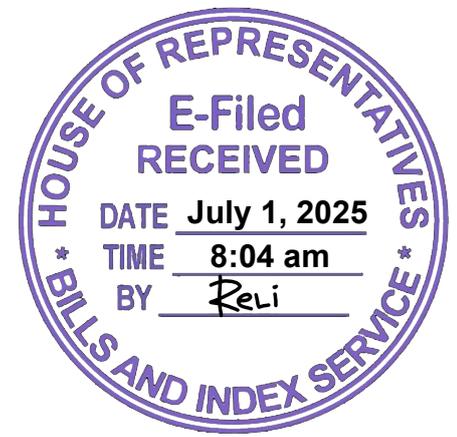


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 690



Introduced by **REP. JAVIER MIGUEL L. BENITEZ**

EXPLANATORY NOTE

The Philippines is in the midst of a fast-growing HIV crisis, holding the record for the fastest-growing number of HIV cases in the Asia-Pacific Region. In June 2025, the Department of Health calls for the official declaration of HIV as a high-priority public health concern, requiring urgent action from all levels of government and society¹. The trend continues to increase, with an estimated 252,800 Filipinos expected to be living with HIV in 2025. As of March 2025, the DOH has reported a total of 139,610 Filipinos diagnosed with HIV, and only 66% of them are receiving Anti-Retroviral Therapy (ART). Alarmingly, a third of these diagnosed cases are among young Filipinos aged 15 to 24 years².

According to UNICEF's 2023 Global and Regional Snapshots on HIV and AIDS, nearly one million people aged 0-19 living with HIV globally are not receiving any treatment, leading to their deaths due to AIDS-related causes³. The vulnerability of young adults to HIV is undoubtedly prominent. It requires urgent medical attention and effective government intervention. However, it is worth noting that the problem lies not only in the availability of accessible treatment but also in the various legal and socio-cultural factors that come with it.

Republic Act No. 11166, otherwise known as the "Philippine HIV and AIDS Policy Act" took a liberal turn in repealing the outdated R.A. 8504 or the

¹ UNAIDS & World Health Organization, *UNAIDS, WHO Support DOH's Call for Urgent Action as the Philippines Faces the Fastest-Growing HIV Surge in the Asia-Pacific Region* (June 11, 2025), <https://www.who.int/philippines/news/detail/11-06-2025-unaid--who-support-doh-s-call-for-urgent-action-as-the-philippines-faces-the-fastest-growing-hiv-surge-in-the-asia-pacific-region>.

²*Id.*

³ UNICEF, *2023 Global Snapshot on HIV and AIDS: Progress and Priorities for Children, Adolescents and Pregnant Women* (2023), <https://www.childrenandaids.org/global-snapshot-2023>.

"Philippine Aids Prevention and Contract Act of 1998", by allowing minors, ages fifteen (15) to below eighteen (18) years old to get tested for Human Immunodeficiency Virus (HIV) without the consent of their parents/guardians⁴.

According to Cordero (2025), one of the challenges or root causes that hinder the success of government programs is the continued stigma and discrimination towards people living with HIV (PLHIV). This stigma and discrimination affected their engagement in HIV-related services like testing, management, and treatment⁵. The required parental involvement limits the minor's accessibility to health care services such as ART, especially when familial environments are not safe or supportive. This delay ultimately leads to advanced disease progression and further transmission.

In the Philippine legal context, the age of majority starts at eighteen (18) when individuals are considered mature enough to possess the necessary capacity to discern and decide for themselves. However, recent legal developments and studies have shown that various factors must be considered in determining the capacity of the child to understand the consequences and benefits of his or her actions.

While the current law allows minors aged below fifteen (15) who are pregnant or engaged in high-risk behavior to get tested without parental consent, no provision grants minors who have tested positive the authority to decide on whether or not to undertake treatments to address their condition⁶. This creates a policy gap where a 16 or 17-year-old PLHIV still has to wait to reach the age of majority or seek parental consent before being granted access to life-saving treatment.

The "Mature Minor Doctrine" that is integrated in the Philippine HIV and AIDS Policy Act has been widely used in several countries globally, especially in Canada, the UK, and some areas in the US. This concept considers the evolving capacities of the child to make informed and independent decisions, including consent to medical procedures.

Developmental psychology confirms that by age 16, adolescents typically possess the cognitive maturity and decision-making ability to understand treatment options, consequences, and responsibilities involved in ART and other HIV-related medical services. In a study conducted by Icenogle et al. (2019), it was found that cognitive capacity reached adult levels at around age 16. Youth may be able to make deliberative decision-making as early as this age. Thus, it was argued that it is reasonable to have different boundaries for

⁴ Republic Act No. 11166 (Phil.), § 29 (enacted Dec. 20, 2018).

⁵ D.A. Cordero Jr., *Exploring the HIV Epidemic in the Philippines: Initiatives and Challenges*, 24 J. Int'l Ass'n Providers AIDS Care 1 (2025), <https://doi.org/10.1177/23259582241312294>.

⁶ Republic Act No. 11166, *supra* note 4, §§ 29(b) .

different legal purposes: one for matters in which cognitive capacity predominates, and a later one for matters in which psychosocial maturity plays a substantial role⁷.

Steinberg et al. (2009) analyzed data from over 900 individuals between the ages of 10 and 30. The study showed that cognitive capacity matures by 16, whereas psychosocial maturity does not fully mature until years later⁸. This justifies having a lower age boundary for legal decisions that allow deliberation⁹.

The 1987 Philippine Constitution declares it a policy of the State to protect the welfare of the children and to make healthcare accessible for all. Article XV, Section 3(2) of the Constitution provides that: "*The State shall defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development*¹⁰."

Moreover, Article XIII, Section 11 of the 1987 Constitution states that "*the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, disabled, elderly, women, and **children**. The State shall endeavor to provide free medical care to paupers (Emphasis Supplied)*¹¹." This outlines the State's responsibility to adopt a comprehensive approach to healthcare development, including improved accessibility of essential health services available and affordable for Filipino citizens, including children as part of the vulnerable groups.

The Constitution mandates that the state provide strong legal protection and safeguards to children and foster their welfare by ensuring access to essential healthcare services, including life-saving treatments for vulnerable groups such as HIV-positive minors.

⁷ G. Icenogle et al., *Adolescents' Cognitive Capacity Reaches Adult Levels Prior to Their Psychosocial Maturity: Evidence for a "Maturity Gap" in a Multinational, Cross-Sectional Sample*, 43 Law & Hum. Behav. 69, 69–85 (2019), <https://doi.org/10.1037/lhb0000315>.

⁸ Laurence Steinberg et al., *Are Adolescents Less Mature Than Adults?: Minors' Access to Abortion, the Juvenile Death Penalty, and the Alleged APA "Flip-Flop"*, 64 Am. Psychol. 583, 583–94 (2009), <https://doi.org/10.1037/A0014763>.

⁹ Elizabeth S. Scott & Laurence Steinberg, *Rethinking Juvenile Justice* (Harv. Univ. Press 2008).

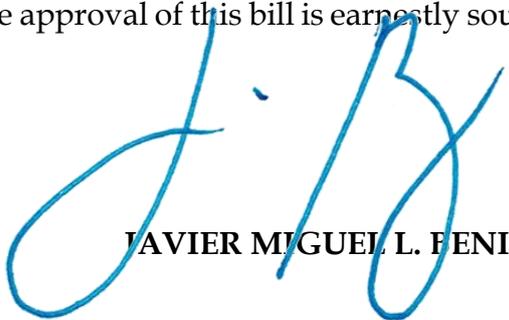
¹⁰ CONST. (1987), art. XV, § 3(2) (Phil.)

¹¹ CONST. (1987), *supra* note 10, art. XIII, § 11 (Phil.)

Philippine laws and jurisprudence likewise support upholding the best interest of the child as a legal obligation. While this principle is mostly applied in custody-related cases, there is a recognized need for prioritizing the well-being and best interests of minor PLHIV, destigmatizing HIV cases to allow better access to healthcare facilities. Minors with mature cognitive capacity, i.e., 16 to 17 years of age, are capable of making informed decisions that would advocate for their best interest.

This bill proposes to allow adolescents aged 16 to 17, who are assessed by a licensed health professional as mature minors, to access ART and other HIV-related services without parental consent, under conditions that ensure informed decision-making and support. This amendment seeks to remove the legal and psychological barriers to the timely treatment of PLHIV minors, while protecting their right to life, dignity, and privacy.

In view of the foregoing, the immediate approval of this bill is earnestly sought.



JAVIER MIGUEL L. FENITEZ

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 690

Introduced by **REP. JAVIER MIGUEL L. BENITEZ**

AN ACT ALLOWING MATURE MINORS AGES 16 TO 17 TO AVAIL OF ANTI-RETROVIRAL THERAPY (ART) WITHOUT PARENTAL CONSENT, AMENDING FOR THE PURPOSE THE REPUBLIC ACT NO. 11166, OTHERWISE KNOWN AS "PHILIPPINE HIV AND AIDS POLICY ACT", AS AMENDED

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

SECTION 1. A new Section 34 is hereby inserted to RA 11166 to read as follows:

"Section 34. Access to medical services by Mature Minors- Persons ages sixteen (16) to below eighteen (18) years of age, diagnosed with HIV shall be allowed access to anti-retroviral therapy (ART) and other HIV/AIDS-related medical services without the consent from their parent or legal guardian provided, that the health care service provider shall determine whether or not the said mature minor is capable enough to understand the benefits and consequences of the said treatment."

SECTION 2. Renumbering.- Pursuant to the insertion of the foregoing provision, all subsequent sections of RA 11166, as amended, shall be renumbered accordingly.

SECTION 3. Implementing Rules and Regulations.- The Department of Health shall, within sixty (60) days from the effectivity hereof, promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 4. Repealing Clause. - R.A. 11166, or the "Philippine HIV and Aids Policy Act", and all other laws, executive orders, presidential decrees, administrative orders, rules and regulations, issuances, or parts thereof inconsistent with or contrary to the provisions of this Act are hereby repealed, amended, and modified accordingly.

SECTION 5. Effectivity. - This Act shall take effect fifteen (15) days from its publication in the Official Gazette or in any newspaper of general circulation.

Approved,