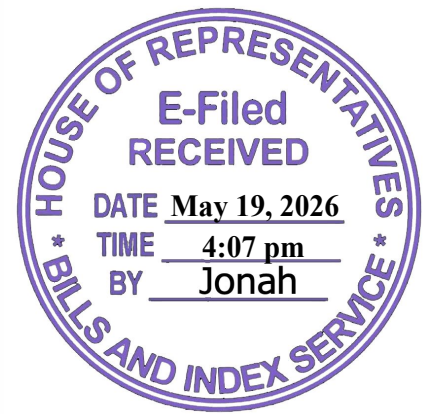


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **9332**



Introduced by Honorable Dr. Edwin Ledesma Cruzado, M.D.

1 **AN ACT MANDATING ALL RURAL HEALTH UNITS TO ESTABLISH AND**
2 **OPERATE AN ANIMAL BITE CENTER, STRENGTHENING THE NATIONAL**
3 **ANTI-RABIES PROGRAM, AND APPROPRIATING FUNDS THEREFOR, AND FOR**
4 **OTHER PURPOSES**

5

6

EXPLANATORY NOTE

7

8 Rabies remains one of the most fatal yet entirely preventable infectious diseases in the
9 Philippines. Despite decades of public health interventions under Republic Act No. 9482,
10 otherwise known as the Anti-Rabies Act of 2007, and the efforts of the Department of Health's
11 National Rabies Prevention and Control Program (NRPCP), the Philippines continues to record
12 hundreds of human rabies deaths annually; the majority of which are children below fifteen (15)
13 years of age. Rabies is almost invariably fatal once clinical symptoms manifest. Timely access to
14 proper wound care, post-exposure prophylaxis (PEP), and, where indicated, rabies
15 immunoglobulin (RIG) is not merely important but life-saving and time-critical.

16

17 A persistent structural gap remains, i.e., animal Bite Centers (ABCs) are concentrated in
18 provincial and district hospitals, leaving barangay-level and municipal-level populations,
19 particularly those in geographically isolated and disadvantaged areas (GIDAs) and 4th to 6th
20 class municipalities, without ready access to standardized rabies exposure management. The
21 consequence is delayed treatment, prohibitive out-of-pocket expenditures, and preventable
22 deaths.

23

24 Rural Health Units (RHUs), as the primary government frontline of healthcare delivery in
25 every municipality and city, are uniquely positioned to close this gap. Already embedded within
26 communities, staffed with trained health personnel, and integrated into local health systems
27 under Republic Act No. 7160 (Local Government Code), RHUs serve as the de facto first point
28 of contact for health emergencies in underserved areas.

29

30 This measure institutionalizes RHU-based Animal Bite Centers nationwide to ensure that
31 every municipality and city, regardless of income classification, geographic accessibility, or
32 distance from a hospital, is equipped to deliver immediate and standardized rabies exposure

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33 management. It strengthens the operationalization of RA 9482 and aligns with the Universal
34 Health Care Act (RA 11223), the One Health approach, and the global target of eliminating
35 dog-mediated human rabies by 2030.

36

37 Key improvements over the existing policy framework include: mandatory ABC
38 establishment in all RHUs with a phased, GIDA-prioritized timeline; strengthened PhilHealth
39 benefit coverage for PEP; explicit inter-agency coordination with the Department of
40 Agriculture's Bureau of Animal Industry (DA-BAI); community rabies education through the
41 barangay health system; telemedicine support for geographically isolated RHUs; enforceable
42 administrative sanctions against non-compliant local government units; and an integrated
43 human-animal rabies surveillance system aligned with the One Health approach.

44

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

46

47

48

49

Hon. Dr. Edwin Ledesma Cruzado, M.D.
Representative 1st District of Cotabato



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Quezon City

TWENTIETH CONGRESS
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House Bill No. **9332**

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AN ACT MANDATING ALL RURAL HEALTH UNITS TO ESTABLISH AND OPERATE AN ANIMAL BITE CENTER, STRENGTHENING THE NATIONAL ANTI-RABIES PROGRAM, AND APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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 “Rural Health Unit Animal Bite Center Act of 2026.”

SECTION 2. Declaration of Policy. It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos by ensuring timely, accessible, equitable, and affordable post-exposure prophylaxis for individuals bitten or otherwise exposed to potentially rabid animals. Consistent with Republic Act No. 9482 (Anti-Rabies Act of 2007) and Republic Act No. 11223 (Universal Health Care Act), the State shall close the gap in the geographic distribution of Animal Bite Centers by expanding their availability through the Rural Health Unit network. The State likewise upholds a One Health approach, recognizing the interdependence of human health, animal health, and environmental factors in the prevention and control of rabies, in coordination with the international commitment to eliminate dog-mediated human rabies by 2030.

- (a) "Animal Bite Center" or "ABC" refers to a health facility or designated unit within a health facility duly certified by the Department of Health to provide comprehensive rabies exposure management services, including wound cleansing, post-exposure prophylaxis, and rabies immunoglobulin administration, in accordance with national standards.
- (b) "Anti-Rabies Vaccine" refers to any WHO-prequalified cell culture- or embryonated egg-based rabies vaccine registered with the Food and Drug Administration and approved for use in post-exposure prophylaxis.
- (c) "Category of Exposure" refers to the World Health Organization's classification of animal bite exposures into Category I (no exposure), Category II (minor exposure), and Category III (severe exposure), which determines the required course of post-exposure prophylaxis.

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- 81 (d) "Cold Chain Management" refers to the system of handling, storing, and transporting
82 vaccines within required temperature ranges to maintain their efficacy from manufacture
83 to administration.
- 84 (e) "Department" refers to the Department of Health (DOH).
- 85 (f) "Geographically Isolated and Disadvantaged Area" or "GIDA" refers to a community
86 physically and socio-economically separated from mainstream society as defined under
87 DOH Administrative Order No. 2012-0012 and Republic Act No. 11223.
- 88 (g) "Local Government Unit" or "LGU" refers to a province, city, municipality, or barangay
89 as defined under Republic Act No. 7160.
- 90 (h) "One Health" refers to the collaborative, multisectoral, and transdisciplinary approach —
91 working at the local, regional, national, and global levels — recognizing the
92 interconnection between humans, animals, plants, and their shared environment.
- 93 (i) "Post-Exposure Prophylaxis" or "PEP" refers to the comprehensive management of a
94 person exposed to a potentially rabid animal, which includes wound treatment, anti-rabies
95 vaccination, and, where indicated, administration of rabies immunoglobulin.
- 96 (j) "Rabies Immunoglobulin" or "RIG" refers to either human (HRIG) or equine (ERIG) rabies
97 immunoglobulin administered as part of PEP for Category III exposures, to provide
98 immediate passive immunity.
- 99 (k) "Rural Health Unit" or "RHU" refers to the primary healthcare facility established and
100 operated by a municipality or city government under Republic Act No. 7160, staffed by a
101 municipal or city health officer.
- 102 (l) "Suspect Rabid Animal" refers to any animal displaying behavior consistent with rabies
103 infection or any animal that bites a person without provocation, whether or not the animal
104 is subsequently confirmed to be rabid.

105
106 **SECTION 4.** *Mandatory Establishment of Animal Bite Centers in All Rural Health Units.*

107 All Rural Health Units nationwide shall establish, operate, and continuously maintain a duly
108 certified Animal Bite Center within their respective facilities. Each RHU-based Animal Bite
109 Center shall provide the following services, in accordance with standards prescribed by the
110 Department:

111

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- 112 (a) Immediate wound cleansing, debridement, and clinical risk assessment based on the
113 category of exposure;
114 (b) Administration of anti-rabies vaccines following the complete prescribed regimen;
115 (c) Administration of rabies immunoglobulin for Category III exposures;
116 (d) Appropriate referral of severe, complicated, or immunocompromised cases to higher-level
117 health facilities;
118 (e) Systematic surveillance and reporting of animal bite incidents and rabies exposures to the
119 Department and relevant agencies;
120 (f) Observation, follow-up, and completion of vaccination schedules;
121 (g) Coordination with local veterinary services for the observation and, where warranted, the
122 testing of suspect animals; and
123 (h) Sustained community education on rabies prevention, responsible animal ownership, and
124 the importance of completing the full vaccination regimen.
125 (i) Such other services as may be prescribed by the Department of Health through subsequent
126 administrative orders, circulars, and issuances under the National Rabies Prevention and
127 Control Program, including any updated clinical protocols, surveillance requirements, and
128 biologics standards consistent with prevailing World Health Organization
129 recommendations and the One Health approach.
130

131 **SECTION 5. *Phased Implementation.*** The establishment of Animal Bite Centers in all
132 Rural Health Units shall be implemented in three (3) phases, as follows:

- 133 (a) Phase I; within three [3] years from effectivity: All RHUs in highly urbanized cities and
134 component cities, as defined under Republic Act No. 7160, shall establish operational
135 ABCs.
136 (b) Phase II; within two [2] years from effectivity: All RHUs in municipalities and cities not
137 classified as GIDA but without an existing DOH-certified Animal Bite Center within a ten
138 (10)-kilometer radius, or without accessible transport linkages to an existing ABC, shall
139 establish operational ABCs.
140 (c) Phase III; within three [3] years from effectivity: All remaining RHUs nationwide,
141 including those in municipalities and cities classified as Geographically Isolated and
142 Disadvantaged Areas (GIDAs), as well as those located in provinces with a rabies
143 incidence rate above the national average, shall establish and operate compliant Animal

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144 Bite Centers. The extended timeline for this phase recognizes the additional personnel,
145 infrastructure, and procurement requirements necessary to establish fully operational
146 ABCs in geographically isolated and disadvantaged areas.

147
148 The Department of Health, in coordination with the Department of the Interior and Local
149 Government (DILG), shall issue and maintain an updated master list of RHUs and their compliance
150 status, made publicly available through the Department's official website and the DILG's LGU
151 portal.

152
153 **SECTION 6. *Standards and Certification.*** All RHU-based Animal Bite Centers shall
154 comply with the standards, protocols, and certification requirements established by the Department
155 of Health under the National Rabies Prevention and Control Program. The Department shall issue
156 the necessary certifications upon finding that an RHU-based ABC satisfies minimum standards for
157 facilities, equipment, cold chain, staffing, and service delivery. Certification shall be valid for a
158 period of three (3) years, subject to periodic monitoring, unannounced inspections, and renewal.
159 The Department shall provide technical assistance, training, and capacity-building support to
160 RHUs to facilitate compliance.

161
162 **SECTION 7. *Licensing and Accreditation.*** No Animal Bite Center established under this
163 Act shall operate without a valid License to Operate (LTO) and corresponding certification issued
164 by the Department of Health. Continued operation shall be subject to periodic inspection and
165 compliance audits. Failure to renew certification, material non-compliance with applicable
166 standards, or substantiated reports of substandard care shall constitute sufficient ground for the
167 suspension or revocation of authority to operate, without prejudice to applicable administrative
168 and criminal liability under existing law.

169
170 **SECTION 8. *Staffing Requirements.*** Each RHU-based Animal Bite Center shall maintain
171 minimum staffing adequate to ensure continuous, effective service delivery, which shall include:

- 172
173 (a) At least one (1) physician trained in rabies exposure management and post-exposure
174 prophylaxis who shall serve as the ABC-in-charge;

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175 (b) At least one (1) nurse or midwife trained in vaccine administration and adverse event
176 monitoring; and

177 (c) At least one (1) health worker trained in vaccine handling and cold chain management.

178 In municipalities where physician staffing is limited, the Department of Health may
179 authorize, through issuance of appropriate guidelines, trained nurses or midwives to perform rabies
180 exposure management under physician teleconsultation protocols, subject to applicable scope-of-
181 practice regulations under Republic Act No. 9173 (Philippine Nursing Act of 2002) and Republic
182 Act No. 7392 (Midwifery Act). Local government units may augment staffing levels as necessary
183 to meet service demands.
184

185 **SECTION 9.** *Continuing Professional Development.* All personnel assigned to RHU-
186 based Animal Bite Centers shall undergo mandatory training prior to assignment and periodic re-
187 certification not less than once every three (3) years thereafter, covering rabies exposure
188 management, post-exposure prophylaxis protocols, vaccine administration, cold chain
189 management, adverse event monitoring and reporting, and rabies surveillance. The Department of
190 Health, in coordination with the Professional Regulation Commission and relevant professional
191 regulatory boards, shall develop and accredit continuing education units for such training.
192

193 **SECTION 10.** *Supply of Vaccines, Biologics, and Equipment.* The Department of Health
194 shall ensure the continuous, adequate, and equitable supply of anti-rabies vaccines, rabies
195 immunoglobulin, wound care supplies, personal protective equipment, and cold chain equipment
196 necessary for the uninterrupted operation of all RHU-based Animal Bite Centers. Procurement
197 shall be governed by Republic Act No. 9184 (Government Procurement Reform Act) and shall
198 prioritize quality-assured and internationally prequalified products. The Department shall
199 coordinate with the Department of Budget and Management to ensure timely release of
200 procurement funds to prevent stock-outs.
201

202 **SECTION 11.** *National and Regional Buffer Stock System.* The Department of Health shall
203 establish and maintain a national buffer stock system, with corresponding regional buffer depots,
204 for anti-rabies vaccines and rabies immunoglobulin. Buffer stocks shall be maintained at a level
205 sufficient to supply all RHU-based ABCs for a minimum period of ninety (90) days, and shall be
206 replenished continuously to prevent depletion. RHU-based ABCs shall maintain minimum

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207 facility-level stock levels based on projected utilization rates as determined by the Department.
208 All stock movements shall be recorded in a real-time vaccine inventory management system
209 accessible to the Department and relevant LGU health offices.
210

211 **SECTION 12. *Telemedicine and Remote Clinical Support.*** The Department of Health shall
212 establish and maintain a telemedicine and teleconsultation support system accessible to all RHU-
213 based Animal Bite Centers, with priority for facilities in GIDAs and remote areas, to facilitate real-
214 time clinical guidance on rabies exposure management, complex cases, and adverse event
215 response. This system shall be integrated into the Department's existing digital health
216 infrastructure under Republic Act No. 11223 and the National Digital Health Ecosystem. Internet
217 connectivity gaps in GIDAs shall be coordinated with the Department of Information and
218 Communications Technology (DICT) for resolution under applicable connectivity programs.
219

220 **SECTION 13. *PhilHealth Benefit Coverage.*** The Philippine Health Insurance Corporation
221 (PhilHealth) shall, within ninety (90) days from the effectivity of this Act, revise or expand its
222 benefit packages to ensure comprehensive coverage for post-exposure prophylaxis services,
223 including the complete series of anti-rabies vaccinations and rabies immunoglobulin, whether
224 availed at RHU-based Animal Bite Centers or at higher-level health facilities. Coverage shall apply
225 to all PhilHealth members and their qualified dependents. Consistent with the Universal Health
226 Care Act, no indigent or financially incapacitated patient shall be denied access to treatment on
227 account of inability to pay. PhilHealth shall report compliance to Congress within one hundred
228 eighty (180) days from effectivity of this Act.
229

230 **SECTION 14. *Funding.*** The amount necessary for the initial operationalization of this
231 Act, including the construction or renovation of ABC facilities, procurement of equipment and
232 initial vaccine stocks, and training of RHU personnel, shall be charged against the current
233 appropriations of the Department of Health under the National Rabies Prevention and Control
234 Program. Thereafter, such sums as may be necessary for the continued implementation, operation,
235 and monitoring of RHU-based Animal Bite Centers shall be included in the annual General
236 Appropriations Act under the Department of Health.
237

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Local government units shall provide counterpart funding for the infrastructure, staffing augmentation, logistics, operations and maintenance, and community outreach activities of RHU-based ABCs from their respective local health funds, including the Health Facilities Enhancement Program (HFEP) allocations, Special Education Fund where applicable, and other available local fiscal resources. Provinces, cities, and municipalities may enter into inter-LGU agreements to jointly establish and operate shared ABCs in areas where demand or resources do not justify independent facilities.

No service fee shall be charged to indigent patients, children below eighteen (18) years of age, or senior citizens. Reasonable cost-recovery fees may be imposed on other patients, provided that no patient shall be denied emergency post-exposure prophylaxis on account of inability to pay. RHU-based ABCs shall maintain a revolving fund from such fees, subject to the usual accounting and auditing rules and regulations.

SECTION 15. *Role of Local Government Units.* Local government units, in coordination with their respective local health boards, shall support the establishment and operation of RHU-based Animal Bite Centers by:

- (a) Providing adequate, appropriately located space within or immediately adjacent to the Rural Health Unit premises;
- (b) Enacting and enforcing local ordinances on responsible animal ownership, mandatory dog registration, and stray animal management, in coordination with the DA-BAI;
- (c) Supporting community-based rabies prevention activities, including mass dog vaccination campaigns, in partnership with barangay health workers and the local veterinary office;
- (d) Coordinating with barangay officials for timely surveillance, case reporting, and tracing of suspect animals; and
- (e) Including rabies prevention and the sustainability of RHU-based ABC operations in their annual investment plans for health (AIPH) submitted to the Department of Health.

SECTION 16. *Compliance, Monitoring, and Administrative Accountability.* The Department of Health and the Department of the Interior and Local Government shall jointly monitor LGU compliance with the mandates of this Act. The failure of any local government unit

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270 to establish or maintain a compliant, operational, and certified Animal Bite Center within the
271 period prescribed in Section 5 of this Act shall be reported to the Office of the Ombudsman and to
272 the Sangguniang Panlalawigan or Sangguniang Panlungsod with jurisdiction, and shall subject the
273 responsible local chief executive and health officer to the following consequences:
274

- 275 (a) A notice of non-compliance, requiring submission of a written Compliance Action Plan
276 within thirty (30) days;
277 (b) Technical intervention and supervised implementation by the Department of Health and
278 the DILG, at the expense of the non-compliant LGU, upon continued failure after sixty
279 (60) days from notice; and
280 (c) Administrative sanctions in accordance with Republic Act No. 7160, the Civil Service
281 Law, and other applicable statutes, upon a finding of willful or grossly negligent non-
282 compliance, without prejudice to other civil or criminal liability under existing law.
283

284 The DILG shall include ABC compliance indicators in the annual Seal of Good Local
285 Governance (SGLG) assessment and other LGU performance evaluation frameworks.
286

287 **SECTION 17. Inter-Agency Coordination.** The Department of Health shall lead and
288 coordinate with the following agencies to ensure an integrated, harmonized, and One Health-
289 compliant approach to rabies prevention and control:
290

- 291 (a) Department of Agriculture – Bureau of Animal Industry (DA-BAI): For mass dog
292 vaccination programs, stray dog population management, animal bite epidemiology, and
293 animal disease surveillance;
294 (b) Department of the Interior and Local Government (DILG): For LGU compliance
295 monitoring, enforcement of local anti-rabies ordinances, and integration of ABC
296 performance in LGU evaluation frameworks;
297 (c) Department of Education (DepEd) and Commission on Higher Education (CHED): For
298 integration of rabies prevention education in school curricula and health programs;
299 (d) Department of Information and Communications Technology (DICT): For provision of
300 reliable internet connectivity to GIDA-based RHU ABCs to enable telemedicine and
301 electronic surveillance reporting;

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- 302 (e) Philippine Health Insurance Corporation (PhilHealth): For expansion of benefit coverage
303 for PEP as provided in Section 13 of this Act;
304 (f) Local Rabies Control Committees (LRCCs): For local coordination, animal bite
305 surveillance, and community education, consistent with RA 9482; and
306 (g) Other relevant national agencies and international bodies, including the World Health
307 Organization and the Food and Agriculture Organization, as may be appropriate.
308

309 **SECTION 18.** *Integrated One Health Rabies Surveillance System.* The Department of
310 Health, in coordination with the DA-BAI and relevant LGUs, shall establish and maintain an
311 integrated human-animal rabies surveillance system consistent with the One Health approach. All
312 RHU-based Animal Bite Centers shall submit standardized exposure reports, vaccination records,
313 and adverse event notifications through the electronic Integrated Disease Surveillance and
314 Response (IDSR) system or such successor system as the Department may designate. The
315 surveillance system shall enable real-time tracking of animal bite incidence, vaccine utilization,
316 PEP completion rates, and post-vaccination adverse events, and shall serve as the evidence base
317 for policy adjustments, resource allocation, and the phased implementation updates required under
318 Section 5 of this Act.
319

320 **SECTION 19.** *Private Sector Participation.* Private hospitals, clinics, and Animal Bite
321 Treatment Centers (ABTCs) are encouraged to complement the public RHU-based ABC system
322 by participating in the National Rabies Prevention and Control Program. The Department of Health
323 may enter into memoranda of agreement with private health facilities for the referral, treatment,
324 and follow-up of animal bite cases, subject to applicable PhilHealth reimbursement arrangements.
325 Private sector facilities shall comply with the same DOH standards and reporting requirements
326 applicable to RHU-based ABCs. Tax incentives for private facilities that participate in underserved
327 and GIDA areas shall be subject to applicable provisions of the Tax Code and applicable
328 investment promotion laws.
329

330 **SECTION 20.** *Access and Equity Safeguards.* No individual bitten or exposed to a
331 potentially rabid animal shall be denied access to post-exposure prophylaxis by reason of inability
332 to pay, citizenship status, geographic location, or any other ground. The following shall receive
333 priority access and, where applicable, free services at all RHU-based ABCs:

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- 334 (a) Children below eighteen (18) years of age;
335 (b) Senior citizens, persons with disabilities, and pregnant women;
336 (c) Indigent patients as defined under applicable social welfare legislation; and
337 (d) Patients with Category III exposures, regardless of socioeconomic status.
338

339 The Department of Health shall ensure that all RHU-based ABCs maintain sufficient buffer
340 stock of vaccines and RIG to service patients unable to pay, through the buffer stock system
341 established under Section 11 of this Act.
342

343 **SECTION 21. Data Privacy and Confidentiality.** All patient records, exposure reports,
344 vaccination data, and surveillance information collected under this Act shall be treated with strict
345 confidentiality and protected in accordance with Republic Act No. 10173 (Data Privacy Act of
346 2012) and its implementing rules. The National Privacy Commission shall be consulted by the
347 Department of Health in establishing data governance protocols for the integrated surveillance
348 system. No patient information shall be disclosed to third parties, including insurance companies,
349 employers, or law enforcement, without the patient's informed written consent, except as required
350 by applicable law for public health reporting purposes.
351

352 **SECTION 22. Monitoring and Performance Evaluation.** The Department of Health shall
353 establish a comprehensive monitoring and evaluation framework with measurable key
354 performance indicators, including but not limited to:
355

- 356 (a) Number and percentage of RHUs with certified, operational ABCs, disaggregated by
357 phase, region, and LGU income class;
358 (b) Timeliness of first-dose PEP administration following exposure within twenty-four [24]
359 hours;
360 (c) PEP completion rates per cohort;
361 (d) Vaccine and RIG stock-out days per facility;
362 (e) Reported adverse events and response timeliness;
363 (f) Annual human rabies case fatality rates, disaggregated by age group and region; and
364 (g) LGU compliance rates per phase target.
365

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366 The Department of Health shall submit an annual implementation report to the President
367 and to both Houses of Congress, and shall make such report publicly accessible through the
368 Department's official website, not later than the thirty-first (31st) of March of the following
369 calendar year. The Commission on Audit shall conduct a performance audit of the program not
370 later than three (3) years from the effectivity of this Act.

371
372 **SECTION 23. *Implementing Rules and Regulations.*** Within ninety (90) days from the
373 effectivity of this Act, the Department of Health, in consultation with the DA-BAI, the DILG,
374 PhilHealth, relevant professional societies, patient advocacy groups, and other stakeholders, shall
375 promulgate the Implementing Rules and Regulations (IRR) necessary for the effective
376 implementation of this Act. The IRR shall be published in the Official Gazette and in at least two
377 (2) newspapers of general circulation, and shall take effect fifteen (15) days after publication.
378 Pending the issuance of the IRR, existing administrative orders and guidelines of the Department
379 of Health governing Animal Bite Centers shall remain in effect insofar as they are not inconsistent
380 with this Act.

381
382 **SECTION 24. *Transitory Provisions.*** All existing Animal Bite Centers operating within
383 Rural Health Units as of the effectivity of this Act shall be deemed provisionally compliant for a
384 period not exceeding one (1) year, within which they shall apply for, and obtain, the corresponding
385 certification under this Act and its IRR. RHU-based ABCs that have already obtained DOH
386 certification under prior administrative issuances shall be credited toward Phase I compliance
387 under Section 5 of this Act, subject to verification by the Department.

388
389 **SECTION 25. *Separability Clause.*** If any provision or part of this Act, or its application
390 to any person or circumstance, is declared invalid or unconstitutional, the remaining provisions
391 shall continue to be valid and in full force and effect.

392
393 **SECTION 26. *Repealing Clause.*** All laws, executive orders, proclamations, decrees,
394 rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified
395 accordingly. Nothing in this Act shall be construed as repealing or diminishing the provisions of
396 Republic Act No. 9482 (Anti-Rabies Act of 2007), Republic Act No. 7160 (Local Government

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397 Code), or Republic Act No. 11223 (Universal Health Care Act), except insofar as they are
398 inconsistent herewith.

399

400 **SECTION 27. Effectivity.** This Act shall take effect fifteen (15) days after its publication
401 in the Official Gazette or in at least two (2) newspapers of general circulation.

402

403 **APPROVED,**

404