

Republic of the Philippines
HOUSE OF REPRESENTATIVES
17TH Congress
Second Regular Session



HOUSE BILL NO. 7950

**AN ACT EMPOWERING THE PHILIPPINE INSTITUTE OF
TRADITIONAL AND COMPLEMENTARY HEALTH CARE BY
VESTING UPON IT REGULATORY POWERS, PROVIDING IT
WITH AUGMENTED HUMAN RESOURCES AND UPGRADED
EQUIPMENT, ESTABLISHING TESTING LABORATORIES
AND FIELD OFFICES, AMENDING CERTAIN SECTIONS OF
REPUBLIC ACT NO. 8423 AND APPROPRIATING FUNDS
THEREOF**

Introduced by
REPRESENTATIVE CONRADO M. ESTRELLA III

EXPLANATORY NOTE

According to the World Health Organization, 60% of the of the world's population depends on traditional medicine and 80% of the population in developing countries depends almost entirely on traditional medicine practices and herbal medicines for their primary health care needs.¹

In the Philippines, during the ancient times when contemporary medicines and medical practices were still beyond sight, diseases were prevented and treated, just like in other parts of the world, through folkloric herbalism and crude health care practices. And despite the remarkable decline in the use of these traditional remedies due to breakthroughs in orthodox medicine, the well-entrenched practice of alternative medicine still thrived more especially in rural areas and among those living below the poverty line. Thus, because of its recognized importance and notable retinue, the former DOH

¹ Chikezie PC, Ojiako OA (2015) Herbal Medicine: Yesterday, Today and Tomorrow, Altern Integr Med 4: 195. Doi: 10.4172/2327

Secretary, Juan M. Flavier, first launched the novel *Traditional Medicine Program* in 1992 followed by the signing into law of Republic Act No. 8423 otherwise known as the *Traditional and Alternative Medicine Act* (TAMA) of 1997 by the former President, Fidel V. Ramos.

Today, because of the recurring rise in the acceptability of traditional and alternative health care brought about mainly by the seemingly high prices of western medicine, people tend to revert to organic foods, medicines and therapies in dealing with their wellness giving anew the traditional and alternative health care system a boost. Nonetheless, it is unfortunate to note that the rise in the demand for traditional and alternative health care products and modalities in the Philippines is not met with a concurrent increase in safeguards that will adequately ensure safety, standardization, efficacy, quality, availability and preservation of all the products and services that are made available to the public.

Truly, it is not just opportune but it is also of great necessity to revisit the Traditional and Alternative Medicine Act of 1997 and introduce necessary amendments to make it more responsive to the call of the present time.

Thus, this piece of legislation.

This bill is primarily designed to attain the ultimate goal of providing the people with a wider range of quality, safe, effective and cost-efficient health products and services by enabling more the State to meet head-on the challenges besetting the Traditional and Alternative Health Care Industry.

Without any intention to trivialize or discount the regulatory capacity of the Food and Drug Administration (FDA), this bill seeks to empower the Philippine Institute of Traditional and Alternative Health Care (PITAHC), the principal body created by virtue of RA 8423 to carry such powers and functions relative to the Philippine Traditional and Alternative Medicine. Should it be signed into law, this bill shall

strengthen the administrative and technical capacity of PITAHC and, more importantly, transfer to and justly vest upon it, the necessary police and regulatory powers to be exercised over the Traditional and Alternative Health Care Industry. Certainly, empowering the PITAHC with the necessary capacities and regulatory powers shall enable it further to effectively discharge its all-embracing mandate all geared towards an improved quality health care system for the Filipino people.

Hence, the immediate passage of this proposed bill is earnestly sought.



CONRADO M. ESTRELLA III
Representative
ABONO Party-list

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

CHAPTER I
Title

SEC. 1. The Philippine Institute of Traditional and Alternative Health Care (PITAHC) is hereby renamed to Philippine Institute of Traditional and Complementary Health Care. Thus, this Act shall be known as the ***“Philippine Institute of Traditional and Complementary Health Care (PITCHC) Act of 2018”***.

CHAPTER II
Declaration of Policy

SEC. 2. It is hereby declared the policy of the State to further protect and promote the right to health of the people by providing them with a wider range of health products and

services that are safe, efficient, cost-effective and of quality by strengthening the country's traditional and complementary health care system.

In line with this policy, the State must empower and strengthen a competent and bona fide agency which shall effectively govern and regulate the Traditional and Complementary Health Care Industry.

CHAPTER III

Objectives

SEC. 3. In general, this Act aims to strengthen the Traditional and Complementary Health Care System in the Philippines to provide the people with a wider range of health products and services that are proven to be safe, efficient, effective and of quality at much affordable prices.

As such, this Act primarily and specifically seeks to empower the Philippine Institute of Traditional and Complementary Health Care (PITCHC) through the following:

a. By transferring from the Food and Drug Administration (FDA) and vesting upon PITCHC, on top of all its other existing powers, the necessary police and regulatory powers to be exercised over the Traditional and Alternative Health Care Industry; and

b. By enhancing and strengthening the PITCHC's administrative and technical capacity through the augmentation of its human resources, upgrade of its equipment, and establishment of testing laboratories and field offices of its own.

CHAPTER IV

Definition of Terms

SEC. 4. As used in this Act, the following terms shall mean:

(a) **Traditional and Complementary Health Care (TaCHC)/ Traditional and Complementary Health Care System.** The sum total of knowledge, skills, and practices on health care other than those embodied in biomedicine, used in the prevention, diagnosis and elimination of physical or mental disorder.

(b) **Traditional and Complementary Health Care Industry.** This term shall embrace all matters related, directly or indirectly, to the Traditional and Complementary Health Care System including but not limited to businesses, structures, entities, practitioners, centers, products, devices, services and modalities.

(c) **Biomedicine.** That discipline of medical care advocating therapy with remedies that produce effects differing from those of the diseases treated. It is also called "allopathic medicine", "western medicine", "regular or mainstream medicine", "orthodox medicine", or "cosmopolitan medicine".

(c) **Complementary Medicine (sum total of all products and modalities).** An all embracing term to include both imported, non-allopathic or non-indigenous health products and modalities which are not necessarily used or practiced for centuries nor handed down from one generation to another.

(d) **Complementary Health Care Modalities.** These are healing methods classified under Alternative Health Care Medicine which shall include reflexology, acupuncture, massage, acupressure, chiropractic, nutritional therapy and similar methods.

(c) **Traditional Medicine (sum total of products and modalities).** The sum total of knowledge, skills, and practice on health care, not necessarily explicable in the context of modern, scientific, and philosophical framework but recognized by the people to help maintain and improve their health towards the wholeness and wellness of their being, their community and society, and their interrelations based on culture, history, heritage and consciousness. Traditional medicine shall include, for purposes of this Act, Chinese, Indian and other foreign traditional medicines that have been introduced into and have been legally certified as such, registered and approved in the Philippines.

(e) **Traditional health care modalities.** These are healing methods that are handed down by tradition from our ancestors such as the practice of "hilot" and other similar practices.

(f) **Practitioners.** This generic term shall refer to all persons performing either traditional or complementary health care modalities, whether in their individual capacity or as an employee of a TaCHC center.

(g) **Entities.** This generic term shall refer to manufacturers, importers, exporters, distributors, wholesalers, establishments, facilities, and warehouses of and businesses dealing with health products; drug outlets; practitioners; TaCHC schools and training centers; and traditional and TaCHC centers.

(h) **Services.** This generic term shall refer to the following

(1) all traditional or complementary health care modalities performed on a consumer;

(2) other TaCHC-related services such as those rendered by warehouses and traditional and complementary health care schools and training centers; and

(3) the sum total of the services offered and rendered by a TaCHC center.

(i) **Visitorial Power/Power to Inspect.** The power to access records and premises of the covered entities at any time of the day or night whenever work is being undertaken therein, and the right to copy therefrom such records, and to question and investigate any fact, condition or matter which may be necessary to determine violations or which may aid PITCHC in the enforcement of this Act.

(j) **Centers.** This generic term shall refer to all places, centers or clinics where traditional or complementary health care services are being rendered or performed.

(k) **Health Product/Products.** This all-embracing generic term shall refer to all traditional or complementary health care preparations regardless of their physical state; disposal (whether given for free or sold in retail or wholesale); and classification, nomenclature (ie. herbal medicines, phyto medicine, natural products, nutraceuticals, etc.), and definition under RA 8423 and its corresponding Implementing Rules and Regulations.

(l) **Devices.** This generic term shall refer to all traditional or complementary health care equipment, techniques, machines, instrument, implement, and other similar materials which are intended to be used either alone to elicit a desired health benefit or as a means to perform or render a particular modality.

(m) **New Health Product, Device or Modality.** This generic term shall refer to any of the product, device or modality defined in this Act, whether local or foreign but which has been introduced into the Philippines, which has not yet been generally recognized as safe for use under prescribed conditions by experts qualified to evaluate its quality and safeness.

CHAPTER V

Police and Regulatory Powers

SEC. 5. Transfer to and vesting upon PITHC Police and Regulatory Powers. – Without any intention to trivialize the regulatory capacity of the FDA, the necessary police and regulatory powers over the Traditional and Complementary Health Care Industry are hereby transferred from the FDA and vested upon PITCHC to fully empower and enable the latter to effectively discharge its mandate and to further its purposes and objectives under the law.

SEC. 6. Regulatory Functions. - No traditional and complementary health care practice, service or business shall be allowed unless duly certified or authorized; and no traditional and complementary health care product, device, or modality shall be sold, dealt with or made available to the public unless duly registered, approved and certified, all by the Philippine Institute of Traditional and Complementary Health Care.

Thus, to carry out this mandate and all the other provisions of this Act, PITCHC shall have the following functions and powers, in addition to those already stated in Section 6 of RA 8423:

(a) To prescribe the necessary guidelines, criteria and requirements to be complied with in the registration of new health products, devices or modalities.

(b) To establish health product standards of identity, purity, safety, efficacy and quality based on validated and accepted analytical data;

(c) To assume primary authority to inspect, collect and analyze samples of all health products covered by this Act;

(d) As a condition for registration, approval or certification, to require and conduct appropriate tests on all health products that are intended to be made available to the public to ensure safety, efficacy, purity and quality.

(e) To prescribe guidelines and criteria which shall serve as basis for its evaluation and determination of adulterated and misbranded/mislabeled health products and for the proper handling or disposal of the same.

(f) To issue certificates of compliance or grants of authority to manufacturers, importers, exporters, distributors, wholesalers, drug outlets and other establishments and facilities of health products after spot-check and/or after their due compliance with technical and regulatory requirements. These certificates or grants shall serve as license of the covered entities to operate and/or to continue operating.

(g) To establish a training center for trainers using its existing resources and facilities. The training center shall serve as demonstration area and venue for the conduct of continuing health care education for professors, consultants and trainers, who themselves must be PITAHC accredited, involved in the art and science of alternative health care throughout the country.

(h) To accredit or certify schools or training centers that are seeking to offer standardized traditional and complementary health care education or programs and to hold relevant trainings after their due compliance with technical and other regulatory requirements.

(i) To issue license or authority to practice TaCHC to qualified applicants after passing the required standard examinations to be conducted after their due compliance with

the required relevant instructions and training programs taken only from such PITCHC-accredited or established traditional and alternative health care schools or training centers. The standard examination shall be required to all persons seeking to practice TaCHC except those who are expressly exempted by this Act.

(j) To require practitioners, as a condition for the annual renewal of their certificates or grants of authority to practice, to undergo mandatory continuous learning programs and trainings relevant to their field.

(k) To accredit, after due compliance with all the appropriate guidelines and requirements, centers that are seeking to offer TaCHC services.

(l) To approve, after establishing the necessary guidelines and criteria, traditional and complementary health care modalities that can only be availed of by the public. Modalities that may be newly introduced in the Philippines shall only be approved after the necessary study, evaluation and tests to ensure its safeness and efficacy.

(m) To require foreign or Filipino practitioners who have been certified by foreign jurisdictions to undergo the required examination provided for under paragraph (i) of this Section and to show proofs of the programs and trainings they have undertaken from and the authority of the certifying body in such foreign jurisdiction before granting them the authority to practice in the Philippines. Further, should they qualify, their practice shall only be limited to such modalities that are already approved by the PITCHC. Should they intend to introduce a modality that is not yet PITCHC-approved, paragraph (l) of this Section, in addition to herein requirements, shall apply.

(n) To exercise visitorial power and the power to inspect over all traditional and complementary health care establishments, buildings, facilities, centers and schools to ensure compliance with the provisions of this Act and such other applicable laws.

(o) To issue cease and desist orders, *motu proprio* or upon a verified complaint, to covered entities in case of an identified

or reported violation of or in case of a grievance arising from entities, products or services covered by this Act.

(p) After observance of due process, to order the ban, recall, and/or withdrawal of any health product or the cancellation or revocation of certificates or authorizations granted to an entity or practitioner covered by this Act in case of death of, serious illness or injury to a consumer or if it be found that such health product, service or entity is imminently injurious, unsafe, dangerous or grossly deceptive.

(q) To levy, assess, and collect fees for analysis and testing of health products and inspection of all entities covered by this Act.

(r) To maintain a surveillance system to continuously monitor and regulate the traditional and complementary health care industry.

(s) To conduct an independent investigation on and maintain records of health and safety issues arising from the Traditional and Complementary Health Care industry.

(t) To initiate appropriate legal actions, whenever necessary or applicable, against any person found to be violating any of the provisions of this Act.

(u) To prescribe standards and guidelines on and regulate information dissemination, advertisements and promotions, and other marketing activities regarding traditional and alternative health care products and services.

(v) To establish and maintain a bonded warehouse/s, whenever necessary or appropriate, as determined by the director-general to be used as storage for confiscated health products unless the same are deemed to be destroyed.

(w) To exercise such other powers and perform such other functions as may be necessary to carry out its duties under this Act.

CHAPTER VI

Special Rules and Exemptions

SEC. 7. *Traditional Medicine Practitioners.*

Recognizing the unique manner of obtaining the knowledge and skills of traditional medicine, it being handed down from

one generation to another without the influence of formal education or training, practitioners belonging to this category shall be exempt from the standard examination required by this Act. Nonetheless, they are still mandated to acquire the necessary grant of authority in accordance with the guidelines to be prescribed by PITCHC. It shall be necessary for traditional practitioners to establish the length of time for which they have been known to have practiced Traditional Medicine and prove that, in the course of their practice, no related complaint, whether reported or not, was made against them.

Further, should they dispense, whether for a fee or not, or use as a modality traditional health products, practitioners must seek for the approval of the same.

SEC. 8. *Practitioners with Disability/Blind Masseurs.*

Persons with disability or visually-impaired persons seeking to offer massage services or traditional or complementary health care services shall likewise be exempt from the standard examination required by this Act. Nonetheless, they shall be required to obtain the necessary certification from PITCHC after due compliance with the necessary instructions and trainings from accredited training schools or centers under the guidance of or in coordination with the National Council on Disability Affairs, TESDA/DECS/CHED, and other relevant government agencies.

CHAPTER VII
Prohibited Acts and Penalties

In view of its applicability over the traditional and complementary health care industry, the following prohibited acts and penalties provided for under Republic Act 9711, otherwise known as the Food and Drug Administration Act of 2009, and Republic Act 3720, otherwise known as Food, Drug, and Cosmetic Act, are hereby faithfully adopted except for some modifications to make the provisions more in keeping with the rest of this Act:

SEC. 9. *Prohibited Acts.*

A. Health Products

(a) The manufacture, importation, exportation, sale, offering for sale, distribution, transfer, non-consumer use, promotion, advertising, or sponsorship of any health product that is adulterated, unapproved, unregistered or misbranded.

(b) The adulteration or misbranding of any health product.

(c) The refusal to permit entry or inspection as authorized by paragraphs (k) and (o) of Section 6 hereof or to allow samples to be collected.

(d) The giving of a guaranty or undertaking referred to in the second paragraph of Section 10 (A)(b) hereof which guaranty or undertaking is false, except by a person who relied upon a guaranty or undertaking to the same effect, signed by, and containing the name and address of the person or entity from whom he received in good faith the health products or the giving of a guaranty or undertaking referred to in Section twelve (b) which guaranty or undertaking is false.

(e) Forging, counterfeiting, simulating, or falsely representing or, without proper authority, using any mark, stamp, tag, label, or other identification devise authorized or required by regulations promulgated under the provisions of this Act.

(f) The use by any person for his own advantage, or revealing other than to the Secretary or officers or employees of the Department of Health or to the courts when relevant in any judicial proceeding under this Act any information acquired by virtue of the PITCHC's exercise of its visitorial power or power to inspect.

(g) The alteration, mutilation, destruction, obliteration, or removal of the whole or any part of the labeling of, or the doing of any other act with respect to health products if such act is done while such article is held for sale (whether or not the first sale) and results in such article being adulterated or

misbranded *Provided*, a retailer may sell in smaller quantities, subject to guidelines issued by the PITCHC.

(h) The use, on the labeling of any health product or in any advertisement relating to the same, of any false or misleading representation or suggestion with respect to the registration of such product.

(i) The manufacture, importation, exportation, sale, offering for sale, distribution, transfer, non-consumer use, promotion, advertisement, or sponsorship of any health product which, although requiring registration, is not registered with the PITCHC pursuant to this Act.

(j) The sale, offering for sale, importation, exportation, distribution or transfer of any health product beyond its expiration or expiry date, if applicable.

(k) The act of intentionally committing fraud and misrepresentation or use of falsified or forged documents in obtaining the necessary PITCHC approval or certificate or grant of authority. This is without prejudice to the exercise of PITCHC of its power to revoke or cancel certificates, grants or approval it has issued.

B. Traditional and Complementary Health Care Services

(a) The practice of any of the approved TaCHC modalities by any person or TaCHC center without the appropriate license or grant of authority to practice.

(b) The continuous practice of any of the approved TaCHC modalities by any practitioner or TaCHC center whose accreditation or grant of authority has already expired or has been cancelled or revoked.

(b) The practice of any unapproved TAHC modalities by any person, whether certified or not to practice in the Philippines.

(c) The mere act of introducing to the public by any person, certified or not, of a TAHC modality that is not validly approved by PITCHC.

(d) The act of a certified practitioner of allowing a person to commit an unauthorized practice of TaCHC whether it be under his direct or indirect supervision.

(e) The act of assisting in an unauthorized practice of TaCHC, whether for profit or not.

(f) The act of using traditional and alternative health products and services to cause injury, illness or death to a consumer/customer.

(g) Offering TaCHC programs and trainings or rendering TAHC services by schools or training centers without the appropriate certification or approval of PITCHC.

(h) Rendering TaCHC services by accredited schools or training centers that are beyond the scope of their approved programs and trainings.

(i) The act of committing fraud and misrepresentation or use of falsified or forged documents in obtaining the necessary PITCHC approval or certificate or grant of authority.

(j) The refusal to permit entry or inspection as authorized by paragraphs (k) and (o) of Section 6 hereof.

C. Any other act which violates or undermine any of the explicit powers of or which tends to impede the PITCHC from exercising any of its functions provided for in this Act.

SEC. 10. *Penalties.*

A. For Health Products

(a) Any person who violates any of the provisions of paragraph A of Section 9 hereof shall, upon conviction, suffer the penalty of imprisonment ranging from one (1) year but not more than ten (10) years or a fine of not less than Fifty thousand pesos (P50,000.00) but not more than Five hundred thousand pesos (P500,000.00), or both, at the discretion of the court: *Provided*, that if the offender is a manufacturer, importer or distributor of any health product, the penalty of at least five (5) years imprisonment but not more than ten (10) years and a fine of at least Five hundred thousand pesos (P500,000.00) but not more than Five million pesos (P5,000,000.00) shall be imposed *Provided, further*, That an additional fine of one percent (1%) of the economic value/cost of the violative product, or One thousand pesos (P1,000.00),

whichever is higher, shall be imposed for each day of continuing violation: *Provided, finally*, that health products found in violation of the provisions of this Act and other relevant laws, rules and regulations may be seized and held in custody pending proceedings, without hearing or court order, when the director-general has reasonable cause to believe from facts found by him/her or an authorized officer or employee of the PITAHC that such health products may cause injury or prejudice to the consuming public.

(b) No person shall be subject to the penalties of subsection (a) of this section (1) for having sold, offered for sale or transferred any article and delivered it, if such delivery was made in good faith, unless he refuses to furnish on request of PITCHC's authorized inspectors or duly designated officer or employee, the name and address of the person from whom he purchased or received such article and copies of all documents, if any there be, pertaining to the delivery of the article to him; (2) for having violated Section 9-A (a) if he established a guaranty or undertaking signed by, and containing the name and address of, the person residing in the Philippines from whom he received in good faith the article.

B. For acts prohibited under Section 9 (B) and (C)

Any person who violates any of the provisions of paragraph (B) and (C) of Section 9 hereof shall, upon conviction, suffer the penalty of imprisonment ranging from one (1) year but not more than ten (10) years or a fine of not less than Fifty thousand pesos (P50,000.00) but not more than Five hundred thousand pesos (P500,000.00), or both, at the discretion of the court.

The imposition of penalties under both paragraphs (A) and (B) of this section shall be without prejudice to the issuance of cease and desist order or to the exercise of PITCHC of its power to revoke or cancel certificates, approvals or grants it has issued and/or to the filing of appropriate civil or criminal action, whenever appropriate or necessary.

In case of illness, injury or death as provided for under paragraph (f) of Section 9, the intentional use of traditional or complementary health care product/service shall not constitute a separate crime. Rather, the use or employment of such product or service shall serve as an aggravating circumstance as provided for by the Revised Penal Code.

Should the offense be committed by a juridical person, the Chairman of the Board of Directors, the president, general manager, or the partners and/or the persons directly responsible therefore shall be penalized.

Should the offense be committed by a foreign national, he/she shall, in addition to the penalties prescribed, be deported without further proceedings after service of sentence.

CHAPTER VIII

The Executive Officers of the Institute

SEC. 11. Section 9 of RA 8423 is hereby amended to read as follows:

SEC. 9. (a) *Director General.* The Institute shall be headed by a Director General who shall be appointed by the President of the Philippines upon the recommendation of the Secretary of Health for a term of six (6) years. The Director General shall enjoy the benefits, privileges and emoluments equivalent to the rank of Undersecretary.

As Chief Executive Officer of the Institute, the Director general shall exercise general supervision and control over the operations of the Institute save those affairs that are exclusively within the function of the Board.

(b) *Deputy Directors General.* The Director General shall be assisted by such Deputy Director(s) General whose term shall be determined by the Board. The Deputy Directors shall be career official(s) and shall enjoy the benefits, privileges

and emoluments equivalent to the rank of an Assistant Secretary.

(c) Other Officers. The Director General shall likewise be assisted by department managers/coordinators and such other officers as the Board may authorize. The position, titles, ranks and emoluments of such officers shall be determined by the Board.

SEC. 12. *Transfer of Power from the Board to the Director General.* The power to appoint, transfer, promote, suspend, remove or otherwise discipline any subordinate officer or employee of the Institute shall be transferred from the Board and be vested upon the Director General, and thereby, effectively amending Sections 8 and 10 of RA 8423.

CHAPTER IX

PITCHC Centers and Offices

SEC. 13. To facilitate the conduct of business and the discharge of its responsibilities, the Philippine Institute of Traditional and Complementary Health Care shall have the following centers and offices:

(a) Three major centers shall be established, namely:

- (1) Center for Health Product and Devices
- (2) Center for Traditional and Complementary Health Care Practice which may be subdivided further into two sections: one, for modalities and two, for practitioners
- (3) Center for TaCHC Training Schools and TaCHC Centers and Warehouses.

Each center shall be headed by a Director. The Center for Health Product Regulation and Research shall have at least three divisions: (1) licensing and registration division, (2) product research and development division, and (3) Laboratory support division. The two other centers shall have at least two

divisions: (1) Authorizing/Certifying Division and (2) Research and Development Division.

(b) The Administration and Finance Office to be headed by the deputy director-general for administration and finance. It shall consist of the Human Resource Development Division, Human Resource Management Division, Property and Logistics Management Division, Assets and Financial Management Division, and the Information and Communication Technology Management Division.

(c) The Field Regulatory Operations Office to be headed by the deputy director-general for field regulatory operations.

(d) The Policy and Planning Office which shall include a training, advocacy and communications division shall be responsible for the performance monitoring of the product research and development centers.

(e) The Legal Services Support Center which shall provide legal services to and for the entire PITAHC.

CHAPTER X

Testing Laboratories and Field Offices

SEC. 14. *Testing Laboratories.* There shall be established, in addition to the main laboratory at the central office, at least one testing laboratory strategically located in Luzon, Visayas and Mindanao. These laboratories shall be equipped with the necessary and appropriate equipment and personnel complement.

SEC. 15. *Field Offices.* There shall be established field/satellite offices upon which appropriate powers and functions of the PITCHC may be devolved upon. These offices shall be mainly comprised of administrative, licensing, inspection and compliance divisions.

CHAPTER XI

Human Resource

SEC. 16. The PITCHC shall review its staffing pattern, positions, and titles. New or additional positions, titles, or ranks, shall be created if there be a need for additional manpower as identified and determined by the Director General and approved by the Board.

SEC. 17. *Transfer of personnel from the Food and Drug Administration.* Personnel of the FDA who are charged with functions relative to traditional and complementary health products and who may be disadvantaged by the implementation of this Act shall be transferred to PITCHC without any loss of any benefit, incentives or seniority rights that are already existing at the time of the implementation of this Act.

CHAPTER XI

Retention of Income

PITCHC shall have the right to retain all of its income derived from the operations of the Herbal Pharmaceutical and Processing Plants and its other income generating services/activities and shall be utilized to augment its needed maintenance and operating expenses, capital outlays, upgrading and modernization.

CHAPTER XII

Miscellaneous Provisions

SEC. 18. *Appropriation.* The amount necessary for the implementation of this Act shall be charged against the current appropriations of the Philippine Institute of Traditional and Alternative Health Care. The appropriation may be augmented by the income which the PITCHC is authorized to retain and use under this Act. Thereafter, such amount as may be necessary for the continued operation of the PITCHC shall be included in the annual General Appropriations Act.

SEC 19. *Implementing Rules and Regulations.* The DOH, in consultation with the PITCHC, shall promulgate the implementing rules and regulations of this Act within one hundred twenty (120) days following the passage of this Act.

SEC. 20. *Separability Clause.* If any provision of this Act is declared invalid or unconstitutional, the remaining provisions or parts thereof not otherwise affected thereby shall remain valid and subsisting.

SEC. 21. *Repealing Clause.* All laws, decrees, executive orders and issuances, ordinances, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 22. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,