

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. **2297**



Introduced by **Hon. Sol Aragon**es and **Hon. Edcel C. Lagman**

EXPLANATORY NOTE

The Constitution, Article II, Section 13 provides that:

The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.

In light of the said provision, it is disheartening to note that in the Philippines the incidence of teenage pregnancies is increasing. In 2014, data from the Philippine Statistics Authority (PSA) revealed that every hour, 24 babies are delivered by teenage mothers. In fact, based on the Certificate of Live Births submitted by the Local Civil Registry Offices from 2011 to 2014, about one in every ten women of child-bearing age was a teenager.¹ According to the 2014 Young Adult Fertility and Sexuality (YAFS) study, around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or are already mothers—more than twice the rate recorded in 2002. Among six major economies in the Association of Southeast Asian Nations, the Philippines has the highest rate of teenage pregnancies and is the only country where the rate is increasing, per the United Nations Population Fund.²

According to the University of the Philippines Population Institute, young Filipinos have limited access to sex education and adolescent sexual and reproductive health services, especially if they are underage and unmarried. The reasons for becoming pregnant among teenagers include unplanned sexual encounters and peer pressure, lack of information on safe sex, breakdown of family life and lack of good female role models in the family, and absence of accessible, adolescent-friendly institutions.

¹ https://psa.gov.ph/sites/default/files/TRIVIA_teenagemothers_rev.pdf

² <http://opinion.inquirer.net/74517/teenage-pregnancy-among-todays-filipino-youth>

Teenage pregnancy has serious consequences for young women, their children, and communities as a whole. Too-early childbearing increases the likelihood that a young woman will drop out of school and is less likely to pursue further education or skills training. Thus, teenage pregnancy perpetuates the cycle of poverty and inequality because most pregnant teenagers have no source of income and face greater financial difficulties later in life. Moreover, teenage mothers face critical health risks, including inadequate nutrition during pregnancy due to poor eating habits, dangers associated with the reproductive organs not ready for birth, and maternal death due to higher risk of eclampsia, among others.

The United Nations Population Fund, on the other hand, stressed that teenage pregnancy, among others, undermines girls' health, rights and opportunities. UNFPA's State of World Population 2016 report shows that empowering today's 10-year-old girls could yield huge demographic and economic dividends and build better societies.³ According to UNFPA, teenage pregnancy limits far too many girls' hopes, dreams and aspirations. It also costs the country around P33 billion each year in foregone earnings. According to the report, girls who reach adulthood with an education and their health and rights intact could triple their lifetime incomes, thereby fueling progress for generations and entire nations. By ensuring girls' right to education, including age-appropriate comprehensive sexuality education and access to youth-friendly sexual and reproductive health services and advice, the country could improve the lives of hundreds of thousands, reap long term gains, and help ensure the success of 2030 Agenda for Sustainable Development.

In view of the foregoing circumstances, there is a need to establish a national policy in preventing teenage pregnancies and institutionalize social protection for teenage parents.



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³ <http://www.unfpa.org.ph/index.php/news/338-swop2016>

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1 **AN ACT PROVIDING FOR A NATIONAL POLICY IN PREVENTING TEENAGE**
2 **PREGNANCIES, INSTITUTIONALIZING SOCIAL PROTECTION FOR TEENAGE**
3 **PARENTS, AND PROVIDING FUNDS THEREFOR**

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

4 **SECTION 1. Short Title.** – This Act shall be known as the “*Prevention of Adolescent*
5 *Pregnancy Act of 2017*”.

6 **SECTION 2. Declaration of Policy.** – It shall be the policy of the State to:

7 (a) Recognize, promote, and strengthen the role of adolescents and young people in
8 the overall human and socio-economic development of the country not only in the
9 future but also in the present;

10 (b) Recognize and promote the responsibility of the State to create and sustain an
11 enabling environment for adolescents to enable them to achieve their development
12 aspirations and potentials as well as mobilize them to positively contribute to the
13 development of the nation;

14 (c) Pursue sustainable and genuine human development that values the dignity of the
15 total human person and affords full protection to people’s rights, especially of
16 adolescent women and men and their families;

- (d) Promote and protect the human rights of all individuals including the adolescents particularly in their exercise of their rights to sexual and reproductive health, equality and equity before the law, the right to development, the right to education, freedom of expression, the right to participate in decision-making, and the right to choose and make responsible decisions for themselves;
- (e) Provide full and comprehensive information to adolescents that can help them prevent early and unintended pregnancies and their life-long consequences;
- (f) Ensure corresponding interventions that could respond to the socioeconomic, health and emotional needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;
- (g) Encourage adolescent mothers and fathers to continue and finish their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages, high-risk child-bearing and repeated pregnancy and to reduce associated mortality and morbidity through comprehensive social protection interventions;
- (h) Recognize and promote the rights, duties and responsibilities of parents, teachers, and other persons legally responsible for the growth of adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters.

SECTION 3. *Definition of Terms.* – For purposes of this Act, the following terms shall be defined as follows:

- (a) *Adolescents* – refers to the population aged 10 to 19 years.
- (b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the access to a full range of methods, techniques and services that contribute to the reproductive health and well-being of young people by preventing and solving reproductive health-related problems.

- 1 (c) *Adolescent Sexuality* – refers to the reproductive system, gender identity, values or
2 beliefs, emotions, relationships and sexual behavior of young people as social
3 beings.
- 4 (d) *Comprehensive Sexuality Education* – refers to the process of acquiring complete,
5 accurate, relevant and age-appropriate information and skills on all matters
6 relating to the reproductive system, its functions and processes and human
7 sexuality and forming attitudes and beliefs about sex, sexual identity,
8 interpersonal relationship, affection, intimacy and gender roles. It has the purpose
9 of developing the skills of young people for them to make informed decisions
10 such as the capacity to distinguish between facts and myths on sex and sexuality,
11 and critically evaluate and discuss the moral, religious, social and cultural
12 dimensions of related sensitive issues such as contraception and abortion, and
13 decide to prevent risky behaviors that can undermine the realization of their
14 aspirations and potentials.
- 15 (e) *Information and Service Delivery Network for Adolescent Health and*
16 *Development (ISDN)* – refers to the network of facilities, institutions, and
17 providers within the province, district, municipality/city-wide health and social
18 system offering information, training, and core packages of health and social care
19 services in an integrated and coordinated manner.
- 20 (f) *Local Youth Development Council (LYDC)* – refers to the local body to be created
21 based on RA 10742 (SK Reform Law) which is composed of representatives of
22 youth and youth-serving organizations in the provincial, city, and municipal level
23 with the primary function of assisting in the planning and execution of projects
24 and programs of the Sangguniang Kabataan, and the Pederasyons in all levels.
- 25 (g) *Normal Schools or College Teachers* – refer to learning institutions training or
26 educating teachers.
- 27 (h) *Public-Private Partnership (PPP)* – is a cooperative arrangement between one or
28 more public and private sectors, typically of a long term nature, for various
29 development programs or projects.

(i) *Reproductive Health* – refers to state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

(j) *Risky Behaviors* – refer to ill-advised practices and actions that are potentially detrimental to a person's health or general well-being.

(k) *Social Protection* – consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age.

SECTION 4. *Development of National Program of Action and Investment Plan for the Prevention of Teenage Pregnancy.* – The National Youth Commission (NYC), Department of Education (DepEd), Department of Health (DOH), Department of Social Welfare and Development (DSWD), and the Commission on Population (POPCOM) in collaboration with other relevant national agencies and the civil society organization shall develop an evidence-based medium-term *National Program of Action for the Prevention of Teenage Pregnancy*. The program of action shall serve as the national framework for inter-agency and inter-sectoral collaboration at all levels to address the various health, cultural, socio-economic and institutional determinants of teenage pregnancy.

Based on the Program of Action, a *National Program on the Prevention of Teenage Pregnancy* (NPPTP) which shall form a priority program of the Philippine Population Management Program being spearheaded and coordinated by POPCOM shall be developed and funded at all levels. The NPPTP shall be based on the inter-agency program of action involving all relevant government agencies and shall be considered as a program that is eligible for multiyear funding and inter-agency obligational authority to ensure the allocation for the key strategies in all concerned government agencies.

SECTION 5. *Organization and Mobilization of Regional and Local Information and Service Delivery Network for Adolescent Health and Development (ISDN for AHD).* – All provinces and chartered cities shall organize and operationalize an ISDN for AHD consisting of different government and non-government organizations, institutions, and facilities catering information and services to adolescents within their locality. The ISDN may be

1 organized by district in each province or by municipality/city. An effective collaborative and
2 referral system among the members of the ISDN shall be established and implemented within
3 a catchment area.

4 The ISDN shall perform the following tasks and functions:

5 (a) Map and analyze the various factors contributing to pregnancies among
6 adolescents at the regional and local levels;

7 (b) Identify, harmonize, coordinate, and implement inter-agency interventions to
8 address the various issues related to teenage pregnancies in the region and at the
9 local level;

10 (c) Capacitate ISDN agency-members in collaboration with relevant regional
11 government agencies to ensure quality information and services to adolescents;

12 (d) Provide, in collaboration with concerned LGUs, needed information and services
13 for adolescent development;

14 (e) Generate or share resources in the implementation of the joint strategic plan of the
15 ISDN; and

16 (f) Monitor and evaluate effectiveness of coordinative and referral systems and other
17 interagency interventions jointly implemented by the ISDN.

18 The local ISDN shall be coordinated by the Provincial/City Population Office or, in
19 its absence, the Provincial/City Health Office in collaboration with the Sangguniang
20 Kabataan (SK) Federation or Local Youth Development Council (LYDC) in the concerned
21 localities with technical assistance from POPCOM and other relevant national government
22 agencies.

23 **SECTION 6.** *Age and Development-Appropriate Comprehensive Sexuality*
24 *Education.* - All agencies under the education sector in collaboration with other relevant
25 agencies shall develop and promote educational standards, modules, and materials to promote
26 comprehensive responsible sexuality education in schools, communities, and other youth
27 institutions. The comprehensive sexuality education shall start from Grade 5 and shall

1 include age-appropriate topics such as, but not limited to, human sexuality, adolescent
2 reproductive health, health and nutrition, gender-sensitivity, gender equality and equity, and
3 life-skills. The purpose of which is to enable adolescents to be responsible in nurturing their
4 sexuality, prevent sexual abuse, and avoid unintended pregnancy.

5 **SECTION 7. *Training of Teachers, Guidance Counselors, and School Supervisors on***
6 *CSE.* – The DepEd, Technological Education and Skills Development Authority (TESDA)
7 and Commission on Higher Education (CHED) shall ensure that all teachers, guidance
8 counselors, instructors, and other school officials entrusted with the duty to educate
9 adolescents on CSE shall be properly trained on adolescent health and development to
10 effectively educate or guide adolescents in dealing with their sexuality-related concerns. The
11 training shall be in collaboration with DOH, POPCOM, and NYC for technical assistance.
12 Funding for the training shall be allotted in the concerned government agencies' annual
13 allocation to be approved by Congress.

14 The CHED shall ensure that CSE standards are integrated in the curriculum and
15 across specializations in the professional preparation and training for would-be teachers in
16 normal schools or teacher education institutions in the country.

17 **SECTION 8. *CSE for Out-of-School Adolescents and those with Special Concerns.*** –
18 The DSWD, DOH, POPCOM, and the local government units (LGUs) shall collaborate to
19 intensify and institutionalize interactive learning methodologies for CSE among out-of-
20 school adolescents in the communities and workplaces. Provided, that the needs of
21 indigenous, working, persons-with-disabilities, and adolescents in social institutions are
22 considered in the design and promotion of sexuality education among adolescents.

23 **SECTION 9. *Promoting the CSE using the Social Media and other Digital or Online***
24 *Communication Platforms.* – All concerned government agencies shall optimize the social
25 media and other online platforms to reach adolescent netizens with accurate information and
26 messages on adolescent sexual and reproductive health (ASRH) concerns. A web portal for
27 the NPPTP shall be developed and promoted by POPCOM to harmonize and link various
28 government websites and online services for ASRH including the networked
29 operationalization of ISDN for AHD.

1 **SECTION 10. *Mandatory Establishment of Functional Local Teen Centers for***
2 *Adolescent Health and Development.* – A school- or community-based Teen Center for AHD
3 shall be established and operationalized in all municipalities and cities in the country. Such
4 Teen Centers shall serve as facilities where adolescents and youth can access appropriate
5 information and services on ASRH and other concerns relevant to their holistic development.
6 The Teen Centers shall be the convergence facilities or hubs for the services of the ISDN for
7 AHD members as provided in Section 5 of this Act.

8 The Center shall also serve as peer helping, counseling, and treatment center
9 especially for adolescents in crisis or victims of abuse and violence.

10 The Center shall be mainly managed and operated by the LGUs through SK members,
11 youth volunteers and workers and other organized adolescent youth groups recognized by the
12 LGU with the assistance of various adult service providers and youth-serving professionals
13 including the civil society organizations (CSOs). The establishment and operationalization of
14 the Teen Centers shall be funded using the 10% SK fund and other relevant local budget
15 sources.

16 The POPCOM in collaboration with DepEd, CHED, DOH, DILG, and CSOs shall
17 formulate the guidelines and standards in setting-up of Teen Centers in schools and
18 communities. National government agencies shall provide assistance to LGUs and schools in
19 setting-up the Teen Centers.

20 **SECTION 11. *Participation of the Private Sector in the Promotion of CSE.*** – The
21 government may enter into public-private partnership agreement in mobilizing private
22 communication networks and companies in promoting CSE through text or short message
23 service (SMS) or media messages. An incentive mechanism for telecommunication
24 companies shall be developed and implemented by concerned agencies to recognize private
25 participation in promoting CSEs and adolescent youth health-seeking behavior, positive
26 attitude towards sex, sexual relations and sexuality, etc.

27 The Movie and Television Review and Classification Board (MTRCB) shall review
28 their existing guidelines to ensure that no movie and television programs portray, depict,
29 promote, and encourage sexual activities among adolescents as a normative behavior in the
30 society. An incentive scheme for adolescent-friendly television programs shall likewise be

1 developed and implemented to encourage movie and television networks to produce materials
2 and programs that promote responsible sexuality among adolescents.

3 Other private companies may be engaged to partner with the government agencies in
4 designing and implementing innovative programs to prevent adolescent pregnancy.

5 **SECTION 12.** *Regulating Access of Minors to Pornographic Materials and Obscene*
6 *Shows.* – Existing laws penalizing pornography and obscenity in the country shall be
7 strengthened by the following regulatory provisions:

8 (a) All business establishments providing computer and internet services shall strictly
9 restrict or prohibit minors from accessing pornographic websites by setting-up
10 filters or parental control programs to block or filter-out pornographic internet
11 contents in all their computer units and by posting a signage prohibiting minors
12 from access pornographic materials. Non-compliance to this provision shall cause
13 the cancellation of the business permit of the said establishment.

14 (b) Selling and distribution of pornographic printed materials and videos in any
15 format to minors shall be prohibited and penalized under existing laws and this
16 Act.

17 (c) Persons within the age of majority who shall encourage or exert influence to
18 minors to access pornographic products and contents shall be penalized under this
19 Act.

20 (d) Any business establishment that causes the participation and access of minors in
21 obscene shows shall be penalized and shall be ground for the cancellation of the
22 business permit of such establishment.

23 The SK at the barangay and municipal/city level shall organize and mobilize group of
24 youth volunteers in collaboration with barangay officials and peace officers to monitor
25 compliance of computer shops and business establishments selling and distributing videos
26 and printed materials in restricting minors from accessing pornographic products.

27 **SECTION 13.** *Access to Reproductive Health Services.* – Sexually active adolescents
28 or those who have already engaged in sexual activities shall be allowed to access modern

1 family planning methods with proper counseling by trained service providers in public and
2 private facilities including in the Teen Centers. For this purpose, all health service providers
3 in health facilities including school clinics shall be trained on providing adolescent-friendly
4 and responsive information and services. Provided, that all health facilities shall be enhanced
5 to become an adolescent-friendly facility by ensuring confidentiality, exclusive schedule for
6 adolescents, availability of services for adolescents, and non-judgmental health service
7 providers.

8 **SECTION 14. *Social Protection for Teenage Mothers or Parents.*** – A
9 comprehensive social protection service shall be provided to teenage mothers or adolescents
10 who are currently pregnant and their partners to prevent repeat pregnancies and to ensure the
11 wellbeing of adolescents while assuming the responsibilities of being young parents. Such
12 services shall include the following:

- 13 (a) Maternal health services including antenatal check-ups and facility-based
14 delivery;
- 15 (b) Post-partum family planning counseling and services for either or both teenage
16 parents;
- 17 (c) Home-based education for teenage mothers;
- 18 (d) Personal PhilHealth coverage, making mandatory enrollment and membership of
19 indigent and indigenous teenage mothers;
- 20 (e) Training and support to livelihood programs for the household of the teenage
21 parents especially for the indigents; and
- 22 (f) Continuing CSE for teenage parents.

23 The LGUs through the Local Social Welfare and Development (LSWD) and/or the
24 Population Office shall implement a continuing CSE program for teenage mothers and fathers
25 with technical assistance from POPCOM and DOH.

26 **SECTION 15. *CSE for Parents and Guardians with Adolescent Children.*** – A CSE
27 program for parents and guardians with the main objective of capacitating them to effectively

1 guide, counsel and provide consent to their adolescent children in concerns related to their
2 sexual health shall be developed and implemented by POPCOM in collaboration with
3 relevant national government agencies, LGUs, and CSOs. The POPCOM shall endeavor to
4 reach to parent organizations in schools and communities to promote such program.

5 **SECTION 16.** *Designating February of Every Year as the Month for Raising Public*
6 *Awareness on Preventing Teenage Pregnancy and Conduct of Nationwide Communication*
7 *Campaign.* – To raise public consciousness on the issues on teenage pregnancy and generate
8 support from various stakeholders, the entire month of February shall be designated as *Month*
9 *for Public Awareness on Preventing Teenage Pregnancy* which shall be observed nationwide.
10 Schools and other stakeholders shall hold activities with the objective of raising awareness
11 and generate critical actions to address the issues of increasing teenage pregnancy.

12 Further, the POPCOM in collaboration with relevant agencies including the CSOs and
13 private sector shall develop, launch, and sustain a nationwide campaign for the prevention of
14 teenage pregnancy.

15 **SECTION 17.** *Integration of Local Program for the Prevention of Teenage*
16 *Pregnancy in SK Programs.* – Strategies and programs which aim to prevent incidence of
17 teenage pregnancies shall be integrated in the SK programs at the local and community level
18 using the 10% SK funds. The NYC shall issue guidelines to ensure the implementation of
19 this provision.

20 The SK shall likewise implement programs and activities that aim to develop the
21 potentials and skills of adolescents to make them more productive members of the society.
22 SK shall encourage youth participation in these activities as means of diverting the focus and
23 potentials of adolescents into more meaningful and productive endeavors.

24 **SECTION 18.** *Preventing Adolescents' Involvement in other Risky Behaviors that*
25 *are Facilitative of Engagement in Sexual Activities.* – All barangays shall implement legal
26 measures to prevent adolescents from engaging in risky behaviors particularly drinking
27 alcoholic beverages, illegal drug use, hanging-out in very late at night doing risky behaviors
28 and other behaviors that can lead them to sexual activities or engaging in sexual assault or
29 violence. The barangays shall also strictly prohibit the access of minors to videoke bars, beer

1 houses/pubs, clubs, and other similar facilities that can encourage adolescents to engage in
2 sexual activities or sex-related violence and crimes.

3 **SECTION 19. *Duties and Functions.*** – In accordance to their existing mandates, the
4 following national and local government agencies shall perform the following duties and
5 functions in relation to the implementation of this Act:

6 (a) The DepEd, CHED, and TESDA shall:

- 7 (1) Ensure the development and promotion of CSE standards and its
8 corresponding learning modules for teachers and students;
9 (2) Ensure the comprehensive training of all teachers on CSE;
10 (3) Support the development of school-based Teen Centers; and
11 (4) Conduct other extra-curricular activities for ASRH.

12 (b) The Department of Health:

- 13 (1) Ensure the availability and provision of ASRH services for adolescents in all
14 public health facilities;
15 (2) Ensure the training of health service providers in providing adolescent-
16 friendly and responsive health services using the enhanced Adolescent Job
17 Aid; and
18 (3) Support and provide technical assistance in the establishment of ISDN at the
19 local level.

20 (c) The Department of Social Welfare and Development (DSWD):

- 21 (1) Take the lead in providing social protection for teenage parents;
22 (2) Ensure the integration of social protection services in teen centers; and
23 (3) Promote CSE for adolescents with special needs and in difficult
24 circumstances.

25 (d) The National Youth Commission (NYC):

- 26 (1) Ensure the integration of ASRH and CSE promotion in the SK programs and
27 projects; and
28 (2) Capacitate the SK in the implementation of this Act at the local level;

1 (e) The Commission on Population (POPCOM):

- 2 (1) Develop and coordinate with relevant agencies the National Program for the
3 Prevention of Teenage Pregnancy as part of the national population
4 management program;
5 (2) Implement a program for the training of parents and guardians in effectively
6 guiding adolescents on ASRH issues;
7 (3) Set-up national database for adolescent pregnancy that shall be used for plan
8 and program development and M&E of indicators at all levels; and
9 (4) Take the lead in the nationwide and community-based campaign for the
10 prevention of teenage pregnancy including the development and maintenance
11 of web portal for relevant online information and services.

12 (f) The Commission on Welfare of Children (CWC) shall develop and implement
13 CSE strategies for adolescents aged 10-14.

14 (g) The MTRCB to review its guidelines to discourage television networks and movie
15 producers to portray sexual activities involving adolescents as a normative
16 behavior.

17 (h) The LGUs:

- 18 (1) Ensure the development of local strategies for the prevention of teenage
19 pregnancy in their localities;
20 (2) Ensure the promotion of CSE in schools and communities;
21 (3) Mobilize the SK for key strategies in the prevention of teenage pregnancy in
22 the locality;
23 (4) Facilitate the organization and mobilization of ISDN for AHD;
24 (5) Ensure the availability and provision of appropriate health and social services
25 for adolescents;
26 (6) Set-up database on teenage pregnancy for programming and planning;
27 (7) Implement a program for the training of parents and guardians in effectively
28 guiding adolescents on ASRH issues; and
29 (8) Allocate funds necessary for the strategies in preventing teenage pregnancy.

1 (i) The Civil Society Organization (CSOs) shall serve as partners of the national and
2 local government units in the implementation of the provisions of this Act.

3 **SECTION 20. *Annual Allocations.*** All concerned government agencies including the
4 LGUs shall include in their annual budget the necessary funds for strategies and activities
5 within their mandates that are contributory to the implementation of this Act.

6 **SECTION 21. *Implementing Rules and Regulations.*** Within 120 days upon the
7 effectivity of this Act, an inter-agency Technical Working Group (TWG) consisting of NYC,
8 DSWD, DOH, CWC, DepEd, TESDA, CHED, DILG, POPCOM as Secretariat, and 4
9 representatives from CSOs shall be organized to formulate the Implementing Rules and
10 Regulations of this Act.

11 **SECTION 22. *Reporting Requirements.*** Before the end of April each year, the
12 POPCOM shall submit to the President of the Philippines and Congress an annual
13 consolidated report, which shall provide a definitive and comprehensive assessment of the
14 implementation of its programs and those of other government agencies in relation to the
15 implementation of this Act and recommend priorities for executive and legislative actions.
16 The report shall be printed and distributed to all national agencies, the LGUs, NGOs and
17 private sector organizations involved in said programs.

18 **SECTION 23. *Separability Clause.*** If any part, section, or provisions of this Act is
19 held invalid or unconstitutional, other provisions not affected thereby shall remain in full
20 force and effect.

21 **SECTION 24. *Repealing Clause.*** All other statutes, executive orders, and
22 administrative issuances or rules and regulations contrary to or inconsistent with the
23 provisions of this Act are hereby repealed, amended or modified accordingly.

24 **SECTION 25. *Effectivity Clause.*** This Act shall take effect fifteen (15) days after its
25 publication in at least two (2) newspapers of general circulation.

Approved,