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**SENATE**

Senate Bill No. 600

RECEIVED BY: \_\_\_\_\_

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Introduced by **SENATOR JUAN MIGUEL "MIGZ" F. ZUBIRI**

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**AN ACT  
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH EMERGENCY  
PREPAREDNESS AND RESPONSE CAPABILITIES, ESTABLISHING FOR THIS  
PURPOSE THE CENTER FOR DISEASE PREVENTION AND CONTROL, AND  
APPROPRIATING FUNDS THEREFOR**

**EXPLANATORY NOTE**

The COVID-19 virus triggered an unprecedented global health crisis from which the Philippines was not spared. Largely unprepared for the pandemic, the country faced major challenges across various sectors: hospitals and health workers were overburdened and left unable to keep up with the massive numbers of critical cases; schools were forced to convert to a remote-learning setup that not all families had the capability to support; and businesses large and small were downsized or completely shuttered, causing a rise in unemployment and poverty.

The pandemic has revealed to us the structural gaps in our government institutions that we now need to address, with the hard-won lessons of hindsight. Accordingly, this bill proposes the establishment of the Philippine Center for Disease Prevention and Control (CDC), to lead the country's efforts in forecasting, preventing, monitoring, and controlling diseases.

With the CDC, the Department of Health (DOH) will have an arm dedicated solely to disease control, which is highly necessary, as the globe continues to grow more connected, and thus more susceptible to another global plague.

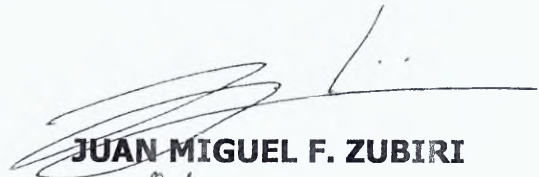
The CDC will be dedicated to spearheading our research and development for communicable and non-communicable diseases; improving the operational capacity of our health laboratories and facilities; developing and managing effective communications and response systems; and providing capacity building and technical assistance to local governments, among others.

To centralize and strengthen the country's disease prevention efforts, the DOH shall also transfer some of its units and divisions over to the CDC, namely the Epidemiology Bureau, the Research Institute for Tropical Medicine, and the Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome Cooperative Central Laboratory, as well as some functions of the International Health Surveillance Division of the Bureau of Quarantine.

Additionally, the CDC will also have Regional Centers for Disease Prevention and Control, to intensify protective and containment measures at the regional level, and ensure that diseases within our own borders and our own communities are properly managed and cut down at the root.

In less than three years since COVID hit our shores, the virus has claimed over sixty thousand lives in the country. This bill is our move to protect the health and the life of every Filipino, and to ensure that no pandemic ever manages to result in such devastating numbers again.


In view of the foregoing, the immediate approval of this bill is requested.



**JUAN MIGUEL F. ZUBIRI**  
*JM*

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SENATE  
Senate Bill No. 600

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Introduced by Senator Juan Miguel F. Zubiri

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**AN ACT**  
**PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH EMERGENCY**  
**PREPAREDNESS AND RESPONSE CAPABILITIES, ESTABLISHING FOR THIS**  
**PURPOSE THE CENTER FOR DISEASE PREVENTION AND CONTROL, AND**  
**APPROPRIATING FUNDS THEREFOR**

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

1       **SECTION 1. Short Title.** – This Act shall be known as the “Philippine Center for  
2 Disease Prevention and Control (CDC) 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 and instill health consciousness among them.  
6 The State also mandates the adoption of an integrated and comprehensive approach to  
7 health development.

8       Towards this end, the State shall give high priority to the allocation of material and  
9 institutional resources to protect public health by ensuring that the Philippine health  
10 system is well-prepared to forecast, prevent, monitor, and control diseases, injuries and  
11 disabilities both of national and international concern.  
12

13       **SEC. 3. Definition of Terms.** – As used in this Act:

14       (a) *Communicable disease*, also known as *contagious disease*, refers to an illness  
15       resulting from an infection, or a disease, which can be transmitted from an  
16       infected host individual or group to a particular individual or group. It spreads  
17       through direct, bodily contact with an infected person, their discharges, or an  
18       object or surface they have contaminated;

19       (b) *Disease* refers to an illness due to a specific toxic substances, occupational  
20       exposure or infectious agent, which affects a susceptible individual, either

- 1 directly or indirectly, from an infected animal or person, or indirectly through  
2 an intermediate host, vector or the environment;
- 3 (c) *Disease surveillance* refers to a systematic collection, analysis, interpretation,  
4 and dissemination of outcome and specific data for use in the planning,  
5 implementation, and evaluation of public health practice. A disease surveillance  
6 system includes the functional capacity for data analysis as well as the timely  
7 dissemination of these data to persons who can undertake effective disease  
8 prevention and control activities;
- 9 (d) *Epidemic* or *outbreak* refers to an occurrence of more cases of disease than  
10 normally expected within a specific place or group of people over a given period  
11 of time;
- 12 (e) *Infectious disease* refers to a clinically manifested disease of humans or animals  
13 resulting from an infection which can be communicable or non-communicable;
- 14 (f) *Public health emergency* refers to an occurrence or imminent threat of an  
15 illness or health condition that:
- 16 (1) Is caused by the following:
- 17 (i) Bio terrorism;
- 18 (ii) Appearance of a novel or previously controlled or eradicated  
19 infectious agent or biological toxin;
- 20 (iii) A natural disaster;
- 21 (iv) A chemical attack or accidental release;
- 22 (v) A nuclear attack or accident; or
- 23 (vi) An attack or accidental release of radioactive materials; and
- 24 (2) Poses a high probability of any of the following;
- 25 (i) A large number of deaths in the affected population;
- 26 (ii) A large number of serious injuries or long-term disabilities in the  
27 affected population;
- 28 (iii) Widespread exposure to an infectious or toxic agent that poses a  
29 significant risk of substantial harm to a large number of people in the  
30 affected population;
- 31 (iv) International exposure to an infectious or toxic agent that poses a  
32 significant risk to the health of citizen of other countries; or
- 33 (v) Trade and travel restrictions
- 34 (g) *Quarantine* refers to the physical separation and confinement of an individual  
35 or groups of individuals, who are or may have been exposed to a contagious  
36 or possibly contagious disease and who do not show signs or symptoms of a

1 contagious disease, from non-quarantined individuals, to prevent or limit the  
2 transmission of the disease.

3  
4 **SEC. 4. *Creation of the Philippine Center for Disease Prevention and***  
5 ***Control.*** – The Philippine Center for Disease and Prevention and Control (CDC) is hereby  
6 created as an attached agency to the Department of Health (DOH) for policy and program  
7 coordination.

8  
9 **SEC. 5. *Powers, Functions and Duties.*** – The CDC shall be the technical  
10 authority on all matters regarding disease prevention and control. To carry out the  
11 provisions of this Act, the CDC shall have the following powers, functions and duties:

12  
13 (a) Policy and Standards Development:

- 14 (1) Provide technical guidance to the development of policies, programs,  
15 standards, guidelines, and monitoring and evaluation systems on the  
16 forecasting, prevention, monitoring, and control of diseases, injuries, and  
17 disabilities both of national and international concern;
- 18 (2) Set the standards and the process for the establishment of Epidemiology  
19 and Surveillance Units or its corresponding surveillance reporting units,  
20 pursuant to law;
- 21 (3) Provide quality assurance programs to ensure the quality of testing for  
22 laboratories;
- 23 (4) Conduct researches for development in support of the CDC mandate to  
24 forecast, prevent, monitor, and control diseases, injuries and disabilities  
25 both of national and international concern; and
- 26 (5) Recommend to the President, through the DOH Secretary, the declaration  
27 of a state of public health emergency, in case of an epidemic of national or  
28 international concern; and
- 29 (6) Set the parameters for the declaration of the existence as well as the end  
30 of an epidemic.

31 (b) Capacity Building and Technical Assistance:

- 32 (1) Develop, implement, and maintain training programs on specialized fields  
33 such as field epidemiology, health emergency of biological concern,  
34 laboratory services, infectious and tropical diseases, and non-communicable  
35 diseases;

1 (2) Assess and support the capabilities of health facilities and local government  
2 units (LGUs) on forecasting, preventing, monitoring, and controlling  
3 diseases, injuries, and disabilities both of national and international  
4 concern; and,

5 (3) Provide technical assistance and expert services to DOH offices, and  
6 collaborating and implementing agencies or offices on matters pertaining to  
7 forecasting, preventing, monitoring, and controlling diseases, injuries, and  
8 disabilities both of national and international concern.

9 (c) Sectoral and Local Engagements:

10 (1) Promote coordination and collaboration with partner agencies and  
11 organizations on matters pertaining to CDC mandate;

12 (2) Coordinate, collaborate, and disseminate relevant scientific and technical  
13 information in a timely manner with partner agencies and international and  
14 local organizations on matters pertaining to CDC mandate; and,

15 (3) Disseminate relevant scientific and technical information in a timely manner  
16 with partner agencies, and international and local organizations on matters  
17 pertaining to CDC mandate.

18 (d) Surveillance:

19 (1) Develop, implement, and maintain an integrated surveillance system of  
20 diseases, injuries and disabilities;

21 (2) Provide technical guidance on the development, implementation and  
22 maintenance, and monitoring of health system capacity such as operational  
23 capacities of health facilities, and performance management of the  
24 response systems, in terms of contact tracing, quarantine, isolation, and  
25 other significant population-based health services;

26 (3) Investigate and respond through surveillance and disease notification,  
27 investigation, and conduct of field studies and research to outbreaks,  
28 epidemics, and other public health threats as the need arises;

29 (4) Develop and maintain a network of public health laboratories in support of  
30 epidemiology and surveillance activities;

31 (5) Facilitate the issuance of appropriate warnings to the regional CDC and  
32 health facilities in anticipation of impending public health threats and  
33 infectious disease outbreak;

34 (6) Utilize various information and communication technologies (ICT) in  
35 management of data and dissemination of early warning and other  
36 appropriate information to stakeholders and the public; and,

1 (7) Develop communication methods for wider and more effective and unified  
2 delivery of critical public health information with national or international  
3 importance.

4 (e) Provide technical guidance on the procurement of vaccines, drugs, and  
5 diagnostics;

6 (f) Provide technical guidance on the monitoring and evaluation framework for  
7 disease prevention and control;

8 (g) Certify the existence of an epidemic which shall be treated as a public health  
9 emergency and,

10 (h) Perform such other functions as may be mandated by law, or as may be duly  
11 delegated by relevant authorities.

12  
13 **SEC. 6. Director General.** – The CDC shall be headed by a Director General  
14 with a rank of Undersecretary, who shall be assisted by two (2) Deputy Directors General  
15 with a rank of Assistant Secretary. The Director General and the Deputy Directors General  
16 shall be appointed by the President from a list of at least three (3) nominees for each  
17 position to be submitted by the DOH Secretary. The Director General and Deputy  
18 Directors General shall have at least ten (10) years of relevant experience and proven  
19 expertise in the fields of public health and epidemiology.

20 The Director General shall have the following powers and functions:

21 (a) Manage and direct the activities and functions of the CDC;

22 (b) Advise the DOH Secretary on policy matters concerning the Center's activities;

23 (c) Recommend to the President, through the DOH Secretary, the exercise of special  
24 powers in case of an epidemic, including the declaration of a public health  
25 emergency;

26 (d) Act as the national International Health Regulations Focal Point, subject to  
27 consultation with DOH; and,

28 (e) Perform other functions and powers that may be assigned by the DOH Secretary.

29  
30 **SEC. 7. Transfer of DOH Units and Functions.** – The following DOH units and  
31 their concerned divisions and functions are hereby transferred to the CDC:

32 (a) Epidemiology Bureau;

33 (b) Research Institute for Tropical Medicine;

34 (c) Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome  
35 Cooperative Central Laboratory;

1 (d) Select functions of the International Health Surveillance Division of the Bureau of  
2 Quarantine as follows:

3 (1) Passive international health surveillance; and

4 (2) Development of communication methods for wider and more effective delivery  
5 of critical public health information with international importance; and

6 (e) Technical and standard setting functions of the Disease Prevention and Control  
7 Bureau including that of the Mental Health Division, Cancer Division and Oral  
8 Health Division.

9 All powers, functions, assets, capital, records, funds, receivables, equipment and  
10 facilities of the transferred DOH units or its division or function enumerated herein  
11 shall be transferred to the CDC. The Department of Health shall conduct an audit and  
12 inventory of assets, liabilities and human resources of the transferred agencies to CDC  
13 without need of conveyance or transfer of assignments.

14  
15 **SEC. 8. Regional Centers for Disease Prevention and Control.** – There shall  
16 be established Regional Centers for Disease Prevention and Control (RCDCs) in all regions  
17 of the country. Each Regional CDC shall be headed by a Regional Director, who shall be  
18 under the supervision of the CDC Director General.

19  
20 The functions of RCDCs include:

21 (a) Prevention, control, and surveillance of diseases;

22 (b) Provision of laboratory services for detection and identification of infectious  
23 disease agents from human, environmental samples, and food;

24 (c) Maintenance of an integrated data management system;

25 (d) Implementation of quality assurance programs for clinical and environmental  
26 laboratories through training, consultation, certification, and proficiency  
27 testing;

28 (e) Policy development;

29 (f) Emergency response;

30 (g) Public health-related research;

31 (h) Training and education;

32 (i) Maintenance of infectious disease hospitals for referral and management of  
33 cases;

34 (j) Establishment of strong communication networks; and,

35 (k) Other functions that may be assigned by the Director General.



1 The RCDCs shall be composed of specialists in the fields of infectious diseases, public  
2 health, epidemiology and similar fields.

3  
4 **SEC. 9. *Structure and Staffing Pattern.*** –

5 (a) The CDC shall initially have the following offices, each to be headed by an  
6 officer with the salary and rank of Director IV:

7 (1) Center for Epidemic Intelligence and Disease Surveillance;

8 (2) Center for Research, Training, and Reference Laboratory;

9 (3) Center for Infectious Disease Emergency Preparedness and Response;

10 (4) Center for Policy and Program Development;

11 (5) Communications Office; and

12 (6) Administrative and Finance Office.

13 (b) The CDC Director General, subject to the issuance of an executive order by the  
14 President and approval of the Department of Budget and Management (DBM),  
15 may create or abolish units, offices, or centers as needed to carry out all  
16 provisions of this Act.

17 (c) The CDC Director General, in consultation with the DOH and the DBM shall:

18 (1) Develop the organization structure of the CDC at the national, regional, and  
19 local levels;

20 (2) Determine the divisions and specific functions of each unit, center or office  
21 of the CDC; and

22 (3) Determine the staffing pattern, qualification standards, compensation, and  
23 position classification plan for the CDC subject to the approval of the Civil  
24 Service Commission (CSC) and the DBM.

25  
26 **SEC. 10. *Qualifications Standards for Appointment and Promotion.*** – The

27 DOH shall, in consultation with the CSC, and pertinent agencies as may be necessary,  
28 develop the qualification standards in terms of education, training and experience for all  
29 technical and non-technical positions in the CDC, and the system for promotional and  
30 succession plan in the CDC.

31  
32 **SEC. 11. *Continuing Competency Development Program.*** The CDC shall,  
33 through the Director General, devise and implement a continuing competency  
34 development program whereby all core personnel shall be required to update and enrich  
35 competencies through attendance in programs, studies, researches, fellowships,  
36 workshops, seminars, including training opportunities in reputable foreign CDCs.

1 Compliance with the Continuing Competency Development Program shall be mandatory  
2 basis for promotion within the CDC. The CDC shall develop mechanisms to tap funding  
3 opportunities to implement its Continuing Competency Development Program.  
4

5 **SEC. 12. Modernization Program.** – The Director General shall, in consultation  
6 with the DOH and other concerned agencies of government and the private sector,  
7 develop a modernization program that will strengthen the human health resource of the  
8 CDC, which is the key component of the country’s disease prevention and control policy.  
9 The modernization program shall include the acquisition and upgrading of appropriate  
10 technologies, laboratories, facilities, equipment, other needed resources, and the needed  
11 relocation and acquisition of additional land or location that would house the CDC.

12 Within one hundred eighty (180) days after the effectivity of this Act, the Director  
13 General shall, upon the recommendation of the DOH and DBM Secretaries, submit the  
14 modernization program for the consideration and approval of Congress in a joint  
15 resolution of the House of Representatives and the Senate.

16 The modernization program shall be implemented over a period of five (5) years.

17 Appropriations for the modernization program shall be provided in the annual  
18 General Appropriation Act (GAA).  
19

20 **SEC. 13. Strengthened Epidemiology, Public Health Surveillance, and**  
21 **Research Capacities.** – To ensure that epidemiology and public health surveillance  
22 services are efficient and responsive, and public health surveillance and research  
23 capacities are strengthened and updated to international standards, the CDC shall:

24 (a) Prioritize investments in upgrading of ICT and adequate and capacitated  
25 human resources for epidemiology, public health surveillance, and public health  
26 and clinical research;

27 (b) Have a premier facility for clinical laboratory, epidemiologic and implementation  
28 research, and training on infectious and tropical diseases;

29 (c) Development performance-based incentives to private health facilities with  
30 established epidemiology and surveillance functions;

31 (d) Re-nationalize local epidemiology and surveillance units (LESUs) that will solely  
32 provide epidemiology and disease surveillance services and provide assistance  
33 to the LGUs in the establishment and maintenance of surveillance systems,  
34 data management, and generation of strategic epidemiologic information:

35 *Provided, That the DOH, CDC, and DBM shall develop the staffing pattern and*

1 qualification standards: *Provided further*, That LESUs shall be under the direct  
2 supervision and control of the Regional CDCs;

3 (e) Retain and provide incentives to technical experts, practitioners and scientists,  
4 whereby the scientific career system is adopted, allowing them to continue  
5 their respective clinical and professional practice to pursue research studies  
6 and receive grants and honoraria, in consultation with the CSC. Qualified  
7 employees of the CDC and its attached units shall be covered by Republic Act  
8 No. 8439, otherwise known as the "Magna Carta for Scientists, Engineers,  
9 Researchers and other Science and Technology Personnel in Government,"

10 (f) Develop and implement training and research programs to develop more  
11 experts and practitioners in the field of epidemiology, and disease prevention  
12 and control; and,

13 (g) Develop a mechanism to ensure interoperability and accessibility of surveillance  
14 systems.

15  
16 **SEC. 14. *Strengthened Disease Surveillance and Response.*** – The CDC  
17 shall establish integrated disease surveillance and response systems utilizing, whenever  
18 necessary, all technological means available while ensuring that data privacy and patient  
19 confidentiality are maintained. The CDC and authorized public health authorities shall  
20 have complete access and right to collect personal information and other data, as may  
21 be deemed necessary in fulfillment of their mandate. All data or information and samples  
22 collected pursuant thereto shall be used for public health concern purposes only and shall  
23 exempted from the provisions of R.A. No. 10173, otherwise known as the "Data Privacy  
24 Act of 2012" on accessibility of data.

25  
26 **SEC. 15. *National Reference Laboratories.*** – The CDC shall establish a new,  
27 state of the art facility that will serve as the National Reference Laboratory (NRL), unifying  
28 all NRLs for biological, chemical, nuclear and radiologic emergencies under one roof,  
29 within 5 years from the effectivity of this Act: *Provided*, That the existing NRLs in the East  
30 Avenue Medical Center, Philippine Heart Center, Lung Center of the Philippines, National  
31 Kidney Transplant Institute and San Lazaro Hospital shall continue to be under the  
32 respective hospitals: *Provided further*, That these existing NRLs shall serve as referral  
33 laboratories of the CDC and be included in the Modernization Program of the CDC.

34 The NRL shall provide technical recommendations laboratory confirmatory  
35 services, training, and external quality assurance, and perform surveillance, outbreak

1 response, kit evaluation, and research. It shall oversee the functions and performance of  
2 the network of subnational laboratories (SNL).

3 SNLs shall be established in all regions, with the capability of conducting  
4 confirmatory testing for routine surveillance samples and performing specialized tests.  
5 SNLs, whose functions include testing for routine surveillance and specialized tests, shall  
6 be under CDC administratively. Hospitals housing the SNLs shall create a separate unit  
7 for their regular laboratory needs.

8 The CDC, through the NRLs and SNLs, shall provide technical guidance and quality  
9 assurance programs to biosafety levels 2,3, and 4 laboratories in the country, which shall  
10 be registered with, and regulated by the DOH.

11

12 **SEC 16. Authority to Solicit, Negotiate, and Receive Donations, Grants,**  
13 **Gifts, Legacies, Endowments, and Contributions.** – The CDC may solicit, negotiate  
14 with, and receive from any public or private domestic or foreign sources legacies, gifts,  
15 donations, grants, endowments, contributions or other transfers of ownership and/or  
16 possession of real and personal properties of all kinds in favor and for the benefit of the  
17 CDC, which shall all be part of the special account in the general fund managed by the  
18 Bureau of Treasury.

19 The Director General shall prescribe the measures necessary for the proper use,  
20 maintenance, safekeeping, and compliance with the terms and conditions, if any, of said  
21 donations, grants, endowments, contributions or transfers in accordance with pertinent  
22 accounting and auditing laws, rules and regulations.

23

24 **SEC. 17. Tax Exemptions.** – Donations, grants, gifts, endowments, legacies  
25 and contributions used actually, directly and exclusively for the purpose of the CDC shall  
26 be exempt from donor's tax and same shall be considered as allowable deduction from  
27 gross income for purposes of computing the taxable income of the donor, in accordance  
28 with Sec. 34 (H)(2)(a) of the National Internal Revenue Code of 1997, as amended.  
29 Likewise, such other transfers of ownership and/or possession of real or personal  
30 properties of all kinds shall be exempt from all taxes.

31

32 **SEC. 18. Joint Congressional Oversight Committee.** – There shall be a Joint  
33 Congressional Oversight Committee on Disease Prevention and Control, jointly chaired by  
34 the Chairpersons of the Senate Committee on Health and Demography, and the House  
35 of Representatives Committee on Health. It shall be composed of five (5) members from

1 the Senate and five (5) members from the House of Representatives, to be appointed by  
2 the Senate President and the Speaker of the House of Representatives, respectively.

3  
4 **SEC. 19. Appropriations.** The initial amount needed for the implementation of  
5 this Act shall be charged against the current year's appropriations of the offices and the  
6 RITM herein absorbed by the CDC. Thereafter, the funding of which shall be included in  
7 the annual GAA.

8  
9 **SEC. 20. Transitory Provisions. –**

10 (a) Upon effectivity of this Act, the CDC shall develop a Framework for Infectious  
11 Diseases and Pandemic Preparedness, and prioritize the strengthening of the  
12 following functions:

- 13 i. Integrated disease surveillance and response;
- 14 ii. Sentinel surveillance;
- 15 iii. Laboratory-based surveillance;
- 16 iv. Period population-based surveillance; and
- 17 v. Preventing transmission of communicable diseases.

18 (b) The CDC shall initially prioritize disease surveillance and prevention and control of  
19 infectious diseases. Within five (5) years from its creation, and upon positive  
20 recommendation by an independent study or body commissioned by the DOH, the  
21 surveillance, prevention and control and non-communicable diseases shall be  
22 included in its mandate;

23 (c) For the year during which this Act was approved, the unexpended portion of the  
24 budget of the offices and units transferred shall be utilized for establishing the CDC  
25 and initiating its operations, including the formulation of the rules and regulations  
26 necessary for the implementation of this Act;

27 (d) To the greatest extent possible and in accordance with existing laws, all  
28 employees of the affected offices, agencies and units shall be absorbed by the  
29 CDC. Personnel hired on a permanent basis and with appointments attested by the  
30 CSC who may be affected by the transition of DOH units to CDC, or who will not  
31 be absorbed in the new positions of the new staffing pattern of the different offices  
32 in the CDC, shall have the option to:

33 (1) Be transferred to other units or offices within the DOH without reduction  
34 in pay; or

35 (2) Avail of the applicable retirement benefits as provided under R.A. 6656,  
36 entitled "An Act to Protect the Security of Tenure of Civil Service Officers

1 and Employees in the Implementation of Government Reorganization:  
2 and other relevant laws;

3 (e) Incumbent DOH officials and employees of affected DOH offices may apply for and  
4 be transferred to the CDC, subject to an evaluation of their competency and CSC  
5 regulations;

6 (f) Research grants acquired during the transition of DOH transferred units to CDC  
7 shall be utilized solely for the grants' intended purposes for each of the affected  
8 units or offices, and shall not be made available for budget realignments;

9 (g) Existing contracts and agreements entered into by the affected offices with third  
10 parties prior to the enactment of this Act shall remain valid.

11 The DBM, DOH, and CSC shall issue the implementing guidelines to ensure fair,  
12 orderly, and transparent implementation of paragraphs (e) and (f) of this section.  
13

14 **SEC. 21. *Implementing Rules and Regulations.*** – Within one hundred twenty  
15 (12) working days from the effectivity of this Act, the DOH Secretary shall promulgate  
16 the necessary rules and regulations for its implementation.  
17

18 **SEC. 22. *Separability Clause.*** – If an portion of provision of this Act is declared  
19 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.  
20

21 **SEC. 23. *Repealing Clause.*** – All laws, decrees, orders, rules and regulations or  
22 other issuances or parts thereof inconsistent with the provisions of this Act are hereby  
23 repealed or modified accordingly.  
24

25 **SEC. 24. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
26 publication in the *Official Gazette* or in a newspaper of general circulation.  
27

28 *Approved,*