



Senate
Office of the Secretary

25 AUG -7 P1:30

**TWENTIETH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
First Regular Session

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RECEIVED BY:

SENATE

S.B. No. 1098

Introduced by SEN. WIN GATCHALIAN

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND
CONTROL, DEFINING ITS POWERS AND FUNCTIONS, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

The Philippines has faced significant challenges in responding to public health emergencies, including the COVID-19 pandemic and other previous outbreaks such as H1N1, SARS, and MERS-Cov. These events have shown the need for a specialized public health agency to manage disease surveillance, response, and prevention. The current Department of Health (DOH) has shown the need to improve its present structure to address several health threats swiftly.

The COVID-19 pandemic has resulted in significant economic losses. In 2020, the Gross Domestic Product (GDP) contracted by 9.6% year over year, the sharpest decline since the government started recording it in 1946.¹ The economic losses experienced by the country have greatly affected the lives of the Filipino people, especially those who

¹ Economic Losses From COVID -19 Cases in the Philippines: A Dynamic Model of Health and Economic Policy Trade-Offs, <https://archium.ateneo.edu/cgi/viewcontent.cgi?article=1197&context=mathematics-faculty-pubs>. Accessed 18 March 2025

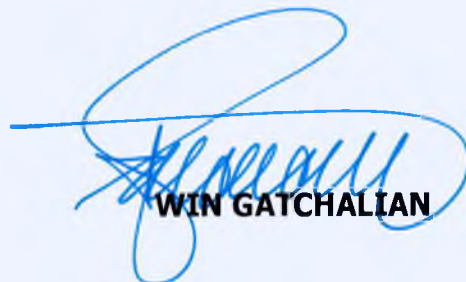
are marginalized. In addition to economic losses, the heavily burdened public health system has further contributed to the challenges experienced by the average Filipino – financially draining their resources and leading many Filipinos to poverty. Thus, there is a pressing need to future-proof and safeguard the country from the perils of the pandemic and other public health emergencies.

This bill seeks to establish the Philippine Center for Disease Prevention and Control (CDC) as an independent and science-driven institution. The CDC will serve as the country's technical authority on public health security, ensuring a proactive rather than reactive approach to disease control, aligned with international health regulations and best practices.

This proposed measure also aims to intensify the country's ability to prevent, detect, and respond to public health threats, institutionalize a whole-of-government and whole-of-society approach in disease control and prevention, improve epidemiology, surveillance, laboratory research, and public health communication capacities, establish a command structure for managing health emergencies, and facilitate efficient coordination between local and international health organizations.

Establishing the CDC is a crucial step toward building a resilient and science-driven public health system. This bill will enhance the country's health security framework and ensure timely and coordinated responses to health threats by institutionalizing evidence-based strategies, streamlining emergency responses, and modernizing disease surveillance. This bill reflects the government's commitment to safeguarding the Filipino people from current and future public health challenges.

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



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

ARTICLE I

TITLE AND GUIDING PRINCIPLES

SECTION 1. *Short Title.* – This Act shall be known as the "Philippine Center for
Disease Prevention and Control (CDC) Act".

SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote
the right to health of all Filipinos and instill health consciousness among them. To this
end, the State shall adopt an integrated, comprehensive, and evidence-informed
approach consistent with the direction under Republic Act No. 11223 or the Universal
Health Care Act, and adopt a framework that shall foster a whole-of-system, whole-of-
government, and whole-of-society approach, ensuring clear delineation of tasks among
existing agencies and maximizing current mandates. The State shall also allot the

1 necessary support and institutional resources to provide for effective disease prevention
2 and control through a high-level public institution imbued with the capacity, competence,
3 and authority to confront global and local public health risks.

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

- 5 a) Protect the Filipino people from the impact of all diseases of public health
6 importance;
- 7 b) Develop policies, plans, and protocols to improve identified areas in the
8 International Health Regulations hazards;
- 9 c) Clarify governance, decision-making, communication, and coordination
10 processes and protocols related to identifying, diagnosing, forecasting,
11 preventing, controlling, eliminating, eradicating, and monitoring all diseases of
12 public health importance;
- 13 d) Formulate and implement policies, plans, programs, and projects for the
14 promotion of scientific and technological activities for both the public and
15 private sectors, and ensure that the results of scientific and technological
16 activities are properly applied and utilized to uphold technical and scientific
17 integrity in decision-making and response;
- 18 e) Ensure swift, coordinated, and data-driven surveillance and response through
19 the Department of Health (DOH), epidemiology and surveillance units, public
20 health laboratory systems, points of entry, and the Disaster Risk Reduction and
21 Management System;
- 22 f) Provide the overall national framework and strategic direction for the
23 establishment of a health laboratory system;
- 24 g) Maintain a pool of in-house experts who shall serve as the technical authority
25 and shall provide evidence-informed guidance on standards, technologies, and
26 analytics for epidemiology, disease control, prevention, elimination,
27 eradication, health emergency preparedness, and response; and
- 28 h) Ensure the development and implementation of a shared risk and crisis
29 communication plan with the DOH, the Food and Drug Administration (FDA),

1 and Research Institute for Tropical Medicine (RITM), to be known under this
2 Act as the Philippine Research Institute of Medicine.
3

4 **ARTICLE II**

5 **DEFINITION OF TERMS**

6 SEC. 4. *Definition of Terms.* – As used in this Act, the following terms shall mean:

- 7 a) *Commodities for public health emergencies* – refer to health products
8 necessary for public health emergency response. These may include vaccines,
9 therapeutics, medical devices, and ancillary supplies.
- 10 b) *Disease* – refers to pathologic acute or rapidly developing and chronic or long-
11 standing conditions that cause harmful deviations from normal structure or
12 function and may be due to infectious agents or their toxic products, which
13 may be transmitted from a reservoir to a susceptible host (either directly from
14 an infected person or animal or indirectly through the agency of an
15 intermediate plant or animal host, vector, or the inanimate environment, or
16 coming from laboratories intentionally or unintentionally) or may be the result
17 of a combination of genetic, physiological, environmental, and behavioral
18 factors. This shall refer to all diseases, including communicable and non-
19 communicable diseases.
- 20 c) *Disease Surveillance* – refers to the ongoing systematic collection, analysis,
21 interpretation, and dissemination of outcome-specific data for use in the
22 planning, implementation, and evaluation of public health practice in terms of
23 epidemics, emergencies, and disasters. A disease surveillance system includes
24 the functional capacity for data analysis as well as the timely dissemination of
25 these data to persons who can undertake effective prevention and control
26 activities.
- 27 d) *Health Research* – refers to research or research-related activities that seek to
28 provide timely and quality evidence to address knowledge gaps in areas related
29 to identifying, diagnosing, forecasting, preventing, controlling, eliminating and
30 eradicating, and monitoring diseases of public health importance.

- 1 e) *International Health Regulations* – refer to an international agreement
2 managed by the World Health Organization (WHO) that is focused on
3 addressing serious public health threats that have the potential to spread
4 beyond a country's borders to other parts of the world. It defines the standards
5 that countries must meet to prevent, detect, and respond to public health
6 threats.
- 7 f) *Public health emergency* – refers to an occurrence or imminent threat of an
8 illness or health condition that:
- 9 i. Is caused by any of the following:
- 10 1. Bioterrorism;
11 2. Appearance of a novel or previously controlled or eradicated
12 infectious agent or biological toxin;
13 3. Natural disaster;
14 4. Chemical attack or accidental release;
15 5. Nuclear attack or accident; or
16 6. Attack that uses or caused by an accidental release of
17 radioactive materials; and
- 18 ii. Poses a high probability of any of the following:
- 19 1. Large number of deaths in the affected population;
20 2. Large number of serious injuries or long-term disabilities in the
21 affected population;
22 3. Widespread exposure to an infectious or toxic agent that poses
23 a significant risk of substantial harm to a large number of people
24 in the affected population;
25 4. International exposure to an infectious or toxic agent that poses
26 a significant risk to the health of citizens of other countries; or
27 5. Trade and travel restrictions.
- 28 g) *Public health event* – refers to either a public health emergency or a public
29 health threat due to biological, chemical, radio-nuclear, or environmental
30 agents.

- 1 h) *Public health laboratories* – refer to facilities responsible for providing timely
2 and reliable diagnostic results, primarily for improvement of patient outcomes,
3 disease prevention, control, and surveillance, population-based interventions,
4 and outbreak emergency response. They shall perform core public health and
5 environmental activities, including reference tests for diseases of public health
6 importance.
- 7 i) *Public health threat* – refers to any situation or factor that may present a danger
8 to the health of the people.
- 9 j) *Notifiable disease* – refers to a disease that, by legal requirements, must be
10 reported to the public health authorities.
- 11 k) *Quarantine* – refers to the restriction of activities and/or separation from others
12 of suspect persons who are not ill, or of suspect baggage, containers,
13 conveyances, or goods, in such a manner as to prevent the possible spread of
14 infection or contamination.
- 15 l) *Response* – refers to the implementation of specific activities to control further
16 spread of infection, outbreaks, or epidemics and prevent reoccurrence. It
17 includes verification, contact tracing, rapid risk assessment, case measures,
18 treatment of patients, risk communication, the conduct of prevention activities,
19 and rehabilitation.

20 **ARTICLE III**

21 **CREATION AND FUNCTIONS OF THE PHILIPPINE CENTER FOR DISEASE** 22 **PREVENTION AND CONTROL**

23 SEC. 5. *Creation of the Philippine Center for Disease Prevention and Control.* – There
24 is hereby established an agency to be known as the Philippine Center for Disease
25 Prevention and Control, hereinafter referred to as "CDC." The CDC shall be an agency
26 directly under the DOH's Office of the Secretary.

27 SEC. 6. *Functions of the CDC.* – The CDC shall be a science-based organization that
28 shall be the technical authority on forecasting, analysis, strategy, and standards
29 development for the prevention and control of all diseases of public health importance
30 and health security events, whether domestic or international in origin. The CDC shall

1 coordinate with centers for disease control of other countries and act as the National
2 Focal Point of the Philippines for International Health Regulations concerns.

3 For purposes of this Act, the "National Focal Point" shall refer to a national office or
4 center that is accessible at all times for International Health Regulations related
5 communications with the WHO and relevant sectors within the country.

6 The functions of the CDC shall include, but not limited to, the following:

- 7 a) Develop strategies, standards, and policies for disease prevention and
8 control;
- 9 b) Implement disease surveillance and field epidemiology activities;
- 10 c) Perform data collection and analytics;
- 11 d) Establish and strengthen public health laboratories;
- 12 e) Recommend actions for public health threats to appropriate national
13 government bodies;
- 14 f) Lead public health and risk communications;
- 15 g) Conduct and manage health research and evidence synthesis;
- 16 h) Build local capacity for surveillance and health research; and
- 17 i) Promote scientific integrity by ensuring that all its products are technically
18 accurate, scientifically and ethically sound, and useful to the government and
19 the intended population through the institutionalization of appropriate
20 mechanisms and bodies.

21 The CDC shall perform other functions as may be mandated by law or duly delegated
22 by relevant authorities, as well as those that may be necessary or expedient for the
23 performance of its mandate under this Act.

24 The CDC shall submit annual detailed cost work plans relating to its functions to the
25 Secretary of Health for approval.

26 *SEC. 7. Structure of the CDC. –*

- 27 a) The CDC shall be headed by a Director General.
- 28 b) The CDC shall have established component centers that shall lead and
29 coordinate the major functions of the CDC and establish strategic linkages

1 and partnerships to fulfill its mandate. In line with the CDC's functions, each
2 of the following component centers shall be headed by a Deputy Director
3 General:

4 i. *Center for Health Statistics.* The Center for Health Statistics shall provide
5 the national leadership in health statistics, data analytics, and health
6 information systems management of non-epidemiologic surveys in
7 coordination with the Philippine Statistics Authority (PSA) and shall
8 complement the roles and responsibilities of the DOH related to sectoral
9 policy and planning by providing relevant health statistics. It shall
10 likewise progressively develop and expand its methodological and
11 analytical capacity; its use of informatics, digital tools, and innovations,
12 among others; and expand its portfolio of national health-related
13 surveys that it develops and manages to complement existing national
14 health surveys being managed by other national agencies.

15 ii. *Center for Epidemiology and Surveillance.* The Center for Epidemiology
16 and Surveillance shall lead and execute a national public health
17 surveillance strategy and shall perform the functions and obligations of
18 the Epidemiology Bureau and the DOH under Sections 5, 6, and 8 of
19 Republic Act No. 11332, or the Mandatory Reporting of Notifiable
20 Diseases and Health Events of Public Health Concern Act. Further, it
21 shall progressively enhance its epidemiology and surveillance functions
22 to further develop its overall analytical capacity; to expand the scope of
23 surveilled events and diseases; to set standards for and continually
24 expand tools for data management and surveillance systems; to expand
25 the scope of data collected; to lead in the development of epidemiology
26 and surveillance capacities for all diseases and their causes, including
27 social determinants of health; to lead in implementing international
28 health surveillance and International Health Regulations processes; and
29 to expand its technical expertise to include other and emerging branches

1 and types of epidemiology and relevant epidemiologically related
2 approaches.

3 c) *Research Institute for Tropical Medicine (RITM)* – The RITM, which shall
4 henceforth be referred to as the Philippine Research Institute of Medicine,
5 shall be directly under the CDC and continue to perform its current functions
6 through its Clinical Research Division, Laboratory Research Division, and
7 Biologics Manufacturing Division. To complement the CDC's functions, the
8 Philippine Research Institute of Medicine shall perform the following
9 additional functions:

- 10 i. lead evidence-informed policymaking for the prevention and control of
11 all diseases, which as defined in Section 4 of this Act includes
12 communicable and non-communicable diseases, through the synthesis
13 of available evidence;
- 14 ii. conduct high-quality health research and develop evidence-informed
15 strategies and standards of care, and provide scientific inputs to guide
16 the development, evaluation, and improvement of public health
17 programs;
- 18 iii. develop science-informed standards to address public health threats,
19 in partnership with academe, professional societies, research bodies,
20 the National Institutes of Health, and the Department of Science and
21 Technology (DOST);
- 22 iv. develop and provide the overall strategic direction, policies, standards,
23 and plans in the implementation of the Philippine Health Laboratory
24 System (formerly the RITM's laboratories, DOH's Health Laboratories,
25 and other identified national laboratories) and the institutionalization
26 of stand-alone CDC public health laboratories, including national
27 reference laboratories, subnational, and regional public health
28 laboratories, which shall be expanded through the establishment of
29 streamlined diagnostic tests and surveillance of diseases of public
30 health importance into stand-alone laboratories across the nation and

1 by ensuring an effective and efficient quality management system for
2 all clinical and other health laboratories in partnership with the DOH:
3 *Provided, That the Philippine Research Institute of Medicine shall lead*
4 *the country's public health laboratory response for rapid detection of*
5 *emerging and reemerging public health threats;*

- 6 v. promote and develop innovative science, technologies, and processes
7 in support of CDC's ability to protect the country from health, safety,
8 and security threats, both foreign and local;
- 9 vi. manufacture vaccines and biologicals, consistent with the self-reliance
10 action plan, subject to a positive recommendation issued by an
11 independent study or body commissioned by relevant national
12 government agencies;
- 13 vii. develop and implement, together with other agencies, such as DOST
14 and the Department of Trade and Industry (DTI), programs for vaccine
15 and biologics capacity building on human resources, infrastructures,
16 and technology, among others;
- 17 viii. coordinate, oversee, and lead the development of the vaccine self-
18 reliance national action plan, including sustainability models and plans
19 on local vaccine development and involvement of the manufacturing
20 industry;
- 21 ix. promote and advocate technology transfers and cross-border
22 exchanges of scientific information, data, physical samples both at the
23 vaccine and biologics research and development, and other steps in
24 manufacturing and trade value chain;
- 25 x. establish linkages with local and international public and private
26 partners and industries in vaccine and biologics development and
27 manufacturing initiatives and collaborations; and
- 28 xi. perform such other necessary functions mandated under this Act, or
29 as may be mandated by law, or as may be delegated by the Secretary
30 of Health and/or the President.

Provided, That nothing in this Act shall prohibit the CDC from establishing additional divisions, bureaus, and offices under the Philippine Research Institute of Medicine.

- d) The CDC shall have three (3) offices directly under the Director General to support the Center for Health Statistics, Center for Epidemiology and Surveillance, and the Philippine Research Institute of Medicine, namely:
 - i. Office for Health Economics;
 - ii. Office for Policy and Planning; and
 - iii. Office for Administration, Finance, and Legal Affairs.
- e) Technical committees, boards, commissions, councils, conferences, task forces, or similar groups shall be established to provide technical expert advice, ideas, and diverse opinions to the CDC. Advisory committees shall be composed of experts from different sectors with specific expertise necessary to fulfill their mandate: *Provided*, That membership to the advisory committee shall be renewed every three (3) years, but may be terminated earlier as deemed necessary.
- f) Regional Centers of the CDC shall be established to strengthen local technical capacity for epidemiology and surveillance, health statistics, laboratory, and research that would support DOH regional offices and local government units (LGUs).
- g) Additional offices may be created in accordance with the mandate of the CDC with the recommendation of the Director General and approval of the Secretary of Health in view of emerging needs of the health sector.

ARTICLE IV

OPERATIONAL STRUCTURE, MANAGEMENT, AND STAFF OF THE CENTER

SEC. 8. Relationship with Existing Agencies and Offices. –

- a) *Relationship between CDC and DOH Operations.* The CDC shall be an agency under the DOH's Office of the Secretary. The DOH shall develop operational

1 and intersectoral policies to support implementation of strategies and
2 standards developed by the CDC.

3 b) *Relationship between CDC and the DOH Bureau of Quarantine.* The CDC shall
4 set the standards for international health surveillance and surveillance at
5 ports of entry and coordinate with the Bureau of Quarantine for
6 operationalization and stakeholder management.

7 c) *Relationship between CDC and University of the Philippines - National*
8 *Institute of Health (UP-NIH).* The UP-NIH shall provide support to the CDC in
9 developing and implementing its research agenda and in implementing
10 programs to ensure the continuation of professional, academic, and personal
11 capacity development of multisectoral stakeholders that will be engaged with
12 the CDC.

13 d) *Relationship between Regional Office of the CDC and DOH Regional Offices.*
14 The CDC shall have regional counterparts that will maintain technical capacity
15 for epidemiology and surveillance, health statistics, laboratory, and research,
16 as support to DOH regional offices and LGUs to support implementation of
17 strategies and standards of the CDC.

18 e) *Relationship between CDC and LGUs.* Provinces, cities, and municipalities
19 shall adopt and localize standards and guidelines developed by the CDC, as
20 operationalized by the DOH, in the performance of activities related to disease
21 prevention and control. Further, LGUs shall allocate the necessary funding for
22 the establishment of functional Epidemiology and Surveillance Units based on
23 standards set by the Center for Epidemiology and Surveillance and as
24 provided for by law, including the creation of positions for needed Disease
25 Surveillance Officers and field epidemiologists in line with the goal of building
26 local capacity for health surveillance: *Provided, That the CDC will provide*
27 *technical support to LGUs.*

1 SEC. 9. *Transfer of Agencies.* –

2 a) *Restructuring of Affected Offices and Units.* The following offices, including
3 their administrative units, shall be restructured to ensure synergistic co-
4 existence of the CDC and DOH to facilitate full operations of the CDC.

5 i. The Health Laboratory Division of the Health Facility Development
6 Bureau of the DOH, also referred to as the Office for Health Laboratories,
7 and other identified national reference laboratories shall be absorbed by
8 the Philippine Research Institute of Medicine and included in the
9 Philippine Health Laboratory System.

10 ii. The Epidemiology Bureau of the DOH shall be transferred to the Center
11 for Health Statistics and Center for Epidemiology and Surveillance in
12 phases. The functions of the National Epidemiology Center of the
13 Epidemiology Bureau and disease and public health surveillance
14 functions assigned to the DOH by law shall also be transferred to the
15 Center for Epidemiology and Surveillance. In line with this, the Regional
16 Epidemiology and Surveillance Units and Field Health Services
17 Information System Units of the DOH Regional Offices shall be
18 transferred to and be under the sole supervision and control of the CDC
19 upon the effective transition of the Epidemiology Bureau to the CDC.

20 The Center for Epidemiology and Surveillance shall set the
21 standards for international health surveillance and surveillance at ports
22 of entry and shall coordinate with the Bureau of Quarantine for
23 operationalization and stakeholder management: *Provided,* That the
24 screening and quarantine processes for inbound and outbound
25 international travelers as provided under Sections 4 and 5 of Republic
26 Act No. 9271, or the Quarantine Act of 2004 shall remain with the
27 Bureau of Quarantine, aligned with the standards promulgated by the
28 CDC.

29 iii. The Knowledge Management and Information Technology Service
30 (KMITS) of the DOH shall be restructured and rationalize its functions to

1 eliminate the overlaps and duplication with the standards and sectoral
2 policy function of the Center for Health Statistics.

3 iv. The Disease Prevention and Control Bureau shall be transformed into
4 the Public Health Strategy and Management Bureau, and shall be
5 responsible for developing operational strategy and guidelines aligned
6 with the CDC's standards, stewarding intersectoral collaboration
7 platforms, and ensuring strategic management of national health
8 programs. The Disease Prevention and Control Bureau's standards
9 development function shall be transferred to the Philippine Research
10 Institute of Medicine: *Provided*, That the DOH Undersecretary for
11 Operations and the DOH Regional Offices shall continue to perform their
12 role in operational planning, coordination, and performance
13 management.

14 v. The Communications Office of the DOH shall be a shared service among
15 DOH offices, including the FDA, CDC, and Philippine Research Institute
16 of Medicine, and shall perform the following functions, among others:

- 17 1. Develop strategic communication plans, including, but not
18 limited to organizational risk and crisis communication plans;
- 19 2. Manage and implement risk communication activities and
20 initiatives, such as the development and issuance of information
21 and education communication materials, events, stakeholder
22 meetings, and other media engagement activities;
- 23 3. Manage and activate crisis communication protocol for health
24 risks and hazards, and institutional reputational risks;
- 25 4. Develop and implement corresponding capacity-building
26 activities in relation to organizational risk and crisis
27 communications;
- 28 5. Perform internal communication functions within the institution;
- 29 6. Develop and facilitate the approval of communication materials
30 and policies as aligned with the approved communication plans;

1 7. Manage different platforms of the institution for release of
2 communication materials; and

3 8. Foster, maintain, and continuously build external partnership
4 and communication networks with public and private health
5 institutions.

6 b) *Transfer of Human Resource and Properties.* The offices affected by the
7 transfer of agencies shall also transfer human resource, applicable funds and
8 appropriations, records, equipment, and property to the CDC, subject to a
9 multi-year transition plan under Section 24 of this Act.

10 i. As a result of the reorganization under this Act, the DOH shall evaluate
11 the credentials, skills, and work experience of all employees in affected
12 agencies, offices, or bureaus and shall conduct matching to positions
13 within the new offices/bureaus created based on the set qualification
14 standards. The DOH shall develop a technical working group to ensure
15 that Republic Act No. 6656, or "An Act to Protect the Security of Tenure
16 of Civil Service Officers and Employees in the Implementation of
17 Government Reorganization" shall be properly observed towards the
18 protection of the security of tenure of affected employees and shall
19 institute mechanisms for retooling. To this end, there shall be no
20 diminution of salaries and benefits of affected employees. Affected
21 employees may opt for voluntary separation from service within six (6)
22 months from the effectivity of this Act and shall be entitled to receive
23 separation and early retirement benefits and other benefits under
24 applicable laws and issuances within ninety (90) days from the date of
25 effectivity of their separation; and

26 ii. Transfer of human resource, applicable funds and appropriations,
27 records, equipment, and property to the CDC, among others, shall
28 commence within two (2) years from effectivity of this Act to enable the
29 smooth transfer of the same from the DOH.

1 *SEC. 10. Salary, Staffing Pattern and Qualifications.* – The CDC staffing requirement
2 shall be supported to ensure its role as the technical authority in the prevention and
3 control of all diseases of public health importance. Subject to the review and approval of
4 the Department of Budget and Management (DBM), the Secretary of Health shall
5 determine the organizational structure and staffing pattern of the CDC, in accordance
6 with existing Civil Service Commission (CSC) laws, rules, and regulations: *Provided, That*
7 the existing law on salary scales of government employees shall not apply in determining
8 the salary scale of scientific and highly technical staff.

9 Members of advisory committees shall receive a per diem allowance for each
10 meeting attended. The CDC shall include a summary of the amounts deemed necessary
11 for the expenses of advisory committees in its budget recommendations: *Provided, That*
12 all in-house technical and scientific staff, expert pools, and members of advisory
13 committees shall be allowed to practice their profession and receive additional
14 compensation from such engagements: *Provided, further, That* all employed staff and
15 engaged in-house experts shall submit declaration of conflict-of-interest, non-disclosure
16 agreement, and other pertinent documentary requirements as may be deemed necessary.

17 All CDC personnel shall be authorized to undergo secondment to local and
18 international academic and science-based organizations, local and international academic
19 or technical training and capacity-building, or other similar knowledge exchange
20 mechanisms to maintain the technical expertise necessary to implement the roles and
21 responsibilities assigned to them: *Provided, That* the mechanisms for return of service
22 are implemented, to be determined by the CDC and approved by the Secretary of Health.

23 *SEC. 11. Director General, Deputy Director Generals, and Directors.* –

24 1) *Appointment of the Director General.* The Director General shall be appointed
25 by the President, with the rank of Undersecretary, upon the recommendation
26 of the Secretary of Health, based on technical expertise, academic
27 background, and appropriate work experience.

28 2) *Appointment of the Deputy Director Generals.* The Director General shall be
29 assisted by Deputy Director Generals, with the rank of Assistant Secretary.
30 They shall oversee the functions of the Offices and Centers, and any

1 additional offices created in accordance with Section 7 of this Act. The Deputy
2 Director Generals shall likewise be appointed by the President, upon the
3 recommendation of the Secretary of Health, based on technical expertise,
4 academic background, and appropriate experience.

5 3) *Appointment of Directors.* The Director General shall be assisted by the
6 following:

- 7 a) Director for Health Economics Service with the rank of Director IV;
- 8 b) Director for Policy and Planning with the rank of Director IV; and
- 9 c) Director for Administration, Finance, and Legal Affairs with the rank of
10 Director IV.

11 4) *Qualifications and Eligibilities.*

- 12 a) The Director General shall be a public health professional, must be a
13 licensed medical doctor, with at least 15 years of combined post-
14 graduate experience in relevant fields of medicine, public health,
15 research, and management;
- 16 b) The Deputy Director General of each Center shall possess a
17 postgraduate degree, preferably a doctorate, in fields related to
18 medicine, public health or research, with management experience in
19 such fields; and
- 20 c) The Directors directly under the Office of the Director General shall
21 possess third-level service eligibility with educational background in
22 relevant fields of medicine, public health, accounting, management,
23 economics or any business course, and must have management
24 experience in the aforesaid fields.

25 5) *Powers and Functions of the Director General.*

- 26 a) Provide leadership, policy guidance, coordination, technical expertise,
27 and services to promote the development and implementation of the
28 CDC's national programs;

- 1 b) Determine the occurrence of a public health emergency and with the
2 concurrence of the Secretary of Health, certify to the President of the
3 Philippines the occurrence of a public health emergency;
- 4 c) Notify the WHO and other focal points of any public health emergency
5 or incident in accordance with International Health Regulations
6 guidelines, and lead in the coordination of public health response with
7 said bodies and National Focal Points;
- 8 d) Institute public health surveillance programs in accordance with
9 Republic Act No. 11332 or the Mandatory Reporting of Notifiable
10 Diseases and Health Events of Public Health Concern Act and as such,
11 impose the following:
- 12 i. Require all public and private hospitals, clinics, health facilities,
13 laboratories, institutions, workplaces, schools, prisons, ports,
14 airports, establishments, communities, other government
15 agencies, and non-governmental organizations to accurately
16 and immediately report notifiable disease and public health
17 events to CDC;
- 18 ii. Require all public and private hospitals, clinics, health facilities,
19 and laboratories to submit health and health-related data,
20 which shall include administrative, public health, medical,
21 pharmaceutical, and financing data to CDC; and
- 22 iii. Direct Disease Surveillance Officers, Epidemiology and
23 Surveillance Units, CDC Laboratories, Philippine Health
24 Laboratory System, pharmacies, and those employed by the
25 LGUs involved in surveillance and response to report
26 information required by the CDC at all times and as soon as
27 practicable.

28 Failure of said establishments to report to the CDC shall
29 constitute as a violation of Section 9 (d) and (e) of Republic Act
30 No. 11332.

1 e) Coordinate with the relevant agencies to furnish the CDC any sample
2 of any substance or matter in the possession or control of that person,
3 whether taken pursuant to this Act or otherwise, as may be considered
4 necessary or appropriate, or any information as may be required by
5 the CDC, within the period it requires for the purpose of any public
6 health surveillance program, epidemiological investigation, or survey
7 conducted pursuant to this Act.

8 For purposes of this Act, "epidemiological investigation" shall
9 refer to an inquiry on the incidence, prevalence, extent, source, mode
10 of transmission, causation of, and other information pertinent to a
11 disease occurrence;

12 f) Request the assistance of the Philippine National Police (PNP) or the
13 National Bureau of Investigation (NBI) to locate any patients or
14 persons suspected of contracting a communicable disease;

15 g) Certify to the President of the Philippines, through the Secretary of
16 Health, the termination of a public health emergency, which may serve
17 as basis for the de-escalation and eventual termination of emergency
18 response activities;

19 h) Develop policies with provisions on penalties for local implementation
20 and enforcement, in consultation with the Secretary of Health:

21 i. Provide recommendations on the corresponding rules and
22 regulations, as well as penalties, for local implementation and
23 enforcement that are necessary to control and prevent diseases
24 within the country and to prevent the introduction,
25 transmission, or spread of communicable diseases from other
26 countries into the Philippines or from one domestic
27 seaport/airport to another; and

28 ii. Provide public health preventive measures and intervention
29 strategies such as health education, promotion and advisories,
30 isolation, quarantine, inspections, fumigation, disinfection,

1 disinfestation, vector control, pest extermination, and
2 destruction of animals or articles found to be infected or
3 contaminated as to be sources of infection to human beings in
4 coordination with other concerned quarantine agencies such as
5 veterinary quarantine, plant quarantine, and other measures as
6 may be necessary.

- 7 i) Develop and coordinate with the Secretary of Health the containment
8 strategies for inland contagion or community transmission of public
9 health threats. During public health emergencies, the DOH shall
10 coordinate with the Bureau of Quarantine in controlling, directing, and
11 managing all quarantine stations, grounds, and anchorages, and in
12 designating their boundaries in accordance with Section 6 of Republic
13 Act No. 9271 or the Quarantine Act of 2004;
- 14 j) Provide or obtain technical assistance to or from regional and local
15 health departments, private agencies, and international and
16 supranational agencies before, during, and after public emergencies;
- 17 k) Develop a shared risk communication plan in coordination with the
18 DOH and the FDA;
- 19 l) Liaise with other government agencies, non-governmental
20 organizations, international organizations, including the WHO, learning
21 and academic institutions, and other pertinent groups or entities in the
22 conduct of activities relating to disease prevention and control;
- 23 m) Coordinate with appropriate DOH Offices regarding administrative and
24 program matters;
- 25 n) Appoint eligible persons in accordance with Civil Service Law, rules and
26 regulations, and this Act;
- 27 o) Delegate the powers vested under this Act to the Deputy Director
28 Generals; and
- 29 p) Perform such other functions as may be mandated by law, or as may
30 be delegated by the Secretary of Health and/or the President.

1 *Sec. 12. Special Powers of the President.* – Upon the certification of the existence of
2 a public health emergency, in accordance with Section 11(5)(b) of this Act, the President
3 may exercise the special powers, including mobilization of the governmental and
4 nongovernmental agencies, including the private sector. The President shall respond to
5 the threats and be authorized to do the following functions:

- 6 a) Develop and initiate the implementation of national policies to prevent and
7 mitigate further transmission of diseases of public health importance;
- 8 b) Direct the DILG, for proper information dissemination to LGUs of all rules,
9 regulations, and directives issued by the National Government pursuant to this
10 Act: *Provided*, That all LGUs are authorized to develop localized policies and
11 interventions provided these are aligned with the national policy, rules and
12 regulations;
- 13 c) Direct the DOH to ensure adequate and equitable distribution of health
14 workers during public health emergencies and the provision of social benefits
15 and protection of health workers and their families and other household
16 members against discrimination;
- 17 d) Ensure that concerned government agencies implement measures to protect
18 the people from hoarding, profiteering, injurious speculations, manipulation of
19 prices, monopolistic practices, other acts in restraint of trade, or other
20 pernicious practices affecting the supply, distribution, and movement of food,
21 clothing, hygiene and sanitation products, medicines and medical supplies and
22 devices, machinery equipment and spare parts required in agriculture,
23 industry, other essential services, and other articles of prime necessity,
24 whether imported or locally produced or manufactured;
- 25 e) Ensure through concerned government agencies that the donations intended
26 to address public health emergencies, the acceptance thereof, and distribution
27 of donated health products and commodities are not unnecessarily delayed
28 considering their shelf-life, and that health products and commodities for
29 donation duly certified by the national regulatory authorities or their accredited

- 1 third party from countries with established regulation shall be automatically
2 cleared; and
3 f) Perform such other functions and activities, as deemed necessary.

4 **ARTICLE V**

5 **RESPONSE ACTION**

6 SEC. 13. *Response Cascade.* – In case of public health emergencies due to
7 biological, chemical, and toxic events:

- 8 a) The CDC, through the Philippine Research Institute of Medicine, shall prepare
9 and disseminate to the public and private sector the relevant technical
10 information and guidance;
11 b) The DOH, through the Public Health Strategy and Management Bureau, shall
12 develop operational and intersectoral strategies guided by the strategies and
13 standards developed by the CDC;
14 c) The DOH, through its regional offices, shall work closely with CDC, through its
15 regional CDCs to immediately respond to the public health emergency. When
16 necessary, the DOH shall tap into the Disaster Risk Reduction and
17 Management System to effectively respond to public health emergencies;
18 d) The CDC, through the Philippine Research Institute of Medicine, shall activate
19 the public health laboratory response network and continuously provide
20 guidance for core laboratory programs in quality management, laboratory
21 medicine and safety and security programs, laboratory information
22 management and surveillance, research and development, and training;
23 e) The CDC, through the Center for Epidemiology and Surveillance, shall certify
24 the veracity of the official data to be used as basis for response and for public
25 reporting, and provide standards and overall guidance to the Bureau of
26 Quarantine for the institutionalization of disease surveillance at all points of
27 entry and exit;
28 f) The National Telecommunications Commission (NTC) and any
29 telecommunications entity as defined under Republic Act No. 7925 or the

1 Public Telecommunications Policy Act of the Philippines shall provide location
2 information of patients or persons suspected of contracting a disease upon
3 request of the CDC: *Provided*, That the CDC shall ensure confidentiality of such
4 information;

5 g) The Secretary of Health, in coordination with the CDC, may undertake the
6 following functions in case of public health events:

- 7 1) Hire, transfer, and deploy health personnel;
- 8 2) Implement a whole-of-government and whole-of-society public health
9 emergency preparedness and response, in cooperation with the DILG,
10 LGUs, and the private sector;
- 11 3) Strictly enforce and augment border control and surveillance, in
12 coordination with the Department of Foreign Affairs, Bureau of
13 Quarantine, Bureau of Immigration, Philippine Ports Authority,
14 Department of Agriculture, and Bureau of Customs;
- 15 4) Commission research in coordination with DOST;
- 16 5) Promote treatment, vaccination, or immunization against a contagious
17 disease, compelling the isolation or quarantine of persons who are
18 unable or unwilling, for reasons of health, religion, or conscience, to
19 undergo immunization or treatment: *Provided*, That the guidelines for
20 the exercise of such power shall be formulated with the Department
21 of Justice;
- 22 6) Decontaminate any facility or decontaminate or destroy any material
23 when the CDC reasonably suspects that the same may endanger public
24 health, subject to the payment of just compensation guaranteed under
25 the Constitution;
- 26 7) Issue and enforce measures for safe handling and disposal of human
27 and animal remains; and
- 28 8) Require any health or funeral facility authorized by law to perform such
29 services as are reasonable and necessary to respond to a public health
30 emergency.

1 **ARTICLE VI**

2 **SPECIAL POWERS/AUTHORITY TO ENABLE RESPONSE**

3 SEC. 14. *Authority for Other Professions to Administer, Dispense, and Provide*
4 *Commodities for Public Health Emergencies.* – Notwithstanding any law to the contrary,
5 the Secretary of Health, with the recommendation of the CDC, shall allow other health
6 and allied medical professionals, such as pharmacists and midwives, who are duly trained
7 by the DOH or its authorized representatives, to administer, dispense, and provide
8 commodities considered as vital for public health emergencies with special authorization
9 or regular certificate of registration from the FDA.

10 SEC. 15. *Issuance of Special Regulatory Authorizations.* – The CDC shall recommend
11 to the Secretary of Health the implementation of interventions under special regulatory
12 authorization issued by the FDA, pursuant to Section 4 of Republic Act No. 3720, as
13 amended by Republic Act No. 9711, or the FDA Act of 2009. In consultation with the
14 Health Technology Assessment Council (HTAC), the FDA shall be authorized to issue
15 special authorizations for commodities during public health emergencies, provided that
16 the following are complied with:

- 17 a) The special regulatory authorization is based on the totality of available
18 scientific evidence, including data from adequate and well-documented
19 controlled trials, and it is reasonable to believe that the health product may
20 be effective to prevent, diagnose, or treat the disease/s of concern;
21 b) The potential benefits of the health product when used to diagnose, prevent,
22 or treat disease/s of concern outweigh the known and potential risks, if any;
23 and
24 c) There is no adequate, approved, and available alternative to the health
25 product for diagnosing, preventing, or treating disease/s of concern.

26 In the event that the declared public health emergency is lifted, special
27 authorizations issued by the FDA shall have provisional validity for a period of one (1)
28 year from the date of lifting of the declaration for the sole purpose of exhausting
29 remaining supplies.

1 SEC. 16. *Inter-agency Cooperation and Confidentiality.* – For the purpose of
2 expediting the review of evidence, product authorization or registration, and the
3 appropriate release of recommendations and supporting policies, the DOH, FDA, HTAC,
4 and other relevant government agencies shall, without need for notice or demand,
5 immediately provide each other with any and all needed information: *Provided,* That
6 proprietary submissions of data, which include non-disclosure agreements with
7 manufacturers, traders, distributors, or other sources, shall also be subject of non-
8 disclosure agreements with other concerned agencies.

9 SEC. 17. *Procurement of Commodities and Services for Public Health Emergencies*
10 *by the DOH.* – The CDC shall recommend to the Secretary of Health the procurement of
11 essential commodities and services during public health emergencies. The DOH and
12 authorized parties, such as the LGUs and private entities, shall be allowed to procure
13 commodities for public health emergencies that are recommended by any of the
14 following:

- 15 a) HTAC, pursuant to Section 34 of Republic Act No. 11223 or the Universal
16 Health Care Act;
- 17 b) WHO; or
- 18 c) Similar emergency authorizations from reputable and stringent regulatory
19 authorities of other countries.

20 To this end, the President may authorize the DOH and other parties to enter into
21 alternative modes of expedited procurement with United Nations Agencies, international
22 organizations, or international financing institutions and their operational arms, such as,
23 but not limited to, the WHO, United Nations Office for Project Services, United Nations
24 Children's Fund, and other third parties, subject to the rules and policies set by the
25 Department of Finance (DOF).

26 Notwithstanding any law to the contrary, the DOH may disburse funds as advance
27 payment if required by the manufacturer, trader, or distributor: *Provided,* That the
28 authority to make advance payment shall be for the procurement of commodities for
29 public health emergencies and to secure other goods and services necessary for their

1 storage, transport, deployment, and administration: *Provided further*, That the
2 distribution and administration of unauthorized commodities for public health
3 emergencies shall be prohibited.

4 Health Technology Assessment shall not be required for repurposing or stock
5 realignment of commodities during public health emergencies that have already been
6 procured by the DOH, LGUs, and private sector entities: *Provided*, That repurposing or
7 stock realignment shall be in accordance with the indication of its use as approved by the
8 FDA.

9 SEC. 18. *Authority to Direct the Operations of Private Establishments During Public*
10 *Health Emergencies.* – Consistent with Section 17, Article XII of the Constitution, when
11 public interest so requires, the President, during public health emergencies, may direct
12 the operations of any privately-owned hospitals and medical and health facilities,
13 including passenger vessels, and other establishments, to perform functions and provide
14 support services for public health emergency response, including housing health workers;
15 serving as quarantine areas, quarantine centers, medical relief and aid distribution
16 locations, or other temporary medical facilities; and ferrying health, emergency, and
17 frontline personnel and other persons: *Provided*, That the management and operation of
18 such establishments shall be retained by the owners: *Provided further*, That reasonable
19 compensation for any additional damage or costs incurred by the owner or the possessor
20 of the subject property solely on account of complying with the directive shall be given
21 to the person entitled to the possession of such private properties or businesses after the
22 situation has stabilized or at the soonest time practicable: *Provided finally*, That if the
23 foregoing establishments unjustifiably refuse or signify that they are no longer capable
24 of operating their enterprises for the purpose stated herein, the President may take over
25 their operations subject to the limits and safeguards enshrined in the Constitution.

26 SEC. 19. *Transition to Regular Authorization.* – The FDA shall be authorized to
27 develop specific guidelines on the transition of the regulatory authorization of
28 commodities for public health emergencies from special use authorization to regular
29 certificate of registration. This is in consideration of the time needed to process
30 applications of health products for public health emergencies. The granting of a regular

1 certificate of registration by the FDA to the first brand deemed suitable for such
2 registration shall not immediately revoke all other special authorizations granted by the
3 FDA to other brands, any law to the contrary notwithstanding: *Provided*, That once the
4 DOH and the FDA had determined that the suppliers granted with regular certificate of
5 registration have enough capacity to supply the country's projected needs, all other
6 special authorizations issued shall be deemed revoked by this Act, without prejudice to
7 their holders completing the process to obtain a regular certificate of registration;
8 *Provided further*, That any remaining stocks with a valid shelf-life but with a special
9 authorization revoked pursuant to this provision shall either be donated to a country
10 where its use is still authorized by its national regulatory authorities, or held in storage
11 until it is registered or disposed of appropriately upon the termination of its shelf-life.

12 SEC. 20. *Immunity from Liability.* – Notwithstanding any law to the contrary,
13 program implementors, public officials and employees, health care workers and non-
14 health care workers, whether public or private, who are authorized to carry out and are
15 actually involved in public health emergency response shall be immune from suit and
16 liability under Philippine laws with respect to all claims arising out of, related to, or
17 resulting from the administration or use of covered countermeasures under the public
18 health emergency response in the discharge of the abovementioned covered persons'
19 official duties, except those arising from willful misconduct and gross negligence.

20 The members of the FDA and the National Adverse Events Following Immunization
21 Committee and its regional counterparts during the conduct of monitoring for probable
22 adverse effects from the commodities for public health emergency shall similarly enjoy
23 the privileges given under this section, waiving any liability unless the said members'
24 actions are tantamount to gross negligence or willful misconduct.

25 SEC. 21. *Enabling Local Vaccine Manufacturing.* – The DOH and the CDC, together
26 with the DOST and DTI and other entities concerned, shall develop initiatives for
27 strengthening scientific and technological capabilities in responding to public health
28 emergencies, including promoting vaccine self-reliance in the country. The Vaccine Self-
29 Reliance National Action Plan shall serve as a roadmap for all stakeholders at all levels to
30 guide the development of policies, strategies, and initiatives, such as but not limited to,

1 incentivizing investment and maintenance of vaccine manufacturing infrastructure, both
2 public and private.

3 The National Government, through the DOF, shall ensure the provision of incentives,
4 such as tax exemptions, tax breaks, or remittance, and other financing mechanisms, as
5 applicable, to promote and enable the establishment of local vaccine manufacturing in
6 the Philippines.

7 **ARTICLE VII**

8 **MISCELLANEOUS PROVISIONS**

9 SEC. 22. *Funding Mechanism for Scientific Projects and Activities.* – The CDC shall
10 establish a grant mechanism to allow direct transfer of funds to eligible public or private
11 institutions to perform approved scientific projects and activities, including primary and
12 secondary research and clinical practice guideline development, as well as increased
13 training and capacity-building opportunities for CDC personnel, in support of the priorities
14 of the CDC.

15 SEC. 23. *Intergovernmental Collaborative Activities.* – The CDC shall recommend to
16 the Secretary of Foreign Affairs and the Secretary of Health multilateral and bilateral
17 agreements that the country may adopt to strengthen its collaborative mechanisms with
18 other countries.

19 SEC. 24. *Transitory Provision.* – The CDC, in coordination with the DOH and LGUs,
20 shall craft a multi-year plan to ensure the timely implementation of this Act. To this end,
21 the multi-year plan shall include, but not limited to the following:

- 22 a) Phased expansion of the capacity of the CDC to cover other health conditions or
23 threats in view of the needs of the Philippine health sector;
- 24 b) Transfer of human resource and properties;
- 25 c) Requirement that every province and city-wide health system have full-time
26 Disease Surveillance Officers, without prejudice to the need for Disease
27 Surveillance Officers in municipalities, as may be deemed necessary;
- 28 d) Establishment of sub-national laboratories and regional public health
29 laboratories;

1 e) Emergency funding and procurement of commodities and hiring during public
2 health emergencies; and

3 f) Establishment of infrastructure and acquisition of parcels of land to house the
4 national offices under the CDC.

5 The DOH, upon coordination with the CDC, shall submit the funding requirements
6 with corresponding annual targets for the implementation of the multi-year plan to the
7 DBM and concerned agencies, for the determination of appropriate national budget
8 allocation: *Provided*, That for local budget allocation, the LGUs shall also appropriate the
9 necessary funds to ensure the proper implementation of this Act, in relation to their
10 devolved functions under Republic Act No. 11223 or the Universal Health Care Act, and
11 other existing laws.

12 SEC. 25. *Modernization Program.* – The Director General shall, in consultation with
13 the DOH, other concerned agencies of government and the private sector, develop a
14 modernization program that will strengthen the human resource of the CDC, which is the
15 key component of the country's disease prevention and control policy. The modernization
16 program shall include, but not limited to, the acquisition and upgrading of appropriate
17 technologies, laboratories, facilities, equipment, other needed resources, and the needed
18 relocation and acquisition of additional land or location that would house the CDC.

19 Within one hundred eighty (180) days from the effectivity of this Act, the Director
20 General shall, with the recommendation of the DOH and DBM, submit the modernization
21 program for the consideration and approval of Congress.

22 The modernization program shall be immediately implemented and completed within
23 five (5) years from the effectivity of this Act. Appropriations for the modernization
24 program shall be charged against the annual General Appropriations Act.

25 SEC. 26. *Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts,*
26 *Legacies, Endowments, and Contributions.* – The CDC may solicit, negotiate with, and
27 receive from any public or private domestic or foreign sources legacies, gifts, donations,
28 grants, endowments, contributions or other transfers of ownership and/or possession of
29 real or personal properties of all kinds for use in its operations, such as, but not limited
30 to, upgrading of its facilities and equipment outlay, development and expansion of human

1 resource, and acquisition of the appropriate office spaces to improve the delivery of its
2 services to the public.

3 The Director General shall be authorized to retain, without need of a separate
4 approval from any government agency, and subject only to existing accounting and
5 auditing rules and regulations, all the legacies, gifts, donations, grants, endowments,
6 contributions or other transfers of ownership and/or possession of real or personal
7 properties of all kinds solicited, negotiated, and received by the CDC under this Act and
8 other laws that it is mandated to administer based on the immediately prior year of
9 operations: *Provided*, That the same, in addition to the annual budget of the CDC, shall
10 be deposited and maintained in a separate account or fund, which may be used or
11 disbursed directly by the Director General to fulfill 5 the original purpose of the funds.

12 SEC. 27. *Tax Exemptions.* – Donations, grants, gifts, endowments, legacies, and
13 contributions used actually, directly and exclusively for the purpose of the CDC shall be
14 exempt from donor's tax and the same shall be considered as allowable deduction from
15 gross income for purposes of computing the taxable income of the donor, in accordance
16 with the National Internal Revenue Code of 1997, as amended: *Provided*, That such other
17 transfers of ownership and/or possession of all kinds of real or personal properties shall
18 be exempt from all taxes.

19 SEC. 28. *Annual Report.* – The CDC shall submit to Congress and the Office of the
20 President an annual report containing the following:

- 21 a) Evaluation of the current and emerging threats to health in the country;
- 22 b) Progress in International Health Regulation commitments, as well as
- 23 initiatives undertaken; and
- 24 c) Proposed legislative measures to address these threats.

25 SEC. 29. *Appropriations.* – The amount necessary for the initial implementation of
26 this Act shall be charged against the current year appropriations of the offices and
27 agencies concerned. Thereafter, the funding requirements for the ensuing years shall be
28 included in the annual General Appropriations Act.

1 SEC. 30. *Implementing Rules and Regulations.* – The DOH shall promulgate the
2 necessary implementing rules and regulations within ninety (90) working days from the
3 effectivity of this Act.

4 SEC. 31. *Separability Clause.* – If any provision of this Act is declared
5 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
6 affected thereby.

7 SEC. 32. *Repealing Clause.* – All laws, decrees, orders, rules and regulations, other
8 issuances, or parts thereof, inconsistent with any provision of this Act, are hereby
9 repealed or modified accordingly.

10 SEC. 32. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication
11 in the Official Gazette or in any newspaper of general circulation.

Approved,