

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH (17th) CONGRESS
First Regular Session

HOUSE BILL NO. 5567



Introduced by Representative Jose Christopher Y. Belmonte

AN ACT
ESTABLISHING A NATIONAL CENTER AND AN INTER-AGENCY
COUNCIL FOR HARM REDUCTION, PROVIDING FOR DIVERSION
AND HARM REDUCTION PROGRAM FOR PERSONAL USE AND
LOW-LEVEL POSSESSION OF DRUGS, PROHIBITING HARMFUL AND
DISCRIMINATORY DRUG-RELATED INTERVENTIONS AND
PRACTICES AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The 1987 Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them.¹ Moreover, the State values the dignity of every human person and guarantees full respect for human rights.²

In this light, the Philippines strongly reaffirms that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal.³ The right to health includes the right to be free from non-consensual medical treatment and proscribes any discrimination in access to health care, such as discrimination based on health status (including HIV/AIDS).⁴

¹ Section 15, Article II, 1987 Constitution.

² Section 11, Article II, 1987 Constitution.

³ Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.

⁴ See United Nations Committee on Economic, Social, and Cultural Rights, *The right to the highest attainable standard of health*. E/C.12/2000/4, CESCR General comment 14.

Currently, the Philippine government has intensified efforts to address drug-related issues in the country. However, multi-country experience and evidence show that the most successful and effective approach to drug-related issues focuses on public health, prevention, treatment and care, as well as on economic, social, and cultural strategies as opposed to criminalization and incarceration of people who use drugs.⁵ This public health framework for drug-related issues is anchored on the principle of harm reduction, which aim primarily to reduce the adverse health, social and economic consequences related to the problematic use of legal and illegal psychoactive drugs without focusing on drug consumption alone.

Towards this end, the bill proposes the creation of a National Center and an Inter-Agency Council for Harm Reduction, providing for harm reduction diversion program for personal use and low-level possession of drugs, prohibiting discriminatory and harmful drug-related interventions and practices, and for other purposes.

The immediate enactment of this measure is respectfully urged.



⁵ United Nations Secretary-General Ban Ki-Moon (26 June 2015), *Message on International Day Against Drug Abuse and Illicit Trafficking*, UNIS/SGSM/645.



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AN ACT

**ESTABLISHING A NATIONAL CENTER AND AN INTER-AGENCY
COUNCIL FOR HARM REDUCTION, PROVIDING FOR HARM
REDUCTION PROGRAM FOR PERSONAL USE AND LOW-LEVEL
POSSESSION OF DRUGS, APPROPRIATING FUNDS THEREFOR AND
FOR OTHER PURPOSES**

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

PART I

Introductory Provisions

Section. 1. Title. – This Act shall be known as the “*Harm Reduction Act of
2016.*”

Sec. 2. Declaration of Policy. – It is the policy of the State to protect and
promote the right to health of the people and instill health consciousness
among them. It shall also be declared the policy of the State to address drug-
related issues under the public health framework of harm reduction.

1 The State shall ensure that a scientific, effective, and evidence-based approach
2 shall be the foundation of national drug-related policies and programs for
3 people involved with drugs, including their family and relevant others.

4
5 The State affirms that the individual who uses drugs is at the center of harm
6 reduction and that there are various psychosocial factors affecting the use of
7 drugs. The State recognizes that majority of drug use and low-level
8 possession of drugs do not amount to social problems that necessitate
9 punitive interventions. In this light, the State upholds an integrative approach
10 to drug-related issues which takes into account the context of the person
11 involved with drugs and their personal motivations and desires in designing
12 harm reduction programs.

13
14 Towards this end, the State shall endeavor to mainstream harm reduction
15 principles in key government agencies with roles on drug-related
16 interventions. The State will ensure that harm reduction approach is
17 effectively implemented and sufficiently funded in communities, and that
18 relevant stakeholders are included in this endeavor.

19
20 It shall also be the policy of the State to prohibit discriminatory and harmful
21 drug-related interventions and practices which violate the right to health of
22 people involved with drugs.

23
24 **Sec. 3. Purpose.** – This act aims to:

- 25
26 a) Establish a National Center for Harm Reduction;
27 b) Establish an Inter-Agency Council for Harm Reduction;
28 c) Mainstream harm reduction in public policy, plans and programs
29 of various sectors and government agencies;
30 d) Provide for diversion and harm reduction diversion program for
31 drug use and low-level possession of drugs; and

1 e) Prohibit discriminatory and harmful drug-related interventions and
2 practices.

3
4 **Sec. 4. Definition of Terms.** – For purposes of this act:

5
6 *Diversion* refers to procedures that provide alternatives to criminal sanctions
7 or incarceration for people who are arrested for drug use or drug-related
8 offenses, particularly personal use and low-level possession of drugs and
9 paraphernalia.

10
11 *Diversion measures* refers to policies, programs and practices that aim to refer
12 people to social and health interventions such as harm reduction, rather than
13 subject them to arrest, detention, prosecution, judicial sentencing and
14 imprisonment.

15
16 *Harm reduction* refers to policies, programs and practices that aim primarily to
17 reduce the adverse health, social and economic consequences of the
18 problematic use of legal and illegal psychoactive drugs without focusing on
19 drug consumption alone.

20
21 *Low-level possession* refers to possession of small amount of drugs and drug
22 use-related paraphernalia intended for individual personal use.

23
24 *Psychoactive drug or psychotropic substance* means any substance, natural or
25 synthetic, or any natural material in Schedules I, II, III and IV of the
26 Convention on Psychotropic Substances, 1971

27
28 **PART II**

29 **Creation of the National Center for Harm Reduction**

30
31 **Sec. 5. Establishment.** - There is hereby established a National Center for
32 Harm Reduction, hereinafter referred to as the Center.

1
2 The Center shall be an attached agency under the Department of Health
3 (DOH) and shall receive annual budgetary appropriations under the
4 department. It shall have its principal place of business in Metro Manila. It
5 shall be organized within two (2) months from the effectivity of this Act.

6
7 The Center shall plan and implement an integrated and comprehensive harm
8 reduction approach to drug-related issues in the Philippines. It shall be the
9 lead policy-making body of the government, which shall be tasked to design,
10 implement, coordinate, monitor and evaluate the programs and action plans
11 of the government in order to ensure the mainstreaming of harm reduction in
12 key government agencies.

13
14 The key government agencies shall include but not limited to Department of
15 Health, Department of Interior and Local Government (DILG), Department of
16 Education (DepEd), Department of Social Welfare and Development (DSWD),
17 Philippine Information Agency (PIA), Department of Budget and
18 Management (DBM), Philippine Health Insurance Corporation (PhilHealth),
19 Department of Justice (DOJ), Philippine National Police (PNP), Dangerous
20 Drugs Board and Philippine Drug Enforcement Agency (PDEA) and local
21 government units.

22
23 **Sec. 6. Functions of the Center.** The Center shall perform the following
24 functions:

- 25
26 a) Develop and design the National Harm Reduction Policy Framework
27 and Action Plan, in consultation with the Harm Reduction Inter-
28 Agency Council provided for in Part III of this Act, to ensure the
29 mainstreaming of harm reduction relevant key government agencies
30 and monitoring of their implementation;
31 b) Coordinate the activities of, strengthen working relationships, and
32 ensure an integrated approach among government agencies, civil

- 1 society organizations, and the private sector involved in the
2 implementation of harm reduction programs;
- 3 c) Oversee the implementation of harm reduction programs in the
4 identified localities;
- 5 d) Monitor and assess implementation of laws and policies on harm
6 reduction;
- 7 e) Provide mechanisms of assistance, including funding support, to local
8 government units and civil society organizations in implementing
9 harm reduction programs;
- 10 f) Convene panels of advisors and technical experts as necessary to
11 ensure representation of all sectors in the development of policies,
12 programs, and plans for harm reduction;
- 13 g) To exercise such other powers and functions and perform such other
14 acts as may be necessary or proper for the attainment of the purposes
15 and objectives of this Act.

16

17 **Sec. 7. Composition of the Center.** - The Center shall be headed by a
18 Director to be appointed by the Secretary of Health, subject to qualifications
19 and eligibility requirements provided in this Act and in existing laws. The
20 Center shall be composed of staff as required for the full implementation of
21 the national harm reduction policy framework and action plan.

22

23 **Sec. 8. Qualifications, Tenure, Compensation and Removal of the Director.**

24 - The Director must be a Filipino citizen, resident of the Philippines, at least
25 thirty five (35) years of age at the time of appointment, with proven
26 experience on public health, of proven honesty and integrity, and must not
27 have been a candidate for any elective position in the elections preceding their
28 appointment. The Director shall be an expert in drug policy as proven by his
29 or her educational background, training and experience. The Director shall
30 serve during the period of appointment unless removed for cause or on other
31 grounds provided by law. The compensation shall be consistent with existing

1 salary standardization laws. The Director shall serve during the period of
2 appointment unless removed for cause or on other grounds provided by law.

3

4 **Sec. 9. National Harm Reduction Policy Framework and Action Plan.** The
5 Center shall, within six (6) months from the effectivity of this Act, formulate a
6 National Harm Reduction Policy Framework and Action Plan in consultation
7 with the Harm Reduction Inter-Agency Council. The Policy Framework and
8 Action Plan shall serve as the basis for harm reduction planning,
9 implementation, research and development, monitoring and evaluation, and
10 financing, in order to address drug-related issues in the country.

11

12 The Framework and Action Plan shall be reviewed every three (3) years, or as
13 may be deemed necessary. The review of the Policy Framework and Action
14 Plan shall involve a participatory and interactive process.

15

16 **Sec. 10. Components of the National Harm Reduction Policy Framework**
17 **and Action Plan.** – The Framework shall include, but not limited to, the
18 following components:

19

- 20 a) National priorities in harm reduction;
- 21 b) Policy recommendations and policies;
- 22 c) Compliance with international commitments and guidelines;
- 23 d) Research and development agenda on harm reduction;
- 24 e) Information management;
- 25 f) Information, education, and awareness programs for harm reduction;
- 26 g) Comprehensive advocacy and communication plan;
- 27 h) Monitoring and evaluation protocols;
- 28 i) Community mobilization strategies;
- 29 j) Harm reduction integration in key government agencies;
- 30 k) Human resource training;
- 31 l) Standards implementation of harm reduction programs.

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PART III

Establishment of a Harm Reduction Inter-Agency Council

Sec. 11. **Establishment.** - There is hereby established a Harm Reduction Inter-Agency Council, hereinafter referred to as the Council.

Sec. 12. **Composition.** - All government agencies, which have significant roles in mainstreaming harm reduction, shall comprise the Council and shall take part in the development of the Harm Reduction Policy Framework and Action Plan. The Council will also be composed of representatives from the civil society and private sector as enumerated in the succeeding section. The government agencies are also mandated to integrate specific harm reduction in their policies and programs, and work together towards the implementation of the Policy Framework and Action Plan. Particularly,:

- a) The Department of Health (DOH) shall ensure that harm reduction programs are provided by all health service providers and incorporated in the health services provided in government institutions.
- b) The Department of the Interior and Local Government (DILG) shall facilitate the development and provision of a capacity building program for local government units in harm reduction.
- c) The Department of Education (DepED) shall recognize harm reduction as a key aspect of health and drugs awareness classes, which shall be integrated into the primary and secondary education curricula. Public and private schools shall devote at least four (4) hours of class time per semester for harm reduction education and shall assign guidance counsellors to provide harm reduction education in accordance with standards for content and process for teaching as set by the Center. DepEd shall ensure that the teachers, guidance counsellors, and involved staff are properly trained to provide for harm reduction awareness classes.

- d) The Department of Social Welfare and Development (DSWD) shall incorporate harm reduction in their social service packages;
- e) The Philippine Information Agency (PIA) shall disseminate information on harm reduction in accordance with the Policy Framework and Action Plan;
- f) The Department of Budget and Management (DBM) shall undertake the formulation of the annual national budget in a way that ensures the appropriate prioritization and allocation of funds to support harm reduction programs and projects in the annual program of government;
- g) The Philippine Health Insurance Corporation (Philhealth) shall develop and fund programs targeted at harm reduction.
- h) The Department of Justice shall train prosecutors for the proper implementation of diversion programs.
- i) The Philippine National Police shall train its police force for the proper implementation of diversion programs.
- j) The Dangerous Drugs Board shall ensure that the national drug policy incorporates harm reduction.
- k) The Philippine Drug Enforcement Agency shall train its agents for the proper implementation of diversion programs.

Sec. 13. Role of the Civil Society Organizations and the Private Sector.

The civil society organizations (CSOs), as well as community-based organizations (CBOs), play a key role in harm reduction and shall have seats in the Council. CSOs and CBOs shall come from stakeholders for drug use - related issues.

The private sector is encouraged to support harm reduction activities of CSOs and CBOs and to contribute to promoting and implementing the national strategy framework and plan.

1 The CSOs and private sector shall have at least eight (8) seats and shall be
2 represented by the following groups:

3

4 a) Women's organization

5 b) Youth organization

6 c) Human rights group

7 d) Drug policy think tank

8 e) Public health group

9 f) Organized drug users group

10 g) HIV/AIDS advocacy group

11 h) Mental health group

12

13 Other groups may be provided seats in the Council as determined by the
14 existing composition of the Council.

15

16 **Sec. 14. Role of LGUs** - The local government units shall be responsible for
17 the formulation, implementation, monitoring, and evaluation of the local
18 harm reduction plans in their respective jurisdiction, consistent with the
19 Policy Framework and Action Plan.

20

21 Barangays shall be directly involved with municipal and city governments in
22 identifying drug-related issues and in identifying and implementing harm
23 reduction programs. Provincial governments shall provide technical
24 assistance, in support of municipal and city plans.

25

26 Inter-local government unit collaboration shall be maximized in the conduct
27 of harm reduction activities.

28

29 The local chief executive shall appoint the Municipal, City Health Officer or
30 any proper health officer responsible for the formulation and implementation
31 of the local harm reduction plans. It shall be the responsibility of the national

1 government to extend technical and financial assistance to LGUs for the
2 accomplishment of their harm reduction plans.

3
4 **Sec. 15. Coordination with Various Sectors.** – In the development and
5 implementation of the Policy Framework and Action Plan, and the local
6 action plans, the Council shall consult and coordinate with the non-
7 government organizations (NGOs), civic organizations, academe, people's
8 organizations, the private and corporate sectors and other concerned
9 stakeholder groups.

11 **PART IV**

12 **Diversion and Harm Reduction Programs**

14 **Sec. 16. Qualifications for Harm Reduction Program.**

15 The following persons will not be arrested, prosecuted, or incarcerated as a
16 consequence of a drug-related activity alone, but will qualify for diversion to
17 a Harm Reduction Program:

- 18
19 a) Persons who personally use drugs;
20 b) Persons with low-level possession of drugs and drug paraphernalia
21 intended for personal use. Low-level possession includes any of the
22 following:
23 i. Possession of not more than the threshold amount per substance
24 as defined by the Food and Drug Authority (FDA), in
25 consultation with the Center and the Dangerous Drug Board.
26 ii. Possession of not more than 10-days worth of personal drug
27 supply based on the thresholds defined by the FDA, in
28 consultation with the Center and Dangerous Drug Board.;
29 c) Persons who are currently incarcerated for personal use or low-level
30 possession drugs and drug paraphernalia.

1 Persons who have committed other acts or omissions currently penalized by
2 law but otherwise qualify for the harm reduction program will still be
3 provided harm reduction services without prejudice to arrest, prosecution, or
4 incarcerated for the commission of these other acts or omissions.

5
6 Persons currently incarcerated but qualify for diversion will be released from
7 custody and diverted to the harm reduction program.

8
9 **Sec. 17. Procedure for Diversion.**

10 The police officer, prosecutor, or any agent of the law who encounters any
11 person who qualifies for diversion under the previous section shall refer the
12 person to the Municipal or City Health Officer or properly designated health
13 officer within their local government unit. No information shall be filed
14 against the diverted person.

15
16 Any person who is deemed by the police officer, prosecutor, or any agent of
17 the law as having not qualified for diversion may appeal the same before the
18 Municipal or City or Provincial Prosecutor, or to the Secretary of the
19 Department of Justice.

20
21 Any person diverted will take part in an assessment procedure by the
22 Municipal or City Health Officer or properly designated health officer to
23 identify appropriate harm reduction strategies for the person diverted.

24
25 **Sec. 18. Coverage of Harm Reduction Programs.**

26 The selection of harm reduction strategies shall be based on strong evidence
27 of effectiveness as shown in scientific literature and in practice. The following,
28 and other similar procedures, shall be integral part of harm reduction:

- 29
30 a) Education and outreach. - Drug education campaigns using materials
31 developed to inform people involved with drugs of the risks associated
32 with drug use and methods to reduce those risks. This could include,

1 but is not limited to, counselling, HIV and hepatitis C prevention
2 measures such as safe injecting techniques, overdose prevention, and
3 proper condom use. Outreach pertains to face-to-face contact with
4 people who use drugs in the communities they live in, and promote
5 harm reduction strategies in their communities, distribute condoms
6 and bleach kits, and other support to the communities based on
7 identified needs. The education campaigns shall include schools,
8 workplaces, public areas, and other places identified by the
9 community.

10 b) Referral to health and social services. - Access to medical and social
11 services in a comprehensive and non-judgmental manner, as
12 determined by the specific needs of each person involved with drugs.
13 Social services include support to improve the person's quality of life,
14 such as employment and skills training, among others.

15 c) Peer support and mentorship program. - Establishing community-
16 based core groups composed of people involved with drug use with
17 the purpose of providing psychosocial support to people involved with
18 drugs.

19 d) Safe paraphernalia distribution programs. - Distributing sterile needle,
20 syringes and other safe paraphernalia and collection of used needles
21 and syringes.

22 e) Drug substitution treatment. - Provision of drugs as substitutes and/or
23 maintenance for substance dependents based on the recommendations
24 of the Food and Drug Authority.

25 f) Integrative Harm Reduction Psychotherapy. Provision of person-
26 centered psychosocial support and counselling based on the specific
27 needs of each person diverted.

28
29 Harm reduction strategies may be developed by the Center in consultation
30 with the Council based on the latest evidence and on researches done as
31 provided in this Act.

1 **Sec. 19. Community-Specific Harm Reduction Program**

2 The Center, in coordination with LGUs, will establish community-specific
3 harm reduction program based on the specific needs of each community. The
4 Center shall oversee the different stages of the development of the harm
5 reduction program, which include the following:

- 6
- 7 a) Bringing Key Stakeholders Together. – Convening people involved
8 with drugs in the community and linking them with local officials to
9 identify preventable drug-related harm.
 - 10 b) Creating a Leadership and Organizational Structure. – Establishing a
11 core group involving the Municipal or City Health Officer, barangay
12 health workers, social workers, and representatives from the
13 community.
 - 14 c) Identifying Key Community Partners and Inventory of Local Services.
15 – Mapping the community resources and organizational partners
16 towards harm reduction.
 - 17 d) Community Diagnosis and Needs Mapping. – Conducting a detailed
18 needs assessment to determine the gaps in harm reduction strategies.
 - 19 e) Development of a Locally-Driven Harm Reduction Strategy. –
20 Developing a comprehensive plan based on the needs and resources of
21 the community.
 - 22 f) Training of Human Resources and Implementation of Harm Reduction
23 Strategies. Rolling out of the locally-driven plans with constant
24 provision of technical support and funding assistance.
 - 25 g) Monitoring and evaluation. - Conduct of studies to ensure that the
26 local plans are consistent with the Policy Framework and Action Plan
27 and improving services based on feedback.

28

29 **Sec. 20. Treatment, Rehabilitation, and Reintegration.**

30 Any diverted person assessed by the Municipal or City Health Officer or the
31 properly designated health officer, in meaningful consultation with the
32 person diverted, who needs further treatment and rehabilitation will be

1 referred to appropriate hospitals or institutions for further care. The
2 Municipal or City Health Officer or the properly designated health officer,
3 will also ensure proper reintegration strategies for the person under treatment
4 or rehabilitation in compliance with standards set by the Center.

5
6 **Sec. 21. Education and Information Awareness Campaign**

7 In addition to locally-initiated education and campaign, the Center will
8 develop information, education, and communication materials aimed at
9 increasing awareness on harm reduction. The Center will utilize available
10 media and communication platforms, including, but not limited to, online
11 campaigns, print media, radio and television, among others.

12
13 **Sec. 22. Research and Development**

14 The Center will initiate research on harm reduction based on research agenda
15 developed under the Policy Framework and Action Plan. The research output
16 will form essential basis for developing and improving the Policy Framework
17 and Action Plan.

18
19 **Sec. 23. Human Resource Training and Development**

20 The Center will develop a human resource training and development system
21 to ensure that police, prosecutors, agents of the law, health officers, social
22 workers, teachers, and all other persons involved in any aspect of the
23 development and implementation of the Policy Framework and Action Plan
24 are fully capable of achieving the purpose of this Act.

25
26 **PART V**

27 **Prohibited Acts**

28
29 **Sec. 24. Mandatory Drug Testing.**

30 Mandatory drug testing in schools, workplaces, and other public or private
31 places are hereby prohibited, Section 36 and 38 of RA 9165 are hereby
32 repealed.

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Sec. 25. Involuntary Treatment and Compulsory Detention.

Unless otherwise determined by a competent court to be without legal competence to provide for consent, any person will not be subject to involuntary treatment and compulsory detention.

Sec. 26. Traumatic Physical and Psychological Intervention.

Any intervention which inflicts physical or psychological trauma to people involved with drugs are prohibited, including, but not limited to, deprivation of food and water, dosing of cold water, blindfolding, confinement in enclosed spaces, verbal abuse, flogging, whipping, electroshock, involuntary evangelization or participation in religious practices and similar violent and harmful interventions.

The use of appropriate restraints as medically indicated shall be allowed.

Sec. 27. Non-Disclosure of Effects of Medications and Treatment

Physicians and medical practitioners are prohibited from not disclosing relevant information regarding medication and treatment to people involved with drugs which will assist the patient and his family to make informed choices as regards medication and treatment plans.

Sec. 28. Denial of Health Services by Virtue of Health Status.

It is prohibited to deny any health service to a person involved with drugs by virtue of his health status, including, but not limited to, HIV/ AIDS or hepatitis C status and his past or present history of involvement with drug use.

Sec. 29. Prohibition of Arrest of a Good Samaritan.

Any person who brings a person involved with drugs who needs urgent medical attention shall not be arrested or prosecuted for any drug-use related activity.

1
2 **Sec. 30. Penalties.**

3 Any public officer who is guilty of committing any or the prohibited acts will
4 be administratively liable of suspension for six (6) months without pay for the
5 first time, suspension for 12 months without pay for the second time, and
6 removal from office for the third time.

7
8 Any physician or medical practitioner who is guilty of committing any of the
9 prohibited acts will be administratively liable of suspension of license to
10 practice for six (6) months for the first time, suspension of license to practice
11 for twelve (12) months for the second time, and revocation of license of the
12 third time.

13
14 The penalties provided for in this act is without prejudice to any other civil or
15 criminal liabilities that may be imposed by law.

16
17 **PART VI**

18 **Miscellaneous Provisions**

19
20 **Sec. 31. Congressional Oversight Committee.**

21 A Joint Congressional Oversight Committee (COC) is hereby constituted
22 which is mandated to review the implementation of this Act and the
23 performance and structure of the National Center and Council after two (2)
24 years from its creation. The COC shall be composed of five (5) members from
25 the Senate and five (5) members from the House of Representatives to be
26 appointed by the Senate President and the Speaker of the House of
27 Representatives, respectively. The COC shall be jointly chaired by the
28 Chairpersons of the Senate Committee on Health and Demography and the
29 House of Representatives Committee on Health.

30
31 The Secretariat of the COC shall be drawn from the existing secretariat
32 personnel of the standing committees composing the Congressional

Oversight Committee and its funding requirements shall be charged under the appropriations of both the House of Representatives and the Senate of the Philippines.

Sec. 32. Implementing Rules and Regulations.

Within (90) days from the approval of this Act, the Secretary of Health shall, in consultation with the Council, promulgate the necessary rules and regulations for the effective implementation of this Act. Failure to promulgate the IRR shall not affect the implementation of the self-executory provisions of this Act.

Sec. 33. Appropriations.

The initial funding necessary to carry out the provisions of this Act shall be charged against the current appropriations of the Department of Health. Thereafter, the amount necessary for the continued implementation of this Act shall be included in the General Appropriations Act.

Sec 34. Separability Clause.

If any provision or section of this Act is declared unconstitutional, the other provisions and sections not affected thereby shall remain in full force and effect.

Sec. 35. Repealing Clause.

All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

Sec. 36. Effectivity.

This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

Approved,