

SIXTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Thrd Regular Session



'16 FEB -3 P6:05

SENATE

RECEIVED BY: *f.*

COMMITTEE REPORT NO: 499

Submitted jointly by the Committees on *Health and Demography; Education, Arts and Culture; Finance; Youth; Women, Family Relations and Gender Equality; & Justice and Human Rights* on
FEB 03 2016

Re: S.B. No. 3223

Recommending its approval in Substitution of S.B. Nos. 148, 186, 879, 1100, 1178, 1217, 2546, 2728, 2827 & 3054, and P.S.R. Nos. 83, 247, 423, 483, 724, 1050, 1104, 1373 & 1664 and taking into consideration H.B. No. 5178

Sponsors: Senators Cayetano (P) and Guingona

MR. PRESIDENT:

The Committees on *Health and Demography; Education, Arts and Culture; Finance; Youth; Women, Family Relations and Gender Equality; & Justice and Human Rights* to which were referred

S.B. NO. 148, Introduced by Sen. Pia S. Cayetano, entitled:

**"AN ACT STRENGTHENING THE
PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE AND SUPPORT AND ESTABLISHING
THE PHILIPPINE NATIONAL HIV AND AIDS PROGRAM, REVISING
FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN
AS 'THE PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998',
AND APPROPRIATING FUNDS THEREFOR"**

S.B. NO. 186, Introduced by Sen. Miriam Defensor Santiago, entitled:

**"AN ACT STRENGTHENING THE
PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE AND SUPPORT, AND ESTABLISHING
THE PHILIPPINE NATIONAL HIV AND AIDS PLAN, AMENDING FOR THE
PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS THE
PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998"**

S.B. NO. 879, introduced by Sen. Jinggoy Ejercito Estrada, entitled:

**"AN ACT PROVIDING FOR COUNSELING AND TESTING
OF PREGNANT WOMEN AND NEWBORN INFANTS FOR INFECTION
WITH HUMAN IMMUNO DEFICIENCY VIRUS AND FOR OTHER PURPOSES"**

S.B. NO. 1100, Introduced by Sen. Joseph Victor G. Ejercito, entitled:

**"AN ACT STRENGTHENING THE
PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE AND SUPPORT AND ESTABLISHING
THE PHILIPPINE NATIONAL HIV AND AIDS PROGRAM, REVISING
FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN
AS THE 'PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998',
AND APPROPRIATING FUNDS THEREFOR"**

S.B. NO. 1178, Introduced by Sen. Antonio "Sonny" F. Trillanes, entitled:

**"AN ACT STRENGTHENING
THE PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE AND SUPPORT AND ESTABLISHING
THE PHILIPPINE NATIONAL HIV AND AIDS PROGRAM, REVISING
FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN
AS THE PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998,
AND APPROPRIATING FUNDS THEREFOR"**

S.B. NO. 1217, introduced by Sen. Grace Poe, entitled:

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

SENATE BILL NO. 2546, introduced by Sen. Miriam Defensor Santiago, entitled:

**"AN ACT INCLUDING THE
NATIONAL YOUTH COMMISSION CHAIRPERSON
AS A MEMBER OF THE PHILIPPINE NATIONAL AIDS COUNCIL,
AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 8504,
OTHERWISE KNOWN AS THE PHILIPPINE AIDS PREVENTION
AND CONTROL ACT OF 1998"**

SENATE BILL NO. 2728, introduced by Sen. Miriam Defensor Santiago, entitled:

**"AN ACT PROVIDING FOR AN EFFECTIVE HUMAN
IMMUNODEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) PROGRAM IN PRISONS"**

SENATE BILL NO. 2827, introduced by Sen. Miriam Defensor Santiago, entitled:

**"AN ACT AMENDING REPUBLIC ACT NO. 8504,
OTHERWISE KNOWN AS THE 'PHILIPPINE AIDS PREVENTION AND
CONTROL ACT OF 1998' BY ALLOWING MINORS AGED 15 TO 17 YEARS
OLD TO GIVE CONSENT TO HIV TESTING UNDER EXCEPTIONAL
CIRCUMSTANCES"**

SENATE BILL NO. 3054, introduced by Sen. Miriam Defensor Santiago, entitled:

**"AN ACT PROVIDING FOR THE REDUCTION OF ADOLESCENT
PREGNANCY, HIV RATES, AND OTHER SEXUALLY TRANSMITTED
DISEASES"**

P.S.R. NO. 83, introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY, IN AID OF LEGISLATION,
ON THE ALARMING INCREASE OF HUMAN IMMUNODEFICIENCY VIRUS
(HIV) INFECTIONS AND THE NECESSITY OF FUNDING HIV
PREVENTION PROGRAMS TO CURTAIL THE SPREAD
OF THE CONCENTRATED EPIDEMIC"**

P.S.R. NO. 247, Introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY, IN AID OF LEGISLATION,
ON THE RISE OF REPORTED CASES OF HUMAN IMMUNODEFICIENCY
VIRUS INFECTIONS IN THE PHILIPPINES"**

P.S.R. NO. 423, Introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY, IN AID OF LEGISLATION,
ON THE REPORTED NEED TO PREVENT THE SPREAD OF THE HUMAN
IMMUNODEFICIENCY VIRUS IN ADOLESCENTS IN THE COUNTRY"**

P.S.R. NO. 483, Introduced by Sen. Ma. Lourdes Nancy S. Binay, entitled:

**"RESOLUTION CALLING THE APPROPRIATE
SENATE COMMITTEES TO INVESTIGATE, IN AID OF LEGISLATION,
THE GROWING NUMBER OF NEW CASES OF THE HUMAN
IMMUNODEFICIENCY VIRUS (HIV)"**

P.S.R. NO. 724, Introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY, IN AID OF LEGISLATION,
ON THE REPORTED STATEMENT FROM THE TRADE UNION CONGRESS
OF THE PHILIPPINES URGING THE DEPARTMENT OF HEALTH TO
DECLARE A NATIONAL EMERGENCY DUE TO THE RISE OF
CASES OF HUMAN IMMUNODEFICIENCY VIRUS
INFECTIONS IN THE COUNTRY"**

P.S.R. NO. 1050, Introduced by Sen. Ma. Lourdes Nancy S. Binay, entitled:

**"RESOLUTION CALLING ON THE APPROPRIATE
SENATE COMMITTEES TO CONDUCT AN INVESTIGATION,
IN AID OF LEGISLATION, ON THE GROWING NUMBER OF CASES OF
HUMAN IMMUNODEFICIENCY AND ACQUIRED IMMUNODEFICIENCY
SYNDROME WITH THE END IN VIEW OF INCREASING
PUBLIC AWARENESS THEREON"**

P.S.R. NO. 1104, Introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY,
IN AID OF LEGISLATION, ON THE REPORT THAT THERE H
AVE BEEN ALMOST 500 NEW HIV CASES IN THE
PHILIPPINES IN NOVEMBER 2014"**

P.S.R. NO. 1373, introduced by Sen. Miriam Defensor Santiago, entitled:

**"RESOLUTION DIRECTING THE PROPER
SENATE COMMITTEE TO CONDUCT AN INQUIRY,
IN AID OF LEGISLATION, ON THE REPORT THAT
TRANSACTIONAL SEX AMONG FILIPINOS CONTRIBUTES
TO THE INCREASE IN NEW HIV CASES"**

P.S.R. NO. 1664, introduced by Sen. Manuel "Lito" M. Lapid, entitled:

**"RESOLUTION DIRECTING THE SENATE COMMITTEE ON HEALTH AND
DEMOGRAPHY AND OTHER APPROPRIATE SENATE COMMITTEES TO
CONDUCT AN INQUIRY, IN AID OF LEGISLATION, ON THE PREVALENCE OF
HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN THE COUNTRY AND THE
STATUS OF THE PHILIPPINES IN MEETING THE OBJECTIVES OF THE
MILLENNIUM DEVELOPMENT GOALS THAT AIM TO COMBAT HIV/AIDS"**

and taking into consideration H.B. No. 5178, introduced by Representatives Mercado-Revilla, Tambunting, Marcos, Baguilat, Rodriguez (R.), Bag-ao, Gutierrez, Tan (A.), Velasco, Bulut-Begtang, De Venecia, Garin (S.), Acosta-Alba, Angara-Castillo, Gerona-Robredo, Fortuno, Castro, Dy, Go (A.C.) Alejano, Macrohon-Nuño, Estrella, Aragones, Vargas, Bonoan, Padilla, Olivarez, Deloso-Montalla, Rodriguez (M), Bello (W.) Eriguel, Ting, Kho, Tejada, Espina, Tiangco, Garin (O.), Oaminal, Suansing, Gulao, Roman, Teodoro, Pichay, Paquiz, Ridon, Singson (E.), Bravo (A.), Escudero, Cruz-Gonzales, Pernes, Ungab, Almario, Angping, Cua, Lobregat, Piamonte, Abu, Abueg, Adiong, Almonte, Arenas, Bataoil, Cayetano, Colmenares, Del Rosario (A.G.), Fortun, Garcia (G.), Gullas, Hicap, Ilagan, Mendoza (M.), Ortega (V.), Ramos, Romulo, Tinio, Uy (J.) and Yap (S.), entitled:

**"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"**

have considered the same and have the honor to report them back to the Senate with the recommendation that the attached S.B. No. 3223, prepared by the Committees, entitled:

**"AN ACT STRENGTHENING THE
PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE, AND SUPPORT, 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 approved in substitution of S.B. Nos. 148, 186, 879, 1100, 1178, 1217, 2546, 2728, 2827 & 3054, and P.S.R. Nos. 83, 247, 423, 483, 724, 1050, 1104, 1373 & 1664 and taking into consideration H.B. No. 5178 with P. Cayetano, Defensor-Santiago, Estrada, Ejercito, Trillanes, Poe, Binay, Lapid, Guingona, Legarda, Aquino, and Pimentel as authors thereof.

Respectfully submitted:



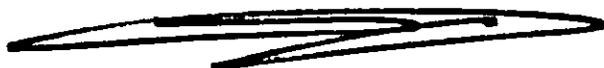
PIA S. CAYETANO

Chairperson Designate, Sub-Committee
and Vice-Chairperson Committee on
Health and Demography
Chairperson, Committees on
Women Family Relations and
Gender Equality and
Education, Arts and Culture



TEOFISTO "T. L." L. GUINGONA III

Chairperson, Committee on
Health and Demography
Vice Chairperson Committee
on Education, Arts and Culture
Vice Chairperson, Committee
on Finance



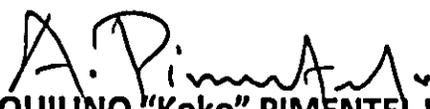
LOREN B. LEGARDA

Chairperson,
Committee on Finance,
Vice Chairperson, Committee on
Education Arts and Culture,
Vice Chairperson, Committee on
Justice and Human Rights



PAOLO BENIGNO "BAM" AQUINO IV

Chairperson, Committee on Youth
Vice Chairperson, Committee on Finance



AQUILINO "KOKO" PIMENTEL III

Chairperson, Committee on Justice and Human Rights



CYNTHIA A. VILLAR

Vice Chairperson,
Committee on Finance



SONNY ANGARA

Vice Chairperson,
Committee on Finance

SERGIO R. OSMEÑA III

Vice Chairperson, Committee on Finance
Vice Chairperson, Committee on Education Arts and Culture

MEMBERS:



JOSEPH VICTOR G. EJERCITO

FERDINAND R. MARCOS, JR.



GRACE POE

ANTONIO "Sonny" F. TRILLANES IV



FRANCIS "Chiz" G. ESCUDERO

RAMON BONG REVILLA, JR.

MIRIAM DEFENSOR SANTIAGO

MANUEL "Lito" M. LAPID



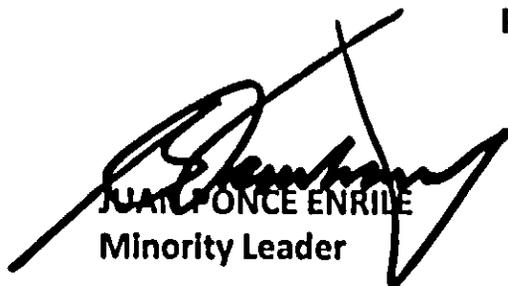
MARIA LOURDES NANCY S. BINAY

GREGORIO B. HONASAN II

VICENTE SOTTO III

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RALPH G. RECTO
President Pro-Tempore



JUAN PONCE ENRILE
Minority Leader

ALAN PETER "Compañero" S. CAYETANO
Majority Leader

HON. FRANKLIN M. DRILON
Senate President
Senate of the Philippines
Pasay City

16 FEB -3 P6 05

SENATE

S. B. No. 3223

RECEIVED BY: 

(In Substitution of Senate Bill Nos. 148, 186, 879, 1100, 1178, 1217, 2546, 2728, 2827 & 3054, and P.S.R. Nos. 83, 247, 423, 483, 724, 1050, 1104, 1373 & 1664 & taking into consideration H.B. No. 5178)

PREPARED JOINTLY BY THE COMMITTEES ON HEALTH AND DEMOGRAPHY; EDUCATION, ARTS AND CULTURE; FINANCE; YOUTH; WOMEN, FAMILY RELATIONS AND GENDER EQUALITY; AND JUSTICE AND HUMAN RIGHTS WITH SENATORS P. CAYETANO, DEFENSOR-SANTIAGO, ESTRADA, EJERCITO, TRILLANES, POE, BINAY, LAPID, GUINGONA, LEGARDA, AQUINO, AND PIMENTEL AS AUTHORS THEREOF

**AN ACT
STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS PREVENTION, TREATMENT, CARE, AND SUPPORT, 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:

**ARTICLE I
GENERAL PROVISIONS**

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

SEC. 2. *Declaration of Policy.* - The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social, political, and economic repercussions. Responding to the HIV and AIDS epidemic is therefore imbued with public interest and shall be anchored on the principles of human rights and human dignity. Accordingly, the State shall:

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

(b) Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring that local communities, civil society organizations (CSOs), and persons living with HIV are involved in the process;

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

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

7 Respect for, protection, and promotion of human rights are the cornerstones of
8 an effective response to the HIV epidemic. Towards this end, the State shall ensure the
9 delivery of non-discriminatory HIV and AIDS services by government and private HIV
10 and AIDS service providers and develop redress mechanisms for persons living with
11 HIV to ensure that their civil, political, economic and social rights are protected. HIV
12 and AIDS education and information dissemination shall likewise form part of the right to
13 health. And unless otherwise provided in this Act, the confidentiality, anonymity, and
14 voluntary nature of HIV testing and HIV-related testing shall always be guaranteed and
15 protected by the State.

16 **SEC. 3. Definition of Terms.** - As used in this Act, the following terms shall be
17 defined as follows:

18 (a) **Acquired Immune Deficiency Syndrome (AIDS)** refers to a health condition where
19 there is a deficiency of the immune system that stems from infection with HIV, making
20 an individual susceptible to opportunistic infections.

21 (b) **Antiretroviral (ARV)** refers to the treatment that stops or suppresses viral
22 replication or replications of a retrovirus like HIV thereby slowing down the progression
23 of infection.

24 (c) **Civil Society Organizations (CSOs)** refer to groups of non-governmental and non-
25 commercial individuals or legal entities that are engaged in non-coerced collective
26 action around shared interests, purpose, and values.

27 (d) **Community-Based Research** refers to research study undertaken in community
28 settings and which involve community members in the design and implementation of
29 research projects.

30 (e) **Discrimination** refers to any action taken to distinguish, exclude, restrict or show
31 preference based on HIV status, whether actual or perceived, and which has the
32 purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all
33 persons similarly situated, of all rights and freedoms.

34 (f) **Evolving Capacities of Children** refer to the concept enshrined in Article 5 of the
35 Convention on the Rights of the Child recognizing the developmental changes and the
36 corresponding progress in cognitive abilities and capacity for self-determination
37 undergone by children as they grow up thus requiring parents and others charged with
38 the responsibility for the child to provide varying degrees of protection and to allow their
39 participation in opportunities for autonomous decision-making in different contexts and
40 across different areas of decision-making.

41 (g) **Gender Identity** refers to a person's internal and individual experience of gender
42 that may or may not correspond with the sex assigned at birth, including the person's
43 sense of the body, which may involve, if freely chosen, modification of bodily
44 appearance or function by medical, surgical and other means, and experience of
45 gender, among them, dress, speech, and mannerism.

- 1 (h) **High-risk Behavior** refers to a person's engagement in activities that increase the
2 risk of transmitting or acquiring HIV.
- 3 (i) **High-risk Occupatons** refer to occupations which pose a high risk of transmission
4 of HIV and AIDS and STIs.
- 5 (j) **Human Immunodeficiency Virus (HIV)** refers to a virus which weakens and
6 destroys the human body's ability to fight infections and some cancers.
- 7 (k) **HIV and AIDS Counselor** refers to any individual trained by an institution or
8 organization accredited by the Department of Health (DOH) to provide counseling
9 services on HIV and AIDS with emphasis on behavior modification.
- 10 (l) **HIV and AIDS Prevention and Control** refers to measures aimed at protecting non-
11 infected persons from contracting HIV and minimizing the impact of the condition of
12 persons living with HIV.
- 13 (m) **HIV Counseling** refers to a communication process between a client or patient and
14 a trained HIV counselor wherein the latter explores, discovers and clarifies ways that
15 will enable the client or patient to make an informed decision in accessing available
16 HIV-related services.
- 17 (n) **HIV-Positive** refers to the presence of HIV infection as documented by the presence
18 of HIV or HIV antibodies in the sample being tested.
- 19 (o) **HIV-Related Testing** refers to appropriate laboratory testing or procedure done on
20 an HIV-positive individual.
- 21 (p) **HIV Testing** refers to a procedure that is conducted to determine the presence or
22 absence of HIV infection in a person's body, is confidential, voluntary in nature and
23 must be accompanied by counseling prior to, and after the testing, and conducted only
24 with the informed consent of the person.
- 25 (q) **HIV Testing Facility** refers to any DOH-accredited in-site or mobile testing center,
26 hospital, clinic, laboratory and other facility that has the capacity to conduct HIV
27 counseling and HIV testing.
- 28 (r) **HIV Transmission** refers to the transfer of HIV from one infected person to an
29 uninfected individual, most commonly through sexual intercourse, blood transfusion,
30 sharing of intravenous needles, and vertical or mother-to-child transmission.
- 31 (s) **Key Populations** refer to affected populations at higher risk of HIV exposure as
32 determined by the Philippine National AIDS Council (PNAC) whose behavior make
33 them more likely to be exposed to HIV or to transmit the virus.
- 34 (t) **Mandatory HIV Testing** refers to HIV testing which is required, regardless of
35 consent, due to special situations and circumstances.
- 36 (u) **Medical Confidentiality** refers to the relationship of trust and confidence created or
37 existing between a patient or a person living with HIV and his/her attending physician,
38 consulting medical specialist, nurse, medical technologist and all other health workers
39 or personnel involved in any counseling, testing or provision of professional treatment,
40 care and support of the former. It also applies to any person who, in any official
41 capacity, has acquired or may have acquired such confidential information.

- 1 (v) **Opportunistic Infection** refers to illnesses caused by various organisms, many of
2 which do not cause disease in persons with healthy immune systems.
- 3 (w) **Partner Notification** refers to the process by which the 'index client', 'source' or
4 'patient', who has a sexually transmitted infection (STI) including HIV, is given support in
5 order to notify and advise the partners that have been exposed to infection. Support
6 includes giving the index client a mechanism to encourage the client's partner to attend
7 counseling, testing and other prevention and treatment services. Confidentiality shall be
8 observed in the entire process.
- 9 (x) **Person Living with HIV** refers to any individual diagnosed to be infected with HIV.
- 10 (y) **Pre-Test Counseling** refers to the process of providing an individual information on
11 the biomedical aspects of HIV and AIDS and emotional support to any psychological
12 implications of undergoing HIV testing and the test result itself before the individual is
13 subjected to the test.
- 14 (z) **Post-Test Counseling** refers to the process of providing risk-reduction information
15 and emotional support to a person who submitted to HIV testing at the time the result is
16 released.
- 17 (aa) **Prophylactic** refers to any agent or device used to prevent the transmission of a
18 disease.
- 19 (bb) **Provider-Initiated Counseling and Testing** refers to a health care provider
20 initiating HIV anti-body testing to a person practicing high-risk behavior or to a person
21 vulnerable to HIV after conducting HIV pre-test counseling.
- 22 (cc) **Routine HIV Testing** refers to HIV testing recommended at health care facilities as
23 a standard component of medical care and is part of the normal standard of care offered
24 irrespective of whether or not the patient has signs and symptoms of underlying HIV
25 infection or has other reasons for presenting to the facility.
- 26 (dd) **Safer Sex Practices** refer to choices made and behaviors adopted by a person to
27 reduce or minimize the risk of HIV transmission, including but not limited to abstinence,
28 postponing sexual debut, non-penetrative sex, correct and consistent use of male or
29 female condoms, and reducing the number of sexual partners.
- 30 (ee) **Sexually Transmitted Infections (STIs)** refer to infections that are spread through
31 the transfer of organisms from one person to another through sexual contact.
- 32 (ff) **Sexual Orientation** refers to a person's sexual and emotional attraction to, or
33 intimate and sexual relationship with, individuals of different, the same, or both sexes.
- 34 (gg) **Social Protection** refers to a set of policies and programs designed to reduce
35 poverty and vulnerability by promoting efficient labor markets, diminishing people's
36 exposure to risks, and enhancing their capacity to protect themselves against hazards
37 and interruptions/loss of income.
- 38 (hh) **Stigma** refers to the dynamic devaluation and dehumanization of an individual in
39 the eyes of others which may be based on attributes that are arbitrarily defined by
40 others as discreditable or unworthy and which results in discrimination when acted
41 upon.

1 (ii) **Treatment Hubs** refer to private and public hospitals or medical establishments
2 accredited by the DOH to have the capacity and facility to manage HIV patients
3 medically.

4 (jj) **Vulnerable Communities** refer to communities and groups who are suffering from
5 vulnerabilities such as unequal opportunities, social exclusion, poverty, unemployment,
6 and other similar social, economic, cultural and political conditions, making them more
7 susceptible to HIV infection and to developing AIDS.

8 (kk) **Workplace** refers to the office, premise or work site where workers are habitually
9 employed and shall include the office or place where workers, with no fixed or definite
10 work site, regularly report for assignment in the course of their employment.

11 **ARTICLE II**
12 **PHILIPPINE NATIONAL AIDS COUNCIL**

13 **SEC. 4. *Philippine National AIDS Council (PNAC)*.** - The PNAC, established
14 under Section 43 of R.A. 8504 otherwise known as the "Philippine AIDS Prevention and
15 Control Act of 1998", shall be reconstituted and streamlined to ensure the
16 implementation of the country's response to the HIV and AIDS epidemic.

17 **SEC. 5. *Functions of the PNAC*.** - The PNAC shall be the central advisory,
18 planning, and policy-making body for the comprehensive and integrated HIV and AIDS
19 prevention and control program in the Philippines. The PNAC shall perform the
20 following functions:

- 21 1. Develop the National HIV and AIDS Program in collaboration with relevant
22 government agencies and CSOs;
- 23 2. Issue guidelines and policies that are stipulated in this Act including other policies
24 that may be necessary to implement the National HIV and AIDS Program;
- 25 3. Strengthen the collaboration between government agencies and CSOs involved
26 in the implementation of the National HIV and AIDS Program, including the
27 delivery of HIV and AIDS related services;
- 28 4. Coordinate, organize, and work in partnership with foreign and international
29 organizations regarding funding, data collection, research, and prevention and
30 treatment modalities on HIV and AIDS;
- 31 5. Advocate for policy reforms to Congress and other government agencies to
32 strengthen the country's response to the epidemic; and
- 33 6. Submit an annual report, including the findings of the DOH on monitoring and
34 evaluation of the National HIV and AIDS Program, to the Office of the President,
35 Congress, and members of the PNAC.

36 **SEC. 6. *Membership, Composition, Appointment, Quorum and Term of***
37 ***Office.***—

38 (a) The PNAC shall be composed of twenty three (23) members as follows:

- 39 1. The Secretary of the DOH;
- 40 2. The Secretary of the Department of Education (DepEd) or his/her representative;
- 41 3. The Secretary of the Department of Labor and Employment (DOLE) or his/her
42 representative;

- 1 4. The Secretary of the Department of Social Welfare and Development (DSWD) or
2 his/her representative;
- 3 5. The Secretary of the Department of the Interior and Local Government (DILG) or
4 his/her representative;
- 5 6. The Secretary of the Department of Justice (DOJ) or his/her representative;
- 6 7. The Secretary of the Department of Foreign Affairs (DFA) or his/her
7 representative;
- 8 8. The Secretary of the Department of Budget and Management (DBM) or his/her
9 representative;
- 10 9. The Chair of the Civil Service Commission (CSC) or his/her representative;
- 11 10. The Director General of Technical Education and Skills Development Authority
12 (TESDA) or his/her representative;
- 13 11. The Director-General of the National Economic and Development Authority
14 (NEDA) or his/her representative;
- 15 12. The President of the League of Provinces or his/her representative;
- 16 13. The President of the League of Cities or his/her representative;
- 17 14. The Commissioner of the Insurance Commission (IC) or his/her representative;
- 18 15. The Head of the Philippine Information Agency (PIA) or his/her representative;
- 19 16. The Chairperson of the National Youth Commission (NYC) or his/her
20 representative;
- 21 17. Two (2) representatives from medical/health organizations;
- 22 18. Three (3) representatives from CSOs; and
- 23 19. Two (2) persons living with HIV.

24 (b) Members of the PNAC shall be appointed by the President of the Republic of
25 the Philippines;

26 (c) The members of the PNAC shall be appointed not later than thirty (30) days
27 after the date of the enactment of this Act;

28 (d) The Secretary of Health shall be the permanent chairperson of the PNAC;
29 however, the vice-chairperson shall be elected by its members from among themselves,
30 and shall serve for a term of two (2) years; and

31 (e) For the two (2) members representing medical/health professional groups, the
32 three (3) members representing the CSOs, and two (2) persons living with HIV, they
33 shall serve for a term of two (2) years, renewable upon recommendation of the PNAC.

34 **SEC. 7. Secretariat.** - The National HIV and AIDS and STI Prevention and
35 Control Program (NASPCP) of the DOH shall now be known as the National HIV and
36 AIDS and STI Prevention and Control Service (NASPCS) shall serve as the Secretariat
37 of the PNAC.

38 The NASPCS shall be composed of qualified medical specialists and support
39 personnel. It shall have an adequate yearly budget necessary for the implementation of
40 this Act.

41 The current personnel of the NASPCP shall be transferred to the NASPCS.
42 There shall be no demotion of ranks and positions and no diminution in salaries,
43 benefits, allowances, and emoluments.

44 The NASPCS shall:

45 (a) Assist the PNAC in the development of the National Multi-Sectoral HIV and
46 AIDS Strategic Plan and the AIDS Medium Term Plan (AMTP);

1 (b) Ensure the operationalization and implementation of the National Multi-
2 Sectoral HIV and AIDS Strategic Plan and the AMTP; and

3 (c) Coordinate with the PNAC for the implementation of the health sector's HIV
4 and AIDS and STI response, as identified in the National Multi-Sectoral HIV and
5 AIDS Strategic Plan and the AMTP.

6 **SEC. 8. National Multi-Sectoral HIV and AIDS Strategic Plan.** - A six-year
7 National Multi-Sectoral HIV and AIDS Strategic Plan and AMTP shall be formulated and
8 periodically updated by the PNAC. The AMTP shall include the following:

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

10 (b) The prevention, treatment, care and support, and other components of the
11 country's response to HIV and AIDS;

12 (c) The six-year operationalization of the program and identification of the
13 government agencies that shall implement the program, including the
14 designated office within each agency responsible for overseeing,
15 coordinating, facilitating and/or monitoring the implementation of its AIDS
16 program from the national to the local levels; and

17 (d) The budgetary requirements and a corollary investment plan that shall identify
18 the sources of funds for its implementation.

19 **ARTICLE III**
20 **EDUCATION AND INFORMATION**

21 **SEC. 9. Education and Prevention Program.** - There shall be an HIV and
22 AIDS education and prevention program that shall educate the public on HIV and AIDS,
23 as well as other STIs, with the goal of reducing high-risk behavior, lowering
24 vulnerabilities, and promoting the human rights of persons living with HIV. The PNAC
25 shall promote and adopt a range of measures and interventions, in consultation with
26 CSOs, that aim to prevent, halt, or control the spread of HIV in the general population,
27 especially among the key populations and vulnerable communities. These measures
28 shall likewise promote the rights, welfare, and participation of persons living with HIV
29 and the affected children, young people, families and partners of persons living with
30 HIV.

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

33 (a) Safer sex practices among the general population, especially among key
34 populations;

35 (b) Safer sex practices that reduce risk of HIV infection;

36 (c) Universal access to evidence-based and relevant information and education,
37 and medically safe, legal, affordable, effective and quality treatment;

38 (d) Sexual abstinence and sexual fidelity; and

39 (e) Consistent and correct condom use.

40 **SEC. 10. HIV and AIDS Education in Learning Institutions.** - Using official
41 information and data from the PNAC, the DepEd, the Commission on Higher Education

1 (CHED), and the TESDA shall integrate basic and age-appropriate instruction on the
2 causes, modes of transmission, and ways of preventing the spread of HIV and AIDS
3 and other STIs in subjects taught in public and private learning institutions at
4 intermediate grades, secondary, and tertiary levels, including non-formal and
5 indigenous learning systems.

6 The learning modules shall include human rights-based principles and
7 information on treatment, care, and support to promote stigma reduction. The learning
8 modules that shall be developed to implement this provision shall be done in
9 coordination with the PNAC and stakeholders in the education sector. Referral
10 mechanisms, including but not limited to the DSWD Referral System, shall be included
11 in the modules for key populations and vulnerable communities.

12 All teachers and instructors to be assigned to handle these learning modules
13 shall be required to undergo seminars or trainings on HIV and AIDS prevention that
14 shall be supervised by the PNAC in coordination with concerned agencies.

15 **SEC. 11. HIV and AIDS Education in the Workplace.** - All public and private
16 employees, workers, managers, and supervisors, including members of the Armed
17 Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be
18 regularly provided with standardized basic information and instruction on HIV and AIDS,
19 including topics on confidentiality in the workplace and reduction or elimination of stigma
20 and discrimination. The DOLE, CSC, AFP, and PNP shall implement this provision.

21 **SEC. 12. HIV and AIDS Education for Filipinos Going Abroad.** - The PNAC,
22 in coordination with the DFA, DOLE, Overseas Workers Welfare Administration
23 (OWWA) and Commission on Filipinos Overseas (CFO), shall ensure that all overseas
24 Filipino workers, including diplomatic, military, trade, labor officials, personnel, and their
25 families to be assigned overseas, shall undergo or attend a seminar on HIV and AIDS
26 and shall be provided with information on how to access on-site HIV-related services
27 and facilities before certification for overseas assignment.

28 **SEC. 13. HIV and AIDS Information for Tourists and Transients.** -
29 Educational materials on the cause, modes of transmission, prevention, and
30 consequences of HIV infection and list of HIV counseling and testing facilities shall be
31 adequately provided at all international and local ports of entry and exit. The
32 Department of Tourism (DOT), DFA, Department of Transportation and Communication
33 (DOTC) and Bureau of Quarantine (BOQ), in coordination with the PNAC and
34 stakeholders in the tourism industry, shall lead the implementation of this Section.

35 **SEC. 14. HIV and AIDS Education in Communities.**- Local Government Units
36 (LGUs), through the Local HIV and AIDS Council (LAC) or the Local Health Boards, and
37 in coordination with the PNAC, the DILG, and League of Local Governments, shall
38 implement a locally-based multi-sectoral response to HIV and AIDS through various
39 channels on evidence-based, gender-responsive, age-appropriate, and human rights-
40 oriented prevention tools to stop the spread of HIV.

41 For these purposes, the LGUs and other concerned agencies are hereby
42 authorized to utilize the Gender and Development (GAD) funds and other sources for
43 HIV and AIDS education in communities.

44 In coordination with the DSWD, LGUs shall also conduct age-appropriate HIV
45 and AIDS education for out-of-school youths.

46 **SEC. 15. HIV and AIDS Education for Key Populations and Vulnerable**
47 **Communities.**- To ensure that HIV services reach key populations, the State, through

1 the PNAC and in collaboration with CSOs, shall support and provide funding for HIV
2 and AIDS education programs, such as peer education, outreach activities, and
3 community-based research. The DOH, in coordination with appropriate agencies and
4 the PNAC, shall craft the guidelines and standardized information messages for peer
5 education and outreach activities which may be undertaken in various settings including
6 laboratory-based activities.

7 The LGUs shall implement a locally-based multi-sectoral response to HIV. For
8 these purposes, the LGUs are hereby authorized to utilize the GAD Funds and other
9 sources for HIV and AIDS education in communities.

10 **SEC. 16. HIV and AIDS Prevention in Prisons and Others Closed-Settings. –**
11 The DOH shall, in coordination with the Bureau of Jail Management and Penology
12 (BJMP), through the DILG, Bureau of Corrections (BuCor), LGUs, and DSWD, develop
13 an HIV and AIDS comprehensive program which will be implemented in all prisons,
14 rehabilitation centers, and other closed-setting institutions. The program shall include
15 HIV education and information, HIV counseling and testing, and access to HIV
16 treatment and care services, among others.

17 Persons living with HIV in prisons and closed-settings shall be provided HIV
18 treatment, which includes ARV and care and support, in accordance with the guidelines
19 of the DOH and the Philippine National Health Insurance Corporation (PhilHealth).
20 Efforts should be undertaken to ensure the continuity of care at all stages, from
21 admission or imprisonment to release. The provision on informed consent and
22 confidentiality shall also apply in closed-settings.

23 **SEC. 17. HIV and AIDS Information on Prophylactics. -** Appropriate
24 information shall be attached to or provided with every prophylactic offered for sale or
25 given as a donation. Such information shall be legibly printed in English and Filipino,
26 and contain literature on the proper use of the prophylactic device or agent, and its
27 efficacy against HIV and STIs.

28 **SEC. 18. Misinformation on HIV and AIDS. -** Misinformation on HIV and AIDS,
29 which includes false and misleading advertising and claims in any of the multimedia or
30 the promotional marketing of drugs, devices, agents or procedures without prior
31 approval from the DOH through the Food and Drug Administration (FDA) and without
32 the requisite medical and scientific basis, including markings and indications in drugs
33 and devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV
34 infection, shall be prohibited.

35 **ARTICLE IV**
36 **PREVENTION**

37 **SEC. 19. Positive Health, Dignity and Prevention. -** The PNAC, in
38 coordination with the DOH, LGUs, and other relevant government agencies, private
39 sector, CSOs, faith-based organizations, and persons living with HIV, shall support
40 preventive measures that shall focus on the positive roles of persons living with HIV.
41 Such preventive measures shall include the following:

- 42 a. Creation of rights-based and community-led behavior modification programs
43 that seek to encourage HIV risk reduction behavior among persons living with
44 HIV;
- 45 b. Establishment and enforcement of rights-based mechanisms to strongly
46 encourage newly tested HIV-positive individuals to conduct partner
47 notification and to promote HIV status disclosure to sexual partners;

- 1 c. Establishment of standard precautionary measures in public and private
2 health facilities;
- 3 d. Accessibility of ARV treatment, management of opportunistic infections; and
- 4 e. Mobilization of communities of persons living with HIV, for public awareness
5 campaigns and stigma reduction activities.

6 The enforcement of this Section shall not lead to or result in the discrimination or
7 violation of the rights of persons living with HIV.

8 **SEC. 20. Prohibition on the Use of Condoms, Other Safer Sex**
9 **Paraphernalia, and Sterile Injecting Equipment as Basis for Raids and Similar**
10 **Police Operation.** – It shall be unlawful to use the presence of used or unused
11 condoms, other safer sex paraphernalia, and sterile injecting equipment to conduct
12 raids or similar police operations in sites and venues of HIV prevention interventions.
13 The PNP, through the DILG and DOH, in coordination with the Dangerous Drugs Board
14 (DDB), shall establish a national policy to guarantee the implementation of this
15 provision.

16 **SEC. 21. Standard Precaution on the Donation of Blood, Tissue, or Organ.** -
17 The DOH shall enforce the following guidelines on donation of blood, tissue, or organ:

- 18 a) A donation of tissue or organs, whether gratuitous or onerous, shall be accepted
19 by a laboratory or institution only after a sample from the donor has been tested
20 negative for HIV;
- 21 b) All donated blood shall also be subject to HIV testing. HIV-positive blood shall be
22 disposed of properly and immediately; and
- 23 c) A second testing may be demanded, as a matter of right, by the blood, tissue, or
24 organ recipients or their immediate relatives before transfusion or transplant,
25 except during emergency cases.

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

28 **SEC. 22. Standard Precaution on Surgical and Other Similar Procedures.** -
29 The DOH shall, in consultation with concerned professional organizations and hospital
30 associations, issue guidelines on precautions against HIV transmission during surgical,
31 dental, embalming, body painting, or tattooing that require the use of needles, or similar
32 procedures. The necessary protective equipment such as gloves, goggles, and gowns
33 shall be prescribed and required, and made available to all physicians and health care
34 providers and similarly exposed personnel at all times.

35 **ARTICLE V**
36 **TESTING, SCREENING, AND COUNSELING**

37 **SEC. 23. Voluntary and Opt-out Routine HIV Testing.** - As a policy, the State
38 shall encourage voluntary and opt-out routine HIV testing, including provider-initiated
39 counseling and testing, as part of clinical care in all health settings. To this end, the
40 DOH shall develop guidelines for HIV testing to ensure that testing is voluntary and
41 confidential, except as otherwise provided in this Act, available at all times, and
42 provided by qualified persons and DOH-accredited providers.

1 In keeping with the principle of "evolving capacities of children" as defined in
2 Section 3 (f) of this Act, HIV testing shall be made available under the following
3 circumstances:

4 a. If the person is below fifteen (15) years of age or is mentally incapacitated,
5 consent to voluntary HIV testing shall be obtained from the child's parents or legal
6 guardian. In cases when the child's parents or legal guardian cannot be found, despite
7 reasonable efforts to locate the parents were undertaken, the consent shall be obtained
8 from the licensed social worker. If the child's parents or legal guardian refuse to give
9 their consent, the consent shall likewise be obtained from the licensed social worker if
10 the latter determines that the child is at higher risk of HIV exposure and the conduct of
11 the voluntary HIV testing is in the best interest of the child.

12 b. If the person is fifteen (15) to below eighteen (18) years of age, consent to
13 voluntary HIV testing shall be obtained from the child.

14 **SEC. 24. Mandatory HIV Testing.-** Mandatory HIV testing shall be allowed only
15 in the following instances:

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

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

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

26 (c) When already hired or is currently working in a high-risk occupation.

27 **SEC. 25. HIV Anti-Body Testing for Pregnant Women. –** The DOH shall
28 implement a program to prevent mother-to-child HIV transmission that shall be
29 integrated into its maternal and child health services.

30 A health care provider who offers pre-natal medical care shall conduct opt-out
31 routine HIV testing for pregnant women. The DOH shall provide the necessary
32 guidelines for healthcare providers in the conduct of the screening procedure.

33 **SEC. 26. Pre-test Counseling and Post-test Counseling.-** All HIV testing
34 facilities shall provide pre-test counseling and post-test counseling to the person or the
35 child, and the parents or legal guardian of the child who wish to avail of HIV testing, as
36 may be applicable.

37
38 Pre-test counseling and post-test counseling shall be done by the HIV and AIDS
39 counselor, licensed social worker, licensed health service provider, or a DOH-accredited
40 health service provider assigned to provide health services: *Provided*, That for
41 government HIV testing facilities, pre-test counseling and post-test counseling shall be
42 provided for free.

1 The State shall ensure that specific approaches to HIV counseling and testing
2 are adopted based on the nature and extent of HIV and AIDS incidence in the country.
3 The DOH shall set the standards for HIV counseling and shall work closely with CSOs
4 that train HIV and AIDS counselors and peer educators.

5 **ARTICLE VI**
6 **HEALTH AND SUPPORT SERVICES**

7 **SEC. 27. Health Insurance.** - The PhilHealth shall develop an insurance
8 package for persons living with HIV that shall include coverage for in-patient and out-
9 patient medical and diagnostic services, including medication and treatment. The
10 PhilHealth shall enforce confidentiality in the provision of these packages to persons
11 living with HIV.

12 No person living with HIV shall be denied or deprived of private health and life
13 insurance coverage on the basis of the person's HIV status following the company's
14 reasonable underwriting policies. The IC shall implement this provision and shall
15 develop the necessary policies to ensure compliance.

16 **SEC. 28. Treatment for Persons Living with HIV and AIDS.** - The DOH shall
17 establish a program that will provide free and accessible ARV treatment and medication
18 for opportunistic infections to persons living with HIV who are enrolled in the program. It
19 shall likewise designate public and private hospitals to become treatment hubs with an
20 established HIV and AIDS Core Team.

21 **SEC. 29. Economic Empowerment and Support.** - Persons living with HIV
22 shall not be deprived of any employment, livelihood, micro-finance, self-help, and
23 cooperative programs by reason of their HIV status, except as may be provided under
24 this Act. The DSWD, in coordination with the DILG, DOLE and TESDA, shall develop
25 enabling policies and guidelines to ensure economic empowerment and independence
26 designed for persons living with HIV.

27 **SEC. 30. Care and Support for Persons Living with HIV.**- The DSWD, in
28 coordination with DOH, shall develop care and support programs for persons living with
29 HIV, which shall include peer-led counseling and support, social protection, welfare
30 assistance, and mechanisms for case management. These programs shall include care
31 and support for the affected children, families, and partners of persons living with HIV.

32 **SEC. 31. Care and Support for Overseas Filipinos Living with HIV.** - The
33 OWWA, in coordination with the DSWD, DOH, PhilHealth, DFA, Philippine Overseas
34 Employment Administration (POEA), CFO, National Reintegration Center for OFWs
35 (NRCO), and BOQ shall develop a program to provide a stigma-free comprehensive
36 reintegration, care and support program, including economic, social and medical
37 support, for overseas Filipinos who have been repatriated or are about to be repatriated
38 due to their HIV status.

39 **ARTICLE VII**
40 **ACCREDITATION, MONITORING, AND EVALUATION**

41 **SEC 32. Accreditation.**- The DOH shall accredit:

- 42
43 (a) Public and private HIV testing facilities based on their capacity to deliver testing
44 services including HIV counseling;
- 45 (b) Institutions or organizations that train HIV and AIDS counselors in coordination
46 with DSWD; and

1 (c) Competent HIV and AIDS counselors for persons with disability, including but not
2 limited to, translators for the hearing-impaired and Braille for the visually-impaired
3 clients in coordination with the National Council for Disability Affairs (NCDA).

4 **SEC. 33. HIV and AIDS Monitoring and Evaluation.** - The DOH shall maintain
5 a comprehensive HIV and AIDS monitoring and evaluation program that shall serve the
6 following purposes:

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

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

15 (c) Submit an annual report to the PNAC containing the findings of its monitoring
16 and evaluation activities in compliance with this mandate.

17 **ARTICLE VIII**
18 **CONFIDENTIALITY**

19 **SEC. 34. Confidentiality.**- The confidentiality and privacy of any individual who
20 has been tested for HIV, exposed to HIV, has HIV infection or HIV and AIDS-related
21 illnesses, or was treated for HIV-related illnesses shall be guaranteed. The following
22 acts violate confidentiality and privacy:

23 (a) **Release of HIV Testing and HIV-Related Test Results.**- The result of any
24 HIV testing or HIV-related testing shall be released only to the individual who
25 submitted to the test after receiving post-test counseling. If a patient is below
26 fifteen (15) years of age or is mentally incapacitated, the result may be
27 released to either of the patient's parents, legal guardian, or the duly assigned
28 licensed social worker, as may be applicable. If the person is fifteen (15) to
29 below eighteen (18) years of age, the result shall be released only to the child
30 tested after receiving post-test counseling.

31
32 (b) **Disclosure of confidential HIV and AIDS information.**- Unless otherwise
33 provided in Section 35 of this Act; it shall be unlawful to disclose, without
34 written consent, information that a person had an HIV-related test, has HIV
35 infection, HIV-related illnesses, or has been exposed to HIV.

36 The prohibition shall apply to any person, natural or juridical, whose work or
37 function involves the implementation of this Act or the delivery of HIV-related
38 services; including those who handle or have access to personal data or
39 information in the workplace.

40 (c) **Media Disclosure.**- It shall be unlawful for any editor, publisher, reporter, or
41 columnist in case of printed materials, or any announcer or producer in case
42 of television and radio broadcasting, or any producer or director of films in
43 case of the movie industry, to disclose the name, picture, or any information
44 that would reasonably identify any person living with HIV or AIDS, or any
45 confidential HIV and AIDS information, without the prior written consent of

1 their subject except when the person waives said confidentiality through
2 his/her own acts and omissions.

3 **SEC. 35. Exemptions.-** Confidential HIV and AIDS information may be released
4 by HIV testing facilities without written consent on the following grounds:
5

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

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

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

19 **SEC. 36. Disclosure to Sexual Partners.** - Any person who, after having been
20 tested, is found to be infected with HIV, is obliged to disclose this health condition to the
21 spouse or sexual partner at the earliest opportune time. A person living with HIV may
22 opt to seek help from medical professionals, health workers, or peer educators to
23 support him in disclosing this health condition to one's partner or spouse.

24 **ARTICLE IX**
25 **DISCRIMINATORY ACTS AND PRACTICES**

26 **SEC. 37. Discriminatory Acts and Practices.** - The following are discriminatory
27 acts and practices and shall be prohibited:

28 **(a) Discrimination in the Workplace.** - The rejection of job application, termination of
29 employment, or other discriminatory policies in hiring, provision of employment, and
30 other related benefits, promotion, or assignment of an individual solely on the basis of
31 actual, perceived, or suspected HIV status;

32 **(b) Discrimination in Learning Institutions.-** Refusal of admission, expulsion,
33 segregation, imposition of harsher disciplinary actions, or denial of benefits or services,
34 of a student or a prospective student solely on the basis of actual, perceived, or
35 suspected HIV status;

36 **(c) Restriction on Travel.** - Restrictions on travel within the Philippines, refusal of
37 lawful entry to Philippine territory, deportation from the Philippines, or the quarantine or
38 enforced isolation of travelers solely on account of actual, perceived, or suspected HIV
39 status is discriminatory. The same standard of protection shall be afforded to migrants,
40 visitors, and residents who are not Filipino citizens;

41 **(d) Restriction on Habitation.** - Restrictions on lodging solely on the basis of actual,
42 perceived, or suspected HIV status;

43 **(e) Inhibition from Public Services.** - Prohibition on the right to seek an elective or
44 appointive public office solely on the basis of actual, perceived, or suspected HIV
45 status;

1 **(f) Exclusion from Credit and Insurance Services.** - Exclusion from health, accident,
2 or life insurance, credit and loan services, including the extension of such loan or
3 insurance facilities, of an individual solely on the basis of actual, perceived, or
4 suspected HIV status despite having undergone the company's reasonable underwriting
5 processes and pricing policies where the company's decision is other than non-
6 acceptance of the application: *Provided*, That the person living with HIV has not
7 concealed or misrepresented the fact to the insurance company, loan, or credit service
8 provider upon application;

9 **(g) Discrimination in Hospitals and Health Institutions.** - Denial of health services or
10 be charged with a higher fee for such health services, on the basis of actual, perceived,
11 or suspected HIV status;

12 **(h) Denial of Burial Services.**- Denial of embalming and burial services for a deceased
13 person who had HIV and AIDS or who was known, suspected, or perceived to be HIV-
14 positive; and

15 **(i) Other similar or analogous discriminatory acts.**

16 **SEC. 38. Duty of Employers, Heads of Government Offices, Heads of Public**
17 **and Private Schools or Training Institutions, and Local Chief Executives.** - It shall
18 be the duty of private employers, heads of government offices, heads of public and
19 private schools or training institutions, and local chief executives, over all private
20 establishments within their territorial jurisdiction, to establish guidelines that will prevent
21 or deter acts of discrimination as provided under Section 37 of this Act against persons
22 living with HIV and to provide procedures for the resolution, settlement, or prosecution
23 of said acts of discrimination. Towards this end, the employer, head of office, or local
24 chief executive shall, consistent with this Act and its rules, as well as guidelines issued
25 by the DOH and relevant government agencies:

26 (a) Promulgate rules and regulations prescribing the procedure for the
27 investigation of discrimination cases and the administrative sanctions thereof;
28 and

29 (b) Create a permanent committee on the investigation of discrimination cases
30 which shall conduct meetings to increase the members' knowledge and
31 understanding of HIV and AIDS and prevent incidents of discrimination, as
32 well as conduct the administrative investigation of alleged cases of
33 discrimination.

34 **ARTICLE X**
35 **PROHIBITED ACTS AND PENALTIES**

36 **SEC. 39. Prohibited Acts and Penalties.**

37 (a) **Penalties** - The following penalties and sanctions shall be imposed for the
38 offenses enumerated in this Act:

39 1. Any person found guilty of violating Section 27, Section 34, and Section 37 of
40 this Act shall suffer the penalty of imprisonment for six (6) months to five (5)
41 years or a fine of not less than Fifty Thousand Pesos (P50,000) but not more
42 than Five Hundred Thousand Pesos (P500,000), or both, at the discretion of
43 the court.

1 2. Any person found guilty of violating Section 18 of this Act shall, upon
2 conviction, suffer the penalty of imprisonment ranging from one (1) year but not
3 more than ten (10) years or a fine of not less than Fifty Thousand Pesos
4 (P50,000.00) but not more than Five Hundred Thousand Pesos (P500,000.00),
5 or both, at the discretion of the court: Provided, That if the offender is a
6 manufacturer, importer or distributor of any drugs, devices, agents, and other
7 health products, the penalty of at least five (5) years imprisonment but not more
8 than ten (10) years and a fine of at least Five Hundred Thousand Pesos
9 (P500,000.00) but not more than Five Million Pesos (P5,000,000.00) shall be
10 imposed: Provided, further, That an additional fine of one percent (1%) of the
11 economic value/cost of the violative product or violation, or One Thousand
12 Pesos (P1,000.00), whichever is higher, shall be imposed for each day of
13 continuing violation: Provided, finally, That drugs, devices, agents, and other
14 health products found in violation of Section 18 of this Act may be seized and
15 held in custody pending proceedings, without hearing or court order, when the
16 FDA Director-General has reasonable cause to believe from facts found by
17 him/her or an authorized officer or employee of the FDA that such health
18 products may cause injury or prejudice to the consuming public.

19 3. Any person found guilty of violating Section 20 of this Act shall suffer the penalty
20 of imprisonment of one (1) year to five (5) years and a fine of not less than One
21 Hundred Thousand Pesos (P100,000) but not more than Five Hundred Thousand
22 Pesos (P500,000).

23 4. Any person who knowingly or negligently causes another to get infected with HIV
24 in the course of the practice of one's profession through unsafe and unsanitary
25 practice or procedure is liable to suffer a penalty of imprisonment of six (6) to
26 twelve (12) years.

27 **b) Where Offender is a Juridical Person, Alien, Public Officer, or Licensed**
28 **Professional** — If the offender is a corporation, association, partnership or any other
29 juridical person, the penalty of imprisonment shall be imposed upon the responsible
30 officers and employees, as the case may be, who participated in, or allowed by their
31 gross negligence, the commission of the crime, and the fine shall be imposed jointly and
32 severally on the juridical person and the responsible officers/employees. Furthermore,
33 the court may suspend or revoke its license or business permit.

34 If the offender is an alien, he shall, in addition to the penalties herein prescribed, be
35 deported without further proceedings after serving the penalties herein prescribed.

36 If the offender is a public official or employee, he shall, in addition to the penalties
37 prescribed herein, suffer perpetual or temporary absolute disqualification from office, as
38 the case may be.

39 If the offender is a licensed professional, the respective Boards under the
40 Professional Regulation Commission may either suspend or revoke his/her license to
41 practice the profession.

42 **c) Penalties Collected-** The penalties collected pursuant to this Section shall be
43 put into a special fund to be administered by the DOH and shall be used for awareness
44 campaigns and other priority HIV and AIDS activities of the PNAC.

45 **SEC. 40. Immunity from Suit for HIV Educators, Licensed Social Workers,**
46 **Health Workers and Other HIV and AIDS Service Providers.** - Any person involved in
47 the provision of HIV and AIDS services, including HIV educators, licensed social
48 workers, health workers, and other HIV and AIDS service providers, shall be immune

1 from suit, arrest, or prosecution, and from civil, criminal, or administrative liability, on the
2 basis of their delivery of such services in Sections 9 to 16 and 19 to 26 hereof, or in
3 relation to the legitimate exercise of protective custody of children, whenever applicable.
4 The DOJ, the DILG, and the PNP, in coordination with the PNAC, shall develop the
5 mechanism for the implementation of this provision.

6 **ARTICLE XI**
7 **APPROPRIATIONS**

8 **SEC. 41. Appropriations.** - The amount needed for the initial implementation of
9 this Act shall be charged against the current year's appropriation for each of the
10 member agencies of the PNAC, as enumerated in Section 6, in amounts to be
11 determined by the PNAC. For this purpose, each of the agencies in Section 6 shall
12 include in their annual budget an item for the implementation of the National Multi-
13 Sectoral HIV and AIDS Strategic Plan and AMTP in Section 8.

14 Thereafter, such sums as may be necessary for the continued implementation of
15 this Act shall be included in the Annual General Appropriations Act.

16 **ARTICLE XII**
17 **FINAL PROVISIONS**

18 **SEC. 42. Implementing Rules and Regulations.** - Within one hundred twenty
19 (120) days from the effectivity of this Act, the PNAC shall promulgate the necessary
20 rules and regulations for the effective implementation of the provisions of this Act.

21 **SEC. 43. Repealing Clause.** - Republic Act No. 8504, otherwise known as the
22 "Philippine AIDS Prevention and Control Act of 1998" and all laws, decrees, executive
23 orders, proclamations and administrative regulations or parts thereof inconsistent
24 herewith are hereby repealed, amended or modified accordingly".

25 **SEC. 44. Separability Clause.** - If any provision or part of this Act is declared
26 unconstitutional the remaining parts or provisions not affected shall remain in full force
27 and effect.

28 **SEC. 45. Effectivity.** - This Act shall take effect fifteen (15) days after its
29 complete publication in the Official Gazette or in a newspaper of general circulation.

Approved,