



Republic of the Philippines
House of Representatives



20th CONGRESS
Second Regular Session

HOUSE BILL NO. **9835**

Introduced by Hon. Charisse Anne C. Hernandez

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution declares that the State shall protect and promote the right to health of the people and instill health consciousness among them. Article XIII, Section 11 likewise mandates the State to adopt an integrated and comprehensive approach to health development and make essential goods, health, and other social services available to all the people at affordable cost.

Barangay Health Workers (BHWs) serve as the frontline health workforce in communities and constitute an indispensable component of the country's primary health care system. They bridge the gap between communities and the formal health care system by assisting in the delivery of preventive, promotive, curative, and rehabilitative health services, particularly in underserved and geographically isolated areas.

The crucial role of BHWs became even more evident during public health emergencies, including the COVID-19 pandemic, where they served as first responders in community surveillance, contact tracing, health education, vaccination campaigns, and the delivery of essential health services. Despite their indispensable contributions, many Barangay Health Workers continue to receive minimal compensation and insufficient social protection.

Although Republic Act No. 7883, otherwise known as the Barangay Health Workers' Benefits and Incentives Act of 1995, grants certain benefits and incentives, there remains a need to institutionalize a comprehensive framework that guarantees the rights, welfare, security of tenure, capacity development, and protection of Barangay Health Workers.

This measure seeks to establish a Magna Carta of Barangay Health Workers that will provide adequate compensation, allowances, hazard protection, insurance coverage, retirement benefits, training opportunities, and protection against arbitrary removal from service. It likewise aims to recognize Barangay Health Workers as indispensable partners in the implementation of universal health care and primary health care services.

The passage of this bill will strengthen the country's community-based health system and ensure that Barangay Health Workers receive the support, protection, and recognition they rightfully deserve.

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

A handwritten signature in black ink, appearing to read 'Charisse', with a stylized flourish at the end.

CHARISSE ANNE C. HERNANDEZ
Lone District, Calamba City

Republic of the Philippines HOUSE
OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

House Bill No. 9835

Introduced by Honorable Charisse Anne C. Hernandez

**AN ACT PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS,
DEFINING THEIR RIGHTS, BENEFITS, DUTIES AND RESPONSIBILITIES,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

**CHAPTER I
GENERAL PROVISIONS**

SECTION 1. Short Title. This Act shall be known as the "Magna Carta of Barangay Health Workers Act."

SEC. 2. Declaration of Policy. It is hereby declared the policy of the State to recognize, protect, and promote the welfare of Barangay Health Workers as frontline providers of primary health care services and vital partners in achieving universal health care and community health development.

SEC. 3. Definition of Terms. For purposes of this Act:

- (a) "Barangay Health Worker" or "BHW" refers to a person who has undergone training under any accredited government or government-recognized program and who voluntarily renders primary health care services in the community and is accredited by the Local Health Board pursuant to Republic Act No. 7883;
- (b) "Accredited Barangay Health Worker" refers to a BHW duly accredited by the Local Health Board and recognized by the Department of Health (DOH);
- (c) "Primary Health Care Services" refer to promotive, preventive, curative, rehabilitative, and palliative health interventions rendered at the community level.

SEC. 4. Scope and Coverage. This Act shall apply to all duly accredited Barangay Health Workers nationwide, whether as volunteers or government employees, and all LGUs and national government agencies that mobilize BHWs to expand the delivery of primary health care services to communities, families, and individuals.

**CHAPTER II
THE BARANGAY HEALTH WORKERS IN PRIMARY HEALTH CARE DELIVERY**

SEC. 5. The Role of BHWs in Providing Primary Health Care. - The BHWs shall serve as frontliners in supporting the delivery of primary health care in the community. They shall form part of the community health teams of the barangay health station, health center, or any other primary health

care facility, of the municipal/city health office, established to provide primary health care services to a barangay or a part of it, or a cluster of barangays. For this purpose, BHWs are hereby declared as members of the cadre of community health care workers.

The head of the barangay health station, health center, or any other primary health care facility, of the municipal/city health office, shall exercise day-to-day direct control and supervision over the BHWs.

- a) Primary health care service provider – to assist in providing primary health care services to the members of the community;
- b) Health educator - to provide knowledge and skills to members of the community in the prevention and management of simple illnesses;
- c) Community organizer - to organize and mobilize the community towards self-reliance; and
- d) Record keeper - to assist in the development and maintenance of a community health profile, and collect health data and information of families and individuals in the community.

Certified BHWs shall assume expanded functions within the primary care provider network consistent with Republic Act No. 11223, otherwise known as the "Universal Health Care Act." They shall assist in coordinating patient navigation and referral within the health care provider network, and may serve as initial and continuing points of contact in accordance with policies issued by the Department of Health (DOH): Provided, That nothing herein shall supersede referral protocols or physician gatekeeping requirements under existing laws and regulations.

To effectively and efficiently perform these roles and expectations, the BHWs to be assigned to a barangay health station, health center, or any other primary health care facility should be residents of the community.

SEC. 6. Coordination Between the Health Station/Health Center/Health Care Facility of the Municipal/City Health Office with the Barangay. - The head of the barangay health station, health center, or any other primary health care facility, of the municipal/city health office, shall coordinate and collaborate with the punong barangay, or with several punong barangays in the case of health centers providing services to a cluster of barangays, in the implementation of programs and activities to address the primary health care needs of the communities.

Pursuant to Section 17(b)(1)(ii) of the Local Government Code, as amended, the punong barangay shall support the delivery of health services in the community by ensuring the maintenance of the health station/center, or any other primary health supplies, and services needed by BHWs. care facility, particularly in providing the necessary additional logistical support, supplies, and services needed by BHWs.

SEC. 7. Number of Barangay Health Workers. – The determination of the number of BHWs who can serve a barangay or a cluster thereof shall be guided by and based on, among others, the catchment population, the community health profile, and the need for different primary health care services.

The DOH, in consultation with the LGUs, shall determine the ideal ratio of BHWs with the required competencies to households and shall issue an updated policy on 5 this ratio every five (5) years.

CHAPTER III

REGISTRATION, CAPABILITY-BUILDING, AND RETENTION

SEC. 8 Registration. - In addition to qualifications to be set by the municipal/city health board, an

applicant must meet the following requirements to qualify as a BHW:

- a) At least eighteen (18) years of age on the date of the filing of the application for registration;
- b) Physically and mentally fit; and
- c) With basic BHW orientation and training as prescribed by the DOH completed in the same year of application for registration.

Eligible applicants shall register with the local health board in the municipality or city where they reside and intend to render service, and shall be given appropriate proof of said registration.

It shall be the duty of the municipal/city health offices, in cooperation with the provincial health offices and the DOH, to provide interested BHW applicants with basic orientation and training.

SEC. 9. Role of the Municipal and City Health Boards. - In addition to their functions under Section 102, Title V of the Local Government Code, as amended, the municipal/city health boards shall prescribe the policies and guidelines and be responsible for the recruitment, selection, registration, certification, retention, and removal of, and the resolution of complaints and grievances involving, BHWs in their jurisdictions.

The decisions of the municipal/city health board with regard to the revocation of registration of a BHW or on the resolution of complaints and grievances of and against BHWs may be appealed to the provincial health board and, thereafter, to the Department of the Interior and Local Government (DILG).

The DILG, in collaboration with the DOH, shall provide the general guidelines in setting up the grievance and appeal mechanism.

SEC. 10. National BHW Information System. – A National BHW Information the System shall be established and maintained by the DOH, in partnership with Department of Information and Communications Technology (DICT), to assist the national government and LGUs in formulating and implementing policies and programs for the organization and development of the cadre of BHWs.

The Information System shall serve as the primary national repository of real time data and information on BHWs nationwide, without prejudice to the maintenance of local records by LGUs consistent with existing laws. It shall contain the list of all BHWs at the barangay, municipal, city, and provincial levels, their socio-demographic profiles, qualifications, areas of assignment, incentives and benefits granted to them, and other information that the DOH may deem necessary.

The municipal/city health boards shall be responsible for registering and continuously updating the records of BHWs in their jurisdictions.

The provincial health boards, with the assistance of the DOH, shall provide training to municipal/city health boards within the province on the use of the Information System and ensure that the local health boards regularly submit accurate data and information on their BHWs.

SEC. 11. Certification of BHWs. – To ensure the health and welfare of the community and further professionalize the cadre of BHWs in rendering primary health care services, a duly registered BHW shall undergo certification by the municipal/city health board.

The DOH, in consultation with the Technical Education and Skills Development Authority (TESDA), the Commission on Higher Education (CHED), and the Civil Service Commission (CSC), shall promulgate the policies, standards, and guidelines for the certification of competency of BHWs.

To qualify for certification, a registered BHW must have:

- (a) Completed at least two (2) years of continuous service in the locality;
- (b) Completed the training on the roles, duties, and responsibilities as a BHW, as prescribed by the DOH;
- (c) Provided satisfactory performance as evaluated by the health care professional supervising the concerned BHW immediately prior to the filing of application for certification; and
- (d) Completed the courses for the certification component of the Education and Training Program under Section 12 of this Act.

The municipal/city health boards shall act on the application for certification of BHWs not later than thirty (30) days from the date of application and issue the certificates of competency to qualified BHWs upon inspection, verification, or testing of their conformity to policies, standards, and guidelines issued by the DOH.

It shall be the duty of the municipal/city governments, in cooperation with the provincial government and the DOH, to provide the applicant BHWs with the necessary support and opportunities for certification.

SEC. 12. Education and Training Program for BHWs. – The DOH and the TESDA, in collaboration with the CSC, the CHED, relevant government agencies, LGUs, education institutions, and stakeholders, shall develop and institutionalize a continuing competency-based education and training curriculum for all BHWs.

The curriculum shall train BHWs to serve as primary health care service providers, health educators, community organizers, and record keepers. It shall prescribe the courses for the certification component and for the continuing health education and capacity-building of all BHWs.

The DOH and the TESDA shall complement the competency-based education and training curriculum by making available web-based and mobile applications for purposes of:

- (a) Providing training materials to enhance the knowledge and skills of BHWs;
- (b) Offering forums for BHWs to communicate, share experiences, and seek advice from peers and health professionals;
- (c) Disseminating new policies, programs, and guidelines pertaining to their roles and responsibilities;
- (d) Facilitating reporting and feedback mechanisms to improve service delivery and address challenges faced in the field; and
- (e) Offering resources, including health and wellness programs, for personal and professional development.

SEC. 13. Inclusion of the BHW Positions in the Government Plantilla. – The Department of Budget and Management (DBM), in consultation with the CSC, the DOH and LGUs, shall establish the position classification and the corresponding salary grades for BHWs in the Index of Occupational Services, Position Titles and Salary Grades in the Local Government. Municipalities and cities may employ BHWs within their respective jurisdictions.

SEC. 14. Retention and Continuous Service of BHWs. – Registered and certified BHWs shall continue to perform their roles, duties, and responsibilities except due to the withdrawal of an individual as a BHW or removal for cause by the municipal/city health board after due process. The continuity of services of BHWs, revocation of their registration, or their removal from the cadre of BHWs, shall follow the policies and guidelines promulgated by the DILG and the DOH.

CHAPTER IV

INCENTIVES AND BENEFITS, RIGHTS AND OBLIGATIONS, OF BHWs

SEC. 15. Monetary Incentives and Benefits of Volunteer BHWs. – In recognition of the time, services, and resources they contribute, registered and certified volunteer BHWs shall receive or be provided with the following monetary incentives and benefits:

- (1) **BHW Volunteer Benefit.** - A monthly monetary benefit of not less than Three Thousand Pesos (P3,000.00) shall be granted by the municipality or city where they serve, in the form of an honorarium for services rendered: Provided, That the grant of this honorarium shall be exempt from the forty-five percent (45%) cap on the budget of LGUs for Personnel Services during the first year of implementation: Provided, further, That the DOH, in coordination with the DILG and the DBM, shall review and adjust the minimum BHW Volunteer Benefit every three (3) years;
- (2) **Transportation Allowance or Expense Reimbursement.** - Registered and certified volunteer BHWs shall be provided by the municipality or city with transportation allowance or reimbursement of actual transportation expenses incurred in the performance of their functions, as authorized by law or regulation.
Provided, that the barangay where they are assigned may provide transportation support:
Provided, further, that official travels, including seminars, conferences, and transport of patients outside the barangay or locality, shall be borne by the barangay, municipality, city, or province that requested or espoused such travel and shall not be deducted from any monetary benefit received by the BHW;
- (3) **Subsistence Allowance.** - The concerned municipality or city may, subject to the availability of funds, provide a subsistence allowance to volunteer BHWs rendering service in unserved or underserved barangays where they are not residents, to ensure their availability during duty, computed in accordance with prevailing circumstances;
- (4) **Hazard Allowance.** - Volunteer BHWs exposed, in the exercise of their duties, to foreseeable but unavoidable risks to their health, life, or person, including times of pandemic or assignment to communities in or recovering from armed conflict, as validated by proper authorities, shall be granted a hazard allowance by the concerned municipality or city. The amount shall be determined by the local health board in consultation with the local peace and order council, subject to existing laws, rules, and regulations;
- (5) **Cash Gift.** - Volunteer BHWs shall be entitled to a Cash Gift equivalent to not less than the minimum BHW Volunteer Benefit, to be granted every December by the municipality or city where they serve; and
- (6) **Loyalty Incentive.** - A volunteer BHW who withdraws after at least fifteen (15) years of continuous and satisfactory service shall be entitled to a one-time loyalty incentive of not less than Ten Thousand Pesos (P10,000.00), to be borne by the concerned municipality or city, with assistance from the provincial government, where applicable.

SEC. 16. Social Protection and Legal Services for BHWs. – BHWs shall also enjoy the benefits of:

- (1) **Insurance Coverage.** - Insurance coverage and benefit packages, to be designed by the Government Service Insurance System (GSIS) and suited to the needs and circumstances of volunteer BHWs, shall be provided. The premium contributions shall be borne by the concerned municipality or city, subject to existing GSIS laws and regulations; and
- (2) **Free Legal Services.** - Legal representation and consultation services shall be provided by the Public Attorney's Office to a BHW in cases of coercion or interference, and in civil or criminal cases filed by or against the BHW arising out of or in connection with the performance of official duties.

SEC. 17. Professional and Socio-Economic Development of BHWs. –

- (1) **Education and Career Advancement.** - The DOH, in coordination with the Department of Education, CHED, TESDA, CSC, other government agencies, non-government organizations, and LGUS, shall provide BHWs with information on and opportunities for education and career advancement, including:
 - (i) Educational programs that credit years of service and training hours toward 10968 and Republic Act No. 10647; higher education completion under step-ladder curricula pursuant to Republic Act No.
 - (ii) Continuing education, exposure tours, scholarships, and grants;
 - (iii) Scholarship or financial assistance for one (1) child of a BHW; and
 - (iv) Special training programs addressing emerging community health needs.
- (2) **Preferential Access to Government Livelihood Programs.** - Organized BHWs shall be granted preferential access to government livelihood and loan programs.

SEC. 18. Civil Service Eligibility and Credit of Service. – Certified BHWs who have rendered at least five (5) years of continuous and satisfactory service shall be granted sub-professional civil service eligibility, subject to standards and guidelines prescribed by the Civil Service Commission. If subsequently appointed as regular government employees, their years of service as BHWs shall be credited for purposes of retirement benefits.

SEC. 19. Administration of Benefits and Incentives. – Volunteer BHWs not yet receiving any of the foregoing benefits and incentives shall be granted these benefits and incentives beginning January of the ensuing fiscal year, unless earlier granted: Provided, that the concerned municipality or city shall ensure the provision of the minimum BHW Volunteer Benefit prior to the grant of other monetary incentives and benefits, subject to the availability of funds.

All benefits and incentives previously granted under Republic Act No. 7883 and other existing laws shall be deemed integrated into and enhanced under this Act. Nothing herein shall be construed to diminish, reduce, or impair the benefits and incentives already enjoyed by BHWs as of the effectivity of this Act: Provided, that nothing herein shall prevent the barangay, municipality, city, or province from granting additional monetary or non-monetary benefits and incentives.

For employed BHWs, the emoluments, incentives, benefits, honoraria, allowances, and reimbursements of BHWs employed by the municipality or city on a regular, contractual, casual, or job order basis shall be governed by civil service laws and policies issued by the CSC, the Office of the President, the DBM, and the concerned LGU.

SEC. 20. BHW Deployment Subsidy to Low-Income Municipalities. – There is hereby established a BHW Deployment Subsidy to Low-Income Municipalities, which shall provide financial assistance to third, fourth, and fifth class municipalities to enable them to deploy and sustain a sufficient number of registered and certified volunteer BHWs, particularly in unserved or underserved areas within their jurisdictions.

The Subsidy shall cover the funding gap necessary to provide the minimum BHW Volunteer Benefit to registered and certified volunteer BHWs, taking into account the fiscal capacity of the municipality and the number of deployed BHWs, as determined in the year immediately preceding the implementation of the Subsidy.

The Subsidy shall be granted for a period of three (3) years and shall be released in a diminishing manner, as may be prescribed by the DOH, to progressively strengthen the fiscal capacity of recipient municipalities to assume full funding responsibility thereafter.

The DOH, in consultation with the DBM and the DILG, shall issue guidelines prescribing:

- (a) The formula for determining the amount of subsidy, based on municipal income classification, the number of registered and certified volunteer BHWs, and demonstrated funding gaps;
- (b) The schedule and mechanism for the phased or diminishing release of funds;
- (c) The eligibility criteria and documentary requirements for availment; and
- (d) Monitoring, evaluation, and compliance mechanisms. Recipient municipalities shall submit annual utilization and accomplishment reports to the DOH and DBM, detailing the number of BHWs supported, amounts received and disbursed, and service coverage improvements. Failure to comply with reporting requirements may result in suspension or withholding of subsequent releases, subject to due process.

At the end of the three-year period, the DOH shall conduct a comprehensive evaluation of the BHW Deployment Subsidy program and submit its findings and recommendations to Congress, including recommendations on whether to extend, institutionalize, modify, or discontinue the program.

SEC. 21. Discrimination Prohibited. – Discrimination against any BHW by reason of gender, civil status, creed, religious or political beliefs, and ethnic groupings in the exercise of their functions and responsibilities is hereby prohibited.

SEC. 22. Prohibition on Participation in Political Activities. – BHWs employed in government service shall be subject to existing civil service rules on political neutrality. Volunteer BHWs are prohibited from using their position, functions, or access to community beneficiaries to influence partisan political activities. Any BHW who files a certificate of candidacy for any elective public office shall be deemed resigned from his or her position as BHW upon such filing.

CHAPTER V

ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH WORKERS

SEC. 23. Associations and Federations of Barangay Health Workers. –

(a) Levels of Organization of BHW Associations and Federations

BHWs shall organize themselves into duly recognized associations at the municipal and city levels. These associations shall form federations at the provincial and regional levels. All regional federations shall collectively constitute the national federation of BHWs.

For purposes of organization:

1. The provincial federation shall be composed of all municipal and city BHW associations within the province
2. The regional federation shall be composed of all provincial federations within the region: Provided, that, in the case of the National Capital Region, the federation shall be composed of all city and municipal associations therein; and
3. All regional federations shall comprise the national federation.

(b) Functions of BHW Associations and Federations

The associations and federations shall:

1. Serve as venues for consultation, coordination, and representation of BHWs;
2. Formulate and communicate policy recommendations to local health boards, LGUS, and national government agencies concerning the roles, duties, welfare, and professional development of BHWs;
3. Assist in disseminating policies, standards, and programs affecting BHWs;
4. Promote continuing education, peer support, and organizational strengthening

among members; and

5. Support the effective delivery of primary health care services in coordination with local health authorities. Nothing in this Section shall authorize associations or federations to engage in partisan political activities.

(c) Governance and Structure of BHW Associations and Federations

Municipal and city associations, as well as provincial and regional federations, shall elect from among their members a president, vice-president, secretary, treasurer, and such other officers as may be necessary. The national federation shall elect a board of directors headed by a chairperson; national officers headed by a national president; and a secretary-general selected from among its members to manage the day-to-day operations of the federation. The structure, terms of office, and internal governance rules shall be defined the respective constitutions and by-laws of the associations and federations, consistent with this Act and applicable laws.

(d) Support and Incentives for Organizational Duties

Recognizing the additional responsibilities assumed by duly elected officers and members who actively perform organizational and representational functions, the following support mechanisms may be provided, subject to existing laws, rules, and availability of funds:

1. Official Time Recognition. - Participation in officially authorized association or federation meetings, consultations with government agencies, and approved training activities shall be considered authorized service time and shall not result in loss of benefits;
2. Transportation and Communication Support. - LGUs may provide reasonable transportation and communication assistance for officially authorized activities related to policy consultation, training, and coordination;
3. Capacity-Building Support. - Officers of associations and federations may be given priority access to leadership training, organizational management courses, and policy development workshops conducted or recognized by the DOH and other government agencies;
4. Performance Recognition. - LGUs may grant commendations, certificates of recognition, or non-monetary awards to associations and officers demonstrating exemplary service and measurable contributions to community health outcomes; and
5. Modest Honorarium for Federated Duties. - Subject to existing compensation and budgetary rules, LGUs may grant a modest additional honorarium to duly elected officers who are assigned specific and documented functions in support of officially sanctioned programs or consultations: Provided, that such grant shall not be construed as creating an employer-employee relationship nor violate applicable civil service and budgetary laws.

SEC. 24. Consultation with Local Health Boards. - To ensure meaningful participation of BHWs in local health governance, the duly recognized municipal or city BHW association shall designate one (1) representative to the municipal or city health board, respectively.

The designated representative shall be given the opportunity by the municipal or city health board to:

1. Present issues and challenges involving primary health care programs, community health service delivery, BHW deployment, incentives, and capacity-building initiatives;
2. Provide inputs, data, and field-based recommendations to inform local health planning and budgeting; and
3. Communicate the policies and decisions of the local health board to the BHW

associations.

The BHW representative shall be heard and may recommend to the municipal or city health board policies, programs, and activities concerning the BHWs and the delivery of primary health care services in their communities.

The municipal or city health board shall conduct at least an annual consultation meeting with the recognized BHW association within its jurisdiction for purposes of reviewing:

- (a) Deployment and distribution of BHWs;
- (b) Implementation of incentives and benefits under this Act;
- (c) Training and certification needs; and
- (d) Operational challenges in primary health care delivery.

The minutes and resolutions of such consultations shall form part of the official records of the municipal or city health board and shall be considered in local health planning and budget preparation.

CHAPTER VI MISCELLANEOUS PROVISIONS

SEC. 25. Observance of Barangay Health Workers Day and Week. - April 7 of every year is hereby declared as Barangay Health Workers Day in recognition of the invaluable service and dedication of BHWs in delivering primary health care and promoting community health.

The week in which April 7 falls shall be observed as Barangay Health Workers Week, during which the DOH, in coordination with the DILG and LGUs, shall encourage the conduct of appropriate activities to honor and support BHWs nationwide.

SEC. 26. Penalty Clause. - Any public official or employee who willfully refuses, neglects, or unjustifiably fails to implement the mandatory provisions of this Act, or who unduly delays, obstructs, or circumvents its implementation, shall be subject to appropriate administrative, civil, and criminal liability in accordance with existing laws.

SEC. 27. Annual Accomplishment Reports. - The DOH and the DILG shall submit to the Office of the President, the Senate of the Philippines, and the House of Representatives, an annual report on the accomplishments and challenges with regard to the implementation of this Act.

SEC. 28. Appropriations. - The amounts necessary for the implementation of this Act shall be charged against the funds of LGUs and the appropriations of the DOH.

The amount necessary for the initial implementation of the BHW Deployment Subsidy to Low-Income Municipalities shall be charged against the current appropriations of the DOH and shall thereafter be included in the annual General Appropriations Act.

SEC. 29. Implementing Rules and Regulations. - The DOH and the DILG shall, in consultation with the LGUs, the national federation of BHWs, the CSC, the DBM, the TESDA, the CHED, the GSIS, other concerned government agencies, non-government organizations, and academic and training institutions, promulgate the rules and regulations to implement this Act not later than one hundred eighty (180) days from its effectivity.

SEC. 30. Separability Clause. - If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof not affected shall remain in full force and effect.

SEC. 31. Repealing Clause. - All laws, decrees, executive orders, rules and regulations which are inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 32. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a national newspaper of general circulation.

Approved,