

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL No. 6848



Introduced by

BAYAN MUNA Party-List Representatives CARLOS ISAGANI T. ZARATE
FERDINAND R. GAITE and EUFEMIA C. CULLAMAT,
ACT TEACHERS Party-List Representative FRANCE L. CASTRO,
GABRIELA Women's Party Representative ARLENE D. BROSAS.
and KABATAAN Party-List Representative SARAH JANE I. ELAGO

AN ACT

MANDATING FREE MASS TESTING FOR ALL SUSPECT CASES, CLOSE
CONTACTS OF PROBABLE AND CONFIRMED CASES, HIGH RISK
COMMUNITIES, HEALTH WORKERS, OTHER VULNERABLE SECTORS AND
GROUPS, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

This Bill seeks to establish a Free Mass Testing Program in order to know the extent of the transmission and infection of the disease in the country and equip the government and the Filipinos with essential data in the fight against Coronavirus Disease 2019 (COVID-19). Presently, there is a global effort to prevent the spread of infection of COVID-19 wherein some countries adopted stringent measures, like mass testing and community quarantines. Several countries heeded the call of the World Health Organization to conduct massive testing, isolate, and treat in order to stop the chain of infection.

In the Philippines, it was only on March 16, 2020 when President Rodrigo Roa Duterte declared a state of calamity due to COVID-19. Considering the country's weak and fragmented health system due to numerous budget cuts throughout the past and present administrations, the late declaration of a health emergency, despite the on-going health crisis in the other parts of the world, further put the Filipinos at even bigger risk. Worse, with millions of Filipinos living below the family living wage, millions, too, were left with no savings and no source of income when the different levels of community quarantine or lockdown were implemented.

The Luzon-wide quarantine was initially set to end on April 30, 2020 but was further extended through Executive Order No. 112, series of 2020 until May 15, 2020, in the form of enhanced community quarantine (ECQ) and general community quarantine (GCQ). Meanwhile, varying levels of community quarantine or lockdown are also implemented in the regions, depending on the degree of infections or the number of cases that a locality has.

Supposedly, the Filipinos were locked to community quarantine to buy more time for the government to prepare the country's health care system and put health and medical solutions in place to prepare for the surge of infection. However, even after two (2) months of community

1 quarantine, the government miserably failed to meet its self-imposed targets for testing and
2 contact-tracing, much more, the expectations of the Filipino people.

3
4 On April 2, 2020, National Task Force (NTF) COVID-19 chief implementer, Secretary Carlito
5 Galvez, Jr., announced that the government will initiate massive testing of persons-under-
6 investigation (PUIs) and persons-under-monitoring (PUM) for COVID-19 on April 14.
7 According to him, the objective is to identify as many carriers as possible and isolate them.¹
8 However, based on the 8th weekly report, President Duterte reported to Congress that there are
9 just 184,857 individuals tested for COVID-19 with a daily average conducted test of 7,809 as of
10 May 13, 2020, which did not even meet the DOH's conservative target of 8,000 tests per day.

11
12 Upon shifting to the new case categories of the DOH in April², following World Health
13 Organization (WHO) definitions of suspect, probable, and confirmed, the prioritization of
14 testing only for severe cases persisted. According to DOH's Memorandum Order No. 2020-
15 0180³, the following sub-groups of at-risk individuals arranged in order of greatest to lowest
16 priority to be tested:

17
18 Subgroup A: Patients or healthcare workers with severe/critical symptoms, relevant
19 history of travel/contact

20 Subgroup B: Patients or healthcare workers with mild symptoms, relevant history of
21 travel/contact, and considered vulnerable

22 Subgroup C: Patients or healthcare workers with mild symptoms, relevant history of
23 travel/contact

24 Subgroup D: Patients or healthcare workers with no symptoms but relevant history of
25 travel/contact

26
27 The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) itself,
28 set a target of 2 million Filipinos tested, or 2% of the entire population as part of its "enhanced
29 targeted testing." As it stands, only 0.24% of the population has been tested to date, which
30 means, at the targeted capacity of 30,000 tests/day by the end of May, it will take around 58 days
31 or 2 months to complete the target.

32
33 This left patients with mild cases quarantined at home and untested, especially in areas with very
34 low testing capacities. For those tested, the backlog produced from the lack of laboratories
35 caused delays as long as 2-3 weeks. Thus, many patients died either before being tested or before
36 the release of their results. The current limited testing and prioritization done by the DOH,
37 poses much greater threat of infection to the Filipino population. Doing the sorely needed mass
38 testing entails vastly improving laboratory capacity to meet the demand while addressing the
39 backlogs, and it requires urgent action.

40
41 The Filipino people were further betrayed on the pronouncement of the Presidential
42 Spokesperson Harry Roque that Philippine government is doing an "expanded targeted testing"
43 and not "mass testing." He claims that "mass testing" is a wrong term to be used as there is no
44 country that has tested all of its citizens.⁴ Other than the wrong understanding of "mass testing"
45 really means, it bared that even after the two months of community quarantine, the government
46 still has no plan or intention to conduct mass testing.

¹ <https://www.rappler.com/nation/256837-galvez-says-massive-testing-coronavirus-start-april-14-2020>

² DOH Administrative Order 2020-0013 (9 April 2020) retrieved from
<https://dmas.doh.gov.ph:8083/Rest/GetFile?id=652858>

³ <https://www.doh.gov.ph/sites/default/files/health-update/dm2020-0180.pdf>

⁴ <https://news.mb.com.ph/2020/05/20/roque-says-cnn-reporter-misinterpreted-his-mass-testing-comments/>

1
2 The Filipino people expressed their discontent as the government reopened the economy, not
3 because the Philippine health care system and medical solutions are already in place to defeat
4 COVID-19, but because the government just wants to jumpstart the economy, without clearly
5 preparing the people for what it is to be expected when they go back to their respective
6 workplaces. Just like when the government imposed the lockdown back in March. Without the
7 mandatory mass testing—wider testing of all suspect cases, close contacts of probable and
8 confirmed cases, high risk communities, health workers, other vulnerable sectors and groups
9 even if asymptomatics, the government will remain blind on how to defeat the disease and the
10 people will continue to live in fear because of the virus. It is as if the government is toying with
11 people's lives with its dilly-dallying attitude on setting up medical solutions and ramping up
12 militaristic response to combat the disease.

13
14 The dismally slow mass testing is nowhere acceptable to the people, especially to our health
15 workers and other frontliners who are sent to their suicide mission without enough personal
16 protective equipment, while majority of government hospital nurses and other health workers,
17 have not been tested for COVID19. Some health workers have to rely or make do with their
18 own individual efforts and resources to have themselves tested. Meanwhile, others go on duty
19 with fear and uncertainty that they might be harboring this deadly and highly contagious virus. It
20 is not surprising that 17.88% infection rate of Filipino health workers is way above the 2-3%
21 infection rate among health workers in the Western Pacific Region (including China).

22
23 The absence of a provision for free mass testing in the Bayanihan to Heal As One Act and the
24 government's insistence that there is no law on this has resulted in an impasse and a stronger
25 public outcry.

26
27 The lack of initiative and intention from the executive to perform its constitutional mandate to
28 protect and promote the right to health of the people prompts us to take an immediate action.
29 To save more lives, we should recognize the extreme importance and urgency of mass testing, as
30 well as other medical solutions such as contact-tracing, isolation, and treatment, and ensure the
31 appropriate and adequate health personnel, supplies, medicines and equipment in government
32 hospitals and public health system to defeat this COVID-19 pandemic crisis.

33
34 Thus, urgent passage of this Bill is earnestly sought.

1 *Approved,*

2
3
4
5
6
7
8 

9
10 **REP. CARLOS ISAGANI T. ZARATE**

11 *Bayan Muna Partylist*

12
13
14
15 

16
17 **REP. FERDINAND R. GAITE**

18 *Bayan Muna Partylist*

19
20 

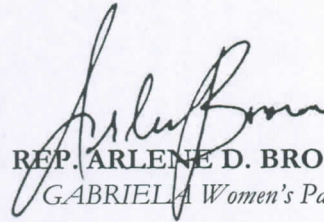
21
22 **REP. EUFEMIA C. CULLAMAT**

23 *Bayan Muna Partylist*

24
25 

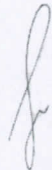
26
27 **REP. FRANCE L. CASTRO**

28 *ACT Teachers Partylist*

29
30 

31 **REP. ARLENE D. BROSAS**

32 *GABRIELA Women's Party*


REP. SARAH JANE I. ELAGO

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL No. 6848

Introduced by

BAYAN MUNA Party-List Representatives CARLOS ISAGANI T. ZARATE
FERDINAND R. GAITE and EUFEMIA C. CULLAMAT,
ACT TEACHERS Party-List Representative FRANCE L. CASTRO,
GABRIELA Women's Party Representative ARLENE D. BROSAS.
and KABATAAN Party-List Representative SARAH JANE I. ELAGO

AN ACT

MANDATING A FREE MASS TESTING FOR ALL SUSPECT CASES, CLOSE
CONTACTS OF PROBABLE AND CONFIRMED CASES, HIGH RISK
COMMUNITIES, HEALTH WORKERS, OTHER VULNERABLE SECTORS AND
GROUPS, AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. *Short Title.* – This Act shall be known as “*Free Mass Testing Act of 2020.*”

SECTION 2. *Declaration of Policy.* – It is a declared policy of the State to protect and promote the right to health of the people and instill health consciousness among them. In combatting the COVID-19 pandemic crisis, the State firmly recognizes the need for mass testing to determine the extent of the COVID-19 situation in the Philippines and to effectively reduce COVID-19 transmission.

SECTION 3. *Definition of Terms.* – The following terms, as used herein, shall mean:

1. Close contact – asymptomatic or presymptomatic patient with known prolonged (15 minutes or more) and unprotected (no PPE) contact or exposure to a confirmed or probable case of COVID-19
2. Confirmed case – patient who tested positive for COVID-19 from an accredited national or subnational laboratory
3. Contact tracing – process of identification of persons who may have come into close contact with an infected person and subsequent collection of further information about these contacts
4. COVID-19 – Coronavirus disease 2019
5. ELISA – enzyme-linked immunosorbent assay, a laboratory-based antibody/serologic test
6. ESU – epidemiology and surveillance unit in region, province, municipality or city
7. Frontliner – includes health workers, all workers essential to the production and distribution of basic necessities or the provision of basic services;
8. GeneXpert – also known as rapid rtPCR

9. Health worker - any person engaged in health and health-related work, including, but not limited to, health and para-health professionals, allied health personnel, administrative and support personnel employed in health care institutions regardless of their employment status
10. High risk community – area with local and community transmission and its adjacent areas, with poor living conditions
11. IgG – immunoglobulin G, antibody from chronic infection
12. IgM – immunoglobulin M, antibody from acute infection
13. Influenza-like illness (ILI) – illness with fever (38⁰C and above) and cough or sore throat in the past 3 days
14. Pooled testing – modification in testing wherein samples from 10-12 individuals are tested at the same time
15. PPE – personal protective equipment
16. Probable case – a suspect case that tested either inconclusive, or positive, but through other means than the accredited laboratories, such as rapid test kits
17. RHU – rural health unit
18. rtPCR – real-time polymerase chain reaction
19. Severe acute respiratory illness (SARI) – influenza-like illness (ILI) having onset in the past 7 days, with symptoms of difficulty of breathing or shortness of breath, requiring hospitalization
20. Suspect case – patient with mild or severe symptoms with travel to or residence in an area of local transmission at least 14 days prior to symptom onset
21. Validated rapid test kit – a rapid antibody test kit approved by the FDA for use, and validated by the RITM in accordance with post-marketing surveillance.
22. Other vulnerable sectors – include the following groups:
 - a. Symptomatic patients aged 60 years old and above
 - b. Patients with comorbid illness regardless of age
 - c. Pregnant women
 - d. Returning Overseas Filipino Workers
 - e. Other frontline workers
 - f. Other groups as determined by the Department of Health

- **SECTION 4. Coverage.** – All suspect cases, close contacts of probable and confirmed cases, high risk communities, health workers, and other vulnerable sectors and groups

Free COVID-19 Mass Testing Program

SECTION 5. COVID-19 Mass Testing Plan. – The COVID-19 Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), in full cooperation with the Department of Health (DOH), is hereby mandated to create a COVID-19 Mass Testing Plan, hereinafter known as the Plan, within 15 days from the effectivity of this Act. *Provided*, that the Plan shall determine measures that should be done if the patient is tested positive for COVID-19, which shall include, but are not limited to, immediate treatment and immediate conduct of contact-tracing.

SECTION 6. Testing facilities. – The DOH shall ensure the establishment and accreditation of a public testing center in every region, to facilitate the demand for mass testing. These laboratories must be able to perform any, or a combination of diagnostics for COVID-19 such as rtPCR, GeneXpert, and/or antibody testing, with results released not later than 48 hours. *Provided*, that the DOH and respective local government units shall establish public satellite

1 testing centers per province. *Provided, further,* that the facilities account for and ensure the timely
2 replenishment of testing supplies and kits.

3
4 **SECTION 7. *Testing personnel.*** – Facilities must adequately hire personnel trained in
5 biosafety protocols. Only licensed and trained physicians, nurses, midwives and medical
6 technologists will be allowed to extract samples for testing purposes. *Provided,* that the barangay
7 health workers shall assist in social preparation and facilitation of mass testing. *Provided, further,*
8 that PPE is ensured by the facility or government unit.

9
10 **SECTION 8. *Transport of samples and patients.*** – The DOH, in full cooperation with the
11 Department of Transportation, shall establish a system of rapid transportation of samples and
12 patients to and from testing centers.

13
14 **SECTION 9. *Free Mass Testing Fund.*** – Testing, as provided in this Act, shall be provided
15 at no cost to covered individuals. In no case shall there be an individual covered by this Act
16 required to pay the cost of testing and other related expenses, including, but not limited to, the
17 cost of test kits and PPE. A special Free Mass Testing Fund, hereinafter known as the Fund,
18 shall be created for this purpose. The Fund, unless stated otherwise, shall bear the full cost of
19 testing and other related expenses.

20
21 **SECTION 10. *Testing of suspect cases.*** – All suspect cases shall be eligible for testing,
22 regardless of severity of symptoms. These individuals shall be tested using rtPCR or GeneXpert,
23 if rtPCR is unavailable. The sample taken by the hospital or the RHU shall be sent to the nearest
24 national or subnational testing center. *Provided,* that if tested positive, the patient shall be
25 quarantined, treated, and have close contacts traced.

26
27 **SECTION 11. *Testing of close contacts of confirmed and probable cases.*** – Upon the
28 completion of contact tracing for a confirmed or probable case, identified close contacts must be
29 isolated and tested for COVID-19 infection, regardless of symptoms. These individuals shall be
30 tested using rtPCR or GeneXpert, if rtPCR is unavailable. The sample taken by the hospital or
31 the RHU shall be sent to the nearest national or subnational testing center. *Provided,* that if tested
32 positive, the patient shall be quarantined and treated if necessary. *Provided, further,* if tested
33 negative, the individual shall be put under home or facility quarantine for 14 days from the time
34 of contact, and retested if symptoms arise during the said period.

35
36 **SECTION 12. *Surveillance testing in high-risk communities.*** – In areas with community
37 transmission, a representative sample of the barangay and adjacent barangays shall be tested to
38 ascertain the true picture of the outbreak. Active case-finding must be done especially in
39 vulnerable communities with poor living conditions, which can complicate contact-tracing.

40
41 The DOH, in full coordination with the local government unit, shall determine the high-risk
42 individuals in the community. These individuals shall be tested using pooled rtPCR, or pooled
43 GeneXpert, if rtPCR is unavailable. The samples taken by the RHU shall be sent to the nearest
44 national or subnational testing center. *Provided,* that if the sample tests positive, individuals
45 comprising the pool shall be tested individually using rtPCR. *Provided, further,* that if an individual
46 tests positive, the patient shall be quarantined and treated if necessary. *Provided, further,* if tested
47 negative, the individual shall be placed in facility quarantine for 14 days from the time of contact,
48 and retested if symptoms arise during the said period.

49
50 **SECTION 13. *Testing of health workers.*** – Given their high risk of exposure to the virus,
51 health workers at all levels of care shall be tested immediately upon symptom onset or every two

1 weeks, whichever comes first. *Provided*, that in the private health sector, the private medical
2 facility and the Fund shall bear the full cost of testing and other related expenses of its health
3 workers. For all health workers from the public sector, the cost of testing and other related
4 expenses, including, but not limited to, the cost of test kits and PPE shall be covered by the
5 Fund allocated for this Act.

6
7 These health workers shall be tested primarily using rtPCR or GeneXpert, if rtPCR is
8 unavailable. The samples from the health worker shall be taken and sent to a designated national
9 or subnational testing center. *Provided*, that if tested positive, the health worker shall be isolated
10 and treated immediately. *Provided, further*, the health worker shall be allowed to go back to work
11 when he/she no longer has symptoms and tested negative twice by rtPCR.

12
13 Alternatively, antibody testing can be performed at baseline and every 14 days for monitoring of
14 serostatus. *Provided*, that antibody testing will only be performed using ELISA or validated rapid
15 test kits.

16
17 **SECTION 14. *Epidemiological testing.*** – Given the novel nature of this virus, the state shall
18 undertake the sampling and subsequent testing of the Philippine population to determine the
19 true statistics of the spread of COVID-19 in the country. The DOH and its Epidemiology
20 Bureau, in full coordination with the respective local government units and ESU, shall determine
21 the areas or clusters for the conduct of an epidemiological investigation.

22
23 This shall utilize a tandem of rtPCR and antibody testing and be performed in a designated
24 laboratory that will undertake testing without hampering testing of clinical samples and causing
25 substantial backlog. *Provided*, that antibody testing will only be performed using ELISA or
26 validated rapid test kits. *Provided, further*, that individuals testing IgM-positive shall be recorded as
27 probable cases and subjected to confirmatory tests with rtPCR or GeneXpert, if rtPCR is
28 unavailable. *Provided, finally*, that IgG-positive individuals shall be recorded as recovered cases and
29 will be encouraged to donate their plasma.

30
31 **SECTION 15. *Heightened surveillance and testing of patients with ILI/SARI.*** – In areas
32 without COVID-19 cases under General Community Quarantine or GCQ, or any succeeding
33 relaxing of quarantine protocols, surveillance must be ensured to mitigate a potential new source
34 of COVID-19 infection. Any individual or clusters presenting with ILI or SARI with no other
35 clear etiology, as assessed by primary care providers or medical specialists, must be investigated
36 by the local ESU and tested with rtPCR or GeneXpert, and treated as a suspect case in
37 accordance to **Section 10** of this Act.

38
39 **SECTION 16. *Testing of workers returning to work.*** – All workers shall be assessed by an
40 occupational health practitioner. Workers with symptoms assessed as suspect cases shall be
41 tested in accordance with **Section 10** of this Act. *Provided*, if the worker has exposure to a
42 confirmed or probable case regardless of symptoms, he/she shall be tested in accordance with
43 **Section 11** of this Act. *Provided, further*, the worker can go back to work if he/she exhibits no
44 symptoms and tested rtPCR-negative. *Provided*, that the principal employer and the Fund shall
45 bear the full cost of testing and other related expenses of all regular and contractual employees to
46 be tested. *Provided, further*, for medium, small and micro enterprises, the principal employer may
47 apply for a subsidy program for testing his/her employees, subject to the Implementing Rules
48 and Regulations.

49
50 **SECTION 17. *Testing of government employees returning to work.*** – All government
51 employees with symptoms and assessed by occupational health practitioners as suspect cases

1 shall be tested in accordance with **Section 10** of this Act. *Provided*, if the worker has exposure to a
2 confirmed or probable case, regardless of symptoms, he/she shall be tested in accordance with
3 **Section 11** of this Act. *Provided*, further, the worker can go back to work if he/she exhibits no
4 symptoms and tested rtPCR-negative.

5
6 **SECTION 18. *Testing of students, teachers, and non-teaching personnel.*** – All students
7 and school personnel shall be assessed by a school health practitioner or municipal/city health
8 officer. Students and school personnel with symptoms assessed as suspect cases shall be tested in
9 accordance with **Section 10** of this Act. *Provided*, if the student or school personnel has exposure
10 to a confirmed or probable case, regardless of symptoms, he/she shall be tested in accordance
11 with **Section 11** of this Act. *Provided, further*, the students and school personnel can go back to
12 school if he/she exhibits no symptoms and tested rtPCR-negative. *Provided further*, that testing of
13 students that are minors shall require parental consent. *Provided, further*, the Fund shall bear the
14 full cost of testing and other related expenses of the students, teachers and non-teaching
15 personnel in public schools. *Provided, finally*, the private school and the Fund shall bear the full
16 cost of testing and other related expenses of its students and school personnel.

17
18 **SECTION 19. *Testing of returning overseas Filipino workers.*** – All repatriated and
19 returning overseas Filipino workers (OFWs) shall be screened by the Bureau of Quarantine
20 personnel, tested, and undergo a mandatory 14-day quarantine upon their arrival in the country,
21 with strict observance of quarantine protocols in an appropriate facility. *Provided*, that the Fund
22 shall bear the full cost of testing, quarantine, and other related expenses for land-based OFWs.
23 *Provided, further*, the manning agency shall bear the full cost of testing, quarantine and other
24 related expenses for sea-based OFWs.

25
26 **SECTION 20. *Testing of foreign workers, tourists, and other foreign nationals*** – All
27 foreign workers, tourists, and other foreign nationals shall be screened by personnel of the
28 Bureau of Quarantine, tested, and undergo a mandatory 14-day quarantine upon their arrival in
29 the country, with strict observance of quarantine protocols in an appropriate facility. *Provided*, the
30 employer/host of the foreign worker/visitor shall bear the full cost of testing, quarantine and
31 other related expenses. *Provided, further*, foreign tourists and foreign nationals shall bear the full
32 cost of testing, quarantine, and other related expenses

33
34 **SECTION 21. *Testing of other vulnerable sectors.*** – The IATF-EID shall include in their
35 Plan the program for the other vulnerable sectors, including, but not limited to, the timeline of
36 the conduct of tests. *Provided*, that individuals with symptoms assessed as suspect cases shall be
37 tested in accordance with **Section 10** of this Act. *Provided, further*, if the worker has exposure to a
38 confirmed or probable case regardless of symptoms, he/she shall be tested in accordance with
39 **Section 11** of this Act. *Provided, finally*, all pregnant women shall be tested prior to the delivery.

40
41 **SECTION 22. *COVID-19 and mass testing information dissemination.*** – The national and
42 local government units shall mobilize the mass media, educational institutions, and civic
43 organizations to conduct COVID-19 and mass testing information dissemination in every
44 barangay.

45
46 **SECTION 23. *Mass testing data management.*** – The DOH, in coordination with the ESU,
47 is hereby mandated to ensure a database of all tested individuals, from suspect, probable,
48 confirmed, and recovered cases to deaths, testing backlogs and those pending validation. These
49 will be placed under the program for purposes of case investigation, contact-tracing, and
50 epidemiological analysis. *Provided*, that statistical data shall be made available to the public in
51 accordance with patient confidentiality and the Data Privacy Act.

1
2 **SECTION 22. *Appropriation.*** – The amount necessary for the implementation of this Act
3 shall be primarily sourced from the overall savings from General Appropriations of FY 2016 to
4 FY 2019. The Department of Finance, in coordination with the Department of Budget and
5 Management, will determine other sources of funds.
6

7 **SECTION 23. *Congressional Oversight.*** – Every Monday, 9 AM, the IATF-EID will provide
8 all members of the House of Representatives and the Senate a weekly report, which includes, but
9 is not limited to, the number of tested individuals per category and per region, and budget
10 utilization.
11

12 **SECTION 24. *Implementing Rules and Regulations.*** – The IATF-EID, in full coordination
13 with the DOH, the Department of Interior and Local Government, and the Department of
14 Labor and Employment, shall promulgate an Implementing Rules and Regulations within 10
15 days from the effectivity of this Act.
16

17 **SECTION 25. *Implementation.*** – Immediately after the approval of this Act, the IATF-EID
18 shall be primarily responsible for implementing the provisions of this Act.
19

20 **SECTION 26. *Repealing Clause.*** – All laws inconsistent with the provisions of this Act are
21 hereby repealed or modified accordingly.
22

23 **SECTION 27. *Separability Clause.*** – If any of the sections or provisions of this Act is held
24 invalid, all the other provisions not affected thereby shall remain valid.
25

26 **SECTION 28. *Effectivity Clause.*** – This Act shall take effect immediately from the date of its
27 publication in the Official Gazette or any newspaper of general circulation.
28

29 *Approved,*