A refresher on the RH Law

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Three years have passed since Republic Act No. 10354 – known formally as The Responsible Parenthood and Reproductive Health Act of 2012, or more popularly as the RH Law – was passed by Congress and signed into law by Pres. Benigno Aquino III. The Implementing Rules and Regulations were completed in March 2013, while the Supreme Court decision upholding the constitutionality of the law was released in April 2014.

Implementation has been a challenge. This year, a group successfully petitioned the Supreme Court to grant a temporary restraining order on the purchase and distribution of a progestin implant that would have been primarily subsidized by the Bill and Melinda Gates Foundation. As the government grapples with the law's opponents, it's a good time to review the law's provisions, particularly those that might directly affect or concern Filipino physicians.

Policy and guiding principles

The RH Law specifically declares that it is the duty of the State to "equally protect the life of the mother and the life of the unborn *from conception*." [SEC. 2]

It pledges to guarantee "universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies *which do not prevent the implantation of a fertilized ovum* as determined by the Food and Drug

Administration (FDA)." [SEC. 2]

Openness to life is encouraged on the condition that "parents bring forth to the world only those children whom they can raise in a truly humane way." SEC. 3(e) requires the state to also "provide funding support to promote modern natural methods of family planning, especially the Billings Ovulation Method."

The goal of the law is reproductive health, not population control. "There shall be no demographic or population targets and the mitigation, promotion and/or stabilization of the population growth rate is incidental to the advancement of reproductive health" [SEC. 3(l)]

Abortion: definition and prohibition

The RH Law defines as abortifacient "any drug or device that induces abortion or the destruction of a fetus inside the mother's womb or the prevention of the fertilized ovum to reach and be implanted in the mother's womb upon determination of the FDA." [SEC. 4(a)]

SEC. 4(q)(3) specifically states that one of the elements of reproductive health care is the proscription (or prohibition) of abortion, while

SEC. 4(s) stipulates that "reproductive health rights do not include abortion, and access to abortifacients."

Likewise, SEC. 9 forbids government purchase or acquisition of "emergency contraceptive pills, postcoital pills, abortifacients that will be used for such purpose."

However, SEC. 3(j) emphasizes that "women needing care for post-abortive complications…shall be treated and counseled in a humane, nonjudgmental and compassionate manner in accordance with law and medical ethics."

Rules pertaining to health care providers

SEC. 7 of the RH Law states that "All accredited public health facilities shall provide a full range of modern family planning methods"; this section further states that family planning services should also be offered by private health facilities. Non-maternity specialty hospitals, as well as hospitals owned and operated by a religious group, have the option to "immediately refer the person seeking such care and services to another health facility which is conveniently accessible."

In its April 2014 ruling, the Supreme Court clarified that private health facilities, non-maternity specialty hospitals, and hospitals owned and operated by a religious group are not required to refer patients in non-emergency or non-life-threatening cases.

The Supreme Court further declared that health care providers should not be punished if, due to his/her religious beliefs, the provider fails or refuses to:

- disseminate information regarding programs and services on reproductive health; or
- refer a patient not in an emergency or life-threatening case…to another health care service provider within the same facility or one which is conveniently accessible.

Under SEC. 17 of the RH Law, reproductive health care providers such as gynecologists and obstetricians are "encouraged to provide at least forty-eight (48) hours annually of reproductive health services…free of charge to indigent and low-income patients…. The forty-eight (48) hours annual pro bono services shall be included as a prerequisite in the accreditation under the PhilHealth." However, the Supreme Court ruled that this part of the RH Law should not affect the PhilHealth accreditation of a "conscientious objector."

According to the Implementing Rules and Regulations of the RH Law, a conscientious objector is a "practicing skilled health professional who refuses to provide legal and medically safe reproductive health care within the scope of his or her professional competence, on the grounds that doing so is against his or her ethical or religious convictions." There are requirements for a health professional to be considered a conscientious objector, including, for private professionals, "a notice at the entrance of the clinic or place of practice, in a prominent location and using a clear/legible font, enumerating the reproductive health services he or she refuses to provide." The full list of requirements is available from the DOH.