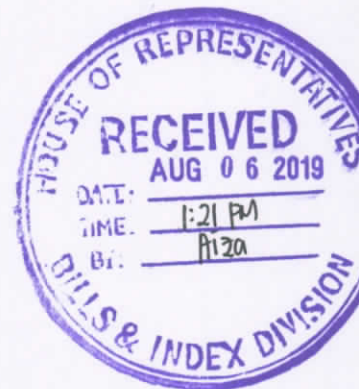


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



HOUSE OF REPRESENTATIVES

H. B. No. 3488

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INTRODUCED BY REPRESENTATIVE FERDINAND L. HERNANDEZ

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AN ACT  
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,  
CREATING FOR THE PURPOSE THE NATIONAL EMSS COUNCIL,  
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

It is necessary for our government to implement a well-coordinated and effective response system, especially in cases emergencies, to prevent any injury or loss of life that may be suffered by our fellow Filipinos. On 25 May 2018, President Rodrigo Duterte issued Executive Order (E.O.) No. 56, which created a nationwide 911 emergency hotline to better connect Filipinos to the emergency response resources of the government. This proposed legislation seeks to enhance the effectiveness of E.O. No. 56 by institutionalizing an Emergency Medical Service System (EMSS) that will ensure the effective, coordinated, and timely delivery of health, medical, and safety services to victims of any sudden illness and/or injury in the pre-hospital setting.

Under this bill, which is a counterpart of the one filed by Senator Christopher "Bong" Go in the Senate, the government shall implement a comprehensive EMSS that will organize its personnel, facilities, and equipment in the national level, through the creation of the Emergency Medical Service System Council (EMSSC) under the Department of Interior and Local Government. Meanwhile, this bill shall task the various Local Government Units with the creation of dedicated dispatch centers, that will be connected with the EMSSC's

National Command Center, in their respective jurisdictions that will link all Filipinos to the necessary EMSS Services they require.

Furthermore, the bill also proposes the creation of additional plantilla positions as well as the purchase and designation of additional government resources, specifically designated for the delivery of EMSS Services, to ensure that quality emergency medical assistance is provided to our fellow Filipinos.

In light of the foregoing, the immediate enactment of this proposed legislation is sought.



FERNDINAND L. HERNANDEZ

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*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 “*Emergency Medical Services System (EMSS) Act of 2019*”.

**Sec. 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect and promote the right to health of the people. Pursuant to this national policy, the government shall institutionalize a comprehensive, accessible, integrated and standardized system of emergency medical services and provide an environment that will maximize the capability and potential of emergency medical services (EMS) personnel.

**Sec. 3. Objectives.** – This Act has the following objectives:

- a) To create a national Emergency Medical Services System Council (EMSSC);
- b) To develop and institutionalize an emergency medical services system at the national and local government;

- c) To encourage and promote the active participation of the private sector in the provision of emergency medical services;
- d) To establish a national standard for an emergency medical services such as training of EMS institutions and personnel, and establishing standards for design, accreditation and regulation of emergency medical vehicles;
- e) To institutionalize the use of a Nationwide Emergency Hotline Number;
- f) To establish and provide support services to emergency medical services;
- g) To promote public safety and accessible emergency medical services to the people especially those in need of emergency medical services and give priority for the under-served and unserved communities; and
- h) To adopt an emergency medical service protocol in times of natural and man-made disasters.

**Sec 4. Definition of Terms.** – For purposes of this Act, the following terms are hereby defined:

- a) Accredited training and assessment institutions refer to organizations, in good standing with the Emergency Medical Service System Council (EMSSC), accredited to offer training programs, courses, continuing education and competency-based assessment in Emergency Medical Services for EMS personnel that meet the standards established by the Philippine Public Safety College (PPSC) for uniformed personnel and the EMSSC, hereinafter referred to as the Council created under this Act;
- b) Advanced Cardiac Life Support (ACLS) refers to a group of interventions used to treat and stabilize adult victims of life-threatening cardiorespiratory emergencies and to resuscitate victims of cardiac arrest. These interventions include Cardio Pulmonary Resuscitation (CPR), basic and advanced airway management such as endotracheal intubation, emergency medications, electrical therapy, automated external defibrillation and intravenous (IV) access;



- 1 c) Advanced Trauma Life Support (ATLS) refers to a group protocol for managing  
2 trauma victims and designed to maximize management in the first hour after trauma  
3 and ensure an optimal long-term outcome. These interventions include BLS, ACLS,  
4 immobilization, venous cannula insertion and Pediatric Advanced Life Support  
5 (PALS) for children;
- 6 d) Ambulance/Emergency medical vehicle refers to a vehicle designed and equipped  
7 for transporting sick or injured patients to, from, and between places of treatment by  
8 land, water or air, affording safety and comfort to the patients and avoiding illness or  
9 injury;
- 10 e) Basic Life Support (BLS) refers to a group of actions and interventions used to  
11 resuscitate and stabilize victims of cardiac and respiratory arrest. These BLS actions  
12 and interventions includes the recognition of a Cardiac or a Respiratory emergency  
13 or Stroke, activation of the emergency response system, CPR and relief of foreign-  
14 body airway obstruction;
- 15 f) Competency-based assessment refers to the confirmation of an EMS personnel's  
16 capability and capacity to perform one's duties and responsibilities, through the  
17 process of collective evidence and judgment, in accordance with the standards and  
18 guidelines established by the Council;
- 19 g) Emergency Medical Dispatch refers to the immediate identification and prioritization  
20 of emergency situations, the timely dispatch of appropriate resources, providing  
21 essential pre-arrival medical instructions and full endorsement to the receiving  
22 hospital. Dispatch encompasses all aspects of communication including request  
23 processing, coordination and support, documentation and monitoring.;
- 24 h) Emergency medical services (EMS) refer to:
- 25 (1) Emergency care which refers to the independent delivery of pre-hospital emergency  
26 medical services by appropriately trained and certified EMS personnel, usually in a  
27 mobile or community setting, in full accordance with the Emergency Medical  
28 Services Treatment Protocols established by the EMSSC;

- 1       (2) Advanced Life Support which refers to a set of life saving protocols and skills that  
2       extend beyond BLS (Basic Life Support) to further support the circulation and  
3       provide an advanced airway and adequate ventilation. Advanced Life Support may  
4       refer to Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support  
5       (ATLS);
- 6) Emergency Medical Services Personnel refers to a trained and certified personnel engaged in  
7   the provision of emergency medical services during emergencies. Responders may either be  
8   health professionals or non-health professionals;
- 9) Emergency Medical Services (EMS) System refers to the arrangement and coordination of  
10   personnel, facilities, and equipment for the effective delivery of emergency medical services  
11   required in the management of emergencies; for the management and prevention of further  
12   incidents or accidents and the broad range of emergency care from emergency care to  
13   transport in an intensive care setting;
- 14) Emergency Response and Care refers to the arrival of resources at the scene and the timely  
15   initiation and provision of appropriate medical interventions.
- 16) Emergency Transport refers to the transporting of a patient to the most appropriate and  
17   definitive health facility with continued provision of care and appropriate interventions en  
18   route to the appropriate health facility.
- 19) Inter-Agency Referral and Transport refers to the transport of patient with EMS personnel, if  
20   necessary, from one referring facility or agency to another receiving facility or agency for  
21   definitive care, as the patient requires, in an event that the services are not available in the  
22   referring facility;
- 23) Medical Direction refers to the communication between an EMS personnel and a physician  
24   from the field via radio or other means to obtain instruction on further care of a patient.
- 25) Medical Emergency refers to any acute or life-threatening condition that requires immediate  
26   intervention by competent medical personnel.
- 27) Medical Oversight refers to the broad understanding of the emergency medical system as a  
28   whole and ensuring proper policies and procedures exist to ensure safe transitions of care  
29   and utilization of appropriate resources in the field, it is typically performed by a medical  
30   director at the local, regional, and national levels, in collaboration with regulatory, regional  
31   and local medical directors and advisory committees.

- h) National Emergency Medical Services Treatment Protocols refer to emergency medical procedures outlining approved clinical practices and therapies to be observed by EMS personnel, as established by the Council; and
- 4) Patient Transport refers to the transport of patients to and from medical facilities whose condition is of a non-life-threatening nature in emergency situations, patients are transported by the emergency medical services.

## CHAPTER II

### EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL

**Sec. 5. *Creation of the Emergency Medical Services Systems Council.*** - There shall be a council to be known as the "Emergency Medical Services Systems Council (EMSSC)" created under the Department of Interior and Local Government (DILG).

**Sec. 6. *Powers and Functions of the EMSSC.*** - The Council shall perform the following functions:

- (a) To formulate policies governing the field of emergency medical services and related institutions;
- (b) To develop national standards for the provision of emergency medical services to include, among others, the skills and competencies required for EMS personnel and the development of mandatory national emergency medical services treatment protocols to be observed by EMS personnel and such other entities as it may consider appropriate;
- (c) To promulgate a Code of Ethics for EMS personnel;
- (d) To develop high standards of operation for EMS personnel;
- (e) To develop standards and protocols for the design, construction, outfitting and operations of emergency medical vehicles



- 1 (f) To integrate the training and study of Standard Basic Life Support and First Aid  
2 in different kinds of situations and emergencies in the curriculum of all public  
3 and private tertiary educational institutions.
- 4 (g) To ensure the establishment of a system of networking and coordination among  
5 all existing government health agencies, LGUs, and private and non-government  
6 medical institutions for the effective implementation of this Act;
- 7 (h) To monitor compliance by all LGUs and government and private health  
8 facilities, of the standards and requirements set out in this Act;
- 9 (i) To establish a Secretariat under an Executive Director for the administrative and  
10 day-to-day operations of the Council;
- 11 (j) To create committees and other mechanisms to help expedite the  
12 implementation of plans and strategies;
- 13 (k) To generate resources from local, national and international  
14 organizations/agencies, whether government or private sector, for its operation;
- 15 (l) To receive and accept donations and other conveyances including funds,  
16 materials and services by gratuitous title: Provided, that not more than thirty  
17 percent (30%) of said funds shall be used for administrative expenses;
- 18 (m) To prepare an annual budget of the Council and submit the same to the  
19 President for inclusion in the annual General Appropriations Act;
- 20 (n) To advise the President on matters pertaining to EMS;
- 21 (o) To investigate complaints against violators of this Act, its rules and regulations  
22 and policies of the Council;
- 23 (p) To request any department, instrumentality, office, bureau or agency of the  
24 government, including LGUs, to render such assistance as it may require in  
25 order to carry out, enforce or implement the provisions of this Act;
- 26 (q) To regulate activities inimical to the delivery of emergency medical services;



1 (r) To meet at least once every quarter; and

2 (s) To promulgate rules and regulations and policies of the Council and enforce the  
3 provisions of this Act.

4 **Sec. 7. Membership of the Council.** - The members of the Council shall be composed  
5 of the following:

6 (a) The Secretary of the Department of Interior and Local Government (DILG) as  
7 Chairperson of the Council;

8 (b) The Secretary of the Department of Health (DOH) as Co-Chairperson;

9 (c) The Secretary of the Department of Transport (DOTr);

10 (d) The Secretary of the Department of Information, Communication and  
11 Technology (DICT);

12 (e) The Head of the Office of Civil Defense (OCD);

13 (f) The Director General of the TESDA;

14 (g) The Chairperson of the CHED;

15 (h) The Chairman of the Philippine Red Cross (PRC); and

16 (i) The President of the Philippine Health Insurance Corporation (PhilHealth).

17 Relevant stakeholders from the different government offices, private entities and civil  
18 society organizations (CSOs) who are involved in the practice and implementation of  
19 emergency medical services can be invited as resource persons or representatives in the  
20 Council's meetings.

21  
22 **Sec. 8. Compensation and Remuneration.** - The Secretaries of the DILG and DOH  
23 shall perform their duties as such without compensation or remuneration, subject to  
24 reasonable per diem allowances as approved by the Council and subject to existing rules  
25 and regulations of the Department of Budget and Management (DBM). Members who are  
26 not government officials or employees shall be entitled to necessary traveling expenses, per

1 diem and representation allowances chargeable against funds of the DOH, as approved by  
2 the Council, subject to existing rules and regulations of the DBM.

3  
4 **Sec. 9. *The Secretariat.*** – The Council shall organize a Secretariat headed by a person  
5 of probity and shall have at least five (5) years experience in emergency medical services or a  
6 related field.

7  
8 **Sec. 10. *Program Plans.*** – The Council shall within six (6) months after having been  
9 officially constituted and finally staffed, adopt and immediately cause to be implemented, in  
10 coordination with medical and related agencies, a short-term program in support of relevant  
11 existing projects and activities and, within one (1) year, a long-term five (5)-year  
12 development program. This development program shall be developed and subjected to  
13 annual review and revision by the Council, in coordination with relevant public and private  
14 medical agencies and organizations.

15  
16 **Sec. 11. *Accreditation.*** – The Council shall issue certifications and licenses for the  
17 accreditation of training institutions for EMS personnel and emergency medical vehicle  
18 providers.

19  
20 **CHAPTER III**  
21 **EMERGENCY MEDICAL SERVICES PERSONNEL**  
22

23 **Sec. 12. *Creation of Plantilla Positions for Emergency Medical Services Personnel-***  
24 There shall be created a minimum number of plantilla positions for EMS personnel in the  
25 following government hospitals/health facilities within the next five (5) years upon approval  
26 of this Act:

27 (a) Level 2 and 3 Hospitals – Ten (10) EMS personnel and at least one (1) Ambulance  
28 Assistant;

29 (b) Level 1 Hospitals – Six (6) EMS personnel and at least one (1) Ambulance  
30 Assistant;

1 (c) Local Government Units – Six (6) EMS personnel; and

2 (d) Other Health Facilities - as may be deemed necessary by the Council.

3 Upon the approval of the necessary plantilla positions for EMS personnel, the  
4 Council shall submit a proposed standard of qualification for positions to the Civil Service  
5 Commission (CSC) for its approval, pursuant to Executive Order No. 292, entitled "The  
6 Revised Administrative Code of 1987 on the Civil Service Commission". The annual  
7 financial requirements needed to pay for the salaries of EMS personnel shall be included in  
8 the annual general appropriations of the respective hospitals, health facilities and LGUs.

9 **Sec. 13. *Authorized Training Institution.*** - Training programs, courses and  
10 continuing education for an EMS personnel shall be conducted by an institution that has  
11 been granted a Certificate of Program Registration (COPR) by the TESDA, in case of  
12 technical non-degree courses falling under the TESDA jurisdiction, or a Certificate of  
13 Accreditation as a Higher Education Institution (HEI) as well as Program Accreditation by  
14 the CHED, in the case of degree programs falling under the CHED jurisdiction, and the  
15 Philippine Public Safety College (PPSC) for uniformed personnel.

16  
17 The requirements prescribed by the Council shall serve as the minimum requirement  
18 for program registration. The DOH can provide training programs for EMS personnel:  
19 Provided, That these shall be in accordance with the standards set by the Council.

20  
21 **Sec. 14. *Code of Ethics of EMS Personnel.*** - The Council, in coordination with the  
22 appropriate agencies, shall adopt and promulgate the Code of Ethics and the Code of  
23 Technical Standards for EMS personnel to include, among others, duties of EMS personnel  
24 to emergency medical patients, to the community, and to their colleagues.

## 25 26 CHAPTER IV

### 27 EMERGENCY MEDICAL SERVICES SYSTEM

28  
29 **Sec. 15. *Emergency Medical Vehicles.*** - The Council shall develop minimum  
30 requirements for the design, construction, performance, equipment, testing and appearance



1 of emergency medical vehicles. As such, only emergency medical vehicles shall be allowed  
2 to display the word "Ambulance" and the universally-accepted "Star of Life" symbol. It shall  
3 also provide for the operation protocols of said vehicles.

4  
5 The DILG in coordination with the DOH shall design a specification and an  
6 accreditation systems and procedures, which shall follow Administrative Order (AO) No.  
7 2016-0029 or the Department's A.O. governing licensure of ambulance and ambulance  
8 service provider, to provide the public with ambulances and other emergency medical  
9 vehicles that are easily identifiable, nationally recognizable, properly constructed, easily  
10 maintained and, when appropriately equipped, will enable EMS personnel to safely and  
11 reliably perform their functions as basic and advanced life support providers.

12  
13 The ambulance shall be designed to provide the following features at the minimum:

- 14 (a) A driver's compartment;
- 15 (b) A patient compartment with sufficient space to safely and comfortably  
16 accommodate an EMS personnel and a patient who can be given intensive life  
17 support during transit;
- 18 (c) Equipment and supplies for emergency care at the scene as well as during  
19 transport;
- 20 (d) A two-way radio, telephone or electronic communication; and
- 21 (e) When necessary, equipment for light rescue or extrication procedures.

22 The emergency medical vehicle shall be so designed and constructed to provide the  
23 patient with safety and comfort, and to prevent aggravation of the patient's injury or illness.  
24 The designated vehicle marking of "ambulance" is hereby restricted for use by emergency  
25 medical vehicles only. While failure of an emergency medical vehicle to conform to the  
26 Council standards may be a ground for the removal of its certification, such failure shall not  
27 bar EMS personnel from:

- 28 (a) Responding and providing appropriate basic or advanced life support on-site to  
29 persons reported experiencing acute injury or illness in an emergency care



1 setting, and transporting them, while continuing such life support care, to an  
2 appropriate medical facility for definitive care;

3 (b) Providing inter-hospital critical transport care;

4 (c) Transporting essential personnel and equipment to and from the site of a  
5 multiple medical emergency or a triage site and transporting appropriately  
6 triaged patients to designated medical facilities;

7 (d) Emergency medical vehicles will be strictly be used for emergency cases only  
8 and not for patient OPD/ambulatory consults, non-emergent cases, and elective  
9 laboratory procedures; and

10 (e) BFP emergency medical vehicles will not be used for transporting non-emergent  
11 cases. LGU emergency medical vehicles can be used for transporting elective or  
12 non-emergent cases.

13 **Sec 16. *Emergency Dispatch.*** – All local government units are mandated to establish  
14 their dispatch centers where constituents can call for all cases of emergencies, with adequate  
15 and qualified personnel. The dispatch centers shall follow the prescribed guidelines on  
16 dispatch protocol as determined by the DILG and the Council.

17  
18 **Sec. 17. *Emergency Response, Care and Transport.*** – All LGUs shall ensure the  
19 availability of adequate emergency transport vehicles or ambulances with qualified EMS  
20 personnel. All emergency transport vehicles and the procedures to be undertaken in  
21 responding and caring for patients shall follow the prescribed guidelines of the Department  
22 of Health (DOH) and the Council on ambulance services and on emergency response and  
23 care.

24  
25 **Sec. 18. *Inter-Agency Referral and Transport.*** – This Council shall establish the  
26 prescribed protocols / guidelines on inter-agency referral and transport.

27  
28 **CHAPTER V**  
29 **EMERGENCY COMMUNICATIONS**

1

2       **Sec. 19. Adoption of a Nationwide Emergency Hotline Number.** - There shall only be  
3 one (1) nationwide emergency hotline number to enable the public to access emergency  
4 medical services. Towards this end, the National Telecommunications Commission (NTC)  
5 and the Council shall develop a program for the adoption of a nationwide emergency  
6 hotline number. It shall consult and cooperate with national and local agencies and  
7 institutions; LGUs and officials responsible for emergency service and public safety; the  
8 telecommunications industry (specifically including the cellular and other wireless  
9 telecommunications service providers); the motor vehicle manufacturing industry;  
10 emergency medical service providers; emergency dispatch providers; transportation  
11 officials; public safety, fire service and law enforcement officials; consumer groups; and  
12 hospital emergency and trauma care personnel, including emergency physicians, trauma  
13 surgeons and nurses.

14

15       **Sec. 20. Compliance.** - It shall be the duty of every voice service provider to provide  
16 its subscribers with access to the national universal emergency number in accordance with  
17 the implementing rules and regulations to be adopted pursuant to this Act.

18

19       **Sec. 21. Prohibited Acts and Penalties on Emergency Communications.** -

20       (a) Any person who makes a telephone call to an emergency hotline number with  
21 intent to annoy, abuse, threaten or harass any person who answers the telephone  
22 call shall be guilty with the first offense and, subject to subsection (c) of this  
23 section, shall be compelled to attend a seminar on the proper use of the  
24 nationwide emergency hotline number. Upon commission of the offense for the  
25 second time, the offender shall, upon conviction, be imposed with a fine of not  
26 less than Five hundred pesos (P500.00) but not more than One thousand pesos  
27 (P1,000.00). Upon commission of the offense for the third and succeeding times,  
28 the offender shall, upon conviction, be imposed with a penalty of imprisonment  
29 of not less than one (1) month but not more than six (6) months or a fine of not  
30 less than Two thousand pesos 16 (P2,000.00) but not more than Five thousand  
31 pesos (P5,000.00), or both, at the discretion of the court.

1 (b) Any person who makes a telephone call to an emergency hotline number and,  
2 upon the call being answered, makes or solicits any comment, request,  
3 suggestion, proposal or sound which is obscene, lewd, lascivious, filthy or  
4 indecent, shall be mandated to attend a seminar on the proper use of the  
5 nationwide emergency hotline number for the first offense. Upon commission of  
6 the offense for the second time, the offender shall, upon conviction, be imposed  
7 with a fine of not less than Five hundred pesos (P500.00) but not more than One  
8 thousand pesos (P1,000.00). Upon commission of the offense for the third and  
9 succeeding times, the offender shall, upon conviction, be imposed with a penalty  
10 of imprisonment of not less than one (1) month but not more than six (6) months  
11 or a fine of not less than Two thousand pesos (P2,000.00) but not more than Five  
12 thousand pesos (P5,000.00), or both, at the discretion of the court.

13 (c) A person who gives a false report of a medical emergency or gives false  
14 information in connection with a medical emergency, or makes a false alarm of a  
15 medical emergency, knowing the report or information or alarm to be false; or  
16 makes a false request for ambulance service to an ambulance service provider,  
17 knowing the request to be false, shall be mandated to attend a seminar on the  
18 proper use of the nationwide emergency hotline number for the first offense.  
19 Upon commission of the offense for the second time, the offender shall, upon  
20 conviction, be imposed with a fine of not less than Two thousand pesos  
21 (P2,000.00) but not more than Five thousand pesos (P5,000.00) and payment of  
22 damages. Upon commission of the offense for the third and succeeding times,  
23 the offender shall, upon conviction, be imposed with a penalty of imprisonment  
24 of not less than one (1) year but not more than three (3) years or a fine of not less  
25 than Five thousand pesos (P5,000.00) but not more than Ten thousand pesos  
26 (P10,000.00) and payment of damages, or both, at the discretion of the court.

27 **CHAPTER VI**  
28 **OTHER PROVISIONS**  
29



1       **Sec. 22. Role of the LGUs.** - The LGUs are hereby mandated to develop and  
2 institutionalize an emergency medical service system within their area of jurisdiction. The  
3 Council shall include in its programs, activities that will support and enable the LGUs to  
4 accomplish such task.

5       **Sec. 23. Enforcement of the Emergency Medical Services System.** - The DILG,  
6 including all relevant agencies, instrumentalities, offices or bureaus of the government that  
7 are involved in the enforcement of emergency medical services, are hereby mandated to  
8 render its utmost support for the implementation of this Act.

9  
10       **Sec. 24. Appropriations.** - The amounts necessary for the implementation of this  
11 Order shall be sourced from the appropriations of all concerned agencies and local  
12 government units. Additional funds and possible fund sources as may be necessary for the  
13 implementation of this Order shall be identified and provided by the Department of Budget  
14 and Management.

15  
16       **Sec. 25. Implementing Rules and Regulations.** - Except as otherwise provided, the  
17 Council, in coordination with the NTC, the TESDA, the CHED, and the DOH, shall issue  
18 and promulgate the rules and regulations to implement the provisions of this Act within one  
19 hundred twenty (120) days upon constitution of the Council.

20  
21       **Sec 26. Separability Clause.** - If any clause, sentence, paragraph or part of this Act  
22 shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or  
23 impact any other part of this Act.

24  
25       **Sec. 27. Repealing Clause.** - Any provision of laws, orders, agreements, rules or  
26 regulations contrary to and inconsistent with this Act is hereby repealed, amended or  
27 modified accordingly.

28  
29       **Sec. 28. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in  
30 the Official Gazette or in a newspaper of general circulation.

Approved,