenance Organization (HMO) and private life insurance coverage by a life insurance company
11 on the basis of the person's HIV status. The Insurance Commission shall enforce the provision of
12 life insurance coverage by persons applying for such services and shall develop the necessary policies
13 to ensure compliance.

14 SEC. 38. HIV and AIDS Monitoring and Evaluation. – The DOH shall maintain a
15 comprehensive HIV and AIDS monitoring and evaluation program that shall serve the following
16 purposes:

17 (a) Determine and monitor the magnitude and progression of HIV and AIDS in the Philippines to
18 help the national government evaluate the adequacy and efficacy of HIV prevention and treatment
19 programs being employed;

20 (b) Receive, collate, process and evaluate all HIV and AIDS-related medical reports from all
21 hospitals, clinics, laboratories and testing centers, including HIV-related deaths and relevant data
22 from public and private hospitals, various databanks or information systems: Provided, That it shall
23 adopt a coding system that ensures anonymity and confidentiality; and

24 (c) Submit, through its Secretariat, an annual report to the Council containing the findings of its
25 monitoring and evaluation activities in compliance with this mandate.

ARTICLE VI

CONFIDENTIALITY

28 SEC. 39. Confidentiality. – The confidentiality and privacy of any individual who has been tested
29 for HIV, exposed to HIV, has HIV infection or HIV and AIDS-related illnesses, or was treated for
30 HIV-related illnesses shall be guaranteed. The following acts violate confidentiality and privacy:

31 (a) Disclosure of Confidential HIV and AIDS Information – Unless otherwise provided in Section
32 40 of this Act, it shall be unlawful to disclose, without written consent, information that a person
33 had HIV-related test and AIDS, has HIV infection or HIV-related illnesses, or has been exposed to
34 HIV.

35 The prohibition shall apply to any person, natural or juridical, whose work or function involves the
36 implementation of this Act or the delivery of HIV-related services, including those who handle or
37 have access to personal data or information in the workplace, and who, pursuant to the receipt of
38 the required written consent from the subject of confidential HIV and AIDS information, have
39 subsequently been granted access to the same confidential information.

40 (b) Media Disclosure – It shall be unlawful for any editor, publisher, reporter or columnist, in case
41 of printed materials, announcer or producer in case of television and radio broadcasting, producer
42 and director of films in case of the movie industry, to disclose the name, picture, or any information

1 that would reasonably identify any person living with HIV or AIDS, or any confidential HIV and
2 AIDS information, without the prior written consent of their subject.

3 **SEC. 40. Exceptions.** – Confidential HIV and AIDS information may be released by HIV testing
4 facilities without written consent in the following instances:

5 (a) When complying with reportorial requirements of the national active and passive surveillance
6 system of the DOH: Provided, That the information related to a person's identity shall remain
7 confidential;

8 (b) When informing other health workers directly involved in the treatment or care of a person
9 living with HIV: Provided, That such worker shall be required to perform the duty of shared
10 medical confidentiality; and

11 (c) When responding to a subpoena duces tecum and subpoena ad testificandum issued by a court
12 with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual:
13 Provided, That the confidential medical record, after having been verified for accuracy by the head
14 of the office or department, shall remain anonymous and unlinked and shall be properly sealed by its
15 lawful custodian, hand delivered to the court, and personally opened by the judge: Provided, further,
16 That the judicial proceedings shall be held in executive session.

17 **SEC. 41. Release of HIV-Related Test Results.** – The result of any test related to HIV shall be
18 released by the attending physician who provides pre- and post-test counseling only to the individual
19 who submitted to the test. If the patient is below fifteen (15) years old, an orphan, or is mentally
20 incapacitated, the result may be released to either of the patient's parents, legal guardian, or a duly
21 assigned licensed social worker, whichever is applicable.

22 **SEC. 42. Disclosure to Sexual Partners.** – Any person who, after having been tested, is found to
23 be infected with HIV, is strongly encouraged to disclose this health condition to the spouse or
24 sexual partner prior to engaging in penetrative sex or any potential exposure to HIV. A person living
25 with HIV may opt to seek help from qualified professionals including medical professionals, health
26 workers, peer educators, or social workers to support him in disclosing this health condition to one's
27 partner or spouse. Confidentiality shall likewise be observed. Further, the DOH, through the
28 Council, shall establish an enabling environment to encourage newly tested HIV-positive individuals
29 to disclose their status to sexual partners.

30 **SEC. 43. Duty of Employers, Heads of Government Offices, Heads of Public and Private
31 Schools or Training Institutions, and Local Chief Executives.** – It shall be the duty of private
32 employers, heads of government offices, heads of public and private schools or training institutions,
33 and local chief executives over all private establishments within their territorial jurisdiction to
34 prevent or deter acts of discrimination against persons living with HIV, and to provide procedures
35 for the resolution, settlement, or prosecution of acts of discrimination. Towards this end, the
36 employer, head of office, or local chief executive shall:

37 (a) Promulgate rules and regulations prescribing the procedure for the investigation of
38 discrimination cases and the administrative sanctions thereof; and

39 (b) Create a permanent committee on the investigation of discrimination cases. The committee shall
40 conduct meetings to increase the members' knowledge and understanding of HIV and AIDS, and to
41 prevent incidents of discrimination. It shall also conduct the administrative investigation of alleged
42 cases of discrimination.

43

44

ARTICLE VII

DISCRIMINATORY ACTS AND PRACTICES

SEC. 44. The following are discriminatory acts and practices and shall be prohibited:

4 (a) Discrimination in the Workplace – The rejection of job application, termination of employment,
5 or other discriminatory policies in hiring, provision of employment and other related benefits,
6 promotion or assignment of an individual solely or partially on the basis of actual, perceived, or
7 suspected HIV status;

(b) Discrimination in Learning Institutions – Refusal of admission, expulsion, segregation, imposition of harsher disciplinary actions, or denial of benefits or services of a student or a prospective student solely or partially on the basis of actual, perceived, or suspected HIV status;

11 (c) Restriction on Travel and Habitation. – Restrictions on travel within the Philippines, refusal of
12 lawful entry to Philippine territory, deportation from the Philippines, or the quarantine or enforced
13 isolation of travellers solely or partially on account of actual, perceived, or suspected HIV status is
14 discriminatory; the same standard of protection shall be afforded to migrants, visitors and residents
15 who are not Filipino citizens.

16 Restrictions on housing or lodging solely or partially on the basis of actual, perceived, or suspected
17 HIV status;

18 (d) Inhibition from Public Services – Prohibition on the right to seek an elective or appointive
19 public office solely or partially on the basis of actual, perceived, or suspected HIV status;

20 (e) Exclusion from Credit and Insurance Services – Exclusion from health, accident, or life
21 insurance, credit and loan services, including the extension of such loan or insurance facilities, of an
22 individual solely or partially on the basis of actual, perceived, or suspected HIV status: Provided,
23 That the person living with HIV has not misrepresented the fact to the insurance company or loan
24 or credit service provider upon application;

25 (f) Discrimination in Hospitals and Health Institutions – Denial of health services, or be charged
26 with a higher fee, on the basis of actual, perceived, or suspected HIV status; and

27 (g) Denial of Burial Services – Denial of embalming and burial services for a deceased person who
28 had HIV and AIDS or who was known, suspected or perceived to be HIV-positive.

29 SEC. 45. Penalties. – The corresponding penalties shall be imposed upon:

30 (a) Any person who commits the prohibited act under Section 21 of this Act shall upon conviction,
31 suffer the penalty of imprisonment of two (2) months to two (2) years, without prejudice to the
32 imposition of fines and administrative sanctions, such as suspension or revocation of professional or
33 business license;

34 (b) Any person who violates the last paragraph of Section 23 of this Act shall, upon conviction,
35 suffer the penalty of imprisonment of one (1) year to five (5) years and a fine of not less than one
36 hundred thousand pesos (P100,000.00) but not more than five hundred thousand pesos
37 (P500,000.00): Provided, That the law enforcement agents found guilty shall be removed from
38 public service;

39 (c) Any person who knowingly or negligently causes another to get infected with HIV in the course
40 of the practice of profession through unsafe and unsanitary practice and procedure shall, upon
41 conviction, suffer the penalty of imprisonment of six (6) years to twelve (12) years, without prejudice

1 to the imposition of fines and administrative sanctions, such as suspension or revocation of
2 professional license.

3 The permit or license of the business entity and the accreditation of the HIV testing centers may be
4 cancelled or withdrawn if these establishments fail to maintain safe practices and procedures as may
5 be required by the guidelines formulated in compliance with Sections 25 and 26 of this Act;

6 (d) Any person who violates Section 36 of this Act shall, upon conviction, suffer the penalty of
7 imprisonment of six (6) months to five (5) years and/or a fine of not less than one hundred
8 thousand pesos (P100,000.00) but not more than five hundred thousand pesos (P500,000.00):
9 Provided, That if the person who violates this provision is a law enforcement agent or a public
10 official, administrative sanctions may be imposed in addition to imprisonment and/or fine, at the
11 discretion of the court;

12 (e) Any person, natural or juridical, who denies life insurance coverage of any person living with
13 HIV in violation of Section 37 of this Act shall, upon conviction, suffer the penalty of imprisonment
14 of six (6) months to five (5) years and/or a fine of not less than fifty thousand pesos (P50,000.00)
15 but not more than five hundred thousand pesos (P500,000.00), at the discretion of the court, and
16 without prejudice to the imposition of administrative sanctions such as fines, suspension or
17 revocation of business permit, business license or accreditation, and professional license;

18 (f) Any person, natural or juridical, who violates the provisions of Section 39 of this Act shall, upon
19 conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and/or a fine of
20 not less than fifty thousand pesos (P50,000.00) but not more than five hundred thousand pesos
21 (P500,000.00), or both imprisonment and fine, at the discretion of the court, and without prejudice
22 to the imposition of administrative sanctions such as suspension or revocation of business permit,
23 business license or accreditation, and professional license;

24 (g) Any person, natural or juridical, who shall violate any of the provisions in Section 44 shall, upon
25 conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and/or a fine of
26 not less than fifty thousand pesos (P50,000.00) but not more than five hundred thousand pesos
27 (P500,000.00), at the discretion of the court, and without prejudice to the imposition of
28 administrative sanctions such as fines, suspension or revocation of business permit, business license
29 or accreditation, and professional license; and

30 (h) Any person who has obtained knowledge of confidential HIV and AIDS information and uses
31 such information to malign or cause damage, injury or loss to another person shall face liability
32 under Articles 19, 20, 21 and 26 of the new Civil Code of the Philippines.

33 Fines and penalties collected pursuant to this section shall be deposited in the National Treasury.

34 **SEC. 46. Appropriations.** – The amount needed for the initial implementation of this Act shall be
35 charged against the appropriations for the DOH. Thereafter, such sums as may be necessary for the
36 continued implementation of this Act shall be included in the annual General Appropriations Act.

37 The funding requirement needed to provide for the health insurance package and other services for
38 persons living with HIV as stated in Section 37 hereof shall be charged against the PhilHealth's
39 corporate funds.

40 **SEC. 47. Transitory Provision.** – The personnel designated by the DOH as Secretariat of the
41 Council under Section 7 of this Act shall be absorbed as permanent personnel to fill the positions of
42 the Secretariat as provided in this Act.

- 1 **SEC. 48. Implementing Rules and Regulations.** – The Council, within ninety (90) days from the
2 effectivity of this Act, shall promulgate the necessary rules and regulations for the effective
3 implementation of the provisions of this Act.
- 4 **SEC. 49. Repealing Clause.** – Republic Act No. 8504, otherwise known as the “Philippine AIDS
5 Prevention and Control Act of 1998”, is hereby repealed.
- 6 All decrees, executive orders, proclamations and administrative regulations or parts thereof,
7 particularly in Republic Act No. 3815, otherwise known as “The Revised Penal Code”; Republic Act
8 No. 8353, otherwise known as “The Anti-Rape Law of 1997”; Executive Order No. 209, otherwise
9 known as “The Family Code of the Philippines”; Republic Act No. 7719, otherwise known as the
10 “National Blood Services Act of 1994”; Republic Act No. 9165, otherwise known as the
11 “Comprehensive Dangerous Drugs Act of 2002”; and Republic Act No. 7170, otherwise known as
12 the “Organ Donation Act of 1991”, inconsistent with the provisions of this Act are hereby repealed,
13 amended or modified accordingly.
- 14 **SEC. 50. Separability Clause.** – If any provision or part of this Act is declared unconstitutional,
15 the remaining parts or provisions not affected shall remain in full force and effect.
- 16 **SEC. 51. Effectivity.** – This Act shall take effect fifteen (15) days after its complete publication in
17 the Official Gazette or in a newspaper of general circulation.
- 18 Approved,