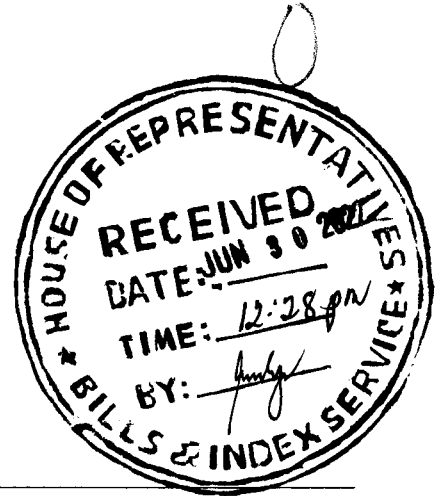


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Nineteenth Congress
First Regular Session

HOUSE BILL NO. 46



Introduced by Representative JOEY SARTE SALCEDA

**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**

EXPLANATORY NOTE

With health risks now globalized, there is a need for a high-level public institution imbued with the capacity, the competencies, the ecosystem, and the authority to confront these risks decisively and thus protect the public welfare and enable development to proceed amidst these risks. Addressing these risks can no longer be approached from the recesses of current bureaucracy,

The Philippines, with its tropical location, its large population, high rates of urbanization, a highly mobile and transborder population (with an estimated 12 million OFWs in 2019), as a top tourist destination (with an estimated 8.4 million tourists in 2019), and increased numbers of foreign workers (with about 280,000 from Philippine Offshore Gaming Operations alone) is especially prone to the risk of communicable diseases. Many such diseases, including those we have eradicated already in the past, are emerging and reemerging, threatening the health and safety of the public.

Our lack of institutional capacity to implement comprehensive public health management programs, as well as the present orientation of border law enforcement towards prevention of human trafficking and smuggling, but not towards public health protection, stymies the country's ability to decisively address the risks of communicable disease.

All of these established the national imperative for a framework for effective intervention.

For the past 19 years, the Philippines was considered “free” of any polio-related diseases, until September 14, 2019, when a 3-year-old girl was diagnosed with the disease. After confirming a second case from tests done on a 5-year-old boy, the government of the Philippines publicly declared the polio outbreak on September 19, 2019.

In 2019, the Philippines was ranked as the country with the fastest growing number of Human Immunodeficiency Virus (HIV) cases in the world, the Joint United Nations Program on HIV and AIDS (UNAIDS).

Among all countries in the world, the Philippines is the country with the third-highest prevalence of tuberculosis.

In 2019, the dengue outbreak was also the worst the country experienced in years.

Clearly, the country’s reactive, bureaucracy-challenged approach to communicable diseases no longer serves to adequately protect the country from serious, often fatal infectious diseases.

Currently, the country’s units devoted to communicable disease prevention and control - The Infectious Diseases Control and Prevention Division of the Disease Prevention and Control Bureau (DPCB) of the Department of Health, The Infectious Diseases for Elimination Division of the DPCB, and the Research Institute for Tropical Medicine (RITM), are mere sub-units under the Department of Health. They do not possess the policymaking latitude to decisively, quickly, and effectively respond to serious public health emergencies caused by infectious diseases.

Furthermore, the DOH, without effective institutional reform, is organizationally challenged, having shown low absorptive capacity and low rates of delivery of vaccines to prevent communicable diseases in recent years.

While the DOH has been effective, to some degree, in recommending policies to address non-communicable diseases, the agency has not been able to adequately respond to communicable diseases. Considering their much larger scope and scale, as well as the more individual and preventable nature of most of them, non-communicable diseases rightly belong under an agency of the same size and nature as the DOH. Communicable diseases, however, being smaller in incidence but requiring the speed and decisiveness of a small but effective body, should be under a DOH-supervised agency with broader latitude.

This reorganization would allow the rest of the DOH to focus on non-communicable diseases, which require broad and day-to-day coverage and intervention, while a specialized agency tackles communicable disease prevention and control, which require the latitude and efficiency of a smaller but broadly empowered body.

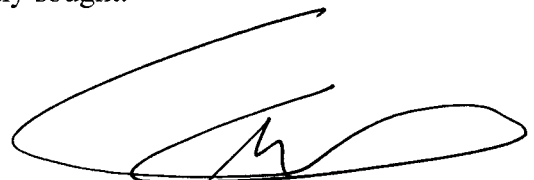
As a comprehensive national framework for health emergency management, this bill provides for:

1. Creation of the Center for Disease Control and Prevention
2. Separation of the Disease Control and Prevention Bureau of the DOH, with the CDC absorbing communicable disease units in a newly established Communicable Disease Prevention Bureau
3. Absorption of the Epidemiology Bureau and the Research Institute for Tropical Medicine into the CDC
4. Creation of the Disease Emergency Management Bureau (DEMB)
5. Granting of broader quarantine powers to the Secretary of Health and the CDC
6. Creation of the Health Emergency Coordination Council, which shall coordinate national government response to health emergencies, and which shall declare the existence of a state of health emergency;
7. Authorization for LGUs to use calamity funds during a state of health emergency;
8. Broad health emergency powers to the HECC and the CDC including a redefinition of the relationship between the CDC and the Bureau of Quarantine during health emergencies;
9. A comprehensive health emergency management framework, including provisions for vaccination and treatment, isolation and quarantine, and disease surveillance;
10. The creation of a National Health Emergency Response Unit (NHERU) under the DEMB, which shall act as the frontline force in ground and surveillance operations of the CDC;
11. A comprehensive framework for tracking public health emergencies;
12. A mandate for the Secretary of Foreign Affairs and the Secretary of Health to recommend beneficial agreements on exchange of health information with international organizations and with other countries.

This bill would make the country better prepared for what this proposal calls “sudden onset health emergencies,” or those emergencies whose risk exponentially increases over time, absent any intervention. The key factor in responding to such emergencies is quick and early intervention, which this bill hopes to set the foundations for.

A health emergency management framework of this scope has not yet been attempted by past Congresses. The passage of this bill would be of historic significance in making our country safer and more resilient.

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



JOEY SARTE SALCEDA

Republic of the Philippines
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AN ACT
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH
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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 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.

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

(a) Policy and Standards Development:

(1) Provide technical guidance to the development of policies, programs,

standards, guidelines, and monitoring and evaluation systems on the forecasting, prevention, monitoring, and control of diseases, injuries, and disabilities both of national and international concern;

(2) Set the standards and the process for the establishment of Epidemiology and

Surveillance Units or its corresponding surveillance reporting units, pursuant to law;

(3) Provide quality assurance programs to ensure the quality of testing for laboratories;

(4) Conduct researches for development in support of the CDC mandate to forecast, prevent, monitor, and control diseases, injuries, and disabilities both of national and international concern;

(5) Recommend to the President, through the DOH Secretary, the declaration of a state of public health emergency, in case of an epidemic of national or international concern; and,

(6) Set the parameters for the declaration of the existence as well as the end of an epidemic.

(b) Capacity Building and Technical Assistance:

(1) Develop, implement, and maintain training programs on specialized fields such as field epidemiology, health emergency of biological concern, laboratory services, infectious and tropical diseases, and non-communicable diseases;

(2) Assess and support the capabilities of health facilities and local government units (LGUs) on forecasting, preventing, monitoring, and controlling diseases, injuries, and disabilities both of national and international concern; and,

(3) Provide technical assistance and expert services to DOH offices, and collaborating and implementing agencies or offices on matters pertaining to forecasting, preventing, monitoring, and controlling diseases, injuries, and disabilities both of national and international concern.

(c) Sectoral and Local Engagements:

(1) Promote coordination and collaboration with partner agencies and organizations on matters pertaining to CDC mandate;

(2) Coordinate, collaborate, and disseminate relevant scientific and technical information in a timely manner with partner agencies and international and local organizations on matters pertaining to CDC mandate; and,

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

(d) Surveillance:

(1) Develop, implement, and maintain an integrated surveillance system of diseases, injuries, and disabilities;

(2) Provide technical guidance on the development, implementation and maintenance, and monitoring of health system capacity such as operational capacities of health facilities, and performance management of the response systems, in terms of contact tracing, quarantine, isolation, and other significant population-based health services;

(3) Investigate and respond through surveillance and disease notification, investigation, and conduct of field studies and research to outbreaks, epidemics, and other public health threats as the need arises;

(4) Develop and maintain a network of public health laboratories in support of epidemiology and surveillance activities;

- (5) Facilitate the issuance of appropriate warnings to the regional CDC and health facilities in anticipation of impending public health threats and infectious disease outbreak;
- (6) Utilize various information and communication technologies (ICT) in management of data and dissemination of early warning and other appropriate information to stakeholders and the public; and,
- (7) Develop communication methods for wider and more effective and unified delivery of critical public health information with national or international importance.
- (e) Provide technical guidance on the procurement of vaccines, drugs, and diagnostics;
- (f) Provide technical guidance on the monitoring and evaluation framework for disease prevention and control;
- (g) Certify to the existence of an epidemic which shall be treated as a public health emergency; and,
- (h) Perform such other functions as may be mandated by law, or as may be duly delegated by relevant authorities.

SEC. 6. Director General. – The CDC shall be headed by a Director General with a rank of Undersecretary, who shall be assisted by two (2) Deputy Directors General with a rank of Assistant Secretary. The Director General and the Deputy Directors General shall be appointed by the President from a list of at least three (3) nominees for each position to be submitted by the DOH Secretary. The Director General and Deputy Directors General shall have at least ten (10) years of relevant experience and proven expertise in the fields of public health and epidemiology.

The Director General shall have the following powers and functions:

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

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

- (a) Epidemiology Bureau;
- (b) Research Institute for Tropical Medicine;
- (c) Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome Cooperative Central Laboratory;
- (d) Select functions of the International Health Surveillance Division of the Bureau of Quarantine as follows:
- (1) Passive international health surveillance; and,
- (2) Development of communication methods for wider and more effective delivery of critical public health information with international importance; and,
- (e) 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.

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

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

The functions of RCDCs include:

- (a) Prevention, control, and surveillance of diseases;
- (b) Provision of laboratory services for detection and identification of infectious disease agents from human, environmental samples, and food;
- (c) Maintenance of an integrated data management system;
- (d) Implementation of quality assurance programs for clinical and environmental laboratories through training, consultation, certification and proficiency testing;
- (e) Policy development;
- (f) Emergency response;
- (g) Public health-related research;
- (h) Training and education;
- (i) Maintenance of infectious disease hospitals for referral and management of cases;
- (j) Establishment of strong communication networks; and,
- (k) Other functions that may be assigned by the Director General.

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

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

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

- (1) Center for Epidemic Intelligence and Disease Surveillance;
- (2) Center for Research, Training, and Reference Laboratory;
- (3) Center for Infectious Disease Emergency Preparedness and Response;
- (4) Center for Policy and Program Development;
- (5) Communications Office; and
- (6) Administrative and Finance Office.

(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 in a joint resolution of the House of Representatives and the Senate.

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 radiological 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.

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

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

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

SEC. 16. *Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts, Legacies, Endowments, and Contributions.* – The CDC may 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 in favor and for the benefit of the CDC, which shall all be part of the special account in the general fund managed by the Bureau of Treasury.

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

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

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

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

SEC. 20. *Transitory Provisions.* –

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

- (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 unconstitutional, other provisions hereof shall remain in full force and effect.

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

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

Approved,