

SEVENTEENTH CONGRESS
CONGRESS OF THE PHILIPPINES
First Regular Session
HOUSE OF REPRESENTATIVES

House Bill No. **3341**

HOUSE OF REPRESENTATIVES

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Introduced by REPRESENTATIVE PIA S. CAYETANO

EXPLANATORY NOTE

Maternal health has been closely linked to newborn survival. The desire to have children and raise them well empowers many women and families to plan for their pregnancies. Many, however, do not have the knowledge and access to reproductive health services.

Public health data show that congenital anomalies rank among the top 20 causes of death across the life span and are already the third leading cause of death in the infancy period. Some of these defects, like that of the neural tube defects, happen in the first month of pregnancy—often before a woman even knows that she is pregnant. Neural tube defects are birth defects of the brain, spine and cord.

In the Philippines, 17% of all intended pregnancies end up in miscarriage. Further, more than half of all pregnancies are unplanned.

Empirical studies have shown that folic acid deficiency increases the risk of pregnant women to have an early miscarriage or give birth to a child with congenital anomalies or birth defects. A prevalence study of folic acid deficiency among pregnant women showed that more than half (51.7%) had deficiency. Moreover, the scale and impact of folic acid deficiency in the Philippines is still difficult to quantify due to insufficient data. However, folic acid deficiency makes a substantial contribution to the national and global burden of miscarriage, neural tube defects, intrauterine growth retardation and pre-term births. Folic Acid is a micronutrient belonging to the B complex group of vitamins. This micronutrient can be found in fruits, vegetables, legumes, and dairy products; and its deficiency can be brought about by low intake of the food group mentioned above, malabsorption and intestinal

parasite infections, and genetic disorders of folic acid metabolism. Unfortunately, the mean one-day intake of Filipinos, women of reproductive age (including pregnant and lactating mothers), is low in vegetables (10.7%), fruits (7.3%), legumes (0.55%), and dairy products (3.8%), based on the 2008 National Nutrition Survey. Intervention studies claim that folic acid intake can lower the risk of miscarriages and neural tube defects by 20% and 70%, respectively.

These premises, therefore, warrants a comprehensive approach that addresses the causes of folic acid deficiency and its association to miscarriages and congenital anomalies. Fortification of food products with folic acid has been considered to be the most effective method of ensuring adequate intake of folic acid in women of reproductive age. Periconceptional folic acid supplementation also has a strong protective effect against congenital anomalies. Actions, policies, and programmes to promote and increase the supply, access, consumption, and utilization of an adequate quantity, quality, and a variety of food for all population groups shall be enacted and supported, which further includes food-based strategies, nutrition counseling, public health and food safety measures.

For these reasons, the passage of this bill is urged.

Pia S. Cayetano
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2nd District of Taguig City

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Introduced by REPRESENTATIVE PIA S. CAYETANO

AN ACT
ESTABLISHING AN INTEGRATED UTILIZATION AND PROMOTION OF FOLIC
ACID FOOD FORTIFICATION AND SUPPLEMENTATION

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

ARTICLE 1
GENERAL PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the “Folic Acid Act of 20XX”.

SEC. 2. *Declaration of Policy.* – It is the policy of the State to equally protect the life of the mother and the lives of the unborn from conception, promote the right to health of the people, and instil health consciousness among them. In pursuit of these policies, the State recognizes the need to adopt and support a comprehensive approach that addresses the causes of folic acid deficiency and its association to miscarriage and congenital anomalies. Actions, policies and programmes to promote and increase the supply, access, consumption and utilization of an adequate quantity, quality, and a variety of food for all population groups shall be enacted to strengthen other policies that were formulated and implemented which includes food-based strategies, nutrition education, public health and food safety measures, and supplementation. This Act shall also support the achievement of global goals for adequate nutrition and attainment of healthy life for all and at all ages. The State also recognizes that an effective public education program is vital in preventing the ill-effects of folic acid deficiency among pregnant women, such as miscarriages and congenital anomalies.

SEC. 3. *Objectives.* – The objectives of this Act are:

- 1) To ensure that every woman of reproductive age has access to food and food products containing folate and folic acid and folic acid supplements to reduce the risk of miscarriage and having babies with neural tube defects and other birth defects;
- 2) To ensure that there is adequate supply of folic acid-fortified food and food products and folic acid tablets at an affordable price;

- 3) To ensure that there is sufficient and correct information on the role of folate and folic acid for women of reproductive age and their children;
- 4) To ensure the creation of a sustained inter-agency collaboration for the aggressive implementation and monitoring of this Act; and
- 5) To foster collaborative undertakings in continuous research on folic acid food fortification and supplementation.

ARTICLE 2 DEFINITION OF TERMS

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

- 1) *Birth Defects* means a physical or biochemical abnormality that is present at birth that happens while a baby is developing in the mother's womb that may be inherited or a result of environmental influence.
- 2) *Folic Acid* is a micronutrient belonging to the B complex group of vitamins, available in its endogenous (as folate) and synthetic forms.
- 3) *Fortification* means the practice of deliberately increasing the content of an essential micronutrient in food, so as to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health.
- 4) *Neural Tube Defects* are birth defects of the brain, spine and cord. They happen in the first month of pregnancy. The two most common neural tube defects are spina bifida and anencephaly. In spina bifida, the fetal spinal column does not close.
- 5) *Reproductive age* means the age at first menstruation period of a woman up to the age of cessation of menstruation.
- 6) *Supplementation* is the term used to describe the provision of relatively large doses of micronutrients, usually in the form of pills, capsules or syrups.

ARTICLE 3 INTEGRATED UTILIZATION AND PROMOTION OF FOLIC ACID FOOD FORTIFICATION AND SUPPLEMENTATION

SEC. 5. *Awareness and Promotion.* – Medical and allied professionals in the healthcare delivery system shall integrate in their practice, the reproductive health, existing burden of miscarriage and birth defects, folic acid intake and deficiency, as well as the nature and benefits of dietary diversifications, fortification, and supplementation. The Department of Education (DepEd) and the Commission on Higher Education (CHED) shall incorporate the above-mentioned information in their curriculum. Furthermore, print, broadcast and social media promotion, with the use

of mobile and computer applications shall promote information and other awareness and promotional programs deemed appropriate to cover this Act shall be the responsibility of the Department of Health (DOH), in coordination with the Philippine Information Agency (PIA).

SEC. 6. *Dietary Diversification.* – The Food and Nutrition Research Institute (FNRI) in collaboration with the National Nutrition Council (NNC) shall design functional food and promote nutrition practices through nutrition education.

SEC. 7. *Food Fortification.* – Fortification of food and food products with folic acid shall adopt and strengthen the Philippine Fortification Act of 2000, which stipulates the fortification of food and food products with Vitamin A and Iron only. The type of fortification and the fortificant of choice shall be the responsibility of Food and Drug Administration of the Philippines (FDA). Within three years after the enactment of this bill, all food groups identified by NNC as commonly consumed and should be consumed by women of reproductive age shall be fortified with folic acid, in addition to the other micronutrients added to these food groups.

SEC. 8. *Folic Acid Supplementation.* – This program is intended for women in the reproductive age. In addition to food fortification, women that could become pregnant are required to take folic acid tablets daily. This program shall adopt and strengthen the Administrative Order 2010-0010 or the revised policy on micronutrient supplementation and shall ensure that: 1) there is adequate supply of folic acid tablets, 2) the production, packaging, and distribution of folic acid tablets meet quality standards, and 3) it is affordable and can be easily accessed by every Filipina. DOH shall ensure that folic acid supplements are part of the routine services in all barangay and municipal health centers. Supplements shall also be given in evacuation centers during emergencies, disasters, and calamities. DOH shall ensure that explanation on the prescriptions, administration, and delivery of supplements as well as safety of ingestion are provided to all barangay health workers and the women in the reproductive age.

SEC. 9. *Research Development and Extension.* - Research development and extension undertakings on folic acid shall be incorporated in the National Unified Health Research Agenda of the Philippine National Health Research System. The National Institutes of Health (NIH) and all regional health research and development consortia are required to take part in these undertakings.

ARTICLE 4 IMPLEMENTATION

SEC. 10. *Lead Agency.* - The DOH shall be the Lead Agency in implementing this Act. For the purposes of achieving the objectives of this Act, the DOH shall:

- 1) Establish a National Coalition on Folic Acid;
- 2) Develop the implementing rules and regulations for the immediate implementation of the comprehensive program on folic acid within one hundred eighty (180) days from the enactment of this Act;

- 3) Identify a Regional Agency that will oversee the implementation of the Act in every region in the country; and
- 4) Coordinate with government and non-government organizations for the implementation of this Act.

SEC. 11. *National Coalition on Folic Acid.* – A National Coalition of Folic Acid provision and utilization shall be established to oversee the overall implementation of the actions, programs and projects and provide policy directions. The National Coalition shall assist in the conceptualization, planning, and implementation of the various programs/projects, primarily on health policy, research development and extension, awareness and promotion, monitoring and review, regional operations, and support.

The National Coalition shall be composed of government and private sectors, academe, hospitals and other health centers, research institutes, and other non-medical societies.

SEC. 12. *Quality Assurance.* - A quality assurance system will be established in accordance to DOH guidelines for food fortification as well as guidelines set by the World Health Organization (WHO) on food fortification and micronutrient supplementation.

SEC. 13. *Monitoring.* – The DOH is given the overall responsibility for the monitoring program and reporting progress. Other agencies may also contribute to some elements of the monitoring program as deemed appropriate.

SEC. 14. *Review.* – Periodic review will be done at least once every five years. Outcome data from the National Nutrition Survey and other nutrition surveillance systems shall be used in conducting such review.

SEC. 15. *Database.* – All regional agencies shall maintain a database of all patients receiving folic acid interventions and those who refused to take folic acid supplements. Data must be submitted to the DOH on an annual basis to establish a national registry pursuant to this Act. Outcome data from this registry shall form the basis for future programs and projects deemed necessary by the nationl to be incorporated and implemented in this Act.

SEC. 16. *Financing and Other Resources.* – The Department of Trade and Industry (DTI), Department of Science and Technology (DOST), Livelihood Corporation (LIVECOR) and government banks are hereby required to assist and support affected manufacturers in upgrading their technologies by facilitating soft loans and financial assistance for the procurement of necessary technologies and machines in compliance with the provisions of this Act. The Department of the Interior and Local Government (DILG) shall mobilize and establish financing programs to support folic acid interventions. Provision for folic acid supplements and analytical and biochemical laboratory testing for folic acid levels shall be incorporated in benefit package of the Philippine Health Insurance Corporation (PhilHealth).

SEC. 17. *Establishment and Accreditation of Folic Acid Laboratory Services.* –DOH shall ensure that free-standing and hospital-based laboratories are offering affordable and accurate analytical and biochemical folic acid tests. These laboratories must be strategically located to be easily accessed by the public.

SEC. 18. *Non Compliance with Folic Acid Fortification.* – The following shall be considered non-compliance with the fortification process:

- 1) If the food fortification levels do not comply with the DOH requirements and WHO guidelines, except when the deviation from the fortification levels are justified and are properly declared in the labeling; and
- 2) If the process of fortification does not conform with the DOH and other government standards.

SEC. 19. *Incentives and Disincentives.* – All women who have taken folic acid tablets before, during, and after conception up to delivery shall be given appropriate incentives as identified by the National Coalition on Folic Acid.

Any woman who refuse to take supplements on the grounds of religious and cultural beliefs and other reason not specified, must acknowledge in writing her understanding of the risks to her and to her unborn child. A copy of this refusal shall be indicated in the surveillance registry.

ARTICLE 5 FINAL PROVISIONS

SEC. 20. *International Commitments.* – Nothing in this Act is intended to violate provisions of Treaties and International Agenda to which the Philippines is a party.

SEC. 21. *Implementing Rules and Regulations.* – Within one hundred eighty days from effectivity of this Act, the Department of Health, shall issue the implementing rules and regulations to this Act.

SEC. 22. *Repealing Clause.* – All general and special laws, decrees, executive orders, proclamations and administrative regulations, or any parts thereof, which are inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 23. *Separability.* – If, for any reason or reasons, any part of provisions of this Act shall be declared or held to be unconstitutional or invalid, other provision or provisions hereof which are not affected thereby shall continue to be in full force and effect.

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

Approved,