

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8867



Introduced by HON. PHILIP CONRAD "DOK BONG" M. ACOP

AN ACT
CREATING THE ENVIRONMENTAL HEALTH ADMINISTRATION AS
ATTACHED AGENCY OF THE DEPARTMENT OF HEALTH, DEFINING ITS
POWERS AND FUNCTIONS, APPROPRIATING FUNDS THEREFOR, AND
FOR OTHER PURPOSES

EXPLANATORY NOTE

Modern public health is no longer defined solely by clinical interventions within the walls of a hospital. It is increasingly determined by the "exposome"—the complex web of environmental factors, from the air we breathe to the microplastics in our food chain, that shape our biological well-being. The proposed Environmental Health Administration (EHA) Act marks a paradigm shift in Philippine governance. By seeking to create the EHA as an attached agency of the Department of Health (DOH), this bill transitions our health strategy from a reactive, disease-centric model to a proactive, preventive, and science-based environmental defense system.

The importance of this bill lies in its creation of a centralized authority for environmental health. Currently, authority over environmental determinants, such as water quality, chemical safety, and industrial emissions, is fragmented across various departments (DENR, DOLE, DILG, and DOH). The EHA centralizes this expertise, serving as the strategic regulator and scientific steward of the nation's health.

The bill establishes five specialized National Centers that address the most critical pillars of modern health:

1. National Center for Water, Sanitation and Hygiene (NCWASH): Ensures the integrity of the entire sanitation chain and water safety.
2. National Center for Chemical Safety and Emerging Technologies (NCCSET): Regulates "invisible" molecular threats like nanotechnology and microplastics.

3. National Center for Environmental Epidemiology and Bio-Intelligence (NCEEB): Utilizes bio-intelligence and wastewater surveillance to predict outbreaks before they happen.
4. National Center for Built Environment and Occupational Health (NCBEOH): Oversees indoor air quality and the safety of the built environment.
5. National Center for Environmental Forensics and Laboratory Standards (NCEFLS): Provides the forensic “teeth” needed to hold polluters accountable through chemical fingerprinting and expert testimony.

Furthermore, the Philippines is currently navigating a “Triple Planetary Crisis”, issues concerning climate change, pollution, and biodiversity loss. This bill is uniquely designed for these changing times through several forward-looking provisions:

1. Climate and AI Infrastructure: Section 25 recognizes that the digital age has physical footprints. By regulating the thermal discharge and water use of Data Centers and AI infrastructure, the bill ensures that technological progress does not come at the expense of community heat stress or water security.
2. Planetary Health & One Health: The bill integrates the One Health framework, recognizing that human health is inextricably linked to the health of animals and the environment. This is vital in an era of zoonotic diseases (like COVID-19) and emerging biotechnological threats.
3. Environmental Justice: Through the National Biomonitoring and Human Exposome Program, the State will finally have the data to track “chemical body burdens” in vulnerable populations—such as children in mining areas or farmers exposed to pesticides—ensuring that those most at risk are not forgotten.
4. Resilience to Nuclear and Radiological Risks: As the nation explores alternative energy sources, Section 24 provides the necessary oversight for radiological health, ensuring that nuclear safety is viewed through a public health lens rather than just an engineering one.

The passage of the EHA Act is not merely an administrative upgrade; it is a vital necessity for several reasons:

1. Economic Sustainability: By preventing environmentally-induced chronic diseases (such as asthma, lead poisoning, or cancers), the bill will significantly reduce the long-term financial burden on PhilHealth and the national economy.
2. Accountability and Enforcement: The bill grants the EHA quasi-judicial powers, allowing for immediate Cease and Desist orders and heavy fines

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for “Gross Environmental Health Negligence.” This ensures that sanitation and health standards are not just suggestions but enforceable mandates.

3. Professionalization of Frontline Workers: The bill elevates “Sanitation Inspectors” to Environmental Health Officers (EHOs), providing them with the training, police power, and Magna Carta benefits necessary to serve as elite frontline defenders of public health.
4. Future-Proofing: From regulating “forever chemicals” (PFAS) to monitoring gene drive technologies, the EHA provides the scientific infrastructure needed to govern the risks of the 21st century.

The Environmental Health Administration Act recognizes that a healthy citizenry cannot exist in a sick environment. It bridges the gap between environmental protection and clinical medicine, creating a robust, tech-empowered agency capable of defending the Filipino people against the silent, often invisible threats of the modern world. For the sake of planetary health and the protection of future generations, the passage of this bill is an urgent imperative.

In view of the foregoing, the immediate passage of this measure is earnestly sought.


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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 “Environmental Health Administration Act.”

SEC. 2. *Declaration of Policy.* It is hereby declared the policy of the State to protect and promote the right to health of the people by ensuring a safe, clean, and health-supportive environment. The State recognizes that environmental risks including exposure to air, water and soil pollution, hazardous waste, toxic chemicals, climate-related health impacts, sanitation deficiencies, nuclear energy and ionizing radiation, biotechnology and nanotechnology, and all other exposomes and emerging environmental threats directly affect public health and require a centralized, science-based regulatory authority under the Department of Health (DOH).

SEC. 3. *Creation of the Environmental Health Administration.* There is hereby created an agency under the DOH known as the Environmental Health Administration (hereinafter “EHA”)

SEC. 4. *Primary Mandate of the EHA.* The EHA shall serve as the national authority on environmental and occupational determinants of health. Its primary mandate is to protect public health by identifying, assessing, and regulating environmental and occupational hazards—including biological, chemical, and physical factors—and to ensure that all national development policies are consistent with planetary health standards.

It shall serve as the primary technical and regulatory arm of the DOH on environmental health concerns and shall operate under the direct supervision of the Secretary of Health.

SEC. 5. Core Roles of the EHA.

1. *Strategic Regulator*: Acts as the primary “gatekeeper” for health safety in industrial, urban, and infrastructure projects.
2. *Scientific Steward*: Serves as the Single Source of Truth for environmental health data through advanced toxicovigilance and surveillance.
3. *Policy Architect*: Leads the integration of “Health in All Policies” (HiAP) across other government agencies (Energy, Transport, Environment, Agriculture, Housing, Labor and Employment, among others).
4. *Emergency Responder*: Provides technical leadership in close coordination with the National Disaster Risk Reduction and Management Council (NDRRMC) and local disaster response teams during environmental health emergencies (e.g., chemical spills, outbreaks linked to climate change, or toxic contamination).

SEC. 6. Key Functions of the EHA.

1. Formulate, adopt, implement, enforce, monitor and evaluate policies, standards, programs, rules and regulations to safeguard public health from environmental risks, in coordination with relevant partners;
2. Exercise primary regulatory authority over the life-course determinants of public health by establishing and enforcing stringent safety standards, audits, and certifications for drinking water quality, water safety plans, food systems, and safely managed sanitation, while mandating health-impact clearances for land use and urban development to ensure the environmental integrity of all human settlements;
3. Provide education, outreach, technical assistance, and community engagement to inform, empower, and involve the public, workers, and communities in environmental determinants of health and health impacts of triple planetary crisis;
4. Maintain a digital, real-time Environmental Health Data Repository that correlates environmental pollutants (air, water, soil), occupational exposure data, health hazards, and emerging exposomes with clinical disease patterns;

5. Establish a 24/7 National Toxicovigilance Reporting System to monitor poisonings and chemical exposures;
6. Review and approve health impact assessments (HIAs) for all major infrastructure and industrial projects;
7. Integrate environmental health with occupational health protections where exposures overlap, supporting worker and community well-being;
8. Conduct or support research, data collection, evaluation, and quality improvement to advance environmental health practices; and
9. Assure a competent workforce through training, certification support, and multidisciplinary staffing (including environmental health officers, sanitary engineers, environmental health specialists, toxicologists, epidemiologists, and others).

SEC. 7. Organizational Structure and Staffing Pattern.

- a) Leadership and Executive Management. The EHA shall be headed by a Director General (Undersecretary level), who shall provide overall strategic direction, policy leadership, and executive representation for the EHA. The EHA shall have five specialized (5) National Centers, namely:
 - 1) National Center for Water, Sanitation and Hygiene (NCWASH)
 - 2) National Center for Chemical Safety and Emerging Technologies (NCCSET)
 - 3) National Center for Environmental Epidemiology and Bio-intelligence (NCEEB)
 - 4) National Center for Built Environment and Occupational Health (NCBEOH), and
 - 5) National Center for Environmental Forensics and Laboratory Standards (NCEFLS).

Each Center shall be headed by a Director IV.

The Secretary of Health, upon recommendation of the Director General, may create additional units as necessary.

- b) Staffing Pattern and Professionalization. The Director General, in coordination with the Department of Budget and Management (DBM) and the Civil Service Commission (CSC), shall formulate the detailed

staffing pattern. The EHA shall prioritize the hiring of specialists including, but not limited to:

1. Environmental Epidemiologists and Toxicologists;
2. Sanitary and Environmental Engineers;
3. Industrial Hygienists and Data Scientists;
4. Environmental Lawyers and Policy Analysts.
5. Occupational Health Physicians and Nurses;
6. Toxicology Nurses, Chemical Engineers, Chemists, and Pharmacists.

SEC. 8. National Center for Water, Sanitation, and Hygiene (NCWASH).

– This Center is hereby created and shall be the “command center” for the most fundamental pillars of public health.

1. *Mandate:* Oversight of Safely Managed Water, Water Safety Plans (WSP), and the entire Sanitation Chain (septic tanks to sewerage).
2. *Key Function:* Leading the WASH in Emergencies response and certifying urban sanitation infrastructure.

SEC. 9. National Center for Chemical Safety and Emerging Technologies (NCCSET). – This Center is hereby created and shall address the “invisible” molecular threats of the modern world.

1. *Mandate:* Regulation of Microplastics, Nanotechnology, Green Chemistry, and Non-Environmentally Acceptable Products (NEAP).
2. *Key Function:* Managing the National Safe Alternatives List and evaluating the toxicological safety of new industrial chemicals before they hit the market.

SEC. 10. National Center for Environmental Epidemiology and Biointelligence (NCEEB). – This Center is hereby created and shall serve as the “brain” of the administration, focusing on data and surveillance.

1. *Mandate:* Implementing the One Health framework and the Human Exposome project.
2. *Key Function:* Conducting Wastewater and Environmental Surveillance (WES) to predict outbreaks and mapping geogenic hazards like Radon and heavy metals.

SEC. 11. National Center for Built Environment and Occupational Health (NCBEOH). – This Center is hereby created and shall focus on the safety of the places where Filipinos live, work, and study.

1. *Mandate:* Oversight of Indoor Air Quality (IAQ), Asbestos abatement, and Radon-resistant construction.
2. *Key Function:* Issuing Health Impact Clearances (HIC) for land use and large-scale infrastructure projects (e.g., Data Centers, Waste-to-Energy plants).

SEC. 12. National Center for Environmental Forensics and Laboratory Standards (NCEFLS). – This Center is hereby created and shall be the “enforcement arm” that provides the scientific evidence needed for legal action.

1. *Mandate:* Operating the national network of ISO-accredited reference laboratories for Chemical Fingerprinting and toxicological analysis.
2. *Key Function:* Providing expert testimony and forensic evidence for PhilHealth Subrogation cases and environmental crimes.

SEC. 13. Establishment of Regional Environmental Health and Regulatory Offices (REHROs).

- a) *Regional Counterparts.* There is hereby created a Regional Environmental Health and Regulatory Office (REHRO) within every Center for Health Development (CHD). The REHRO shall serve as the regional technical and enforcement arm of the EHA.
- b) *Regional Staffing and Leadership.* Each REHRO shall be headed by a Regional Environmental Health Officer (Medical Officer V or equivalent), who shall report technically and administratively to the concerned Center Director. The unit shall be composed of a multidisciplinary team of counterpart personnel, including:
 - 1) *Regional Toxicovigilance Coordinator:* To manage localized poisoning reports and chemical safety audits;
 - 2) *HIA Technical Reviewers:* To evaluate Health Impact Assessments for regional and provincial developmental projects;
 - 3) *Environmental Health Surveillance Sentinels:* To monitor drinking water quality, oversee wastewater sampling and environmental sanitation monitoring within the region;
 - 4) *Occupational Health Inspectors:* To conduct industrial hygiene surveys in local economic zones and agricultural sectors.

- 5) *Water Safety Plan (WSP) Technical Reviewers*: To give technical assistance in the formulation of WSP and monitors its implementation. Conduct review, evaluation and recommendation for approval by the Regional Director.
 - 6) *WASH in emergency Response*: To provide technical assistance, lead in WASH intervention during health emergencies, calamities and clustering of food and waterborne diseases.
- c) **Mandate of Regional Counterparts.** The REHROs shall perform the following functions at the regional level:
- 1) **Localized Single Source of Truth**: Maintain a regional mirror of the National Environmental Health Data Repository;
 - 2) **Technical Assistance to LGUs**: Provide expert guidance to Provincial, City, and Municipal Government Units in integrating environmental health into their Local Investment Plans for Health (LIPH) and formulation of Local Sustainable Sanitation Plans and all other environmental health issues, policies, guidelines and laws;
 - 3) **Regulatory Enforcement**: Conduct inspections and evaluations, issue operational permits and site clearances and cease and desists orders to non-compliant owners and operators and recommend the suspension of Sanitary Permits to the local chief executives based on the EHA standards;
 - 4) **Emergency On-site Response**: Serve as the first responders for localized environmental health emergencies or disease outbreaks linked to environmental factors.
- d) **Capacity Building and Laboratory Support.** Each CHD shall be equipped with a Regional Environmental Health Satellite Laboratory, certified by the EHA, to ensure that water, soil, and biological samples can be processed within the region, reducing turnaround time for response intervention and regulatory action.

SEC. 14. *Delineation of Authority with the Office for Health Laboratories (OHL).*

- a) *Functional Separation.* To ensure institutional synergy and avoid duplication of mandates, the authority over health laboratories shall be delineated as follows:
- 1) **Office for Health Laboratories (OHL)**: Shall retain its mandate as the National Regulatory and Policy-Setting Body for all clinical and public health laboratories in the Philippines. It shall lead the

licensing, accreditation, and external quality assurance (EQA) of the laboratory system as a whole.

- 2) EHA Laboratory Standards: Shall serve as the Internal Manager and Operational Lead for the EHA's specialized laboratory network. Its authority is limited to the day-to-day management, procurement, and technical operations of the National Reference Laboratories for Toxicology, Radiochemistry, and Environmental Forensics.
- b) *Mutual Recognition of Standards.* The EHA shall ensure that all EHA-managed laboratories comply with the licensing requirements and quality standards set by the OHL. Conversely, the OHL shall recognize the EHA as the Primary Technical Consultant for any national standards involving environmental and occupational health testing.
- c) *Integrated Laboratory Referral System.* The OHL and EHA shall establish a Unified Laboratory Referral Network. Clinical samples requiring toxicological or forensic environmental analysis shall be referred by OHL-licensed facilities to the EHA's specialized labs, ensuring a seamless diagnostic pathway for the patient.

SEC. 15. Regulation of Crematoria and Technologies for the Disposition of the Deceased. – The EHA shall have the primary authority to set health and environmental standards for the establishment, operation, and maintenance of funeral parlors, crematoria, columbaria, cemeteries, and other emerging technologies for the final disposition of human remains (e.g., alkaline hydrolysis or “water cremation”). The Bureau shall formulate strict protocols for the disposition of remains involving highly infectious diseases or chemical/radiological contamination, ensuring that the method of disposition prevents further environmental spread.

The EHA, through its regional counterparts in the Centers for Health Development (CHDs), shall conduct annual Environmental Health Audits of these facilities. Non-compliance with emission or sanitation standards shall be grounds for the immediate suspension of the facility's Sanitary Permit. No permit for the construction or expansion of a crematorium or cemetery shall be issued by a Local Government Unit (LGU) without a Health Impact Clearance from the Bureau, ensuring that the facility's location and technology do not pose a risk to the air or groundwater of the surrounding community.

SEC. 16. Occupational Health and Industrial Hygiene. – The EHA shall be the lead authority in the formulation of national policies, standards, and surveillance systems for Occupational Health. It shall ensure that all workplaces—including industrial, agricultural, and service-oriented sectors—are free from environmental hazards that cause occupational diseases, injuries, and long-term health degradation. The Bureau shall establish and periodically update the National Threshold Limit Values (TLVs) and

Permissible Exposure Limits (PELs) for physical, chemical, and biological agents in the workplace. These standards shall be the mandatory basis for the issuance of Sanitation Permits and Health Certificates for all business establishments.

- a) *Reporting.* There is hereby established a Mandatory Occupational Disease Reporting System. All occupational health practitioners and company physicians are required to report cases of work-related illnesses (e.g., pneumoconiosis, heavy metal poisoning, ergonomic injuries) to the EHA Data Repository.
- b) *Sentinel Sites.* The EHA shall designate “High-Risk Occupational Sentinel Sites” in economic zones and agricultural hubs to monitor long-term health trends among laborers.
- c) *Strategic Partnership with CSC and DOLE.* The EHA shall maintain a Technical Harmonization Committee with the CSC and DOLE. While DOLE ensures compliance with *Safety* standards (e.g., equipment and fire safety) for private entities and CSC for government agencies, the EHA shall retain exclusive jurisdiction over *Health* standards (e.g., toxicity levels, heat stress, and indoor air quality).
- d) *Occupational Health Audit.* The EHA is authorized to conduct unannounced “Health Audits” and “Industrial Hygiene Surveys” to measure actual exposure levels. Failure to mitigate identified health risks shall be grounds for the immediate suspension of the establishment’s Sanitation Permit.

SEC. 17. Environmental Health Mandate in Healthcare Facilities.

- A) *Mandate.* The EHA, through the National Center for Built Environment and Occupational Health (NCBEOH) and the National Center for Water, Sanitation, and Hygiene (NCWASH), shall exercise primary oversight and regulatory authority over the environmental and sanitary conditions of all public and private healthcare facilities, including hospitals, primary care clinics, and diagnostic laboratories.
- B) *Core Functions.* The EHA shall:
 - Healthcare Waste Management (HCWM): Establish and enforce rigorous standards for the segregation, onsite treatment, and offsite disposal of infectious, pathological, chemical, and radiological waste, utilizing the “Cradle-to-Grave” tracking system.
 - 1) *Indoor Clinical Air Quality:* Set specific standards for hospital ventilation and air filtration (e.g., HEPA and UVGI systems) in high-risk areas such as Operating Rooms, Intensive Care Units (ICUs), and Isolation Wards to prevent the aerosolized transmission of pathogens.

- 2) **Water Safety in Clinical Settings:** Mandate specialized Water Safety Plans (WSP) for healthcare facilities to prevent the colonization of *Legionella* and other opportunistic pathogens in hospital plumbing and cooling towers.
- 3) **Green Healthcare Facilities:** Certify “Climate-Resilient and Green Hospitals” that implement energy-efficient cooling, sustainable procurement, and non-toxic chemical disinfection protocols.
- 4) **Sanitary Licensing and Accreditation:** Serve as a mandatory signatory for the “License to Operate” (LTO) issued by the DOH, ensuring that no facility opens without a certified Environmental Health Audit.

SEC. 18. National Toxinology and Biotics Unit.

- A) **Mandate.** The EHA shall maintain a specialized National Toxinology Unit. This unit shall be the primary authority on the health impacts of venoms, toxins, and stings from flora and fauna indigenous to or present in the Philippines.
- B) **Core Functions.** The Toxinology Unit shall perform the following:
 - 1) *Venom Surveillance and Mapping:* Create a national geodatabase of venomous species (snakes, jellyfish, spiders, etc.) and “red-tide” algae to predict and prevent community exposure.
 - 2) *Antivenom Research and Standards:* Collaborate with the Research Institute for Tropical Medicine (RITM) to set standards for the potency, storage, and distribution of antivenoms and antitoxins.
 - 3) *Biotoxin Forensic Analysis:* Provide expert analysis for cases involving poisoning from natural sources, including paralytic shellfish poisoning (PSP) and plant-based toxins.
 - 4) *Clinical Guidance:* Develop evidence-based management protocols for healthcare providers regarding envenomation and biotic stings.

SEC. 19. Environmental Health Regulation of Nanotechnology and Synthetic Biology.

- A) **Mandate.** The EHA shall exercise regulatory and surveillance authority over the environmental health impacts of Nanomaterials (NMs) and Genetic Engineering (GE), including synthetic biology and gene drive applications, to prevent adverse effects on human health and the ecological determinants of health.
- B) **Nanotoxicology and Safety Standards.** The EHA shall:

- 1) **Nanomaterial Characterization:** Establish standards for the identification of engineered nanoparticles (e.g., carbon nanotubes, nanosilver) in consumer products, industrial waste, and water sources.
 - 2) **Bio-persistence Assessment:** Conduct studies on the “trans-barrier” movement of nanoparticles—specifically their ability to penetrate the skin, lungs, and the blood-brain barrier—and their potential for bioaccumulation in human organs.
 - 3) **Workplace Exposure Limits:** Define specific “Nano-Safety” protocols for workers in the manufacturing and electronics sectors to prevent chronic pulmonary and systemic inflammation.
- C) *Genetic Engineering and Synthetic Biology Oversight.* The EHA shall coordinate with the National Biosafety Committee to:
- 1) **Gene Drive Health Impact:** Evaluate the public health risks of “Gene Drive” technologies (e.g., for mosquito eradication) to ensure no unintended consequences for non-target species or human immune systems.
 - 2) **Synthetic Organism Surveillance:** Monitor the environmental release of “synthetic life forms” used in bioremediation or industrial processing to prevent the emergence of novel biological hazards.
 - 3) **Ecological Health Integrity:** Assess how genetically engineered changes in the environment (e.g., modified crops or livestock) alter the nutritional and toxicological profile of the Philippine food system.

SEC. 20. *The National Biomonitoring and Human Exposome Program.*

- A) *Mandate.* The EHA, through the National Center for Environmental Epidemiology and Bio-intelligence (NCEEB), shall establish the National Biomonitoring Program (NBP). The Program is tasked with the systematic collection, analysis, and interpretation of biological samples to determine the prevalence and concentration of environmental chemicals and their metabolites in the Philippine population.
- B) *Core Functions and Authorities.* The NCEEB shall:
- 1) **Chemical Body Burden Surveillance:** Conduct periodic national surveys to measure levels of priority toxins—including lead, mercury, arsenic, phthalates, PFAS (forever chemicals), and pesticide residues—in human blood, urine, hair, and breast milk.

- 2) The Human Exposome Project: Develop a longitudinal database that tracks the “Exposome”—the measure of all environmental exposures of an individual over a lifetime and how those exposures relate to chronic diseases such as cancer, asthma, and neurodevelopmental disorders.
- 3) Vulnerable Population Sub-studies: Execute targeted biomonitoring for high-risk groups, including children in industrial zones, pregnant women in mining communities, and agricultural workers exposed to intensive pesticide use.
- 4) Biological Sample Bank: Establish a secure, state-of-the-art National Environmental Bio-repository for the long-term storage of biological samples, ensuring strict compliance with the Data Privacy Act of 2012 and international ethical standards for genomic and toxicological research.
- 5) Regulatory Feedback Loop: Use biomonitoring data as the primary scientific basis for recommending the ban, restriction, or phase-out of specific chemicals under the Green Chemistry mandate of the EHA.

SEC. 21. *Environmental Justice and Community Health Tracking.* – The EHA shall develop a National Environmental Public Health Tracking (EPHT) Network. This digital portal will integrate health data (e.g., asthma rates, birth defects) with environmental data (e.g., air quality, proximity to landfills).

SEC. 22. *Climate and Health Adaptation.* – The EHA shall mandate Climate-Health Vulnerability Assessments for all Local Government Units (LGUs). This includes the creation of Extreme Heat Action Plans and strategies to manage the shift in vector-borne diseases (like Dengue or Zika) caused by changing weather patterns.

SEC. 23. *Childhood Lead Poisoning Prevention and Healthy Homes.* – The EHA shall enforce a National Healthy Homes Standard, mandating the screening of children in high-risk areas for lead exposure and requiring “Lead-Safe” certifications for all pre-1990 residential and school buildings.

SEC. 24. *Radiological Health and Nuclear Safety Oversight.*

- A) *Mandate for Radiological Health.* The EHA shall be the lead authority in assessing and monitoring the public health impacts of ionizing and non-ionizing radiation. This includes, but is not limited to, the health oversight of nuclear power plants, research reactors, radioactive waste storage facilities, and industrial applications of atomic energy.
- B) *National Radiological Health Surveillance.* There is hereby established a Radionuclide Environmental Monitoring System (REMS) under the EHA. This system shall:

- 1) **Baseline Monitoring:** Establish and maintain baseline radiological data in the air, water, and soil within a fifty-kilometer (50km) radius of any nuclear facility;
 - 2) **Bio-monitoring:** Conduct periodic health screenings and biological monitoring (e.g., thyroid and hematopoietic profiles) of populations residing in “Nuclear Priority Zones”;
 - 3) **Food Chain Safety:** Monitor the bioaccumulation of radionuclides in local agriculture and fisheries to ensure food safety in areas adjacent to atomic energy sites.
- C) *Health Impact Assessment for Nuclear Projects.* Any proposal for the siting, construction, or decommissioning of a nuclear facility shall undergo a Comprehensive Health Impact Assessment (CHIA) conducted by the Bureau. No Nuclear Operating Permit shall be granted without a Radiological Health Clearance from the EHA.
- D) *Emergency Preparedness and Response.* The EHAu shall lead the Public Health Component of the National Radiological Emergency Response Plan. This includes the strategic stockpiling and distribution protocols for Potassium Iodide (KI), the establishment of decontamination protocols for civilians, and the management of radiation-related psychological trauma.
- E) **Radioactive Waste Health Management.** The EHA shall set health standards for the long-term storage and disposal of radioactive waste to prevent “cradle-to-grave” environmental contamination of the water table and soil ecosystems.

SEC. 25. Environmental Health Regulation of Data Centers and AI Infrastructure.

- A) *Mandate.* The EHA shall exercise regulatory oversight over the establishment and operation of Data Centers and AI-processing hubs to mitigate their impact on community health, specifically regarding heat islands, water security, and electronic waste.
- B) *Thermal Health and Urban Heat Islands.* The EHA shall set standards for the Thermal Discharge of data centers. It shall ensure that large-scale cooling exhaust does not contribute to localized “Urban Heat Islands” that exacerbate respiratory and cardiovascular stress in surrounding residential populations.
- C) *Water Quality and Biocide Surveillance.* Data centers utilizing water-based cooling systems (evaporative cooling) must undergo regular EHA audits to monitor for:

- 1) Legionella and Pathogen Growth: Ensuring cooling towers do not become vectors for airborne diseases.
 - 2) Chemical Blowdown: Regulating the discharge of biocides and anti-corrosive chemicals into local sewerage or water bodies.
- D) *AI-Driven Predictive Health Analytics*. The EHA is authorized to leverage AI and machine learning from its Data Analytics Center to:
- 1) Simulate Health Impact: Model the long-term effects of data center density on local microclimates.
 - 2) Optimize Surveillance: Use AI to detect anomalies in environmental sensors (air/water) across the archipelago in real-time.
- E) *Electronic Waste (E-Waste) Toxicovigilance*. The EHA, in coordination with the DENR, shall oversee the “Health-Safe” disposal of AI hardware. The EHA shall monitor for heavy metal leaching (e.g., lead, mercury, cadmium) from retired server components that may impact soil and groundwater health.
- F) *Mandatory HIA Filing*. No Data Center with a design capacity exceeding five (5) Megawatts (MW) shall be granted a Health Impact Clearance (HIC) without a comprehensive assessment of its potential effects on the local environmental determinants of health.

SEC. 26. Professionalization and Career Progression Framework.

- A) *Specialized Career Path*. The EHA, in coordination with the Civil Service Commission (CSC) and the Department of Budget and Management (DBM), shall establish a Technical Career Progressional Scheme for its scientific and highly technical personnel. This scheme shall allow for promotion to higher salary grades based on technical proficiency, specialized certifications, and research output, independent of administrative or managerial vacancies.
- B) *The EHA Fellowship and Residency Program*. There is hereby established a Postgraduate Fellowship in Environmental Health and Forensics. The EHA is authorized to:
- 1) Sponsor Advanced Degrees: Provide scholarships for Master’s and Doctoral degrees in Toxicology, Epidemiology, Industrial Hygiene, and Planetary Health for deserving personnel;
 - 2) Certification Support: Subsidize the examination and maintenance fees for international professional certifications (e.g., Board Certified Toxicologist, Certified Industrial Hygienist);

- 3) Research Sabbaticals: Allow senior technical staff to engage in “Research Sabbaticals” with partner international agencies (e.g., WHO, IAEA, IARC) to bring global best practices back to the EHA.
- C) *Merit-Based Promotion.* Promotion within the EHA shall be governed by a Point-Rating System that gives weight to:
- 1) Published peer-reviewed research in environmental health;
 - 2) Successful forensic attributions leading to the collection of administrative fines;
 - 3) Innovation in wastewater surveillance or AI-driven health modeling;
 - 4) Years of service in high-risk field monitoring (hazard-based seniority).
- D) *Presidential Recognition.* Exceptional scientific contributions by the EHA personnel that lead to significant national health cost savings or the prevention of mass-casualty environmental events shall be recommended for the Presidential Lingkod Bayan Award or the Dangal ng Bayan Award.

SEC. 27. Professionalization and Mandate of Environmental Health Officers (EHOs).

- A) *Transformation of Role.* All existing Sanitation Inspector positions under the Local Government Units (LGUs) and the Department of Health shall be transitioned into the professional designation of Environmental Health Officers (EHOs). They shall serve as the EHA’s primary enforcement and frontline intelligence agents in the field.
- B) *Expanded Critical Functions.* In addition to traditional sanitary inspections, EHOs shall have the mandate to:
- 1) Digital Health Auditing: Utilize the National Environmental Surveillance System (NESS) for real-time reporting of water quality, air pollutants, and waste violations via mobile geospatial tagging.
 - 2) Forensic Sample Collection: Act as certified first responders for the collection and chain-of-custody management of biological and chemical samples for Environmental Forensics.
 - 3) Sanitation Resilience Oversight: Monitor the integrity of Safely Managed Sanitation systems and the implementation of Water Safety Plans (WSP) within their respective jurisdictions.

- 4) **Emergency WASH Coordination:** Serve as lead field coordinators during disasters, managing the deployment of mobile treatment units and the sanitary conditions of evacuation centers.
- C) *Technical Career Path and Protection.* To ensure the integrity and high performance of the EHO cadre:
- 1) **Mandatory Certification:** The EHA, in coordination with the Professional Regulation Commission (PRC), shall establish a specialized certification program covering advanced toxicology, epidemiology, and environmental law.
 - 2) **Police Power:** EHOs, when performing official duties, are hereby granted the authority to issue Environmental Health Citations (EHC) and “Cease and Desist” orders for immediate threats to public health.
 - 3) **Magna Carta Benefits:** EHOs shall be entitled to the benefits under the Magna Carta for Public Health Workers, including hazard pay, subsistence allowance, and continuous professional development (CPD) scholarships.

SEC. 28. *Environmental Health Literacy and Strategic Risk Communication.*

- A) *Joint Mandate for Advocacy.* The EHA and the Health Promotion Bureau (HPB) shall establish a Unified Environmental Health Communication Framework. This framework shall ensure that scientific data is translated into accessible, culturally sensitive, and actionable information for the public.
- B) *Core Objectives of Advocacy.* The EHA shall implement year-round, evidence-based campaigns designed to:
- 1) **Intensify Awareness:** Focus on the “Invisible Determinants of Health,” such as indoor air quality, microplastics, and the health effects of localized urban heat islands;
 - 2) **Increase Environmental Health Literacy:** Empower citizens to interpret environmental quality reports (e.g., AQI levels, water safety alerts) and understand the health implications of the Health Impact Assessment (HIA) process;
 - 3) **Counteract Information Disorders:** Actively monitor and combat misinformation, disinformation, and malinformation (MDM) regarding environmental toxins, radiological health, and emerging climate-sensitive diseases.

C) *Digital Sentinel and Rapid Response.* The EHA shall maintain a Digital Environmental Health Fact-Checking Unit. This unit is mandated to:

- 1) Identify and “pre-bunk” viral myths related to environmental health (e.g., “fake” water contamination scares or “anti-science” rhetoric regarding nuclear facilities);
- 2) Collaborate with social media platforms and the Department of Information and Communications Technology (DICT) to label or downrank harmful environmental health misinformation;
- 3) Establish a Verified Environmental Health Dashboard that serves as the national “Single Source of Truth” for real-time environmental health alerts.

D) *Multi-Stakeholder Collaboration.* The EHA shall engage Academic Institutions, Civil Society Organizations (CSOs), and the Private Sector through a National Environmental Health Advocacy Council, ensuring that advocacy reaches the “last mile” in rural and marginalized communities.

SEC. 29. *Integration with the National Health Insurance Program (PhilHealth).*

- A) *Environmental Health Benefit Packages.* The EHA shall provide the technical evidence base to PhilHealth for the development of specialized “Environmental Health Benefit Packages.” These packages shall cover the screening, diagnosis, and treatment of illnesses directly linked to environmental exposure, such as heavy metal poisoning, chronic pesticide toxicity, and radiation-induced ailments.
- B) *Data Linkage for Epidemiological Tracking.* PhilHealth shall provide the EHA with anonymized, aggregate data on claims related to environmentally sensitive diseases (e.g., respiratory clusters, unusual cancer registries, or nephropathy cases). This data shall be integrated into the National Environmental Health Data Repository to identify emerging “hot spots” of pollution.
- C) *Cost Recovery and Subrogation.* In cases where the EHA’s Environmental Forensics Unit identifies a specific entity liable for a mass-exposure event (e.g., a chemical spill or industrial contamination), PhilHealth shall have the right of Subrogation. The EHA shall provide the forensic evidence necessary for PhilHealth to recover the total cost of medical claims paid out to affected members from the liable party.
- D) *Preventive Health Incentives.* The EHA and PhilHealth shall jointly develop a “Green Health Incentive” program for Local Government Units (LGUs). LGUs that achieve high compliance scores in Water Safety

Plans (WSP) and Health Impact Assessments (HIA) may be eligible for reduced PhilHealth premium contributions or enhanced community health grants.

SEC. 30. Coverage of Magna Carta Benefits and Incentives.

- A) *Declaration of Status.* All personnel of the EHA and its Regional Environmental Health and Regulatory Offices (REHROs), including those in technical, administrative, and support positions, are hereby declared as “Public Health Workers” as defined under Section 3 of Republic Act No. 7305, otherwise known as the Magna Carta of Public Health Workers.
- B) *Entitlement to Benefits.* Notwithstanding their specialized technical designations (e.g., Environmental Health Officers, Toxicologists, Environmental Forensics Experts, Sanitary Engineers, Data Scientists, etc.), all EHA and REHRO personnel shall be entitled to the full range of benefits and incentives provided under R.A. 7305 and its Implementing Rules and Regulations, which shall include, but not be limited to:
- 1) Hazard Allowance: Given the daily exposure to chemical, biological, and radiological agents during field audits and laboratory forensics;
 - 2) Subsistence and Laundry Allowance;
 - 3) Longevity Pay;
 - 4) Remote Assignment Allowance for personnel deployed in REHDs or field monitoring stations; and
 - 5) High-Risk Medico-Legal Indemnity for personnel involved in environmental forensic investigations and litigation.
- C) *Funding for Benefits.* The DOH, in coordination with the DBM, shall ensure that the budgetary requirements for the Magna Carta benefits of the EHA personnel are automatically included in the annual General Appropriations Act (GAA). Any deficiency in the payment of these benefits may be augmented by the Environmental Health Trust Fund (EHTF) established under this Act.

SEC. 31. Tax Exemptions, Privileges and Incentives.

- C) *Tax-Free Donations and Endowments.* All grants, bequests, endowments, donations, and contributions made to the EHA for the actual, direct, and exclusive use in the exercise of its mandate shall be exempt from Donor’s Tax and shall be considered as an allowable deduction from the gross income of the donor for purposes of

computing the taxable income, in accordance with the provisions of the National Internal Revenue Code (NIRC) of 1997, as amended.

- D) *Exemption from Customs Duties and Taxes.* The importation of specialized laboratory equipment, scientific instruments, chemical reagents, biological standards, and technological hardware (including AI servers and environmental sensors) by the EHA shall be exempt from customs duties, Value-Added Tax (VAT), and other import taxes, provided that:
- 1) Such items are not locally available in sufficient quantity or of comparable quality;
 - 2) The items are certified by the concerned Center Director as essential to the modernization or operational research of the EHA.
- E) *Expedited Customs Clearance (Green Lane).* To ensure the integrity of temperature-sensitive reagents and time-critical forensic supplies, the Bureau of Customs (BOC) shall establish a “Scientific Green Lane” for the expedited release of EHA-authorized importations.
- F) *Incentives for Private Sector Collaboration.* Private entities that donate or co-fund the establishment of Regional Environmental Health Satellite Laboratories or “Green Buffer Zones” in industrial areas shall be entitled to an additional fifteen percent (15%) deduction from their taxable income based on the total value of the project, subject to the validation of the EHA and the Department of Finance (DOF).

SEC. 32. Admissibility of Forensic Evidence and Technical Reports.

- G) *Prima Facie Evidence.* All technical reports, chemical fingerprinting results, and forensic findings duly certified by the EHA shall be considered prima facie evidence of the facts stated therein. Such reports shall be admissible in all administrative, civil, and criminal proceedings involving violations of this Act and other related environmental health laws.
- H) *Expert Witness Status.* Designated technical personnel of the EHA, by virtue of their specialized training and the EHA’s accreditation, are hereby recognized as Expert Witnesses in the field of environmental health, toxicology, and forensics. Their testimonies shall be given due weight by courts and quasi-judicial bodies.
- I) *Chain of Custody Protocols.* The EHA shall establish a Unified Chain of Custody Protocol for all environmental and biological samples. Compliance with this protocol shall be sufficient to establish the integrity and identity of the evidence, notwithstanding the absence of

every person who handled the sample, unless there is clear evidence of tampering.

- J) *Judicial Notice.* Courts shall take judicial notice of the national environmental health standards, threshold limit values (TLVs), and radiological safety limits officially published by the EHA in the Official Gazette.

SEC. 33. Administrative Sanctions and Penalties. – The Director IV of each Center or their authorized representative/s, is hereby granted quasi-judicial powers to conduct hearings, issue subpoenas, and adjudicate cases involving violations of environmental health standards, the Health Impact Assessment (HIA) requirements, and toxicovigilance reporting mandates.

The EHA shall have the authority to issue an immediate Cease and Desist Order against any establishment, project, or activity found to be in imminent threat to public health. Such order shall be executory and shall remain in effect until the health hazard is mitigated to the satisfaction of the EHA. Proponents who commence projects without an approved Health Impact Clearance (HIC) shall be fined a minimum of One Million Pesos (₱1,000,000.00) per day of operation. Healthcare facilities or industries that fail to report mandatory toxicovigilance data within the prescribed period shall face a fine of Five Hundred Thousand Pesos (₱500,000.00) per incident.

Any person or entity found violating standards for air, water, or chemical safety shall be fined between One Hundred Thousand Pesos (₱100,000.00) and Five Million Pesos (₱5,000,000.00), depending on the severity of the health impact.

- K) *Graduated Penalties.* The EHA shall implement a graduated penalty system:

- 1) First Offense: Notice of Violation (NOV) and a mandatory corrective action plan.
- 2) Second Offense: Maximum fine and suspension of operations.
- 3) Third Offense: Permanent closure, revocation of business permits, and inclusion in a “National Environmental Health Blacklist,” disqualifying the entity from future government contracts.

- L) *Criminal Liability.* Administrative fines shall be without prejudice to criminal prosecution under the Revised Penal Code or special laws. If the violation results in death or permanent disability of any person, the maximum penalty provided under the law shall be applied to the corporate officers or responsible personnel.

SEC. 34. Prohibited Acts, Penalties, and Enforcement.

M) *Prohibited Acts*. It shall be unlawful for any person, public official, or juridical entity to:

- 1) Obstruction of Mandate: Refuse entry to Environmental Health Officers (EHOs) or withhold records required for a Health Impact Clearance (HIC) or Water Safety Plan audit.
- 2) Environmental Misrepresentation: Provide false data regarding chemical discharges, indoor air quality, or the presence of Asbestos and Radon in public or commercial buildings.
- 3) Illegal Disposal of Clinical/Toxic Waste: Improperly dump hazardous medical, radioactive, or “Non-Environmentally Acceptable” (NEAP) materials into municipal systems or the environment.
- 4) Violation of Cease and Desist: Continue operations after the EHA has issued an emergency order due to an immediate threat to public health (e.g., a localized outbreak or chemical leak).

N) *Schedule of Penalties*.

- 1) Administrative Fines: The EHA is authorized to impose fines ranging from ₱50,000 to ₱5,000,000 per day for continuing violations, depending on the severity of the health risk and the size of the entity.
- 2) Criminal Liability: Any individual or responsible officer of a corporation found guilty of “Gross Environmental Health Negligence” resulting in mass illness or death shall face imprisonment of six (6) to twelve (12) years (Prision Mayor).
- 3) Corporate Sanctions: Revocation of the “License to Operate” and permanent blacklisting from government contracts for repeat offenders.

A) *The Environmental Health Trust Fund*. All fines and penalties collected under this Act shall be automatically appropriated to a special Environmental Health Trust Fund (EHTF). This fund shall be used exclusively for:

- 1) The National Biomonitoring Program.
- 2) Emergency response to environmental health disasters.
- 3) Medical assistance for communities affected by proven environmental toxins.

SEC. 35. *Environmental Health Litigation and Remediation Fund*. – All fines and penalties collected under this Act shall be remitted to a special

account known as the Environmental Health Litigation and Remediation Fund. This fund shall be managed by the EHA and used exclusively for:

- 1) Medical Assistance: For communities directly affected by the environmental violation.
- 2) Environmental Remediation: To restore the affected area to health-safe standards.
- 3) Legal and Laboratory Costs: To support the EHA's technical and legal enforcement operations.

SEC. 36. *Funding and Fiscal Sustainability.*

- a) *Initial Appropriation.* The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for its continued operation and maintenance shall be included in the annual General Appropriations Act (GAA).
- b) *Retention of Income and Regulatory Fees.* The EHA is hereby authorized to retain twenty percent (20%) of all fees, charges, and assessments collected from the issuance of Health Impact Clearances (HIC), Sanitary Permits for high-risk industries, and other regulatory services. These funds shall be constituted as a Revolving Fund to be used exclusively for:
 - 1) The procurement and maintenance of advanced laboratory equipment;
 - 2) Capacity building and continuous specialized training for its technical personnel;
 - 3) The upgrade of the National Environmental Health Data Repository.
- c) *The Environmental Health Trust Fund (EHTF).* There is hereby established an Environmental Health Trust Fund, which shall be managed by the EHA and used for emergency remediation and community health assistance. The EHTF shall be sourced from:
 - 1) Administrative Fines: One hundred percent (100%) of all fines collected from violations of environmental health standards and HIA mandates;
 - 2) Grants and Donations: Any amount received from local or international organizations, provided that such donations do not constitute a conflict of interest;

- 3) **Environmental Tax Share:** Five percent (5%) of the national government's share in the proceeds from the utilization and development of national wealth (e.g., mining and energy taxes) as provided for in the Local Government Code.
- d) *Fiscal Incentives for Compliance.* The EHA, in coordination with the Department of Finance (DOF), shall develop a program to provide "Health-Safe Tax Credits" or laboratory fee discounts for industries that consistently demonstrate beyond-compliance performance in environmental health audits and pollution reduction.
- e) *Transparency and Audit.* The management and utilization of the EHA's funds shall be subject to existing government budgeting, accounting, and auditing rules and regulations, and shall be audited annually by the Commission on Audit (COA).

SEC. 37. Transitional Provisions and Administrative Integration.

- a) *Absorption and Reorganization.* The existing Environmental and Occupational Health Division (EOHD) and all related sub-units under the Public Health Services Cluster of the Department of Health are hereby absorbed into the EHA. All functions, assets, equipment, records, and unexpended appropriations of the absorbed units shall be transferred to the respective National Centers of the EHA.
- b) *Personnel Safeguards and Career Transition.*
 - 1) **Non-Diminution of Benefits:** No employee of the absorbed units shall be laid off or demoted in rank or salary as a result of this reorganization.
 - 2) **Right of First Refusal:** Existing permanent personnel shall have the "Right of First Refusal" for corresponding positions in the new National Centers, provided they meet the revised qualification standards established by the EHA and the Civil Service Commission.
 - 3) **The EHO Transition Program:** All incumbent Sanitation Inspectors shall undergo a mandatory one-year Professional Bridging Program to transition into the role of Environmental Health Officers (EHOs), aligning their skills with the technical requirements of the five new Centers.
- c) *Interim Operations.* To prevent any gap in public health oversight, the current Chief of the EOHD shall serve as the Interim Administrator for a period not exceeding six (6) months, or until such time that the President of the Philippines appoints the Director-General and the five Center Directors.

- d) *Promotion Policy*: Qualified internal candidates shall be prioritized for promotion to higher-level technical or managerial positions within the EHA before such positions are opened to external applicants.
- e) *No New Hires Rule*: No new external employees shall be hired for the EHA and its regional counterparts until all permanent personnel from the predecessor units have been properly appointed or placed in the new organizational structure.
- f) *Voluntary Separation and Retirement*. Personnel who opt not to be absorbed into the EHA and its regional counterparts or who are eligible for retirement shall be entitled to the retirement benefits and separation pay provided under RA 6656 and other existing laws.

SEC. 38. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the Secretary of Health, in coordination with all relevant agencies, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SEC. 39. Separability Clause. – If any provision or part of this Act is declared unconstitutional or invalid by a court of competent jurisdiction, the remaining provisions or parts not affected thereby shall remain in full force and effect.

SEC. 40. Repealing Clause. – All laws, presidential decrees, executive orders, rules, and regulations—specifically relevant sections of Presidential Decree No. 856 (Code on Sanitation of the Philippines) and Executive Order No. 119—which are inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SEC. 41. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.