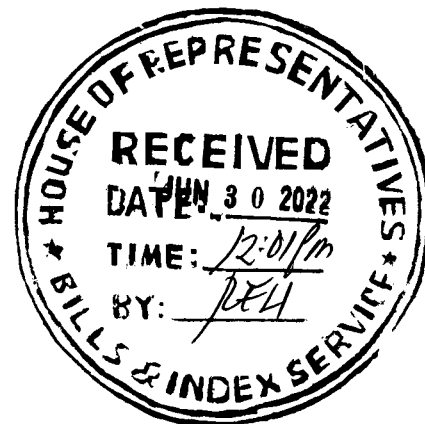




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 9



Introduced by Representatives FERDINAND MARTIN G. ROMUALDEZ,
YEDDA MARIE K. ROMUALDEZ and JUDE A. ACIDRE

EXPLANATORY NOTE

This bill seeks to modernize the country's capabilities for public health emergency preparedness and strengthen the current bureaucracy that is mandated to prevent the spread of communicable diseases in the country through organizational and institutional reforms.

To better prepare against public health emergencies, the proposed measure seeks to advance two essential initiatives: health modernization and institutional reforms. The authors acknowledge the need to modernize and reorganize our health system to protect the public from health risks.

In terms of organizational restructuring, the proposal is for the Center for Disease Control (CDC) to absorb the following DOH units or their divisions or functions: Epidemiology Bureau; Research Institute for Tropical Medicine (RITM); Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome (STD-AIDS) Cooperative Central Laboratory; Select functions of the International Health Surveillance Division of the Bureau of Quarantine such as the passive international health surveillance and development of communication methods for wider and more effective delivery of critical public health information with international importance; Technical and standard setting functions of the Disease Prevention and Control Bureau including that of the Mental Health Division, Cancer Division and Oral Health Division.

Under this bill, the CDC will perform the following powers, functions, and duties: Policy and Standards Development; Capacity Building and Technical Assistance; Sectoral and Local Engagements: Surveillance; Technical guidance on the monitoring and evaluation framework for disease prevention and control; and Certify the existence of an epidemic which shall be treated as a public health emergency, among other functions as may be mandated by law, or as may be duly delegated by relevant authorities. It also seeks to establish Regional Centers for Disease Prevention and Control or RCDCs in all regions of the Philippines.

In terms of modernization, the bill proposes the crafting of modernization program which will include the acquisition and upgrading of appropriate technologies, laboratories, facilities, equipment, other needed resources and the needed relocation and acquisition of additional land or location that would house the CDC.

The bill provides for the submission of the modernization program for the consideration and approval of Congress. The modernization program shall be implemented over a period of five (5) years.

Recognizing the enormous investments that the country needs to put in place if we are to protect and promote the right of our people to health and ultimately keep them safe from future health threats and emergencies, the bill proposes that the CDC be mandated to solicit, negotiate with, and receive from any public or private domestic or foreign sources legacies, gifts, donations, grants, endowments, contributions or other transfers of ownership and/or possession of real or personal properties of all kinds, which shall be exempt from donor's tax and shall all be part of the special account in the general fund managed by the Department of Finance.

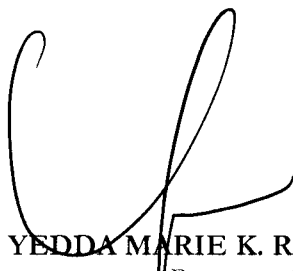
Under the bill, Department of Finance shall prescribe the measures necessary for the proper use, maintenance and safekeeping of said donations, grants, endowments, contributions or transfers and the compliance of the terms and conditions thereon, if any, in accordance with pertinent accounting and auditing laws, rules and regulations.

The proposed "Philippine Center for Disease Prevention and Control (CDC) Act" is a consolidation of thirteen (13) House Bills establishing the CDC that were referred to the Committee on Health in the 18th Congress which were authored by Reps. Joey Sarte, Teodorico T. Haresco, Jr., Angelina "Helen" D.L. Tan, M.D., Jose Enrique S. Garcia III, Cheryl P. Deloso-Montalla, Joaquin M. Chipeco, Ferdinand L. Hernandez, Alfred Vargas, Anthony I. Espino, Luis Raymund "LRay" F. Villafuerte, Joy Myra Joy S. Tambunting, Rufus B. Rodriguez, Estrellita B. Suansing and Horacio P. Suansing Jr.. It was approved on Third Reading by the House of Representatives and transmitted to the Senate.

The immediate approval of this urgent bill is earnestly sought.



FERDINANDANO MARTIN G. ROMUALDEZ
Representative
First District, Leyte



YEDDA MARIE K. ROMUALDEZ
Representative
Party-List, Tingog Sinirangan



JUDE A. ACIDRE
Representative
Party-List, Tingog Sinirangan



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HOUSE BILL NO. 9

Introduced by Representatives **FERDINAND MARTIN G. ROMUALDEZ,**
YEDDA MARIE K. ROMUALDEZ and **JUDE A. ACIDRE**

AN ACT
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES,
ESTABLISHING FOR THIS PURPOSE THE CENTER FOR DISEASE
PREVENTION AND CONTROL, AND APPROPRIATING FUNDS THEREFOR

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

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

SEC. 2. *Declaration of Policy.* - It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. The State also mandates the adoption of an integrated and comprehensive approach to health development.

Towards this end, the State shall give high priority to the allocation of material and institutional resources to protect public health by ensuring that the Philippine health system is well-prepared to forecast, prevent, monitor, and control diseases, injuries, and disabilities both of national and international concern.

SEC. 3. *Definition of Terms* - As used in this Act:

- (a) *Communicable disease*, also known as *contagious disease*, refers to an illness resulting from an infection, or a disease, which can be transmitted from an infected host individual or group to a particular individual or group. It spreads through direct, bodily contact with an infected person, their discharges, or an object or surface they have contaminated;
- (b) *Disease* refers to an illness due to a specific toxic substance, occupational exposure or infectious agent, which affects a susceptible individual, either directly or indirectly, from an infected animal or person, or indirectly through an intermediate host, vector, or the environment;
- (c) *Disease surveillance* refers to a systematic collection, analysis, interpretation, and dissemination of outcome and specific data for use in the planning, implementation, and evaluation of public health practice. A disease surveillance system includes the functional

- capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective disease prevention and control activities;
- (d) *Epidemic* or *outbreak* refers to an occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time;
- (e) *Infectious disease* refers to a clinically manifested disease of humans or animals resulting from an infection which can be communicable or non-communicable;
- (f) *Public health emergency* refers to an occurrence or imminent threat of an illness or health condition that:
- (1) Is caused by any of the following:
 - (i) Bio terrorism;
 - (ii) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 - (iii) A natural disaster;
 - (iv) A chemical attack or accidental release;
 - (v) A nuclear attack or accident; or
 - (vi) An attack or accidental release of radioactive materials; and,
 - (2) Poses a high probability of any of the following:
 - (i) A large number of deaths in the affected population;
 - (ii) A large number of serious injuries or long-term disabilities in the affected population;
 - (iii) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population;
 - (iv) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or
 - (v) Trade and travel restrictions;
- (g) *Quarantine* refers to the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease.

SEC. 4. *Creation of the Philippine Center for Disease Prevention and Control.* – The Philippine Center for Disease Prevention and Control (CDC) is hereby created as an attached agency to the Department of Health (DOH) for policy and program coordination.

1 **SEC. 5. Powers, Functions, and Duties.** – The CDC shall be the technical authority on all
2 matters regarding disease prevention and control. To carry out the provisions of this Act, the CDC
3 shall have the following powers, functions, and duties:
4

5 (a) Policy and Standards Development:
6

- 7 (1) Provide technical guidance to the development of policies, programs, standards,
8 guidelines, and monitoring and evaluation systems on the forecasting, prevention,
9 monitoring, and control of diseases, injuries, and disabilities both of national and
10 international concern;
11
- 12 (2) Set the standards and the process for the establishment of Epidemiology and
13 Surveillance Units or its corresponding surveillance reporting units, pursuant to law;
14
- 15 (3) Provide quality assurance programs to ensure the quality of testing for laboratories;
16
- 17 (4) Conduct researches for development in support of the CDC mandate to forecast,
18 prevent, monitor, and control diseases, injuries, and disabilities both of national and
19 international concern;
20
- 21 (5) Recommend to the President, through the DOH Secretary, the declaration of a state
22 of public health emergency, in case of an epidemic of national or international
23 concern; and,
24
- 25 (6) Set the parameters for the declaration of the existence as well as the end of an
26 epidemic.
27

28 (b) Capacity Building and Technical Assistance:
29

- 30 (1) Develop, implement, and maintain training programs on specialized fields such as field
31 epidemiology, health emergency of biological concern, laboratory services, infectious
32 and tropical diseases, and non-communicable diseases;
33
- 34 (2) Assess and support the capabilities of health facilities and local government units
35 (LGUs) on forecasting, preventing, monitoring, and controlling diseases, injuries, and
36 disabilities both of national and international concern; and,
37
- 38 (3) Provide technical assistance and expert services to DOH offices, and collaborating
39 and implementing agencies or offices on matters pertaining to forecasting, preventing,
40 monitoring, and controlling diseases, injuries, and disabilities both of national and
41 international concern.
42

43 (c) Sectoral and Local Engagements:
44

- 45 (1) Promote coordination and collaboration with partner agencies and organizations on
46 matters pertaining to CDC mandate;
47
- 48 (2) Coordinate, collaborate, and disseminate relevant scientific and technical information
49 in a timely manner with partner agencies and international and local organizations on
50 matters pertaining to CDC mandate; and,

- 1
2 (3) Disseminate relevant scientific and technical information in a timely manner with
3 partner agencies, and international and local organizations on matters pertaining to
4 CDC mandate.

5
6 (d) Surveillance:
7

- 8 (1) Develop, implement, and maintain an integrated surveillance system of diseases,
9 injuries, and disabilities;
10
11 (2) Provide technical guidance on the development, implementation and maintenance,
12 and monitoring of health system capacity such as operational capacities of health
13 facilities, and performance management of the response systems, in terms of contact
14 tracing, quarantine, isolation, and other significant population-based health services;
15
16 (3) Investigate and respond through surveillance and disease notification, investigation,
17 and conduct of field studies and research to outbreaks, epidemics, and other public
18 health threats as the need arises;
19
20 (4) Develop and maintain a network of public health laboratories in support of
21 epidemiology and surveillance activities;
22
23 (5) Facilitate the issuance of appropriate warnings to the regional CDC and health
24 facilities in anticipation of impending public health threats and infectious disease
25 outbreak;
26
27 (6) Utilize various information and communication technologies (ICT) in management of
28 data and dissemination of early warning and other appropriate information to
29 stakeholders and the public; and,
30
31 (7) Develop communication methods for wider and more effective and unified delivery of
32 critical public health information with national or international importance.
33

34 (e) Provide technical guidance on the procurement of vaccines, drugs, and diagnostics;
35

36 (f) Provide technical guidance on the monitoring and evaluation framework for disease
37 prevention and control;
38

39 (g) Certify to the existence of an epidemic which shall be treated as a public health emergency;
40 and,
41

42 (h) Perform such other functions as may be mandated by law, or as may be duly delegated by
43 relevant authorities.
44

45 **SEC. 6. Director General.** – The CDC shall be headed by a Director General with a rank of
46 Undersecretary, who shall be assisted by two (2) Deputy Directors General with a rank of Assistant
47 Secretary. The Director General and the Deputy Directors General shall be appointed by the
48 President from a list of at least three (3) nominees for each position to be submitted by the DOH

1 Secretary. The Director General and Deputy Directors General shall have at least ten (10) years of
2 relevant experience and proven expertise in the fields of public health and epidemiology.

3
4 The Director General shall have the following powers and functions:

- 5
6 (a) Manage and direct the activities and functions of the CDC;
7
8 (b) Advise the DOH Secretary on policy matters concerning the Center's activities;
9
10 (c) Recommend to the President, through the DOH Secretary, the exercise of special powers
11 in case of an epidemic, including the declaration of a public health emergency;
12
13 (d) Act as the national International Health Regulations Focal Point, subject to consultation
14 with DOH; and,
15
16 (e) Perform other functions and powers that may be assigned by the DOH Secretary.
17

18 **SEC. 7. *Transfer of DOH Units and Functions.*** – The following DOH units and their
19 concerned divisions and functions are hereby transferred to the CDC:
20

- 21 (a) Epidemiology Bureau;
22
23 (b) Research Institute for Tropical Medicine;
24
25 (c) Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome Cooperative
26 Central Laboratory;
27
28 (d) Select functions of the International Health Surveillance Division of the Bureau of
29 Quarantine as follows:
30
31 (1) Passive international health surveillance; and,
32
33 (2) Development of communication methods for wider and more effective delivery of
34 critical public health information with international importance; and,
35
36 (e) Technical and standard setting functions of the Disease Prevention and Control Bureau
37 including that of the Mental Health Division, Cancer Division and Oral Health Division.
38

39 All powers, functions, assets, capital, records, funds, receivables, equipment and facilities of
40 the transferred DOH units or its division or function enumerated herein shall be transferred to
41 the CDC. The Department of Health shall conduct an audit and inventory of assets, liabilities
42 and human resources of the transferred agencies to CDC without need of conveyance or
43 transfer of assignments.
44

45 **SEC. 8. *Regional Centers for Disease Prevention and Control.*** – There shall be established
46 Regional Centers for Disease Prevention and Control (RCDCs) in all regions of the country. Each
47 Regional CDC shall be headed by a Regional Director, who shall be under the supervision of the
48 CDC Director General.
49

1
2 The functions of RCDCs include:
3

- 4 (a) Prevention, control, and surveillance of diseases;
5
6 (b) Provision of laboratory services for detection and identification of infectious disease
7 agents from human, environmental samples, and food;
8
9 (c) Maintenance of an integrated data management system;
10
11 (d) Implementation of quality assurance programs for clinical and environmental
12 laboratories through training, consultation, certification and proficiency testing;
13
14 (e) Policy development;
15
16 (f) Emergency response;
17
18 (g) Public health-related research;
19
20 (h) Training and education;
21
22 (i) Maintenance of infectious disease hospitals for referral and management of cases;
23
24 (j) Establishment of strong communication networks; and,
25
26 (k) Other functions that may be assigned by the Director General.

27
28 The RCDCs shall be composed of specialists in the fields of infectious diseases, public health,
29 epidemiology and similar fields.
30

31 **SEC. 9. *Structure and Staffing Pattern.* –**
32

33 (a) The CDC shall initially have the following offices, each to be headed by an officer with
34 the salary and rank of Director IV:
35

- 36 (1) Center for Epidemic Intelligence and Disease Surveillance;
37
38 (2) Center for Research, Training, and Reference Laboratory;
39
40 (3) Center for Infectious Disease Emergency Preparedness and Response;
41
42 (4) Center for Policy and Program Development;
43
44 (5) Communications Office; and
45
46 (6) Administrative and Finance Office.
47

(b) The CDC Director General, subject to the issuance of an executive order by the President and approval of the Department of Budget and Management (DBM), may create or abolish units, offices, or centers as needed to carry out all provisions of this Act.

(c) The CDC Director General, in consultation with the DOH and the DBM, shall:

- (1) Develop the organizational structure of the CDC at the national, regional, and local levels;
- (2) Determine the divisions and specific functions of each unit, center, or office of the CDC; and
- (3) Determine the staffing pattern, qualification standards, compensation, and position classification plan for the CDC subject to the approval of the Civil Service Commission (CSC) and the DBM.

SEC. 10. *Qualifications Standards for Appointment and Promotion.* – The DOH shall, in consultation with the CSC, and pertinent agencies as may be necessary, develop the qualification standards in terms of education, training and experience for all technical and non-technical positions in the CDC, and the system for promotion and succession plan in the CDC.

SEC. 11. *Continuing Competency Development Program.* – The CDC shall, through the Director General, devise and implement a continuing competency development program whereby all core personnel shall be required to update and enrich competencies through attendance in programs, studies, researches, fellowships, workshops, seminars, including training opportunities in reputable foreign CDCs. Compliance with the Continuing Competency Development Program shall be the mandatory basis for promotion within the CDC. The CDC shall develop mechanisms to tap funding opportunities to implement its Continuing Competency Development Program.

SEC. 12. *Modernization Program.* – The Director General shall, in consultation with the DOH and other concerned agencies of government and the private sector, develop a modernization program that will strengthen the human health resource of the CDC, which is the key component of the country's disease prevention and control policy. The modernization program shall include the acquisition and upgrading of appropriate technologies, laboratories, facilities, equipment, other needed resources, and the needed relocation and acquisition of additional land or location that would house the CDC.

Within one hundred eighty (180) days after the effectivity of this Act, the Director General shall, upon the recommendation of the DOH and DBM Secretaries, submit the modernization program for the consideration and approval of Congress.

The modernization program shall be implemented over a period of five (5) years.

Appropriations for the modernization program shall be provided in the annual General Appropriations Act (GAA).

SEC. 13. *Strengthened Epidemiology, Public Health Surveillance, and Research Capacities.* - To ensure that epidemiology and public health surveillance services are efficient and responsive, and public health surveillance and research capacities are strengthened and updated to

international standards, the CDC shall:

- (a) Prioritize investments in upgrading of ICT and adequate and capacitated human resources for epidemiology, public health surveillance, and public health and clinical research;
- (b) Have a premier facility for clinical laboratory, epidemiologic and implementation research, and training on infectious and tropical diseases;
- (c) Develop performance-based incentives to private health facilities with established epidemiology and surveillance functions;
- (d) Re-nationalize local epidemiology and surveillance units (LESUs) that will solely provide epidemiology and disease surveillance services and provide assistance to the LGUs in the establishment and maintenance of surveillance systems, data management, and generation of strategic epidemiologic information: *Provided*, That the DOH, CDC, and DBM, shall develop the staffing pattern and qualification standards: *Provided, further*, That LESUs shall be under the direct supervision and control of the Regional CDCs;
- (e) Retain and provide incentives to technical experts, practitioners and scientists, whereby the scientific career system is adopted, allowing them to continue their respective clinical and professional practice to pursue research studies and receive grants and honoraria, in consultation with the CSC. Qualified employees of the CDC and its attached units shall be covered by Republic Act No. 8439, otherwise known as “Magna Carta for Scientists, Engineers, Researchers and Other Science and Technology Personnel in Government;”
- (f) Develop and implement training and research programs to develop more experts and practitioners in the field of epidemiology, and disease prevention and control; and,
- (g) Develop a mechanism to ensure interoperability and accessibility of surveillance systems.

SEC. 14. *Strengthened Disease Surveillance and Response.* – The CDC shall establish integrated disease surveillance and response systems utilizing, whenever necessary, all technological means available while ensuring that data privacy and patient confidentiality are maintained. The CDC and authorized public health authorities shall have complete access and right to collect personal information and other data, as may be deemed necessary in fulfillment of their mandate. All data or information and samples collected pursuant thereto shall be used for public health concern purposes only and shall be exempted from the provisions of R.A. No. 10173, otherwise known as the “Data Privacy Act of 2012” on accessibility of data.

SEC. 15. *National Reference Laboratories.*– The CDC shall establish a new, state of the art facility that will serve as the National Reference Laboratory (NRL), unifying all NRLs for biological, chemical, nuclear and radiologic emergencies under one roof, within 5 years from the effectivity of this Act: *Provided*, That the existing NRLs in the East Avenue Medical Center, Philippine Heart Center, Lung Center of the Philippines, National Kidney Transplant Institute and San Lazaro Hospital shall continue to be under the respective hospitals: *Provided further*, That these existing NRLs shall serve as referral laboratories of the CDC and be included in the Modernization Program of the CDC.

1
2 The NRL shall provide technical recommendations, laboratory confirmatory services, training, and
3 external quality assurance, and perform surveillance, outbreak response, kit evaluation, and
4 research. It shall oversee the functions and performance of the network of subnational
5 laboratories (SNL).

6
7 SNLs shall be established in all regions, with the capability of conducting confirmatory testing for
8 routine surveillance samples and performing specialized tests. SNLs, whose functions include
9 testing for routine surveillance and specialized tests, shall be under CDC administratively.
10 Hospitals housing the SNLs shall create a separate unit for their regular hospital laboratory needs.

11
12 The CDC, through the NRLs and SNLs, shall provide technical guidance and quality assurance
13 programs to biosafety levels 2, 3 and 4 laboratories in the country, which shall be registered with,
14 and regulated by the DOH.

15
16 **SEC. 16. *Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts, Legacies,***
17 ***Endowments, and Contributions.*** – The CDC may solicit, negotiate with, and receive from any
18 public or private domestic or foreign sources legacies, gifts, donations, grants, endowments,
19 contributions or other transfers of ownership and/or possession of real or personal properties of
20 all kinds in favor and for the benefit of the CDC, which shall all be part of the special account in
21 the general fund managed by the Bureau of Treasury.

22
23 The Director General shall prescribe the measures necessary for the proper use, maintenance
24 safekeeping, and compliance with the terms and conditions, if any, of said donations, grants,
25 endowments, contributions or transfers in accordance with pertinent accounting and auditing laws,
26 rules and regulations.

27
28 **SEC. 17. *Tax Exemptions.*** – Donations, grants, gifts, endowments, legacies, and contributions
29 used actually, directly and exclusively for the purpose of the CDC shall be exempt from donor's
30 tax and the same shall be considered as allowable deduction from gross income for purposes of
31 computing the taxable income of the donor, in accordance with Sec. 34 (H)(2)(a) of the National
32 Internal Revenue Code of 1997, as amended. Likewise, such other transfers of ownership and/or
33 possession of real or personal properties of all kinds shall be exempt from all taxes.

34
35 **SEC. 18. *Joint Congressional Oversight Committee*** - There shall be a Joint Congressional
36 Oversight Committee on Disease Prevention and Control, jointly chaired by the Chairpersons of
37 the Senate Committee on Health and Demography, and the House of Representatives Committee
38 on Health. It shall be composed of five (5) members from the Senate and five (5) members from
39 the House of Representatives, to be appointed by the Senate President and the Speaker of the
40 House of Representatives, respectively.

41
42 **SEC. 19. *Appropriations.*** - The initial amount needed for the implementation of this Act shall be
43 charged against the current year's appropriations of the offices and the RITM herein absorbed by
44 the CDC. Thereafter, the funding of which shall be included in the annual GAA.

45
46 **SEC. 20. *Transitory Provisions.*** –

- 47
48 (a) Upon effectivity of this Act, the CDC shall develop a Framework for Infectious Diseases
49 and Pandemic Preparedness, and prioritize the strengthening of the following functions:
50

- (i) Integrated disease surveillance and response;
- (ii) Sentinel surveillance;
- (iii) Laboratory-based surveillance;
- (iv) Periodic population-based surveillance; and,
- (v) Preventing transmission of communicable diseases.

(b) The CDC shall initially prioritize disease surveillance and prevention and control of infectious diseases. Within five (5) years from its creation, and upon positive recommendation by an independent study or body commissioned by the DOH, the surveillance, prevention and control of non-communicable diseases shall be included in its mandate;

(c) For the year during which this Act was approved, the unexpended portion of the budget of the offices and units transferred shall be utilized for establishing the CDC and initiating its operations, including the formulation of the rules and regulations necessary for the implementation of this Act;

(d) To the greatest extent possible and in accordance with existing laws, all employees of the affected offices, agencies and units shall be absorbed by the CDC. Personnel hired on a permanent basis and with appointments attested by the CSC who may be affected by the transition of DOH units to CDC, or who will not be absorbed in the new positions of the new staffing pattern of the different offices in the CDC, shall have the option to:

(1) Be transferred to other units or offices within the DOH without reduction in pay; or

(2) Avail of the applicable retirement benefits as provided under R.A. 6656, entitled "An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization" and other relevant laws;

(e) Incumbent DOH officials and employees of affected DOH offices may apply for and be transferred to the CDC, subject to an evaluation of their competency and CSC regulations;

(f) Research grants acquired during the transition of DOH transferred units to CDC shall be utilized solely for the grants' intended purposes for each of the affected units or offices, and shall not be made available for budget realignments;

(g) Existing contracts and agreements entered into by the affected offices with third parties prior to the enactment of this Act shall remain valid.

The DBM, DOH, and CSC shall issue the implementing guidelines to ensure fair, orderly, and transparent implementation of paragraphs (e) and (f) of this section.

SEC. 21. *Implementing Rules and Regulations.* – Within one hundred and twenty (120) working days from the effectivity of this Act, the DOH Secretary shall promulgate the necessary rules and regulations for its implementation.

SEC. 22. *Separability Clause.* - If any portion or provision of this Act is declared invalid or

1 unconstitutional, other provisions hereof shall remain in full force and effect.
2

3 **SEC. 23. *Repealing Clause.*** - All laws, decrees, orders, rules, and regulations or other issuances
4 or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified
5 accordingly.
6

7 **SEC. 24. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication in the
8 *Official Gazette* or in a newspaper of general circulation.