

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9940



**Introduced by AKBAYAN Representatives PERCIVAL V. CENDAÑA,
JOSE MANUEL TADEO "CHEL" I. DIOKNO, and DADAH KIRAM ISMULA and
Dinagat Islands Representative KAKA BAG-AO**

**AN ACT ESTABLISHING A NATIONAL INTEGRATED PROGRAM TO PREVENT
AND TREAT PSORIASIS AS A PUBLIC HEALTH PROBLEM AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

Psoriasis is widely misunderstood as a mere skin condition. This perception is consequentially wrong. In truth, psoriasis is a chronic autoimmune disorder caused by a dysregulation of T-cell activity, which accelerates skin cell turnover and generates the visible plaques on the body.¹ These skin lesions also silently damage the cardiovascular system, joints, and mental health of the patient.² It is associated with serious comorbidities including psoriatic arthritis, depression, and cardiometabolic disease.³ The skin, in this sense, is not the disease. It is merely where the disease is noticed.

It is estimated that between one and two million Filipinos are presently living with the disease; a possible undercount given the many undiagnosed cases outside of urban centers.⁴ The disease is not limited to the elderly. Studies on Filipino patients show a mean age of onset of 25.9 years old, with patients typically seeking

¹ Michelle A. Lowes, Mayte Suarez-Farinas, & James G. Krueger, *Immunology of psoriasis*, Annu. Rev. Immunol (2014), <https://pubmed.ncbi.nlm.nih.gov/24655295/>

² *Psoriasis*, National Institute of Arthritis and Musculoskeletal and Skin Diseases (October 2023), <https://www.niams.nih.gov/health-topics/psoriasis>

³ Lluís Puig, *Cardiometabolic Comorbidities in Psoriasis and Psoriatic Arthritis*, National Library of Medicine (December 2017), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5796008/>

⁴ *Survey reveals heavy disease burden of psoriasis among Filipinos*, Novartis (June 2022), <https://www.novartis.com/ph-en/news/media-releases/survey-reveals-heavy-disease-burden-psoriasis-among-filipinos>

consultation only a decade later at around 37.8 years of age.⁵ In children, studies at tertiary Philippine hospitals have found the average pediatric diagnosis age to be approximately 10 years old. Globally, the number of people affected by psoriasis rose by 86% from 1990 to 2021, with psoriasis-related disability-adjusted life-years increasing from 2 million to 3.7 million over the same period.⁶

Left untreated, psoriasis has severe consequences. Studies found that psoriasis is associated with a 50% higher relative risk of cardiovascular disease.⁷ Severe cases are linked to increased rates of myocardial infarction and stroke even after adjusting for traditional risk factors.⁸ Psoriatic arthritis, which develops in approximately one-third of untreated patients, causes irreversible joint destruction.⁹ Depression is also a well-documented comorbidity and has itself been shown to further increase cardiovascular mortality in patients.¹⁰ A Philippine study at Rizal Medical Center found that 57.4% of patients already had moderate to severe psoriasis, and 63.9% reported an extremely large effect on their quality of life.¹¹

Treatment is both lifelong and prohibitively expensive for most Filipinos. Modern biologic therapies like interleukin inhibitors, which are the international standard of care for moderate to severe psoriasis, cost upwards of PHP 40,000 per injection, with multiple injections required per year.¹² Yet, a cross-sectional study at the Southern Philippines Medical Center found that 53% of psoriasis patients had monthly household incomes below PHP 8,000.¹³ The same study found a work impairment rate of 65.4% among patients and reported that 55% had changed employment status as a direct result of the disease.¹⁴

⁵ Gatmaitan-Dumlao MJ et al., *Quality of Life and Treatment Options in Patients with Genital Psoriasis: The Filipino Experience*, National Library of Medicine (June 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12271411/>

⁶ Jikui Xiong et al., *Dynamic Trend Analysis of Global Psoriasis Burden from 1990 to 2021: A Study of Gender, Age, and Regional Differences Based on GBD 2021 Data*, National Library of Medicine (July 2025), <https://pubmed.ncbi.nlm.nih.gov/40703175/>

⁷ Loreena Hill et al., *Cardiovascular Disease and Psoriasis*, National Library of Medicine (October 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12873013/>

⁸ Michael S. Garshick et al., *Cardiovascular Risk in Patients with Psoriasis*, JACC Journals (2021), <https://www.jacc.org/doi/10.1016/j.jacc.2021.02.009>.

⁹ Scott A. Elman et al., *Psoriatic Arthritis: A Comprehensive Review for the Dermatologist—Part II: Screening and Management*, National Library of Medicine (May 2024), <https://pubmed.ncbi.nlm.nih.gov/38857766/>.

¹⁰ Paula C. Luna et al., *Psychosocial Burden of Psoriasis: A Systematic Literature Review of Depression Among Patients with Psoriasis*, Dermatology and Therapy (November 2023), <https://link.springer.com/article/10.1007/s13555-023-01060-5>.

¹¹ Arbie Sofia Merillieno et al., *Association Between the Disease Severity and Quality of Life of Patients with Psoriasis in a Tertiary Government Hospital in the Philippines: A Retrospective Cross-Sectional Study*, PubMed Central (April 2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11107253/>

¹² Miharu Jay M. Kimwell et al., *Economic Evaluation of Selected Interleukin Inhibitors Versus Methotrexate for Moderate-to-Severe Plaque Psoriasis from the Philippine Payer Perspective*, Value in Health Regional Issues (March 2023), <https://www.sciencedirect.com/science/article/pii/S2212109922002011>.

¹³ Zabala, Diandra Aurora R. et al., *The Economic Burden of Psoriasis: A Cross-Sectional Study in a Tertiary Hospital in the Philippines*, Journal of the Philippine Dermatological Society (May 2022), <https://journal.pds.org.ph/the-economic-burden-of-psoriasis-a-cross-sectional-study-in-a-tertiary-hospital-in-the-philippines/>.

¹⁴ *Id.*

Because psoriasis is misunderstood as a contagious skin infection, Filipinos living with it face widespread discrimination in schools, workplaces, and communities. A 2020 PsorPhil survey of 350 members confirmed significant negative impacts on the psychological well-being and productivity of Filipino patients.¹⁵ This stigma is not merely a social injustice. It deters patients from seeking care, worsens depression, and triggers disease flares.

Despite all this, the Philippines has no dedicated national program for psoriasis: no structured care pathway, no tailored PhilHealth benefit package, no national patient registry, and no primary-care treatment guidelines. In 2014, the World Health Organization formally recognized psoriasis as a serious noncommunicable disease and called on governments to ensure access to care, essential medicines, and universal health coverage for patients.¹⁶ This bill is the Philippines' answer to that call.

For these reasons, the immediate passage of this bill is earnestly recommended.



PERCIVAL V. CENDAÑA

Akbayan Representative



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Akbayan Representative



DADAH KIRAM ISMULA

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KAKA BAG-AO

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¹⁵ *Survey reveals heavy disease burden of psoriasis among Filipinos*, Novartis (June 2022), <https://www.novartis.com/ph-en/news/media-releases/survey-reveals-heavy-disease-burden-psoriasis-among-filipinos>

¹⁶ *WHO Global Report on Psoriasis*, World Health Organization (July 2016), <https://www.knowledge-action-portal.com/en/content/who-global-report-psoriasis>

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

1 Section 1. *Title.* - This Act shall be known as the "National Integrated Psoriasis
2 Prevention and Treatment Program Act."

3
4 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and
5 promote the right to health of the people, including the right of persons suffering from
6 psoriasis to survival and full and healthy development as individuals through access
7 to timely health information and adequate professional medical care. In pursuit of
8 such policy, and in recognition that psoriasis is a serious noncommunicable disease
9 (NCD) with no clear cause or cure, the State shall institutionalize a system that is
10 people-centered, comprehensive, integrative and sustainable and shall facilitate
11 collaboration among government and non-government agencies and organizations at
12 the national and local levels, private sector, professional health organizations,
13 academic institutions, communities and families towards the provision of early and
14 sustainable care of persons afflicted with psoriasis. The State recognizes the crucial
15 role of research in defining health programs and activities to address the needs of
16 patients with psoriasis. The State also recognizes that an effective public education
17 program is vital in helping ensure the early diagnosis and treatment of psoriasis and
18 in preventing those afflicted with them from being the subject of ridicule and
19 stigmatization.

20 Sec. 3. *Definition of Terms.* - As used in this Act:

- a) Carer - refers to anyone who provides care for psoriasis patients and family members;
- b) National Integrated Psoriasis Prevention and Treatment Program - refers to the program of the national government for the prevention and treatment of psoriasis in the country; and
- c) Psoriasis - refers to an immune-mediated, genetic disease manifesting in the skin or joints or both.

Sec. 4. *National Integrated Psoriasis Prevention and Treatment Program.* –

There is hereby established a National Integrated Psoriasis Prevention and Treatment Program (NIPPTP) under the Department of Health (DOH), which shall serve as the framework for all psoriasis-related activities of the government. The NPCCP shall have the following objectives:

- a) Promote and provide mechanisms for early identification, screening, and diagnosis of persons suffering from psoriasis;
- b) Establish an extensive and sustainable health care system integrated within the public health care delivery system for early and sustainable care for patients suffering from psoriasis through the provision of comprehensive care from multidisciplinary teams of specialists, including dermatologists, rheumatologists, psychologists, psychiatrists, pediatricians, cardiologists and others;
- c) Improve the access of psoriasis patients to professional medical care, and comprehensive, individually adapted treatment;
- d) Provide referral services to patients for appropriate medical expertise and to identify medical facilities suited to the needs of patients;
- e) Maintain an updated list of health care institutions and practitioners concerned with the treatment of psoriasis;
- f) Facilitate the manufacture and importation of affordable drugs, especially those included in the WHO Model List of Essential Medicines, including systemic therapies;
- g) Provide regulatory and fiscal incentives to support research and development studies on psoriasis particularly on the epidemiology, etiology, treatment and ways to improve health care for psoriasis patients and collaborate with other institutions for the conduct of research activities pertaining to the disease;
- h) Provide an avenue for the sharing of best practices on issues relating to early detection, prevention, cure, treatment, and rehabilitation of persons diagnosed with psoriasis;
- i) Promote an advocacy discouraging bias against and stereotyping of persons afflicted with psoriasis;
- j) Establish sustainable support networks and orientation and counselling services for families of persons diagnosed with psoriasis;

- k) Network with other organizations, institutions, and professionals working on public programs for persons diagnosed with psoriasis;
- l) Integrate public educational and informational campaigns in the current programs to identify persons afflicted with psoriasis and help the public understand the special needs of such persons;
- m) Facilitate the regular collaborative activities among stakeholders regarding the realization of the objectives of this Act;
- n) Publish a newsletter on current developments and research on psoriasis, as well as other reading materials on the early detection, prevention, and treatment of psoriasis, and best practices for the care of diagnosed persons;
- o) Conduct of continuing education and training programs on the proper care of persons with psoriasis; and
- p) Establish a databank, information, and monitoring system on local government unit (LGU)-specific statistics pertaining to psoriasis.

Sec. 5. *Strengthening of the National and Regional Coordinating Committees.*

– The National Coordinating Committee (RCC) of the DOH shall serve as the NIPPTP's arm in strengthening and supporting nationwide capacity for program operations and bridging collaborative efforts between the public and private sector. The Secretary of Health shall continue to improve the capability of the existing NCC and RCC in ensuring efficiency in the implementation, monitoring and evaluation of the NIPPTP and in the coordination of efforts of various sectors.

Sec. 6. *Development of Medical Guidelines for Psoriasis Treatment.* - The DOH, in consultation with relevant agencies of government, psoriasis focused professional societies, and patients' organizations, shall spearhead the development of medical guidelines regarding the diagnosis of psoriasis and its treatment and shall implement standards relating to medical care for psoriasis patients such as establishment of objectives of care and treatment plan, adequate assessment of progress of therapy, using uniform tools to assess the severity of the disease and patient quality of life.

Sec. 7. *Psoriasis Patients as Persons with Disabilities.* - Persons living with psoriasis, shall be considered as persons with disability (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons".

Sec. 8. *Rights and Privileges.* - Persons living with psoriasis shall be accorded the same rights and privileges as PWDs and the Department of Social Welfare and Development (DSWD) shall ensure that social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the Department of Labor and Employment (DOLE) shall adopt programs which promote work and

1 employment opportunities for persons with psoriasis.

2
3 Sec. 9. *Nondiscrimination.* - The Commission on Higher Education (CHED),
4 Department of Education (DepEd), Technical Education and Skills Development
5 Authority (TESDA), DOLE, and other relevant government agencies, shall ensure that
6 people living with psoriasis are free from any form of discrimination in school,
7 workplace and community.

8
9 Sec. 10. *Establishment of Psoriasis Assistance Fund.* - There is hereby
10 established a Psoriasis Assistance Fund to support patients in their medical treatment.
11 The DOH shall manage the Fund in accordance with existing budgeting, accounting
12 and auditing rules and regulations and shall make a quarterly report to the Office of
13 the President and Congress on the disbursement of the Fund. The DOH may solicit
14 and receive donations which shall form part of the Fund and such donations shall be
15 exempt from income and or donor's tax and all other taxes, fees and charges imposed
16 by the government. Likewise, fund raising activities may be conducted and the
17 proceeds of which shall accrue to the Fund and shall be exempt from any and all taxes.
18 Receipts from donations, whether in cash or in kind, shall be accounted for in the
19 books of the donee government agency in accordance with accounting and auditing
20 rules and regulations. The receipts from cash donations and proceeds from sale of
21 donated commodities shall be deposited with the National Treasury and recorded as
22 a special account in the General Fund and shall be available to the implementing
23 agency concerned through a special budget pursuant to Section 35, Chapter 5, Book
24 VI of Executive Order No. 292. The cash value of the donations shall be deemed
25 automatically appropriated for the purpose specified by the donor. Donations with a
26 term not exceeding one (1) year shall be treated as trust receipts.

27
28 The donee-agency concerned shall submit the quarterly reports of all donations
29 received, whether in cash or in kind, and expenditures or disbursements thereon with
30 electronic signature to the Department of Budget and Management (DBM), through
31 the Unified Reporting System, and to the Speaker of the House of the Representatives,
32 the President of the Senate of the Philippines, the House Committee on
33 Appropriations, the Senate Committee on Finance and the Commission on Audit, by
34 posting such reports on the donee-agency concerned websites for a period of three
35 (3) years. The head of the donee-agency concerned shall send written notice to the
36 said offices when said reports have been posted on its website which shall be
37 considered the date of submission.

38
39 Sec. 11. *PhilHealth Benefits for Psoriasis.* - The Philippine Health Insurance
40 Corporation (PhilHealth) shall expand its benefit packages to include primary care
41 screening, detection, diagnosis, treatment assistance, supportive care, management
42 and follow-up care for all types and severity of psoriasis. It shall also develop

1 innovative benefits such as support for community-based models of care to improve
2 psoriasis treatment journey and reduce costs of care. The development or expansion
3 of any PhilHealth benefit shall go through a proper, transparent and standardized
4 prioritization setting process, such as the Health Technology Assessment and actuarial
5 feasibility study, to avoid inequitable allocation of funds for health care services. The
6 Fund and PhilHealth benefits shall be made available in public and private DOH
7 licensed facilities. The DOH and PhilHealth shall prescribe, in consultation with
8 stakeholders, the coverage rates and applicable rules on options to charge co-payment
9 for services rendered. Processes to avail of such funding shall be streamlined to ensure
10 timely provision of psoriasis care.

11
12 Sec. 12. *Social Protection Mechanisms.* - The DOH, in collaboration with the
13 Social Security System (SSS), Government Service Insurance System (GSIS),
14 Philippine Charity Sweepstakes Office (PCSO), DOLE, DSWD, PhilHealth, and LGUS
15 shall develop appropriate and easily accessible social protection mechanisms psoriasis
16 patients, their families and carers. It shall aim to encourage for the underprivileged
17 and marginalized people living with psoriasis to undergo the necessary treatment and
18 care.

19
20 The Insurance Commission shall mandate the Health Maintenance
21 Organizations (HMOs) to cover counseling and testing, psoriasis screening, diagnostics
22 and care as well as certain therapeutics of all member employees.

23
24 The psoriasis-related absences from work of member employees as well as
25 voluntary members shall be covered and compensated by the Sick Leave Benefits of the
26 SSS and Disability Benefits of the GSIS.

27
28 The employees in the informal sector shall be prioritized in the psoriasis control
29 packages of PhilHealth while the employees in the formal sector shall be offered cost-
30 sharing PhilHealth benefit packages. Children with Psoriasis shall be given free access
31 to education or scholarship program by the government through the Department of
32 Education (DepEd) and Commission of Higher Education (CHED) until such time that
33 he/she finishes college education.

34
35 Sec. 13. *Psoriasis and Related Supportive Care Medicines.* - The DOH, and other
36 concerned government agencies, shall implement reforms supporting early access to
37 essential medicines, innovative medicines and health technologies, to ensure highest
38 possible quality of life among people with psoriasis. The reforms include facilitating
39 quick access to drugs for compassionate use and developing a more responsive system
40 for effectively addressing emergency cases.

41 The Food and Drug Administration (FDA) shall create a dedicated and
42 streamlined process, not exceeding one (1) year, for the licensing of innovator and

1 generic psoriasis medication, subject to appropriate quality checks and compliance
2 with minimum standards, such as, but not limited to, being approved and used for
3 psoriasis treatment in other countries.
4

5 The DOH shall ensure sufficient supply of medicines for psoriasis-related care
6 and management that are available at affordable prices. Further, the DOH shall
7 formulate a monitoring system to check that psoriasis medications are safe and
8 administered in correct dosages.
9

10 Sec. 14. *National Survey and Research.* - The DOH shall conduct an annual
11 survey to determine the extent and total incidence and prevalence of persons with
12 psoriasis in the country for the government to provide the necessary health
13 interventions to address the needs faced by persons with psoriasis.
14

15 Sec. 15. *Integrated Approach to Research in Cooperation with Concerned*
16 *Research Agencies.* - Within six (6) months from the date of effectivity of this Act, the
17 DOH shall ensure that there is no conflict of interest between its research agenda and
18 that of pharmaceutical corporations or other government agencies addressing the
19 issue of psoriasis.
20

21 Sec. 16. *Division Chief for National Integrated Psoriasis Prevention and*
22 *Treatment Program.* - A Division Chief for National Integrated Psoriasis Prevention and
23 Treatment Control Program shall be designated to provide operational leadership,
24 undertake coordination with program stakeholders and ensure effective and
25 sustainable implementation of this Act. The Secretary of Health, in coordination with
26 the Secretary of Budget and Management, shall create the additional plantilla positions
27 for health personnel required to effectively and efficiently implement the Program.
28

29 Sec. 17. *Provision of Education and Training on Psoriasis Prevention and*
30 *Treatment for Health Professionals.* - The DOH, in coordination with the Commission
31 on Higher Education and other appropriate agencies, shall facilitate the provision of
32 education on common chronic skin conditions to health professionals, including
33 undergraduate medical and nursing curricula and in-service training for physicians in
34 primary care. Health professionals, especially clinicians working in primary health care,
35 shall be provided with adequate education and training on the prevention and
36 treatment of psoriasis, its management and its co-morbidities.
37

38 Sec. 18. *Psoriasis-Related Academic Curriculum.* - The CHED, in collaboration
39 with the DOH, higher education institutions (HEIs), psoriasis focused professional
40 societies, accrediting institutions and patient support organizations, shall undertake
41 an assessment of current psoriasis-related academic curriculum and ensure that the
42 curriculum meets local needs and global practice standards. The CHED shall encourage

1 HEIs to offer degree programs for high priority psoriasis-related specializations and
2 continuing education programs related to psoriasis treatment and care.

3
4 The DOH, in collaboration with academic institutions, shall provide subsidies
5 and scholarships for training of medical professionals, such as dermatologists,
6 rheumatologists, and other specialized medical professionals related with the
7 treatment and care of psoriasis.

8
9 *Sec. 19. Continuing Education and Training of Health Personnel and Service*
10 *Providers on Psoriasis Prevention and Treatment.* - All DOH staff and health providers
11 providing health services to persons diagnosed with psoriasis shall undergo a
12 mandatory continuing education and training program to ensure the delivery of up-
13 to-date and relevant services.

14
15 *Sec. 20. Health Education and Promotion in Schools, Colleges, and Universities.*
16 - The CHED and the DepEd, in coordination with the DOH, shall develop policies and
17 provide technical guidance to academic institutions and administrators to: messages
18 on psoriasis risk factors, early warning signs and symptoms of psoriasis including
19 lifestyles and healthy diets in their curriculum, health and wellness programs, and co-
20 curricular activities; (a) Promote and facilitate integration of age appropriate and
21 gender sensitive key (b) Undertake mainstreaming of practical supportive care and
22 psychosocial support programs for people living with psoriasis, and their family
23 members, especially those who act as carers for psoriasis patients; and (c) Adopt
24 initiatives that minimize or eliminate stigma and discrimination in schools, colleges,
25 and universities that are experienced by people with psoriasis, psoriasis survivors and
26 their families.

27
28 *Sec. 21. Health Education and Promotion in the Workplace.* - The DOLE, Civil
29 Service Commission (CSC), and TESDA, in coordination with the DOH, shall develop
30 policies and provide technical guidance to employers, employees associations, and
31 unions to: (a) Promote and facilitate integration of gender sensitive key messages on
32 psoriasis risk factors, signs and symptoms of psoriasis, prevention and control of
33 exacerbation, adoption of healthy lifestyles and healthy diets in their communication
34 initiatives, health and wellness programs, and employee development programs; (b)
35 Undertake mainstreaming of practical supportive care and psychosocial support
36 programs for people living with psoriasis, their carers and family members; (c)
37 Integrate appropriate psoriasis treatment services in their health services and clinics;
38 and (d) Develop programs, initiatives or mechanisms that shall minimize or eliminate
39 stigma and discrimination in the workplace that is experienced by people living with
40 psoriasis.

41 *Sec. 22. Health Education and Promotion in Communities.* - The Department of
42 the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH

1 central and regional offices, local psoriasis focused patient support organizations and
2 psoriasis focused professional societies, shall lead the health education and promotion
3 campaign in local communities, including out-of-school youth. The DILG, in
4 coordination with the DSWD, shall conduct and promote age appropriate and gender
5 sensitive psoriasis-focused health education.
6

7 Sec. 23. *National Psoriasis Awareness Month.* - The month of October of every
8 year shall be known as the "National Psoriasis Awareness Month" throughout the
9 Philippines. The DOH and the Philippine Information Agency (PIA), in collaboration
10 with the LGUs, psoriasis focused professional societies, and academic institutions, shall
11 lead the observance of the National Psoriasis Awareness Month and encourage local
12 media outlets to launch a media campaign to increase awareness about psoriasis;
13 combat the issue of public myths about psoriasis and social and work-related
14 stigmatization and discrimination; and increase public awareness that psoriasis is an
15 NCD by using all forms of multimedia and other electronic means of communication.
16

17 Sec. 24. *Annual Report.* - The Secretary of Health shall submit to the
18 Committees on Health of the Senate and the House of Representatives an annual
19 report on the progress of the implementation of this Act.
20

21 Sec. 25. *Appropriations.* - The amount necessary to implement the provisions
22 of this Act shall be charged against the appropriations of the DOH, DepEd, CHED,
23 TESDA, DOLE, DILG, CSC and the PIA under the General Appropriations Act.
24

25 Sec. 26. *Implementing Rules and Regulations.* - Within ninety (90) days from
26 the approval of this Act, the Secretary of Health, in consultation with all stakeholders,
27 shall promulgate the necessary rules and regulations for the effective implementation
28 of this Act.
29

30 Sec. 27. *Separability Clause.* - If any provision of this Act is declared
31 unconstitutional, the remainder of this Act or any provision not affected thereby shall
32 remain in full force and effect.
33

34 Sec. 28. *Repealing Clause.* - All laws, presidential decrees or issuances,
35 executive orders, letters of instruction, administrative orders, rules or regulations
36 inconsistent with the provisions of this Act are hereby repealed or modified
37 accordingly.
38

39 Sec. 29. *Effectivity.* - This Act shall take effect fifteen (15) days after its
40 publication in the Official Gazette or in a newspaper of general circulation.

Approved,