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Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL No. 5184



Introduced by
BAYAN MUNA Representatives FERDINAND R. GAITE,
CARLOS ISAGANI T. ZARATE and EUFEMIA C. CULLAMAT

AN ACT
PROVIDING FOR THE MAGNA CARTA OF PRIVATE HEALTH WORKERS

EXPLANATORY NOTE

The recent outbreak of poliovirus and measles and dengue epidemic reflect the deeply-rooted problems in the health care delivery system. Despite the much-touted lower inflation rates and gross domestic product growth, majority of the people remain poor and the people's health remain in a dismal state. Budget cuts and long-time government neglect have resulted to and aggravated the public health crisis.

Health workers as the frontliners in health service provision play a crucial role in confronting the health crisis. However, Filipino health workers themselves face a crisis among their ranks.

For decades health workers in the Philippines are overworked, underpaid, and deprived of job security and union rights. Salaries of most health workers are way below the daily minimum cost of living pegged at P1,205/day or P36,150 per month for a family of six in the National Capital Region according to IBON Databank.

Contractualization afflicts the health sector. The DOH is among the government agencies with the most number of contractuels. Private hospitals and facilities likewise employ many contractual health workers.

In 2016, according to the Philippine Statistics Authority (PSA), out of the 137,173 workers in the private health and social work activities industries that have 20 or more workers, 19,501 were non-regular¹.

Of these non-regular workers, 11,188 or 57.3 percent are probationary status, while casual workers and contractual workers made up about 20 percent of the employees in the non-regular category numbering 3,962 and 3,707, respectively. The remaining 3 percent of those employed in the said category are seasonal workers or apprentices.

Not surprisingly, more and more nurses and health workers are leaving the country to seek better paying jobs abroad, or seek other work not related to patient care.

While the country supplies nurses and doctors to other countries, Filipino communities and health facilities face inadequate positions for permanent nurses. Some hospital administrators admitted that some of their wards and services are not operational due to lack of health workers especially

¹ <https://medicalobserverph.com/specialreport-why-the-philippine-healthcare-system-model-is-flawed/>

nurses.

In 2014, according to then Department of Health Secretary Enrique Ona, 70% of Filipino health professionals work in the private sector. Only 30% of health workers are employed by the government to address the health needs of the majority of Filipinos.²

Despite the fact that health workers in public and private facilities perform the same tasks and face the same risks in providing health services and saving the lives of Filipino patients, disparities exist with regards to wages, salaries, benefits, and others.

For instance, while a Nurse 1 in a public hospital earns P20,754 per month, their counterpart in a private hospital earns as low as P6,000 or P9,000 per month, which is even less than the P537/day minimum wage in the National Capital Region or P11,814/month.

Health workers in the private health facilities are not covered by the Republic Act No. 7305 or the Magna Carta of Public Health Workers enacted in 1992, hence do not receive benefits like hazard pay, subsistence allowance, laundry allowance, and longevity pay, among others.

In the face of the public health crisis, there is a need to address the concerns of the Filipino health workers.

This bill aims to provide for the rights, welfare and benefits of private health workers to encourage them to stay in the country and serve the Filipino people. Moreover, the bill aims to reduce, if not eliminate the disparities between the health workers in the public and private sector under the principle of equality and non-discrimination.

In this light, the passage of this bill is earnestly sought.

Approved,



REP. FERDINAND R. GAITE
Bayan Muna Partylist



REP. CARLOS ISAGANI T. ZARATE
Bayan Muna Partylist

REP. EUFEMIA C. CULLAMAT
Bayan Muna Partylist

² <https://medicalobserverph.com/specialreport-why-the-philippine-healthcare-system-model-is-flawed/>

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**BAYAN MUNA Representatives FERDINAND R. GAITE,
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AN ACT
PROVIDING FOR THE MAGNA CARTA OF PRIVATE HEALTH WORKERS

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

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

SECTION. 2. Declaration of the Policy. The State shall ensure the protection and welfare of health personnel employed in the private healthcare industry which provides health goods and services such as, but not limited to, health promotion, disease prevention, health diagnosis, treatment, curative, rehabilitative, palliative and hospice care. Towards this end, this Act aims:

(a) to promote and improve the social and economic well-being of the health workers, their living and working conditions and terms of employment; and

(b) to develop their skills and capabilities in order that they will be more responsive and better equipped to deliver health goods, services and programs.

SECTION 3. Definition. For purposes of this Act, "health workers" shall mean all persons who are engaged in health and health-related work, which shall include, but not limited to, health and para-health professionals, allied health personnel, administrative and support personnel employed in private health care institutions regardless of their employment status.

SECTION 4. Recruitment and Qualification. Recruitment policy and minimum requirements with respect to the selection and appointment of a private health worker shall be developed and implemented by the concerned employer in accordance with policies and standards of the Department of Labor and Employment (DOLE): Provided, That in the absence of appropriate eligibles and it becomes necessary for the public interest to fill a vacancy, a probationary period for three months shall be issued to the person who meets the partial requirements for the position to which he/she is being appointed.

SECTION 5. Performance Evaluation and Merit Promotion. The Secretary of Labor, through a tri-partite mechanism, shall prepare a uniform career and personnel development plan applicable to all private health personnel. Such career and personnel development plan shall include provisions on merit promotion, performance evaluation, in-service training grants, job rotation, suggestions and incentive award system.

1 The performance evaluation plan shall consider foremost the improvement of individual employee
2 efficiency and organizational effectiveness: Provided, that each employee shall be informed
3 regularly by his/her supervisor of his/her performance evaluation.

4 The merit promotion plan shall be in consonance with the rules of the Department of Labor and
5 Employment.

6 **SECTION 6. Transfer or Geographical Reassignment of Private Health Workers.**

7 (a) a transfer is a movement from one position to another which is of equivalent rank, level or
8 salary without break in service;

9 (b) a geographical reassignment, hereinafter referred to as "reassignment," is a movement from
10 one geographical location to another; and

11 (c) a private health worker shall not be transferred and or reassigned, except when made in the
12 interest of public service, in which case, the employee concerned shall be informed of the reasons
13 therefore in writing. If the private health worker believes that there is no justification for the
14 transfer and/or reassignment, he/she may appeal his/her case to the Department of Labor and
15 Employment, which shall cause his/her reassignment to be held in abeyance; Provided, That no
16 transfer and/or reassignment whatsoever shall be made three (3) months before any local or
17 national elections: Provided, further, That the necessary expenses of the transfer and/or
18 reassignment of the private health worker and his/her immediate family shall be paid for by the
19 Employer.

20 **SECTION 7. Married Health Workers.** Whenever possible, the proper authorities shall take
21 steps to enable married couples, both of whom are private health workers, to be employed or
22 assigned in the same unit/section/department/division.

23 **SECTION 8. Right to Security of Tenure.** All private health workers shall enjoy security of
24 tenure in their employment as provided by law. Their services can only be terminated for just or
25 authorized causes pursuant to the provisions of the Labor Code, as renumbered and subject to the
26 requirements of due process: Provided, That if a private health worker is found by the Department
27 of Labor and Employment to be unjustly dismissed from work, he/she shall be entitled to
28 reinstatement without loss of seniority rights and to his/her back wages with twelve percent (12%)
29 interest computed from the time his/her compensation was withheld from his/her up to time of
30 reinstatement. In addition, all legal expenses incurred during the arbitration process shall be paid
31 for by the Employer.

32 **SECTION 9. Prohibition of Contractualization.** All forms of contractualization and fixed term
33 employment are hereby prohibited. Job contracting, or the contracting out of a work by the
34 employer to a contractor, manpower agency or a similar analogous entity, is hereby prohibited.

35 Direct-hiring of contractual health workers is also hereby prohibited. When the employer contracts
36 or subcontracts the performance of a work that is necessary or desirable to the hospital or health
37 facility, the worker or workers supplied by a third person or party under this paragraph shall be
38 considered regular employees or employees of the principal employer.

39 Project-based employees are considered regular employees for the duration of the project. For this
40 purpose, project-based employment refers to employment in an existing project or undertaking,
41 the nature of which is temporary and the completion or termination has been determined and
42 made known to the employee at the time of the engagement.

1 **SECTION 10. Protection Against Discrimination.** A private health worker shall not be
2 discriminated against with regard to age, gender, gender preference, civil status, qualified person
3 with disability, creed, religious or political beliefs and ethnic groupings in the exercise of his/her
4 profession.

5 **SECTION 11. No Understaffing/Work Overloading of Health Staff.** There shall be no
6 understaffing or work overloading of private health workers. The ratio of health staff to patient
7 load shall be based on the standards set by the Department of Health, at the minimum, or based
8 on the health worker-patient ratio resulting from the consultations and negotiations with the
9 health workers' union/organization. Such ratio shall effect a sustained delivery of quality health
10 care at all times without overworking the private health worker and over extending his/her duty
11 and service. Health students, trainees and apprentices shall be allowed only for purposes of
12 training and education and shall not be allowed to perform the tasks of regular health workers.

13 **SECTION 12. Administrative Charges.** Administrative charges against a private health worker
14 shall be heard by a committee composed of the Ethics and/or Grievance Committee, union
15 representative where the private health worker belongs, a representative of any existing employees'
16 association or union and/or representative of a national or provincial health workers' organization.
17 The committee shall submit its findings and recommendations to the Secretary of Labor within
18 thirty (30) days from the termination of the hearings.

19 **SECTION 13. Safeguards in Disciplinary Procedures.** In every disciplinary proceeding,
20 provisions under the labor code for due process must be observed, the private health workers shall
21 have:

22 (a) the right to a swift resolution of the case; no health worker must be suspended or dismissed
23 while investigation is ongoing;

24 (b) the right to be informed, in writing, of the charges;

25 (c) the right to full access to the evidence in the case;

26 (d) the right to defend himself/herself and to be defended by a representative of his/her choice
27 and/or by his/her organization, adequate time being given to the private health worker for the
28 preparation of his/her defense;

29 (e) the right to confront witnesses presented against him/her and summon witnesses in his/her
30 behalf;

31 (f) the right to appeal to designated authorities;

32 (g) the right to reimbursement of reasonable expenses incurred in his/her defense in case of
33 exoneration or dismissal of the charges; and

34 (h) such other rights that as will ensure fairness and impartiality during proceedings.

35 **SECTION 14. Duties and Obligations.** The private health workers shall:

36 (a) discharge his/her duty humanely with conscience and dignity according to his/her
37 mandated scope of work;

38 (b) perform his/her duty with utmost respect for life, race, gender, persons with disability,
39 religion, nationality, party policies, social standing or capacity to pay.

1 **SECTION 15. Code of Conduct.** Within six (6) months from the approval of this Act, the
2 Secretary of Labor, upon consultation with other appropriate agencies, professional and health
3 workers' organization, accredited/registered employees association or union shall formulate and
4 prepare a Code of Conduct for Private Health Workers, which shall be disseminated as widely as
5 possible.

6 **SECTION 16. Hours of Work.** The normal hours of work of private health worker shall not
7 exceed eight (8) hours a day or forty (40) hours a week but paid seven (7) days a week or a total of
8 56 hours a week as per Republic Act 5901. Hours worked shall include:

9 (a) all the time during which a private health worker is required to be on active duty or to be
10 at a prescribed workplace;

11 (b) all waiting time such as endorsement period spent by health personnel where she/he is
12 required or engaged by the employer to wait; and

13 (c) all the time during which a private health worker is suffered or permitted to work.
14 Provided, that the time when the private health worker is placed on "On Call" status shall not be
15 considered as hours worked but shall entitle the private health worker to an "On Call" pay
16 equivalent to one hundred percent (100%) of his/her regular wage. "On Call" status refers to a
17 condition when private health workers are called upon to respond to urgent or immediate need
18 for health/medical assistance or relief work during emergencies such that he/she cannot devote
19 the time for his/her own purpose.

20 **SECTION 17. Overtime Work.** Where the exigencies of the service so require (such as force
21 majeure, national threat or loss of life), any private health worker may be required to render, service
22 beyond the normal eight (8) hours a day. In such a case, the workers shall be paid an additional
23 compensation in accordance with existing laws and prevailing practices.

24 **SECTION 18. Work During Rest Day.**

25 (a) Where a private health worker is made to work on his/her schedule rest day, he/she shall
26 be paid an additional compensation in accordance with existing laws; and

27 (b) Where a private health worker is made to work on any special holiday he/she shall be paid
28 an additional compensation in accordance with existing laws. Where such holiday work falls on
29 the workers' scheduled rest day, he/she shall be entitled to an additional compensation as may be
30 provided by existing laws.

31 **SECTION 19. Minimum Wages and Benefits.** Private health workers are entitled to not less
32 than the following wages and benefits:

33 (a) Wages for all actual work hours and days shall not be lower than P30,000.00 entry salary
34 for nurses and P750.00 per day for other health workers multiplied by 30 days for a monthly salary.
35 Wages shall be paid at least once every two weeks or twice a month at intervals not exceeding
36 sixteen (16) days.

37 (b) Holiday pay for all legally declared regular holidays. Health workers shall be paid holiday
38 pay of hundred percent (100%) of the minimum wage even if she/he did not report for work.

39 If the health worker is required to work on said holiday, she/he shall be paid two hundred percent
40 (200%) of the minimum wage.

- 1 (c) Premium pay for work on Special Days of thirty percent (30%) of their basic wage.
- 2 (d) Night shift pay of an additional fifteen percent (15%) of the basic wage for work between
3 10:00 pm and 6:00 am of the following day.
- 4 (e) Hazard pay equivalent to at least twenty-five percent (25%) of the monthly minimum wage
5 of private health workers.
- 6 (f) Paid longevity pay of five (5) days for every year of service. Unused leave can be monetized.
- 7 (g) 13th month pay pursuant to Presidential Decree No. 851, as amended, which entitles the
8 employee to receive, not later than 24 December, equivalent to one-twelfth (1/12) of the total
9 basic salary earned within the calendar year.
- 10 (h) Paid maternity leave of 105 days for normal delivery or for caesarian section delivery,
11 including miscarriage or emergency termination of pregnancy, regardless of civil status and
12 legitimacy of the child pursuant to Republic Act No. 11210, otherwise known as "105-Day
13 Expanded Maternity Leave Law" approved February 20, 2019. The solo parent health worker
14 shall be granted an additional fifteen (15) days maternity leave with full pay pursuant to the "Solo
15 Parents Welfare Act".
- 16 (i) Paid paternity leave of seven (7) days, pursuant to Republic Act No. 8187, otherwise
17 known as the Paternity Leave Act of 1996. In addition, any female health worker is entitled to
18 allocate up to seven (7) days of her maternity leave to the child's father pursuant to Republic Act
19 No. 11210, including cases where the female health worker had miscarriage or emergency
20 termination of pregnancy,
- 21 (j) Paid parental leave of seven (7) days for solo parents pursuant to Republic Act No. 8972,
22 otherwise known as the Solo Parents' Welfare Act of 2000.
- 23 (k) Paid leave of ten (10) days for victims of violence against women and their children,
24 pursuant to Republic Act No. 9262, otherwise known as the Anti-Violence Against Women and
25 Their Children Act of 2004.
- 26 (l) Paid special leave of up to sixty (60) days for women for surgery caused by gynecological
27 disorders, pursuant to Republic Act No. 9710, otherwise known as the Magna Carta of Women.
- 28 (m) Paid emergency leave of up to 15 days for emergency conditions such as in times of disaster
29 or calamities.
- 30 (n) Separation pay if the termination is due to any of the authorized causes under Articles 298-
31 299 of the Labor Code, as renumbered. Any private health worker who has voluntarily resigned
32 from employment after rendering five (5) years of continuous service shall be also entitled to
33 separation pay.
- 34 (o) Retirement benefits for employees reaching the age of sixty (60) or more but not beyond
35 sixty-five (65) years old, pursuant to the Labor Code, as amended by Republic Act No. 7641.
- 36 (p) Paid bereavement leave of up to 15 days for death of immediate family members.
- 37 (q) All other benefits such as sick leave and vacation leave as provided under existing labor laws
38 and regulations.

The foregoing minimum benefits shall be without prejudice to any company policy, contract, or Collective Bargaining Agreement providing for better terms and conditions of employment.

SECTION 20. Additional Compensation. Private health workers shall receive the following additional allowances: subsistence allowance and laundry allowance.

(a) Subsistence Allowance. - Private health workers who are required to render service within the premises of hospitals, sanitaria, health infirmaries, primary or community health facilities and other health-related establishments owned and operated by the private sector in order to make their services available at any and all times, shall be entitled to full subsistence allowance of three (3) meals which may be computed in accordance with prevailing circumstances as determined by the Secretary of Labor in consultation with the employees associations/unions/organizations. Subsistence allowance shall be indexed to inflation and subjected to review and adjustment every three (3) years.

(b) Uniform/clothing allowance for all private health workers regardless of status of employment equivalent to five (5) sets of uniform per employee/year.

(c) Laundry Allowance. - All private health workers who are required to wear uniforms regularly shall be entitled to laundry allowance equivalent to five hundred pesos (P500.00) per month: Provided, that this rate shall be reviewed periodically and increased accordingly by the Secretary of Labor in consultation with the appropriate government agencies concerned taking into account existing laws and prevailing practices.

(d) Remote assignment allowance - Doctors, dentists, nurses, and midwives who accept assignments as such in remote areas or isolated stations, which for reasons of distance or hard accessibility such positions had not been filled for the last two (2) years prior to the approval of this Act, shall be entitled to an incentive bonus in the form of remote assignment allowance equivalent to one hundred percent (100%) of their basic pay, and shall be entitled to reimbursement of the cost of reasonable transportation to and from and during official trips.

SECTION 21. Housing. All private health workers who are in tour of duty and those who, because of unavoidable circumstances are forced to stay in the hospital, sanitaria or health infirmery premises, shall be entitled to free living quarters or free dormitories within the hospital, sanitarium or health infirmery or if such quarters are not available, shall receive quarters allowance as may be determined by the Secretary of Labor and other appropriate government agencies concerned: Provided, That this rate shall be reviewed periodically and increased accordingly by the Secretary of Labor in consultation with the appropriate government agencies concerned.

SECTION 22. Occupational Safety and Health. Occupational Safety and Health of private health workers shall be ensured by the employer by adopting, implementing and promoting occupational safety and health programs consistent with the provisions of the Occupational Safety and Health Standards (OSHS) and other related laws and issuances, to include prevention and control of tuberculosis, HIV AIDS, Hepatitis B, workplace bullying and drug use in the workplace. The employer shall likewise promote and implement policies and programs on anti-smoking, anti-sexual harassment and disaster and climate risk management. These Occupational Safety and Health programs shall cover all health personnel regardless of the status of employment.

(a) Health and Safety Committee. The employer shall organize a safety and health committee in accordance with the OSHS;

(b) Free hospitalization benefits for its employees and discounted services for immediate family members who will be confined in the hospital.

(c) Provision of Personal Protective Equipment. All health care institutions are required to provide their health workers with appropriate personal protective equipment at no cost to health workers pursuant to the OSHS and other-related laws and issuances.

(d) Compensation for occupational disease and/or injury and work-related disease and/or injury pursuant to guidelines of the Employees Compensation Commission (ECC).

(e) Social Welfare Benefits. Without prejudice to established company policy, collective bargaining agreement or other applicable employment agreement, all health workers shall be entitled to coverage for social welfare benefits such as Pag-IBIG Fund (Republic Act No. 7742), PhilHealth (Republic Act No. 7875, as amended by the Republic Act No. 9241), Employees Compensation Law (Presidential Decree No. 626 of 1975), and the Social Security Law (Republic Act No. 1161, as amended by Republic Act No. 8282), and other applicable laws.

(f) Medical Examination. - Compulsory medical examination shall be provided free of charge to all private health workers before entering the service and shall be repeated once a year during the tenure of employment of all private health workers: Provided, That where medical examination shows that medical treatment and/or hospitalization is necessary, the treatment and/or hospitalization including medicines shall be provided free either in a government or a private hospital by the government entity paying the salary of the health worker: Provided, further, That the cost of such medical examination and treatment shall be included as automatic appropriation in said entity's annual budget.

SECTION 23. Right to Self-Organization. All private health workers have the basic right to self-organize or form an employees' union. Private health workers shall have the right to freely form, join or organize all forms of actions including the right to strike and other peaceful concerted activities in order to defend and protect their basic rights and welfare, and to obtain redress of their grievances.

SECTION 24. Freedom from Interference or Coercion. It shall be unlawful for any person to commit any of the following acts of interference or coercion:

(a) to require as a condition of employment that a private health worker shall not join a health workers' organization or union or shall relinquish membership therein;

(b) to require membership to any professional association as a mandatory requirement for employment;

(c) to discriminate in regard to hiring or tenure of employment or any item or condition of employment in order to encourage or discourage membership in any health workers' organization or union;

(d) to prevent a health worker from carrying out duties laid upon him/her by his/her position in the organization or union, or to penalize him/her for the action undertaken in such capacity;

(e) to harness or interfere with the discharge of the functions of the health worker when these are calculated to intimidate or to prevent the performance of his/her duties and responsibilities; and

(f) to otherwise interfere in the establishment, functioning, or administration of health workers organization or unions through acts designed to place such organization or union;

(g) to harass or bully a health worker at the workplace at anytime and circumstances.

SECTION 25. Consultation with Health Worker's Organization. In the formulation of national policies governing the social security of private health workers, professional and health workers, organizations or unions as well as other appropriate government agencies concerned shall be consulted by the Secretary of Labor. For this purpose, Tripartite Council for national, regional and other appropriate levels shall be established and operationalized.

SECTION 26. Health Human Resource Development/ Management Study. The Department of Labor shall conduct a periodic health human resource development/management study into, among others, the following areas;

(a) Adequate facilities and supplies to render quality health care to patients and other client population;

(b) Continuing Professional Development. Private health workers shall be provided by the employer with relevant, appropriate and free continuing professional development to enhance their knowledge, attitudes and skills as health workers and to improve and sustain quality health care for clients. Compliance to CPD should not be used as a reason to affect the security of tenure of health workers.

The employer must ensure career opportunity for health workers to grow and develop their potentials and experience a sense of worth and dignity in their work. Private health workers who undertake postgraduate studies in a degree course shall be entitled to an upgrading in their position or raise in pay: Provided, that it shall not be more than every two (2) years;

(c) Free legal assistance to health workers who have work-related legal case and provision for mechanisms for democratic consultation in private health institutions;

(d) Staffing patterns and standard of health care to ensure that the people receive-quality care. Existing recommendations on staffing and standards of health care shall be immediately and strictly enforced;

(e) Ways and means of enabling the rank-and-file workers to avail of education opportunities for personal growth and development;

(f) Upgrading of working conditions, reclassification positions and salaries of private health workers to correct disparity vis-a-vis other professions such that positions requiring longer study to upgrade and given corresponding pay scale; and

(g) Assessment of the national policy on exportation of skilled health human resource to focus on how these resources could instead be utilized productively for the country's needs.

SECTION 27. Prohibition Against Double Recovery of Benefits. Whenever other laws provide for the same benefits covered by this Act, the private health worker shall have the option to choose which benefits will be paid to him/her. However, in the event that the benefits chosen are less than that provided under this Act, the worker shall be paid only the difference.

1 **SECTION 28. Prohibition Against Elimination and/or Diminution.** Nothing in this law
2 shall be construed to eliminate or in any way diminish benefits being enjoyed by private health
3 workers at the time of the effectivity of this Act.

4 **SECTION 29. Penal Provision.** Any person/s who shall willfully interfere with, restrain or
5 coerce any private health worker in the exercise of his/her rights or shall in any manner any act in
6 violation of any of the provisions of this Act, upon conviction, shall be punished by a fine of not
7 less than fifty thousand pesos (P50,000.00) and imprisonment of 6 months but not more than one
8 (1) year or both at the discretion of the court.

9 If the offender is a public official, the court, in addition to the penalties provided in the preceding
10 paragraph, may impose the additional penalty of disqualification from office.

11 This provision is in addition to other remedies available under existing laws.

12 **SECTION 30. Budgetary Estimates.** The Secretary of Labor shall submit annually the
13 necessary budgetary estimates to implement the provisions of this Act. Budgetary estimates for
14 the succeeding years should be reviewed and increased accordingly by the Secretary of Labor in
15 consultation with associations/unions or organizations of private health workers.

16 **SECTION 31. Rules and Regulations.** The Secretary of Labor, after consultation with
17 appropriate agencies of the Government as well as professional and health workers' organizations
18 or unions, shall formulate and prepare the necessary rules and regulations to implement the
19 provisions of this Act. Rules and regulations issued pursuant to this section shall take effect thirty
20 (30) days after publication in a newspaper of general circulation.

21 **SECTION 32. Separability Clause.** If any provision of this Act is declared invalid, the
22 remainder of this Act or any provision not affected thereby shall remain in force and effect.

23 **SECTION 33. Repealing Clause.** All laws, presidential decrees, executive orders and their
24 implementing rules, inconsistent with the provisions of this act are hereby repealed, amended or
25 modified accordingly.

26 **SECTION 34. Effectivity.** This Act shall take effect fifteen (15) days after its publication in the
27 Official Gazette or in any newspaper of general circulation.

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30 *Approved,*
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