



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH (20TH) CONGRESS
First Regular Session

HOUSE BILL NO. **5680**



Introduced by KAMANGGAGAWA Partylist
Representative **ELIJAH R. SAN FERNANDO**

EXPLANATORY NOTE

A nation's health system is only as strong as the workers who sustain it. Across hospitals, clinics, and care facilities, private health workers remain on the frontlines of public well-being. But behind their quiet resilience lies a reality marked by deep-seated neglect, economic insecurity, and systemic inequality. The contributions of these professionals, while indispensable, continue to be met with precarity, low pay, and a lack of institutional support.

In the face of rising medical demands, persistent health crises, and continued outmigration of skilled professionals, the private health workforce in the Philippines bears an increasingly unsustainable burden. According to the Philippine Statistics Authority, more than 215,000 Filipinos are employed in private health and social work establishments.¹ Yet among them, many are deployed under contractual or sub-contractual arrangements,² denied tenure, stripped of adequate benefits, and excluded from protections granted to their counterparts in the public sector.

The disparity in compensation is staggering. While an entry level nurse in a government hospital earns ₱40,208 a month,³ their counterparts in a private facility receive merely half at ₱20,715,⁴ which, though higher than the minimum wage, falls short of the ₱1,217 daily family living wage.⁵ These figures speak not only to an

¹ Based on the 2022 Annual Survey of Philippine Business and Industry. Available at <https://psa.gov.ph/content/2022-annual-survey-philippine-business-and-industry-asbpi-human-health-and-social-work>

² 12,834 health workers are subcontracted based on the 2018 Census of Philippine Business and Industry: Human Health and Social Work Activities. Available at <https://psa.gov.ph/content/2018-census-philippine-business-and-industry-human-health-and-social-work-activities>

³ As of January 2025. See <https://tribune.net.ph/2024/10/20/govt-nurses-get-pay-hike-spread-over-4-years>

⁴ Average monthly wage rate for nursing professionals based on the 2022 Occupational Wages Survey. Available at https://psa.gov.ph/system/files/bles/Table%201_1.xlsx

⁵ Computation by IBON Foundation as of June 2025. Available at <https://www.ibon.org/flw-regl-2506/>

economic injustice but to a moral one. When those entrusted with saving lives are themselves left unable to live with dignity, the system has failed.

These inequities are further compounded by widespread contractualization, denial of collective rights, lack of hazard pay, insufficient leave entitlements, and absence of guaranteed occupational protections. Private health workers face the same risks, render the same care, and perform the same lifesaving duties as those in the public sector. Yet they remain outside the scope of the existing Magna Carta for Public Health Workers and excluded from the minimum standards it enshrines. This dual system not only violates the principle of equal protection under the law but also threatens the integrity of the entire healthcare system by accelerating burnout, attrition, and brain drain.

This bill responds to that crisis by establishing a Magna Carta for Private Health Workers. At its core, the measure seeks to institutionalize just compensation, humane working conditions, and meaningful protections for all private health workers, regardless of their employment status. It provides for a standardized entry salary of ₱50,000 for nurses and a minimum daily wage of ₱1,100 for other health personnel, consistent with the cost of living and aligned with compensation in the public sector. It mandates essential benefits such as hazard pay, overtime pay, subsistence and laundry allowances, paid leaves for maternity, paternity, parental emergencies, violence, and bereavement, as well as retirement and separation benefits.

Crucially, the bill prohibits all forms of contractualization and guarantees security of tenure. It affirms the right to organize, strike, and engage in peaceful concerted activity without fear of retaliation or coercion. In recognition of their critical role during emergencies, it also provides for emergency leave and guarantees occupational health and safety measures, including access to free personal protective equipment, annual medical examinations, and testing during outbreaks.

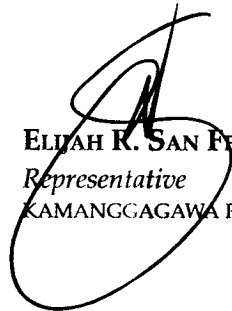
To strengthen implementation, the bill empowers the Department of Labor and Employment to develop a Code of Conduct, enforce grievance procedures, oversee career development programs, and establish tripartite councils at both national and regional levels. The measure also provides for free continuing professional development, legal assistance for work-related cases, and mechanisms for democratic consultation within health institutions. Special attention is given to health workers in remote or underserved areas through remote assignment allowances and housing support.

This measure offers not token recognition, but structural justice. By ensuring fair wages and humane conditions, it honors the essential role of private health workers not only as caregivers but as the very foundation of national health security. In doing so, it

affirms the State's duty under the Constitution to promote social justice and the dignity of labor.

The time has come to uplift those who care for others. If the country is to build a stronger, more inclusive health system, it must begin by safeguarding the rights, welfare, and dignity of the private health workers at its core.

In solidarity with the working class, the passage of this bill is earnestly sought.



ELIJAH R. SAN FERNANDO
Representative
KAMANGGAGAWA PARTYLIST



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HOUSE BILL NO. **5680**

Introduced by KAMANGGAGAWA Partylist
Representative **ELIJAH R. SAN FERNANDO**

AN ACT
PROVIDING FOR THE MAGNA CARTA OF PRIVATE HEALTH WORKERS

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 "Magna Carta for Private Health Workers."

SECTION. 2. Declaration of the Policy. - The State shall ensure the protection and welfare of health personnel employed in the private healthcare industry which provides health goods and services such as, but not limited to, health promotion, disease prevention, health diagnosis, treatment, curative, rehabilitative, palliative and hospice care. Towards this end, this Act aims:

- (a) To promote and improve the social and economic well-being of the health workers, their living and working conditions and terms of employment; and
- (b) To develop their skills and capabilities in order that they will be more responsive and better equipped to deliver health goods, services and programs.

SECTION 3. Definition. - For purposes of this Act, "health workers" shall mean all persons who are engaged in health and health-related work, which shall include, but not limited to, health and para-health professionals, allied health personnel, administrative and support personnel employed in private health care institutions regardless of their employment status.

SECTION 4. Recruitment and Qualification. - Recruitment policy and minimum requirements with respect to the selection and appointment of a private health worker shall be developed and implemented by the concerned employer in accordance with policies and standards of the Department of Labor and Employment (DOLE): *Provided*, That in the absence of appropriate eligibles and it becomes necessary for the public interest to fill a vacancy, a probationary period for three months shall be issued to the person who meets the partial requirements for the position to which he/she is being appointed.

SECTION 5. Performance Evaluation and Merit Promotion. - The Secretary of Labor, through a tripartite mechanism, shall prepare a uniform career and personnel development plan applicable to all private health personnel. Such career and personnel development plan shall include provisions on merit promotion, performance evaluation, in-service training grants, job rotation, suggestions and incentive award system.

The performance evaluation plan shall consider foremost the improvement of individual employee efficiency and organizational effectiveness: *Provided*, That each employee shall be informed regularly by his/her supervisor of his/her performance evaluation.

The merit promotion plan shall be in consonance with the rules of the Department of Labor and Employment.

SECTION 6. *Transfer or Geographical Reassignment of Private Health Workers.* -

- (a) Transfer is a movement from one position to another which is of equivalent rank, level or salary without break in service;
- (b) A geographical reassignment, hereinafter referred to as "reassignment," is a movement from one geographical location to another; and
- (c) A private health worker shall not be transferred and or reassigned, except when made in the interest of public service, in which case, the employee concerned shall be informed of the reasons therefore in writing. If the private health worker believes that there is no justification for the transfer and/or reassignment, he/she may appeal his/her case to the Department of Labor and Employment, which shall cause his/her reassignment to be held in abeyance; *Provided*, That no transfer and/or reassignment whatsoever shall be made three (3) months before any local or national elections: *Provided, further*, That the necessary expenses of the transfer and/or reassignment of the private health worker and his/her immediate family shall be paid for by the Employer.

SECTION 7. *Married Health Workers.* - Whenever possible, the proper authorities shall take steps to enable married couples, both of whom are private health workers, to be employed or assigned in the same unit/section/department/division.

SECTION 8. *Right to Security of Tenure.* - All private health workers shall enjoy security of tenure in their employment as provided by law. Their services can only be terminated for just or authorized causes pursuant to the provisions of the Labor Code, as renumbered and subject to the requirements of due process: *Provided*, That if a private health worker is found by the Department of Labor and Employment to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and to his/her back wages with twelve percent (12%) interest computed from the time his/her compensation was withheld from his/her up to time of reinstatement. In addition, all legal expenses incurred during the arbitration process shall be paid for by the employer.

SECTION 9. *Prohibition of Contractualization.* - All forms of contractualization and fixed term employment are hereby prohibited. Job contracting, or the contracting out of a work by the employer to a contractor, manpower agency or a similar analogous entity, is hereby prohibited.

Direct-hiring of contractual health workers is also hereby prohibited. When the employer contracts or subcontracts the performance of a work that is necessary or desirable to the hospital or health facility, the worker or workers supplied by a third person or party under this paragraph shall be considered regular employees or employees of the principal employer.

Project-based employees are considered regular employees for the duration of the project. For this purpose, project-based employment refers to employment in an existing project or undertaking, the nature of which is temporary and the completion or termination has been determined and made known to the employee at the time of the engagement.

SECTION 10. *Protection Against Discrimination.* - A private health worker shall not be discriminated against with regard to age, gender, gender preference, civil status, qualified person with disability, creed, religious or political beliefs and ethnic groupings in the exercise of his/her profession.

SECTION 11. *No Understaffing/Work Overloading of Health Staff.* - There shall be no understaffing or work overloading of private health workers. The ratio of health staff to patient load shall be based on the standards set by the Department of Health, at the minimum, or based on the health worker-patient ratio resulting from the consultations and negotiations with the health workers' union/organization. Such ratio shall effect a sustained delivery of quality health care at all times without overworking the private health worker and over extending his/her duty and service. Health students, trainees and apprentices shall be allowed only for purposes of training and education and shall not be allowed to perform the tasks of regular health workers.

SECTION 12. *Administrative Charges.* - Administrative charges against a private health worker shall be heard by a committee composed of the Ethics and/or Grievance Committee, union representative where the private health worker belongs, a representative of any existing employees' association or union and/or representative of a national or provincial health workers' organization. The committee shall submit its findings and recommendations to the Secretary of Labor within thirty (30) days from the termination of the hearings.

SECTION 13. *Safeguards in Disciplinary Procedures.* - In every disciplinary proceeding, provisions under the labor code for due process must be observed, the private health workers shall have:

- (a) The right to a swift resolution of the case; no health worker must be suspended or dismissed while investigation is ongoing;
- (b) The right to be informed, in writing, of the charges;
- (c) The right to full access to the evidence in the case;
- (d) The right to defend himself/herself and to be defended by a representative of his/her choice and/or by his/her organization, adequate time being given to the private health worker for the preparation of his/her defense;
- (e) The right to confront witnesses presented against him/her and summon witnesses in his/her behalf;
- (f) the right to appeal to designated authorities;
- (g) The right to reimbursement of reasonable expenses incurred in his/her defense in case of exoneration or dismissal of the charges; and
- (h) Such other rights that will ensure fairness and impartiality during proceedings.

SECTION 14. *Duties and Obligations.* - The private health workers shall:

- (a) Discharge his/her duty humanely with conscience and dignity according to his/her mandated scope of work; and
- (b) Perform his/her duty with utmost respect for life, race, gender, persons with disability, religion, nationality, party policies, social standing or capacity to pay.

SECTION 15. *Code of Conduct.* - Within six (6) months from the approval of this Act, the Secretary of Labor, upon consultation with other appropriate agencies, professional and health workers' organization, accredited/registered employees association or union shall formulate and prepare a Code of Conduct for Private Health Workers, which shall be disseminated as widely as possible.

SECTION 16. *Hours of Work.* - The normal hours of work of private health worker shall not exceed eight (8) hours a day or forty (40) hours a week but paid seven (7) days a week or a total of fifty six (56) hours a week as per Republic Act 5901. Hours worked shall include:

- (a) All the time during which a private health worker is required to be on active duty or to be at a prescribed workplace;
- (b) All waiting time such as endorsement period spent by health personnel where she/he is required or engaged by the employer to wait; and

- (c) All the time during which a private health worker is suffered or permitted to work. *Provided*, That the time when the private health worker is placed on "On Call" status shall not be considered as hours worked but shall entitle the private health worker to an "On Call" pay equivalent to one hundred percent (100%) of his/her regular wage. "On Call" status refers to a condition when private health workers are called upon to respond to urgent or immediate need for health/medical assistance or relief work during emergencies such that he/she cannot devote the time for his/her own purpose.

SECTION 17. *Overtime Work.* - Where the exigencies of the service so require (such as force majeure, national threat or loss of life), any private health worker may be required to render service beyond the normal eight (8) hours a day. In such a case, the workers shall be paid an additional compensation in accordance with existing laws and prevailing practices.

SECTION 18. *Work During Rest Day.* -

- (a) Where a private health worker is made to work on his/her schedule rest day, he/she shall be paid an additional compensation in accordance with existing laws; and
- (b) Where a private health worker is made to work on any special holiday he/she shall be paid an additional compensation in accordance with existing laws. Where such holiday work falls on the workers' scheduled rest day, he/she shall be entitled to an additional compensation as may be provided by existing laws.

SECTION 19. *Minimum Wages and Benefits.* - Private health workers are entitled to not less than the following wages and benefits:

- (a) Wages for all actual work hours and days shall not be lower than Fifty Thousand Pesos (₱50,000.00) entry salary for nurses and One Thousand One Hundred Pesos (₱1,100.00) per day for other health workers multiplied by thirty (30) days for a monthly salary. Wages shall be paid at least once every two weeks or twice a month at intervals not exceeding sixteen (16) days: *Provided*, That the minimum wage of health workers in the private sector shall be upgraded to the rate comparable to the minimum salary received by their respective public sector counterparts.
- (b) Holiday pay for all legally declared regular holidays. Health workers shall be paid holiday pay of hundred percent (100%) of the minimum wage even if she/he did not report for work. If the health worker is required to work on said holiday, she/he shall be paid two hundred percent (200%) of the minimum wage.
- (c) Premium pay for work on Special Days of thirty percent (30%) of their basic wage.
- (d) Night shift pay of an additional fifteen percent (15%) of the basic wage for work between 10:00 pm and 6:00 am of the following day.
- (e) Hazard pay equivalent to at least twenty-five percent (25%) of the monthly minimum wage of private health workers.
- (f) Paid longevity pay of five (5) days for every year of service. Unused leave can be monetized.
- (g) 13th month pay pursuant to Presidential Decree No. 851, as amended, which entitles the employee to receive, not later than 24 December, equivalent to one twelfth (1/12) of the total basic salary earned within the calendar year.
- (h) Paid maternity leave of 105 days for normal delivery or for caesarian section delivery, including miscarriage or emergency termination of pregnancy, regardless of civil status and legitimacy of the child pursuant to Republic Act No. 11210, otherwise known as "105-Day Expanded Maternity Leave Law" approved February 20, 2019. The solo parent health worker shall be granted an additional fifteen (15) days maternity leave with full pay pursuant to the "Solo Parents Welfare Act."
- (i) Paid paternity leave of seven (7) days, pursuant to Republic Act No. 8187, otherwise known as the Paternity Leave Act of 1996. In addition, any female health worker is entitled to allocate up to seven (7) days of her maternity leave to the child's father pursuant to Republic Act No. 11210, including cases where the female health worker had miscarriage or emergency termination of pregnancy.

- (j) Paid parental leave of seven (7) days for solo parents pursuant to Republic Act No. 8972, otherwise known as the Solo Parents' Welfare Act of 2000.
- (k) Paid leave of ten (10) days for victims of violence against women and their children, pursuant to Republic Act No. 9262, otherwise known as the Anti Violence Against Women and Their Children Act of 2004.
- (l) Paid special leave of up to sixty (60) days for women for surgery caused by gynecological disorders, pursuant to Republic Act No. 9710, otherwise known as the Magna Carta of Women.
- (m) Paid emergency leave of up to fifteen (15) days for emergency conditions such as in times of disaster or calamities.
- (n) Paid leaves due to exposure to hazard, virus or emerging or re-emerging infectious disease in the workplace for purposes of quarantine, isolation and/or treatment. In no case shall these leaves be deducted from basic sick or vacation leaves.
- (o) Separation pay if the termination is due to any of the authorized causes under Articles 298-299 of the Labor Code, as renumbered. Any private health worker who has voluntarily resigned from employment after rendering five (5) years of continuous service shall be also entitled to separation pay.
- (p) Retirement benefits for employees reaching the age of sixty (60) or more but not beyond sixty-five (65) years old, pursuant to the Labor Code, as amended by Republic Act No. 7641.
- (q) Paid bereavement leave of up to fifteen (15) days for death of immediate family members.
- (r) All other benefits such as sick leave and vacation leave as provided under existing labor laws and regulations.

The foregoing minimum benefits shall be without prejudice to any company policy, contract, or Collective Bargaining Agreement providing for better terms and conditions of employment.

SECTION 20. *Additional Compensation.* - Private health workers shall receive the following additional allowances: subsistence allowance and laundry allowance.

- (a) **Subsistence Allowance.** - Private health workers who are required to render service within the premises of hospitals, sanitarium, health infirmaries, primary or community health facilities and other health-related establishments owned and operated by the private sector in order to make their services available at any and all times, shall be entitled to full subsistence allowance of three (3) meals which may be computed in accordance with prevailing circumstances as determined by the Secretary of Labor in consultation with the employees associations/unions/organizations. Subsistence allowance shall be indexed to inflation and subjected to review and adjustment every three (3) years.
- (b) **Uniform/Clothing Allowance** for all private health workers regardless of status of employment equivalent to five (5) sets of uniform per employee/year.
- (c) **Laundry Allowance.** - All private health workers who are required to wear uniforms regularly shall be entitled to laundry allowance equivalent to Five Hundred Pesos (P500.00) per month: *Provided*, that this rate shall be reviewed periodically and increased accordingly by the Secretary of Labor in consultation with the appropriate government agencies concerned taking into account existing laws and prevailing practices.
- (d) **Remote Assignment Allowance.** - Doctors, dentists, nurses, and midwives who accept assignments as such in remote areas or isolated stations, which for reasons of distance or hard accessibility such positions had not been filled for the last two (2) years prior to the approval of this Act, shall be entitled to an incentive bonus in the form of remote assignment allowance equivalent to one hundred percent (100%) of their basic pay, and shall be entitled to reimbursement of the cost of reasonable transportation to and from and during official trips.

SECTION 21. *Housing.* - All private health workers who are in tour of duty and those who,

because of unavoidable circumstances are forced to stay in the hospital, sanitarium or health infirmary premises, shall be entitled to free living quarters or free dormitories within the hospital, sanitarium or health infirmary or if such quarters are not available, shall receive quarters allowance as may be determined by the Secretary of Labor and other appropriate government agencies concerned: *Provided*, That this rate shall be reviewed periodically and increased accordingly by the Secretary of Labor in consultation with the appropriate government agencies concerned.

SECTION 22. Occupational Safety and Health. - Occupational Safety and Health of private health workers shall be ensured by the employer by adopting, implementing and promoting occupational safety and health programs consistent with the provisions of the Occupational Safety and Health Standards (OSHS) and other related laws and issuances, to include prevention and control of tuberculosis, HIV AIDS, Hepatitis B, workplace bullying and drug use in the workplace. The employer shall likewise promote and implement policies and programs on anti-smoking, anti-sexual harassment and disaster and climate risk management. These Occupational Safety and Health programs shall cover all health personnel regardless of the status of employment.

- (a) Health and Safety Committee. The employer shall organize a safety and health committee in accordance with the OSHS.
- (b) Free hospitalization benefits for its employees and discounted services for immediate family members who will be confined in the hospital.
- (c) Provision of Personal Protective Equipment. All health care institutions are required to provide their health workers with appropriate personal protective equipment at no cost to health workers pursuant to the OSHS and other-related laws and issuances.
- (d) Compensation for occupational disease and/or injury and work-related disease and/or injury pursuant to guidelines of the Employees Compensation Commission (ECC).
- (e) Social Welfare Benefits. Without prejudice to established company policy, collective bargaining agreement or other applicable employment agreement, all health workers shall be entitled to coverage for social welfare benefits such as Pag-IBIG Fund (Republic Act No. 7742), PhilHealth (Republic Act No. 7875, as amended by Republic Act No. 9241), Employees Compensation Law (Presidential Decree No. 626 of 1975), and the Social Security Law (Republic Act No. 1161, as amended by Republic Act No. 8282), and other applicable laws.
- (f) Medical Examination. - Compulsory medical examination shall be provided free of charge to all private health workers before entering the service and shall be repeated once a year during the tenure of employment of all private health workers: *Provided*, That where medical examination shows that medical treatment and/or hospitalization is necessary, the treatment and/or hospitalization including medicines shall be provided free either in a government or a private hospital by the government entity paying the salary of the health worker: *Provided, further*, That the cost of such medical examination and treatment shall be included as automatic appropriation in said entity's annual budget.
- (g) Free Testing. All health care institutions shall provide free testing against COVID-19 and other emerging or re-emerging infectious diseases pursuant to Republic Act 11332 at no cost to the health workers.

SECTION 23. Right to Self-Organization. - All private health workers have the basic right to self-organize or form an employees' union. Private health workers shall have the right to freely form, join or organize all forms of actions including the right to strike and other peaceful concerted activities in order to defend and protect their basic rights and welfare, and to obtain redress of their grievances.

SECTION 24. Freedom from Interference or Coercion. - It shall be unlawful for any person to commit any of the following acts of interference or coercion:

- (a) To require as a condition of employment that a private health worker shall not join a

- health workers' organization or union or shall relinquish membership therein;
- (b) To require membership to any professional association as a mandatory requirement for employment;
- (c) To discriminate in regard to hiring or tenure of employment or any item or condition of employment in order to encourage or discourage membership in any health workers' organization or union;
- (d) To prevent a health worker from carrying out duties laid upon him/her by his/her position in the organization or union, or to penalize him/her for the action undertaken in such capacity;
- (e) To harness or interfere with the discharge of the functions of the health worker when these are calculated to intimidate or to prevent the performance of his/her duties and responsibilities;
- (f) To otherwise interfere in the establishment, functioning, or administration of health workers organization or unions through acts designed to place such organization or union; and
- (g) To harass or bully a health worker at the workplace at any time and circumstances.

SECTION 25. Consultation with Health Worker's Organization. - In the formulation of national policies governing the social security of private health workers, professional and health workers, organizations or unions as well as other appropriate government agencies concerned shall be consulted by the Secretary of Labor. For this purpose, Tripartite Council for national, regional and other appropriate levels shall be established and operationalized.

SECTION 26. Health Human Resource Development/ Management Study. - The Department of Labor shall conduct a periodic health human resource development/management study into, among others, the following areas;

- (a) Adequate facilities and supplies to render quality health care to patients and other client population;
- (b) Continuing Professional Development. Private health workers shall be provided by the employer with relevant, appropriate and free continuing professional development to enhance their knowledge, attitudes and skills as health workers and to improve and sustain quality health care for clients. *Provided*, That CPD units shall not be a requirement for the renewal of the Professional Regulation Commission (PRC) identification card. *Provided, further*, That compliance to CPD should not be used as a reason to affect the security of tenure of health workers.

The employer must ensure career opportunities for health workers to grow and develop their potentials and experience a sense of worth and dignity in their work. Private health workers who undertake postgraduate studies in a degree course shall be entitled to an upgrading in their position or raise in pay: *Provided*, That it shall not be more than every two (2) years;

- (c) Free legal assistance to health workers who have work-related legal case and provision for mechanisms for democratic consultation in private health institutions;
- (d) Staffing patterns and standard or health care to ensure that the people receive quality care. Existing recommendations on staffing and standards of health care shall be immediately and strictly enforced;
- (e) Ways and means of enabling the rank-and-file workers to avail of education opportunities for personal growth and development;
- (f) Upgrading of working conditions, reclassification positions and salaries of private health workers to correct disparity vis-a-vis other professions such that positions requiring longer study to upgrade and given corresponding pay scale; and
- (g) Assessment of the national policy on exportation of skilled health human resources to focus on how these resources could instead be utilized for productivity for the country's needs.

SECTION 27. *Prohibition Against Double Recovery of Benefits.* - Whenever other laws provide for the same benefits covered by this Act, the private health worker shall have the option to choose which benefits will be paid to him/her. However, in the event that the benefits chosen are less than that provided under this Act, the worker shall be paid only the difference.

SECTION 28. *Prohibition Against Elimination and/or Diminution.* - Nothing in this law shall be construed to eliminate or in any way diminish benefits being enjoyed by private health workers at the time of the effectivity of this Act.

SECTION 29. *Penal Provision.* - Any person/s who shall willfully interfere with, restrain or coerce any private health worker in the exercise of his/her rights or shall in any manner any act in violation of any of the provisions of this Act, upon conviction, shall be punished by a fine of not less than Fifty Thousand Pesos (P50,000.00) and imprisonment of 6 months but not more than one (1) year or both at the discretion of the court.

If the offender is a public official, the court, in addition to the penalties provided in the preceding paragraph, may impose the additional penalty of disqualification from office.

This provision is in addition to other remedies available under existing laws.

SECTION 30. *Budgetary Estimates.* - The Secretary of Labor shall submit annually the necessary budgetary estimates to implement the provisions of this Act. Budgetary estimates for the succeeding years should be reviewed and increased accordingly by the Secretary of Labor in consultation with associations/unions or organizations of private health workers.

SECTION 31. *Rules and Regulations.* - The Secretary of Labor, after consultation with appropriate agencies of the Government as well as professional and health workers' organizations or unions, shall formulate and prepare the necessary rules and regulations to implement the provisions of this Act. Rules and regulations issued pursuant to this section shall take effect thirty (30) days after publication in a newspaper of general circulation.

SECTION 32. *Separability Clause.* - If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

SECTION 33. *Repealing Clause.* - All laws, presidential decrees, executive orders and their implementing rules, inconsistent with the provisions of this act are hereby repealed, amended or modified accordingly.

SECTION 34. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved,