



Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS

First Regular Session

House Bill No. 4505



Introduced by Representative Jernie Jett V. Nisay

EXPLANATORY NOTE

In its Mission Report on the Joint External Evaluation (JEE) of International Health Regulations (IHR) core capacities of the Republic of the Philippines, the JEE team recognized that the Philippines has developed capabilities in various programme areas for public health emergency preparedness and response.^[1] It highlighted, however, that there are still challenges in achieving a harmonized approach for implementation of the IHR. Several of the identified challenges are not only relevant to IHR implementation but are common across the health sector and include the implementation of policies and regulations; effective coordination between national and local levels and among sectors, and investments in institutional capacities.^[2] The JEE team recommended, among others, that the government:

- Foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies; and
- Further optimize the public health emergency preparedness and response action at regional and local levels, through investing in advocacy, guidance, training and exercising, to improve collaboration between national and sub-national levels.

The onset of the coronavirus disease (COVID) - 19 pandemic actually put to test the capability and preparedness of the Department of Health (DOH) to respond to a public health emergency of this magnitude. Like the JEE team's findings, however, the COVID-19 pandemic again highlighted some institutional weaknesses (e.g. disease surveillance, contact tracing capabilities, etc.) which needed to be strengthened.

At present, the responsibility for disease prevention and control is lodged with the Disease Prevention and Control Bureau (DPCB) of the DOH. While the DOH undoubtedly employed everything within its means to control the spread of the virus,

[1] Joint external evaluation of IHR core capacities of the Republic of the Philippines. Geneva: World Health Organization; 2019 (WHO/WHE/CPI/2019.57). Licence: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/bitstream/handle/10665/325319/WHO-WHE-CPI-2019.57-eng.pdf?ua=1>; last accessed on 29 April 2020.

[2] *Id.*

1 the need to establish a separate institution attached to the DOH, especially handling
2 surveillance in support of disease prevention and control and complemented with
3 exemplary expertise, state-of-the-art facilities and laboratories and appropriate
4 resources --- is clearly the way forward in building the capacity and level of readiness
5 of the government to respond to any public health emergency that could be chemical,
6 biological, radioactive or nuclear in nature.

7
8 This bill aims to foster institutional capacity and optimize public health emergency
9 preparedness by establishing a specialized institution to be called Philippine Centers
10 for Disease Control and Prevention (CDC). The CDC shall be primarily responsible for
11 conducting routine disease surveillance, investigating outbreaks and epidemics and
12 measuring the effectiveness of control and preventive health measures, monitoring
13 infectious and non-infectious agents, as well as continuously updating pandemic
14 preparedness planning and readiness with capacity to deploy personnel and allocate
15 resources within the healthcare system in the event of a public health emergency. It
16 shall also be responsible in developing, testing and applying effective disease
17 prevention and control, and enhancing health promotion and education.

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19 Support for this bill is earnestly requested from my colleagues.
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REP. JERNIE JETT V. NISAY
Pusong Pinoy Partylist



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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 Philippines in 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 Policies. – 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.

1 It spreads through direct, bodily contact with an infected person, their
2 discharges, or an object or surface they have contaminated;

3 (b) *Disease* refers to an illness due to a specific toxic substance, occupational
4 exposure or infectious agent, which affects a susceptible individual, either
5 directly or indirectly, from an infected animal or person, or indirectly
6 through an intermediate host, vector, or the environment;

7 (c) *Disease surveillance* refers to a systematic collection, analysis,
8 interpretation, and dissemination of outcome and specific data for use in
9 the planning, implementation, and evaluation of public health practice. A
10 disease surveillance system includes the functional capacity for data
11 analysis as well as the timely dissemination of these data to persons who
12 can undertake effective disease prevention and control activities;

13 (d) *Epidemic or outbreak* refers to an occurrence of more cases of disease
14 than normally expected within a specific place or group of people over a
15 given period of time;

16 (e) *Infectious disease* refers to a clinically manifested disease of humans or
17 animals resulting from an infection which can be communicable or non-
18 communicable;

19 (f) *Public health emergency* refers to an occurrence or imminent threat of an
20 illness or health condition that:

21 (1) Is caused by any of the following:

- 22 (i) Bio terrorism;
- 23 (ii) Appearance of a novel or previously controlled or eradicated
- 24 infectious agent or biological toxin;
- 25 (iii) A natural disaster;
- 26 (iv) A chemical attack or accidental release;
- 27 (v) A nuclear attack or accident; or
- 28 (vi) An attack or accidental release of radioactive materials; and,
- 29

30 (2) Poses a high probability of any of the following:

- 31 (i) A large number of deaths in the affected population;
- 32 (ii) A large number of serious injuries or long-term disabilities in the
- 33 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.

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.

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

8
9 The Director General shall have the following powers and functions:

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

21
22 **SEC. 7. Transfer of DOH Units and Functions.** - The following DOH units and
23 their concerned divisions and functions are hereby transferred to the CDC:

- 24 (a) Epidemiology Bureau;
25 (b) Research Institute for Tropical Medicine;
26 (c) Sexually Transmitted Disease - Acquired Immune Deficiency Syndrome
27 Cooperative Central Laboratory;
28 (d) Select functions of the International Health Surveillance Division of the Bureau
29 of Quarantine as follows:
30 (1) Passive international health surveillance; and,
31 (2) Development of communication methods for wider and more effective
32 delivery of ycritical public health information with international importance;
33 and,

1 (e) Technical and standard setting functions of the Disease Prevention and Control
2 Bureau including that of the Mental Health Division, Cancer Division and Oral
3 Health Division.
4

5 All powers, functions, assets, capital, records, funds, receivables, equipment and
6 facilities of the transferred DOH units or its division or function enumerated herein shall
7 be transferred to the CDC. The Department of Health shall conduct an audit and
8 inventory of assets, liabilities and human resources of the transferred agencies to CDC
9 without need of conveyance or transfer of assignments.
10

11 **SEC. 8. Regional Centers for Disease Prevention and Control.** - There shall
12 be established Regional Centers for Disease Prevention and Control (RCDCs) in all
13 regions of the country. Each Regional CDC shall be headed by a Regional Director,
14 who shall be under the supervision of the CDC Director General.
15

16 The functions of RCDCs include:
17

- 18 (a) Prevention, control, and surveillance of diseases;
- 19 (b) Provision of laboratory services for detection and identification of infectious
20 disease agents from human, environmental samples, and food;
- 21 (c) Maintenance of an integrated data management system;
- 22 (d) Implementation of quality assurance programs for clinical and environmental
23 laboratories through training, consultation, certification and proficiency testing;
- 24 (e) Policy development;
- 25 (f) Emergency response;
- 26 (g) Public health-related research;
- 27 (h) Training and education;
- 28 (i) Maintenance of infectious disease hospitals for referral and management of
29 cases;
- 30 (j) Establishment of strong communication networks; and,
- 31 (k) Other functions that may be assigned by the Director General.
32

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

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

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

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

11
12 (b) The CDC Director General, subject to the issuance of an executive order
13 by the President and approval of the Department of Budget and
14 Management (DBM), may create or abolish units, offices, or centers as
15 needed to carry out all provisions of this Act.

16
17 (c) The CDC Director General, in consultation with the DOH and the DBM,
18 shall:

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

27
28 **SEC. 10. Qualifications Standards for Appointment and Promotion.** - The
29 DOH shall, in consultation with the CSC, and pertinent agencies as may be necessary,
30 develop the qualification standards in terms of education, training and experience for
31 all technical and non-technical positions in the CDC, and the system for promotion and
32 succession plan in the CDC.

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

10
11 **SEC. 12. Modernization Pro** - The Director General shall, in consultation with
12 the DOH and other concerned agencies of government and the private sector, develop
13 a modernization program that will strengthen the human health resource of the CDC,
14 which is the key component of the country's disease prevention and control policy. The
15 modernization program shall include the acquisition and upgrading of appropriate
16 technologies, laboratories, facilities, equipment, other needed resources, and the
17 needed relocation and acquisition of additional land or location that would house the
18 CDC.

19
20 Within one hundred eighty (180) days after the effectivity of this Act, the Director
21 General shall, upon the recommendation of the DOH and DBM Secretaries, submit the
22 modernization program for the consideration and approval of Congress in a joint
23 resolution of the House of Representatives and the Senate.

24
25 The modernization program shall be implemented over a period of five (5) years.

26
27 Appropriations for the modernization program shall be provided in the annual General
28 Appropriations Act (GAA).

29
30 **SEC. 13. Strengthened Epidemiology, Public Health Surveillance, and**
31 **Research Capacities.** - To ensure that epidemiology and public health surveillance
32 services are efficient and responsive, and public health surveillance and research
33 capacities are strengthened and updated to international standards, the CDC shall:

- 1
- 2 (a) Prioritize investments in upgrading of ICT and adequate and capacitated human
- 3 resources for epidemiology, public health surveillance, and public health and
- 4 clinical research;
- 5 (b) Have a premier facility for clinical laboratory, epidemiologic and implementation
- 6 research, and training on infectious and tropical diseases;
- 7 (c) Develop performance-based incentives to private health facilities with
- 8 established epidemiology and surveillance functions;
- 9 (d) Re-nationalize local epidemiology and surveillance units (LESUs) that will solely
- 10 provide epidemiology and disease surveillance services and provide assistance
- 11 to the LGUs in the establishment and maintenance of surveillance systems, data
- 12 management, and generation of strategic epidemiologic information: *Provided,*
- 13 That the DOH, CDC, and DBM, shall develop the staffing pattern and
- 14 qualification standards: *Provided, further,* That LESUs shall be under the direct
- 15 supervision and control of the Regional CDCs;
- 16 (e) Retain and provide incentives to technical experts, practitioners and scientists,
- 17 whereby the scientific career system is adopted, allowing them to continue their
- 18 respective clinical and professional practice to pursue research studies and
- 19 receive grants and honoraria, in consultation with the CSC. Qualified employees
- 20 of the CDC and its attached units shall be covered by Republic Act No. 8439,
- 21 otherwise known as "Magna Carta for Scientists, Engineers, Researchers and
- 22 Other Science and Technology Personnel in Government;"
- 23 (f) Develop and implement training and research programs to develop more experts
- 24 and practitioners in the field of epidemiology, and disease prevention and control;
- 25 and,
- 26 (g) Develop a mechanism to ensure interoperability and accessibility of surveillance
- 27 systems.
- 28

29 **SEC. 14. Strengthened Disease Surveillance and Response.** - The CDC shall

30 establish integrated disease surveillance and response systems utilizing, whenever

31 necessary, all technological means available while ensuring that data privacy and

32 patient confidentiality are maintained. The CDC and authorized public health authorities

33 shall have complete access and right to collect personal information and other data, as

34 may be deemed necessary in fulfillment of their mandate. All data or information and

1 samples collected pursuant thereto shall be used for public health concern purposes
2 only and shall be exempted from the provisions of R.A. No. 10173, otherwise known as
3 the "Data Privacy Act of 2012" on accessibility of data.
4

5 **SEC. 15. National Reference Laboratories** .- The CDC shall establish a new,
6 state of the art facility that will serve as the National Reference Laboratory (NRL),
7 unifying all NRLs for biological, chemical, nuclear and radiologic emergencies under
8 one roof, within 5 years from the effectivity of this Act: *Provided*, That the existing NRLs
9 in the East Avenue Medical Center, Philippine Heart Center, Lung Center of the
10 Philippines, National Kidney Transplant Institute and San Lazaro Hospital shall continue
11 to be under the respective hospitals: *Provided further*, That these existing NRLs shall
12 serve as referral laboratories of the CDC and be included in the Modernization Program
13 of the CDC.
14

15 The NRL shall provide technical recommendations, laboratory confirmatory services,
16 training, and external quality assurance, and perform surveillance, outbreak response,
17 kit evaluation, and research. It shall oversee the functions and performance of the
18 network of subnational laboratories (SNL).
19

20 SNLs shall be established in all regions, with the capability of conducting confirmatory
21 testing for routine surveillance samples and performing specialized tests. SNLs, whose
22 functions include testing for routine surveillance and specialized tests, shall be under
23 CDC administratively. Hospitals housing the SNLs shall create a separate unit for their
24 regular hospital laboratory needs.
25

26 The CDC, through the NRLs and SNLs, shall provide technical guidance and quality
27 assurance programs to biosafety levels 2, 3 and 4 laboratories in the country, which
28 shall be registered with, and regulated by the DOH.
29

30 **SEC. 16. Authority to Solicit, Negotiate, and Receive Donations, Grants,**
31 **Gifts, Legacies, Endowments, and Contributions.** - The CDC may solicit, negotiate
32 with, and receive from any public or private domestic or foreign sources legacies, gifts,
33 donations, grants, endowments, contributions or other transfers of ownership and/or
34 possession of real or personal properties of all kinds in favor and for the benefit of the

1 CDC, which shall all be part of the special account in the general fund managed by the
2 Bureau of Treasury.

3
4 The Director General shall prescribe the measures necessary for the proper use,
5 maintenance safekeeping, and compliance with the terms and conditions, if any, of said
6 donations, grants, endowments, contributions or transfers in accordance with pertinent
7 accounting and auditing laws, rules and regulations.

8
9 **SEC. 17. Tax Exemptions.** - Donations, grants, gifts, endowments, legacies,
10 and contributions used actually, directly and exclusively for the purpose of the CDC
11 shall be exempt from donor's tax and the same shall be considered as allowable
12 deduction from gross income for purposes of computing the taxable income of the
13 donor, in accordance with Sec. 34 (H)(2)(a) of the National Internal Revenue Code of
14 1997, as amended. Likewise, such other transfers of ownership and/or possession of
15 real or personal properties of all kinds shall be exempt from all taxes.

16
17 **SEC. 18. Joint Congressional Oversight Committee** - There shall be a Joint
18 Congressional Oversight Committee on Disease Prevention and Control, jointly chaired
19 by the Chairpersons of the Senate Committee on Health and Demography, and the
20 House of Representatives Committee on Health. It shall be composed of five (5)
21 members from the Senate and five (5) members from the House of Representatives, to
22 be appointed by the Senate President and the Speaker of the House of
23 Representatives, respectively.

24
25 **SEC. 19. Appropriations.** - The initial amount needed for the implementation of
26 this Act shall be charged against the current year's appropriations of the offices and the
27 RITM herein absorbed by the CDC. Thereafter, the funding of which shall be included
28 in the annual GAA.

29
30 **SEC. 20. Transitory Provisions.** -

31
32 (a) Upon effectivity of this Act, the CDC shall develop a Framework for
33 Infectious Diseases and Pandemic Preparedness, and prioritize the
34 strengthening of the following functions:

1 (i) Integrated disease surveillance and response;

2 (ii) Sentinel surveillance;

3 (iii) Laboratory-based surveillance;

4 (iv) Periodic population-based surveillance; and,

5 (v) Preventing transmission of communicable diseases.

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

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

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

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

23 (2) Avail of the applicable retirement benefits as provided under R.A.
24 6656, entitled "An Act to Protect the Security of Tenure of Civil
25 Service Officers and Employees in the Implementation of
26 Government Reorganization" and other relevant laws;

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

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

1 (g) Existing contracts and agreements entered into by the affected offices
2 with third parties prior to the enactment of this Act shall remain valid.
3

4 The DBM, DOH, and CSC shall issue the implementing guidelines to ensure fair,
5 orderly, and transparent implementation of paragraphs (e) and (f) of this section.
6

7 **SEC. 21. Implementing Rules and Regulations.** - Within one hundred and
8 twenty (120) working days from the effectivity of this Act, the DOH Secretary shall
9 promulgate the necessary rules and regulations for its implementation.
10

11 **SEC. 22. Separability Clause.** - If any portion or provision of this Act is declared
12 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.
13

14 **SEC. 23. Repealing Clause.** - All laws, decrees, orders, rules, and regulations
15 or other issuances or parts thereof inconsistent with the provisions of this Act are hereby
16 repealed or modified accordingly.
17

18 **SEC. 24. Effectivity.** - This Act shall take effect fifteen (15) days after its
19 publication in the Official Gazette or in a newspaper of general circulation.
20

21 *Approved,*