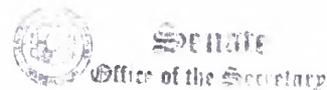


8
NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 JUL -7 P4:57

SENATE
S. No. 195

RECEIVED BY:

Introduced by Senator Christopher Lawrence "Bong" T. Go

**AN ACT
CREATING THE CENTER FOR DISEASE CONTROL AND PREVENTION,
PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, AND FOR OTHER
PURPOSES**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that the State shall protect and promote the right to health of every Filipino and instill health consciousness among them. The State recognizes its duty to prioritize public health measures, especially, with the continuing emergence and reemergence of infectious diseases which threaten countries all over the world.

The global outbreak of the coronavirus disease (COVID-19) sparked the need to have a comprehensive approach and multi-disciplinary preparedness for the emergence and reemergence of pandemic and epidemic diseases.

In other countries, Centers for Disease Control have been instrumental in this pandemic. As experts in the field of infectious diseases, they are at the forefront of the health battle against COVID-19.

Dealing with the diseases promptly and appropriately requires a reorganization and strengthening of the country's health units committed to prevent and control communicable diseases. It is high time for us to have our own CDC.

This bill aims to establish a Center for Disease Control and Prevention (CDC) which shall be the principal agency tasked with developing and implementing communicable disease control and prevention initiatives. It shall be responsible for controlling the spread of infectious diseases and shall provide consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control.

In view of the foregoing, approval of this bill is earnestly sought.


SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO 



NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

'22 JUL -7 P4 57

SENATE

RECEIVED BY:

S. No. 195

Introduced by Senator Christopher Lawrence "Bong" T. Go

**AN ACT
CREATING THE CENTER FOR DISEASE CONTROL AND PREVENTION,
PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, AND FOR OTHER
PURPOSES**

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

**CHAPTER I
GENERAL PROVISIONS**

Section 1. *Title.* - This Act shall be known as the "Center for Disease Control and Prevention Act of 2022."

Sec. 2. *Declaration of Policy.* - It shall be the policy of the State to ensure the health and wellbeing of Filipinos, to protect them from communicable diseases, and to proactively prevent the emergence and transmission of serious diseases. Towards this end, the State shall devote significant material and institutional resources to provide a framework for communicable disease control and prevention in the country.

Sec. 3. *Definition of Terms*- As used in this Act, the following terms and phrases are defined as follows:

- (a) *Communicable disease, also known as infectious disease* – refers to an illness resulting from an infection, or a disease which can be transmitted from an infected host individual or group to a particular individual or group, regardless of whether the other individual was previously infected;

- 1 (b) *Contagious disease* – refers to an infectious disease that can be transmitted
2 from person to person;
- 3 (c) *Disease* - refers to an illness due to a specific toxic substance, occupational
4 exposure or infectious agent, which affects a susceptible individual, either
5 directly or indirectly, as from an infected animal or person, or indirectly through
6 an intermediate host, vector, or the environment;
- 7 (d) *Disease control* - refers to the reduction of disease incidence, prevalence,
8 morbidity or mortality to a locally acceptable level as a result of deliberate
9 efforts and continued intervention measures to maintain the reduction;
- 10 (e) *Disease surveillance* - refers to the ongoing systematic collection, analysis,
11 interpretation, and dissemination of outcome-specific data for use in the
12 planning, implementation, and evaluation of public health practice. A disease
13 surveillance system includes the functional capacity for data analysis as well as
14 the timely dissemination of these data to persons who can undertake effective
15 prevention and control activities;
- 16 (f) *Emerging or re-emerging infectious diseases* - refer to diseases that: (1) have
17 not occurred in humans before; (2) have occurred previously but affected only
18 small numbers of people in isolated areas; (3) have occurred throughout
19 human history but have only recently been recognized as a distant disease due
20 to an infectious agent; (4) are caused by previously undetected or unknown
21 infectious agents; (5) are due to mutant or resistant strains of a causative
22 organism; and (6) once were major health problems in the country, and then
23 declined dramatically, but are again becoming health problems for a significant
24 proportion of the population;
- 25 (g) *Epidemic/outbreak* - refers to an occurrence of more cases of disease than
26 normally expected within a specific place or group of people over a given period
27 of time;
- 28 (h) *Health care facility* – refers to any institution, building, or agency or portion
29 thereof, whether public or private that is used, operated, or designed to
30 provide health services, medical treatment, or nursing, rehabilitative, or
31 preventive care to any person or persons. This includes, but is not limited to:
32 ambulatory surgical facilities, home health agencies, hospices, hospitals,

1 infirmaries, intermediate care facilities, kidney treatment centers, long term
2 care facilities, medical assistance facilities, mental health centers, outpatient
3 facilities, public health centers, rehabilitation facilities, residential treatments
4 facilities, skilled nursing facilities, and adult day-care centers. This also
5 includes, but is not limited to, the following related property when used for or
6 in connection with the foregoing: laboratories; research facilities; pharmacies;
7 laundry facilities; health personnel training and lodging facilities; patient,
8 guest, and health personnel food service facilities; and offices and office
9 buildings for persons engaged in health care professions or services;

10 (i) *Health event of public health concern* - refers to either a public health
11 emergency or a public health threat due to biological, chemical, radio-nuclear
12 and environmental agents;

13 (j) *Infectious disease* – refers to a disease caused by a living organism or other
14 pathogen, including a fungus, bacillus, parasite, protozoan, or virus. An
15 infectious disease may, or may not, be transmissible from person to person,
16 animal to person, or insect to person.

17 (k) *Infectious waste* – refers to (i) “biological waste,” which includes blood and
18 blood products, excretions, exudates, secretions, suctioning and other body
19 fluids, and waste materials saturated with blood or body fluids; (ii) “cultures
20 and stocks,” which includes etiologic agents and associated biologicals,
21 including specimen cultures and dishes and devices used to transfer, inoculate,
22 and mix cultures, wastes from production of biologicals and serums, and
23 discarded live and attenuated vaccines; (iii) “pathological waste,” which
24 includes biopsy materials and all human tissues, anatomical parts that emanate
25 from surgery, obstetrical procedures, necropsy or autopsy and laboratory
26 procedures, and animal carcasses exposed to pathogens in research and the
27 bedding and other waste from such animals, but does not include teeth or
28 formaldehyde or other preservative agents; and (iv) “sharps,” which includes
29 needles, I. V. tubing with needles attached, scalpel blades, lancets, breakable
30 glass tubes, and syringes that have been removed from their original sterile
31 containers.

32 (l) *Notifiable disease* - refers to a disease that, by legal requirements, must be

1 reported to the public health authorities;

2 (m) *Pre-communicable stage* – refers to the stage beginning upon an individual’s
3 earliest opportunity for exposure to an infectious agent and ending upon the
4 individual entering or reentering the communicable stage of the disease or, if
5 the individual does not enter the communicable stage, the latest date at which
6 the individual could reasonably be expected to have the potential to enter or
7 reenter the communicable stage;

8 (n) *Quarantine* - refers to the physical separation and confinement of an individual
9 or groups of individuals, who are or may have been exposed to a contagious
10 or possibly contagious disease and who do not show signs or symptoms of a
11 contagious disease, from non- quarantined individuals, to prevent or limit the
12 transmission of the disease to non- quarantined individuals.

13 (o) *Sudden onset health outbreak or sudden onset health events* – refers to
14 diseases whose risks to public health and safety exponentially increase over
15 time absent intervention;

16 **CHAPTER II**

17 **CREATION OF THE CENTER FOR DISEASE CONTROL PHILIPPINES**

18 *Sec. 4. Creation of the Center for Disease Control and Prevention.* - There shall
19 be created a Center for Disease Control and Prevention (CDC), hereinafter referred to
20 as "Center," a government agency attached to the Department of Health (DOH), which
21 shall exercise administrative supervision over the Center.

22 The Center shall be the principal agency tasked with developing and applying
23 communicable disease control and prevention initiatives. It shall be responsible for
24 controlling the introduction and spread of infectious diseases and shall provide
25 consultation and assistance to other nations and international agencies to assist in
26 improving their disease prevention and control. It shall also

27 *Sec. 5. Reorganization of existing units.* - Under this Center, the following bureaus
28 of the DOH are hereby subsumed into the Center:

29 (a) The Disease Prevention and Control Bureau

30 (b) The Epidemiology Bureau

1 (c) The Disease Emergency Management Bureau

2 Sec. 6. *Functions of the Center.* - The Center shall perform the following
3 functions:

- 4 (a) Maintain active surveillance of diseases through epidemiologic and
5 laboratory investigations, data collection, analysis, and distribution;
- 6 (b) Act as lead agency in developing and implementing operational programs
7 relating to communicable diseases;
- 8 (c) Act as the lead disease surveillance agency of the country;
- 9 (d) Conduct operational research aimed at developing and testing effective
10 communicable disease prevention, control, and health promotion
11 programs;
- 12 (e) Administers national programs to develop recommended health standards
13 to ensure readiness for the emergence of new communicable diseases;
- 14 (f) Administer national programs for improving the performance of clinical
15 laboratories in identifying and classifying communicable diseases;
- 16 (g) Recommend the exercise of certain powers by the President in the case
17 of an epidemic;
- 18 (h) Set the parameters for the declaration of the existence of an epidemic;
- 19 (i) Recommend such measures and policies as may be necessary to prevent
20 the transmission of communicable diseases;
- 21 (j) Assess and support the capabilities of local government units (LGUs) in
22 preventing the emergence and transmission of communicable diseases;
- 23 (k) Enhance and strengthen the administrative and technical capacity of the
24 Disease Prevention and Control Bureau and Epidemiology Bureau to
25 ensure the agencies' monitoring coverage over establishments and
26 products under their jurisdiction;
- 27 (l) Promote public health decisions guided by strategic information for best
28 possible health outcomes.
- 29 (m) Provide coherence in the health monitoring to ensure equitable,
30 accessible, efficient and quality health services to communities, through
31 dynamic partnership and shared advocacy, responsibility and

- 1 accountability.
- 2 (n) Set the standards and the process for the establishment of Epidemiology
3 and Surveillance Units (ESUs) as required by Section 8 of Republic Act.
4 No. 11332, assist DOH-retained hospitals, local health facilities especially
5 district hospitals and private hospitals and laboratories in establishing
6 ESUs and assess their performance and accredit them based on standards
7 set by the CDC;
- 8 (o) Maintain a Registry of Notifiable Diseases and Biosecurity Hazards, which
9 shall be published and updated online.
- 10 (p) Recommend to the Council inclusions and deletions from the registry;
- 11 (q) Perform such other functions as may be mandated by law, or as may be
12 duly delegated by relevant authorities.
- 13

14 *Sec. 7. Executive Director.* - The Center shall be headed by an Executive
15 Director who shall be appointed by the President upon the effectivity of this Act, with
16 the rank of Undersecretary, and who shall perform the following functions and powers:

- 17 (a) Manage and direct the activities of the Centers for Disease Control and
18 Prevention (CDC),
- 19 (b) Provide leadership for the implementation of CDC's responsibilities related
20 to disease prevention and control;
- 21 (c) Advise the Secretary of Health on policy matters concerning CDC
22 activities;
- 23 (d) Recommend to the President and the Secretary of Health the exercise of
24 special powers in the case of an epidemic;
- 25 (e) Certify to the existence of an epidemic, which shall be treated as a public
26 health emergency;
- 27 (f) Participate in the development of CDC goals and objectives;
- 28 (g) Provide overall direction and coordination to the epidemiologic activities
29 of CDC;
- 30 (h) Coordinate CDC response to health emergencies;
- 31 (i) Provide liaison with other governmental agencies, international
32 organizations including the World Health Organization, learning

- 1 institutions, and other outside groups;
- 2 (j) Coordinate international health activities relating to disease prevention
3 and control;
- 4 (k) In cooperation with DOH Regional Offices, provide or obtain technical
5 assistance for regional and local health departments and private and
6 official agencies as needed;
- 7 (l) Provide overall direction to, and coordination of, the scientific/medical
8 programs of CDC;
- 9 (m) Oversee and provide leadership for laboratory science, safety, and quality
10 management;
- 11 (n) Plan, promote, and coordinate an ongoing program to assure equal
12 employment opportunities in CDC;
- 13 (o) Provide leadership, coordination, and assessment of administrative
14 management activities;
- 15 (p) Coordinate with appropriate DOH staff offices on administrative and
16 program matters;
- 17 (q) Coordinate the consumer affairs activities for CDC; and
- 18 (r) Provide leadership, policy guidance, coordination, technical expertise, and
19 services to promote the development and implementation of the agency's
20 national programs

21 *Sec. 8. Communicable Disease Prevention and Control Bureau.* - There shall be
22 created the Communicable Disease Prevention and Control Bureau under the CDC with
23 the following functions:

- 24 (a) Develop plans, policies, programs, projects and strategies for disease
25 prevention and control and health protection; and
- 26 (b) Provide coordination, technical assistance, capability building, consultancy
27 and advisory services related to disease prevention and control and health
28 protection.

1 *Sec. 9. Divisions of the Disease Prevention and Control Bureau.* - There shall be
2 created the following divisions under Disease Prevention and Control Bureau under
3 the CDC with the following functions:

4 (a) The Infectious Diseases for Elimination Division (IDED) shall have the following
5 functions:

6 (1) Develop policies, standards and guidelines for the elimination of
7 infectious diseases;

8 (2) Develop plans, programs and projects to carry out preventive and control
9 strategies against elimination of infectious diseases;

10 (3) Assist and strengthen capacity to measure and analyze the burden of
11 elimination of infectious diseases;

12 (4) Provide monitoring and evaluation schemes to measure of interventions
13 in the prevention and control of elimination diseases;

14 (5) Provide technical assistance and expert services to collaborating and
15 implementing agencies on matters pertaining to the prevention and
16 control of infectious diseases for elimination;

17 (6) Develop capability of health sector agencies and organizations in the
18 implementation of programs and projects related to the prevention and
19 control of infectious diseases for elimination;

20 (7) Promote coordination and collaboration with partner agencies and
21 organizations on matters pertaining to elimination of infectious diseases;
22 and

23 (8) Mobilize resources to assist collaborating and implementing agencies and
24 organizations.

25 (b) The Infectious Disease of Prevention and Control Division (IDPCD) shall have
26 the following functions:

27 (1) Develop policies, standards and guidelines for the prevention and control
28 of infectious diseases;

29 (2) Develop plans, programs and projects to carry out preventive and control
30 strategies against infectious diseases;

31 (3) Assist and strengthen capacity to measure and analyze the burden of

- 1 infectious diseases;
- 2 (4) Provide technical assistance and expert services to collaborating and
3 implementing agencies on matters pertaining to the prevention and
4 control of infectious diseases;
- 5 (5) Develop capability of health sector agencies and organizations in the
6 implementation of programs and projects related to the prevention and
7 control of infectious diseases;
- 8 (6) Promote coordination and collaboration with partner agencies and
9 organizations on matters pertaining to infectious diseases; and
- 10 (7) Mobilize resources to assist collaborating and implementing agencies and
11 organizations.

12 All other divisions currently under the Disease Prevention and Control Bureau
13 of the Department of Health shall remain within the bureau, which shall hereafter be
14 renamed the Non-Communicable Disease Prevention and Control Bureau.

15 *Sec. 10. Epidemiology Bureau.* - There shall be an Epidemiology Bureau under the
16 Center with the following functions:

- 17 (a) Develop and evaluate surveillance systems and other health information
18 systems;
- 19 (b) Collect, analyze and disseminate reliable and timely information on the
20 health status;
- 21 (c) Investigate disease outbreaks and other threats to public health; and
- 22 (d) Network public health laboratories in support of epidemiological and
23 surveillance activities.

24 There shall create the divisions under the Epidemiology Bureau with the following
25 functions:

- 26 (1) Applied Epidemiology Health Management Division
- 27 i. Investigate and respond to epidemics and other urgent public health
28 threats as the need arises;
- 29 ii. Develop and maintain field epidemiology training programs for public
30 health workers;

- 1 iii. Develop, capture, filter, verify, assess, respond, disseminate and
2 evaluate event- based surveillance systems; and
3 iv. Collect and maintain resource materials on epidemiology,
4 surveillance, management and monitoring and evaluation in public
5 health.

6 (2) Public Health Surveillance Division - Undertake notifiable disease
7 surveillance through Philippine Integrated Disease Surveillance and
8 Response.

9
10 (3) Survey, Monitoring & Evaluation Division

- 11 i. Provide statistical services to priority health programs of the DOH;
12 ii. Monitoring non-behavioral risk factors priority non-communicable
13 diseases through globally standardized survey;
14 iii. Monitor HIV and AIDS Registry and Integrated HIV Behavioral and
15 Serologic Surveillance, size estimates and Most At-Risk Population;
16 and
17 iv. Provide program health indicators information

18 Sec. 11. *Disease Emergency Management Bureau.* - There shall be created the
19 Disease Emergency Management Bureau under the Center with the following
20 functions:

- 21 (a) Act as the DOH Coordinating Unit and Operation Center for all health
22 emergencies and disasters, as well as incidents with the potential of becoming
23 an emergency, and coordinate the mobilization and sharing of resources.
24 (b) Provide the communication linkage among DOH Central Office and other
25 concerned agencies, including the hospitals and the regions, during
26 emergencies and disasters.
27 (c) Maintain updated information of all health emergencies and disasters (except
28 epidemiological investigation reports) and provide such information to other
29 offices and agencies in accordance with existing protocols.
30 (d) Maintain a database of all health emergency personnel, technical experts, and

1 resource speakers. Together with the National Center for Health Facilities
2 Development (NCHFD), the DEMB shall maintain a database of capabilities of
3 health facilities.

4 (e) Lead in the development of Disaster Risk Reduction & Management in Health
5 (DRRMH) Plan and the development of protocols, guidelines and standards for
6 health emergency management.

7 (f) Provide technical assistance in the development of programs and planning
8 activities for HEM for other government and non-government organizations.

9 (g) Lead advocacy activities, including simulation exercises.

10 (h) Develop and implements an Integrated Human Resource Training Agenda for
11 the Health Sector for emergencies and disasters.

12 (i) Lead in the networking of hospitals and health sector organizations responding
13 to emergencies and disasters.

14 (j) Monitor and evaluate the enforcement of compliance to policies and recommend
15 the formulation or amendment of policies related to health emergency
16 management.

17 There shall be create the divisions under the Disease Emergency Management
18 Bureau with the following functions:

19 (1) Prevention, Mitigation & Preparedness Division

20 i. Develop, disseminates, and monitors the implementation of policies for
21 health emergency preparedness.

22 ii. Develop standardized training modules for various stakeholders on health
23 emergency

24 iii. Develop, disseminate and update emergency preparedness programs

25 iv. Develop policy-related and operational researches and documentation
26 relevant to health emergency preparedness that will serve as inputs for
27 policy development and program/systems improvement.

28 v. Develop well-performing managerial human resources for health
29 emergency management

- 1 vi. Provide technical assistance to ensure the availability of functional health
- 2 emergency preparedness systems (including policies, planning and
- 3 capability building activities) at all levels of the health sector.
- 4 vii. Provide technical assistance to ensure delivery of appropriate services in
- 5 time of emergencies.
- 6 viii. Develop and implement an overall Monitoring and Evaluation System and
- 7 Plan for health emergency management
- 8 ix. Lead in public information and awareness-raising activities

9 (2) Response, Recovery & Rehabilitation Division

- 10 i. Mobilize resource of technical experts, health response teams and tangible
- 11 logistics needed locally and internationally.
- 12 ii. Manage information through rapid health assessment, damage assessment
- 13 and needs analysis in response, recovery and rehabilitation phases.
- 14 iii. Plan and develop policies and guidelines essential in the implementation and
- 15 management of projects, programs and activities relevant to emergency and
- 16 response, recovery and rehabilitation.
- 17 iv. Develop and capacitate human resource of regional offices, operation
- 18 centers and local government units in responding to emergencies.
- 19 v. Perform such other functions as may be necessary in performing its
- 20 functions as a health emergency response division.

21 *Sec. 12. Research Institute of Tropical Medicine.* - The Center shall absorb the

22 following functions and divisions under the Research Institute of Tropical Medicine

23 (RITM):

- 24 (a) Undertake research in the prevention, diagnosis and treatment of tropical
- 25 diseases of public health importance and to produce vaccines for the control of
- 26 vaccine-preventable diseases; and
- 27 (b) Engage and help formulate national health policy and strategy, conduct
- 28 research efforts directed towards the development of new diagnostic
- 29 techniques as well as effective and efficient strategies for the control of
- 30 infectious and/or tropical diseases

1 The RITM shall continue to perform the functions:

2 (1) Provide high quality tertiary care to both in-patients and out-patients
3 suffering from tropical diseases included within the scope of the Institute's
4 research activities.

5 (2) Undertake research activities in the diagnosis, control and prevention of
6 tropical diseases that are major causes of mortality and morbidity in the
7 Philippines.

8 (3) Develop cost effective strategies for the control of infectious/tropical
9 diseases.

10 (4) Conduct clinical trials according to accepted Good Clinical Practice (GCP)
11 guidelines, aimed at better understanding and control of tropical diseases.

12 (5) Conduct regular training courses for medical and paramedical personnel in
13 the control of common tropical diseases in the country.

14 (6) Participate in the technical cooperation programs with foreign government
15 in research activities in the diagnosis, control and prevention of tropical
16 diseases.

17 **CHAPTER III**

18 **REGULATIONS TO CONTROL COMMUNICABLE DISEASES**

19 *Sec. 13. Promulgation and enforcement by the Secretary of Health.* - The
20 Secretary of Health, upon the recommendation of the Executive Director, is authorized
21 to make and enforce such regulations as in his/her judgment are necessary to prevent
22 the introduction, transmission, or spread of communicable diseases from foreign
23 countries into the Philippines or its territory.

24

25 For purposes of carrying out and enforcing such regulations, the Secretary of
26 Health, or the Executive Director upon delegation by the Secretary of Health, may
27 provide for such inspection, fumigation, disinfection, sanitation, pest extermination,
28 destruction of animals or articles found to be so infected or contaminated as to be

1 sources of dangerous infection to human beings, and other measures, as in his/her
2 judgment may be necessary.

3

4 *Sec. 14. Apprehension, detention, or conditional release of individuals. -*

5 Regulations prescribed under this Chapter shall not provide for the apprehension,
6 detention, or conditional release of individuals except for the purpose of preventing
7 the introduction, transmission, or spread of such communicable diseases as may be
8 specified from time to time in Executive orders of the President upon the
9 recommendation of the Secretary of Health and/or the Executive Director.

10 *Sec. 15. Application of regulations to persons entering from foreign countries.*

11 - Except as specifically provided by law, regulations prescribed under this section,
12 insofar as they provide for the apprehension, detention, examination, or conditional
13 release of individuals, shall be applicable only to individuals coming into Philippine
14 territory from a foreign country or a possession.

15 *Sec. 16. Apprehension and examination of persons reasonably believed to be*
16 *infected. -*

17 (a) Regulations prescribed under this Chapter may provide for the apprehension
18 and examination of any individual reasonably believed to be infected with a
19 communicable disease in a qualifying stage and (A) to be moving or about to
20 move within the Philippines; or (B) to be a probable source of infection to
21 individuals who, while infected with such disease in a qualifying stage, will be
22 moving within the Philippines. Such regulations may provide that if upon
23 examination any such individual is found to be infected, he may be detained
24 for such time and in such manner as may be reasonably necessary.

25 (b) For purposes of this Section, the term "qualifying stage", with respect to a
26 communicable disease, means that such disease—(A) is in a communicable
27 stage; or (B) is in a pre-communicable stage, if the disease would be likely to
28 cause a public health emergency if transmitted to other individuals.

1 *Sec. 17. Suspension of entries and imports from designated places to prevent*
2 *spread of communicable diseases.* - Whenever the Executive Director determines that
3 by reason of the existence of any communicable disease in a foreign country there is
4 serious danger of the introduction of such disease into the Philippines, and that this
5 danger is so increased by the introduction of persons or property from such country
6 that a suspension of the right to introduce such persons and property is required in
7 the interest of the public health, the Secretary of Health, upon the recommendation
8 of the Executive Director, in accordance with regulations approved by the President,
9 shall have the power to prohibit, in whole or in part, the introduction of persons and
10 property from such countries or places as he shall designate in order to avert such
11 danger, and for such period of time as he may deem necessary for such purpose.

12 *Sec. 18. Special quarantine powers in time of war.* - To protect the military and
13 naval forces and war workers of the Philippines, in time of war, against any
14 communicable disease, the President, in consultation with the Secretary of Health and
15 the Executive Director, is authorized to provide by regulations for the apprehension
16 and examination, in time of war, of any individual reasonably believed (1) to be
17 infected with such disease and (2) to be a probable source of infection to members of
18 the armed forces of the Philippines or to individuals engaged in the production or
19 transportation of arms, munitions, ships, food, clothing, or other supplies for the
20 armed forces. Such regulations may provide that if upon examination any such
21 individual is found to be so infected, he may be detained for such time and in such
22 manner as may be reasonably necessary.

23 *Sec. 19. Quarantine regulations governing civil air navigation and civil aircraft.*
24 - The Executive Director and the Secretary of Health are jointly authorized to provide
25 by regulations for the application to air navigation and aircraft of any of the provisions
26 of sections 12 and 13 of this Act and regulations prescribed thereunder (including
27 penalties and forfeitures for violations of such sections and regulations), to such extent
28 and upon such conditions as they deem necessary for the safeguarding of the public
29 health.
30

1 Development as Member; and
2 (o) Th President of PhilHealth as Member
3

4 Other government agencies not under the authority or jurisdiction of the
5 standing members of the Council may be included should their inclusion be determined
6 by the Council as necessary.

7 The Center shall act as the Secretariat of the HECC.

8 *Sec. 23. Meetings.* - The HECC shall meet at least once every quarter and shall
9 meet as often as recommended by the Executive Director. Upon the motion of the
10 Executive Director, it shall be the duty of the HECC to declare a state of health
11 emergency upon a vote of the majority of its members. Only the council may declare
12 a state of health emergency which may be national, or local as defined.

13 *Sec. 24. Authorization to use calamity funds.* - The declaration of a state of
14 health emergency shall serve as an authorization for covered local government units
15 (LGUs) to use their calamity funds in a manner duly consulted with the CDC.
16

17 *Sec. 25. Sudden Onset Health Emergency Management Plan.* — A Sudden
18 Onset Health Emergency Management Plan (SOHEMP) shall be formulated by the
19 Council, as supported by the CDC, within six (6) months after the effectivity of this
20 Act. The SOHEMP shall serve as the framework for the government's response to any
21 public health emergency. It shall set out goals and specific objectives to detect,
22 prevent the spread, contain and manage public health emergencies resulting from an
23 outbreak of highly contagious and/or infectious diseases, and biological or biochemical
24 disasters.
25

26 *Sec. 26. Emergency Powers during a sudden onset health outbreak.* — The
27 council may certify to the existence of a state of health emergency during a sudden
28 onset health outbreak. The basis for such a declaration shall be made public by the
29 Council through the mass and social media and a written report shall be submitted to

1 both Houses of Congress. The declaration shall take effect for a period of sixty (60)
2 days, unless extended or terminated earlier by the President, upon recommendation
3 by the Secretary of Health.

4
5 *Sec. 27. Health Care Facilities and Services During a Sudden Onset Health*
6 *Outbreak.* — During the period of a Sudden Onset Health Outbreak, the Council may,
7 within reasonable and necessary grounds for emergency response to a public health
8 emergency, require privately- owned health care facilities to provide services or the
9 use of their facilities.

10
11 *Sec. 28. Dangerous Facilities and Materials.* — During the State of Health
12 Emergency, the Council may exercise, in coordination with national government
13 agencies, local governments, and other organizations responsible for the
14 implementation of the SOHEMP, the following powers over facilities or materials that
15 may be considered dangerous due to contamination or exposure to chemical, nuclear
16 or biological agents or infectious disease pathogen,

17
18 To close, direct and compel the evacuation of, or to decontaminate or cause to
19 be decontaminated, any facility of which there is reasonable cause to believe that it
20 may endanger the public health: and To decontaminate or cause to be
21 decontaminated, any material of which there is reasonable cause to believe that it
22 may endanger the public health.

23
24 *Sec. 29. Control of Pharmaceutical Agents or Medical Supplies.* — After the
25 declaration of a State of Public Health Emergency, the Council may authorize
26 concerned agencies to purchase, store or distribute anti-toxins, serums, vaccine,
27 immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies
28 that it considers advisable in the interest of preparing for or controlling a public health
29 emergency, with the right to take immediate possession thereof.

30 If a State of Public Health Emergency results in a nationwide or regional
31 shortage or threatened shortage of any product covered by the preceding paragraph,

1 the Council may control, restrict, and regulate by rationing and using quotas,
2 prohibitions on shipments, price fixing, allocation or other means, the use, sale,
3 trading, distribution, or transportation of the relevant product necessary to protect the
4 health, safety, and welfare of the people.

5 *Sec. 30. Sudden Onset Health Hazards and Emergencies Management Service.*

6 There shall be created, within the CDC, a Sudden Onset Health Hazards and
7 Emergencies Management Service (SOHHEMS), under the DEMB, which shall perform
8 the following functions:

9 (a) Oversee on-the-ground operations of the CDC in the event of a public health
10 emergency;

11 (b) Assess and improve the readiness of health facilities for a public health
12 emergency;

13 (c) Develop a National Epidemic and Rapid Onset Emergency Response plan, and
14 assist local governments in formulating their local public health emergency
15 response plans;

16 (d) Capacitate government instrumentalities and private organizations in on-the-
17 ground response to public health emergencies;

18 (e) Coordinate the logistical requirements of delivering national government
19 assistance to local governments in case of a public health emergency;

20 (f) Operate a national health emergency hotline;

21 (g) Serve as a central receiving center for relevant information during a health
22 emergency;

23 (h) Oversee the National Health Emergency Response Unit (NHERU);

24 (i) Perform such other functions as may be delegated by the Secretary of Health,
25 or as may be needed to perform its role as the coordination body for ground
26 operations during a public health emergency.

27 *Sec. 31. National Health Emergency Response Unit.* - There shall be created a
28 National Health Emergency Response Unit to perform the following functions:

29 (a) Execute, in coordination with relevant law enforcement authorities, orders for
30 seizure, surveillance, search, and disposal issued by the President, the
31 Secretary of Health, the CDC, or the HECC.

- 1 (b) Act as the first-response unit of the SOHHEMS during a public health
2 emergency;
- 3 (c) Conduct investigative and intelligence gathering activities as ordered by the
4 CDC or by the Secretary of Health;
- 5 (d) Verify reports of cases of serious infectious diseases, the presence of serious
6 amounts of biohazards; and such other reports whose verification is in the
7 interest of protecting public health;
- 8 (e) Perform such other functions as may be inherent in its role as the first-response
9 unit of the PHEMS, or as may be assigned by the Secretary of Health and/or
10 the CDC Executive Director.

11 Due to the nature of their duties, frontline personnel of the NHERU shall be entitled
12 to hazard pay. The Department of Budget and Management shall formulate and
13 promulgate the rules and regulations necessary for the implementation of this
14 paragraph.

15

16 *Sec. 32. Right to information during a sudden onset health outbreak.* - The
17 Secretary of Health shall make publicly available information which he/she deems
18 essential to preserving the health and safety of the public. During a sudden onset
19 health outbreak, the right to vital information shall take precedence over the right to
20 privacy.

21

22 *Sec. 33. Special supervision over the Bureau of Quarantine.* - During a sudden
23 onset health outbreak, or as may be mandated by the Secretary of Health in the
24 interest of preventing an outbreak, the Bureau of Quarantine shall report directly to
25 the Executive Director of the CDC. The Bureau of Quarantine shall at all times practice
26 full transparency with the Executive Director of the CDC. The CDC shall have full
27 access to information in the possession of the Bureau of Quarantine.

28 *Sec. 34. Safe disposal of infectious waste.* - The CDC may exercise, for such period
29 as the state of public health emergency exists, the following powers regarding the
30 safe disposal of infectious waste:

31 (a) Adopt measures. To adopt and enforce measures to provide for the safe

1 disposal of infectious waste as may be reasonable and necessary to respond to
2 the public health emergency. Such measures may include, but are not limited
3 to, the collection, storage, handling, destruction, treatment, transportation, and
4 disposal of infectious waste.

5 (b) Control of facilities. To require any business or facility authorized to collect,
6 store, handle, destroy, treat, transport, and dispose of infectious waste under
7 the law, and any landfill business or other such property, to accept infectious
8 waste, or provide services or the use of the business, facility, or property if
9 such action is reasonable and necessary to respond to the public health
10 emergency as a condition of licensure, authorization, or the ability to continue
11 doing business in the country as such a business or facility. The use of the
12 business, facility, or property may include transferring the management and
13 supervision of such business, facility, or property to the CDC for a limited or
14 unlimited period of time, but shall not exceed the termination of the declaration
15 of a state of public health emergency.

16 (c) Use of facilities. To procure, by condemnation or otherwise, any business or
17 facility authorized to collect, store, handle, destroy, treat, transport, and
18 dispose of infectious waste under the laws of the country and any landfill
19 business or other such property as may be reasonable and necessary to
20 respond to the public health emergency, with the right to take immediate
21 possession thereof.

22 (d) Identification. All bags, boxes, or other containers for infectious waste shall be
23 clearly identified as containing infectious waste, and if known, the type of
24 infectious waste.

25
26 *Sec. 35. Safe disposal of human remains.* - The CDC may exercise, for such period
27 as the state of public health emergency exists, the following powers regarding the
28 safe disposal of human remains:

29 (a) Adopt measures. To adopt and enforce measures to provide for the safe
30 disposal of human remains as may be reasonable and necessary to respond to
31 the public health emergency. Such measures may include, but are not limited
32 to, the embalming, burial, cremation, interment, disinterment, transportation,

- 1 and disposal of human remains.
- 2 (b) Possession. To take possession or control of any human remains.
- 3 (c) Disposal. To order the disposal of any human remains of a person who has died
4 of a contagious disease through burial or cremation within twenty-four (24)
5 hours after death. To the extent possible, religious, cultural, family, and
6 individual beliefs of the deceased person or his or her family shall be considered
7 when disposing of any human remains.
- 8 (d) Control of facilities. To require any business or facility authorized to embalm,
9 bury, cremate, inter, disinter, transport, and dispose of human remains under
10 the laws of the country to accept any human remains or provide the use of its
11 business or facility if such actions are reasonable and necessary to respond to
12 the public health emergency as a condition of licensure, authorization, or the
13 ability to continue doing business in the country as such a business or facility.
14 The use of the business or facility may include transferring the management
15 and supervision of such business or facility to the CDC for a limited or unlimited
16 period of time, but shall not exceed the termination of the declaration of a state
17 of public health emergency.
- 18 (e) Use of facilities. To procure, by condemnation or otherwise, any business or
19 facility authorized to embalm, bury, cremate, inter, disinter, transport, and
20 dispose of human remains under the laws of the Philippines as may be
21 reasonable and necessary to respond to the public health emergency, with the
22 right to take immediate possession thereof.
- 23 (f) Labeling. Every human remains prior to disposal shall be clearly labeled with
24 all available information to identify the decedent and the circumstances of
25 death. Any human remains of a deceased person with a contagious disease
26 shall have an external, clearly visible tag indicating that the human remains is
27 infected and, if known, the contagious disease.
- 28 (g) Identification. Every person in charge of disposing of any human remains shall
29 maintain a written or electronic record of each human remains and all available
30 information to identify the decedent and the circumstances of death and
31 disposal. If human remains cannot be identified prior to disposal, a qualified
32 person shall, to the extent possible, take fingerprints and photographs of the

1 human remains, obtain identifying dental information, and collect a DNA
2 specimen. All information gathered under this paragraph shall be promptly
3 forwarded to the CDC.

4 *Sec. 36. Other powers of control of health care supplies. -*

5 (a) Procurement. The CDC may purchase and distribute antitoxins, serums,
6 vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or
7 medical supplies that it deems advisable in the interest of preparing for or
8 controlling a public health emergency, without any additional legislative
9 authorization.

10 (b) Rationing. If a state of public health emergency results in a national or regional
11 shortage or threatened shortage of any product under (a), whether or not such
12 product has been purchased by the public health authority, the CDC may
13 control, restrict, and regulate by rationing and using quotas, prohibitions on
14 shipments, allocation, or other means, the use, sale, dispensing, distribution,
15 or transportation of the relevant product necessary to protect the public health,
16 safety, and welfare of the people.

17 (c) Priority. In making rationing or other supply and distribution decisions, the CDC
18 may give preference to health care providers, disaster response personnel, and
19 mortuary staff.

20 (d) Distribution. During a state of public health emergency, the CDC may procure,
21 store, or distribute any anti-toxins, serums, vaccines, immunizing agents,
22 antibiotics, and other pharmaceutical agents or medical supplies located within
23 the country as may be reasonable and necessary to respond to the public health
24 emergency, with the right to take immediate possession thereof. If a public
25 health emergency simultaneously affects more than one state, nothing in this
26 Section shall be construed to allow the public health authority to obtain anti-
27 toxins, serums, vaccines, immunizing agents, antibiotics, and other
28 pharmaceutical agents or medical supplies for the primary purpose of hoarding
29 such items or preventing their fair and equitable distribution among affected
30 countries.

1 unusual increase in the number of prescriptions or over- the-counter
2 pharmaceuticals to treat conditions that the CDC identifies through
3 regulations; (2) an unusual increase in the number of prescriptions for
4 antibiotics; and (3) any prescription that treats a disease that is relatively
5 uncommon or may be associated with bioterrorism.

6 (c) Manner of reporting. The report shall be made electronically or in writing
7 within twenty-four (24) to the Department of Health or through the CDC. The
8 report shall include as much of the following information as is available; the
9 specific illness or health condition that is the subject of the report; the
10 patient's name, date of birth, sex, race, occupation, and current home and
11 work addresses (including city and province); the name and address of the
12 health care provider, coroner, or medical examiner and of the reporting
13 individual, if different; and any other information needed to locate the patient
14 for follow-up. For cases related to animal or insect bites, the suspected
15 locating information of the biting animal or insect, and the name and address
16 of any known owner, shall be reported.

17 (d) Animal diseases. Every veterinarian, livestock owner, veterinary diagnostic
18 laboratory director, or other person having the care of animals shall report
19 animals having or suspected of having any diseases that may be potential
20 causes of a public health emergency. The report shall be made electronically
21 or in writing within twenty- four (24) hours to the DOH or the CDC and shall
22 include as much of the following information as is available: the specific
23 illness or health condition that is the subject of the report; the suspected
24 locating information of the animal, the name and address of any known
25 owner, and the name and address of the reporting individual.

26 (e) Laboratories. For the purposes of this Section, the definition of "health care
27 provider" shall include medical laboratories, provided that such laboratories
28 have agreed to the reporting requirements of the country. Results must be
29 reported by the laboratory that performs the test, but a local laboratory that
30 sends specimens to a laboratory abroad is also responsible for reporting
31 results.

32 (f) Enforcement. The CDC may enforce the provisions of this Section in

1 accordance with existing enforcement rules and regulations.

2 Sec. 39. *Tracking.* - The CDC shall ascertain the existence of cases of an illness or
3 health condition that may be potential causes of a public health emergency;
4 investigate all such cases for sources of infection and to ensure that they are subject
5 to proper control measures; and define the distribution of the illness or health
6 condition. To fulfill these duties, the CDC shall identify exposed individuals as follows—

7 (a) Identification of individuals. Acting on information developed in accordance
8 with Section 34 of this Act, or other reliable information, the CDC shall
9 identify all individuals thought to have been exposed to an illness or health
10 condition that may be a potential cause of a public health emergency.

11 (b) Interviewing of individuals. The CDC shall counsel and interview such
12 individuals where needed to assist in the positive identification of exposed
13 individuals and develop information relating to the source and spread of the
14 illness or health condition. Such information includes the name and address
15 (including city and province) of any person from whom the illness or health
16 condition may have been contracted and to whom the illness or health
17 condition may have spread.

18 (c) Examination of facilities or materials. The CDC shall, for examination
19 purposes, close, evacuate, or decontaminate any facility or decontaminate or
20 destroy any material when the authority reasonably suspects that such
21 facility or material may endanger the public health.

22 (d) Enforcement. The CDC may enforce the provisions of this Section in
23 accordance with existing enforcement rules and regulations. An order of the
24 CDC given to effectuate the purposes of this Section shall be enforceable
25 immediately.

26 Sec. 40. *Information sharing.* -

27 a. Whenever the CDC or other government agency learns of a case of a reportable
28 illness or health condition, an unusual cluster, or a suspicious event that may
29 be the cause of a public health emergency, it shall immediately notify the
30 SOHECC and its members.

31 b. Whenever the CDC learns of a case of a reportable illness or health condition,

1 an unusual cluster, or a suspicious event that it reasonably believes has the
2 potential to be caused by bioterrorism, it shall immediately notify public safety
3 authorities.

- 4 c. Sharing of information on reportable illnesses, health conditions, unusual
5 clusters, or suspicious events between public health and safety authorities shall
6 be restricted to the information necessary for the treatment, control,
7 investigation, and prevention of a public health emergency.

8 Sec. 41. *Intergovernmental information sharing.* - The Secretary of Foreign Affairs
9 and the Secretary of Health are jointly mandated to review and recommend to the
10 SOHECC multilateral and bilateral agreements which the country may adopt to
11 strengthen its information-sharing mechanisms with other countries.

12 **CHAPTER VI**
13 **OTHER PROVISIONS**

14 Sec. 42. *Congressional Oversight Committee on Communicable Disease Control*
15 *and Prevention* - To monitor the implementation of this Act, there shall be a
16 Congressional Oversight Committee on Communicable Disease Control and
17 Prevention, composed of the Chair and four other members of the House Committee
18 on Health, and the Chair and four other members of the Senate Committee on Health
19 and Demography. No part of this Act shall be construed as to limit the oversight
20 powers inherently or actually possessed by the same committees.

21 Sec. 43. *Appropriations.* - In addition to the appropriations for the units
22 subsumed in the Center under this Act, there shall be appropriated a sum of Fifty
23 Million Pesos (Php 50,000.000.00) for the implementation of this Act, including the
24 operations of the Center. *Provided,* that such appropriation shall apply only when this
25 Act is passed before the Center could be given appropriations under the General
26 Appropriations Act for the nearest upcoming year.

27
28 Sec. 44. *Staffing.* - The Secretary of Health, in consultation with the Department
29 of Budget and Management (DBM), shall determine the organizational structures
30 including regional or field offices, qualification standards, staffing pattern and

1 compensation of the newly created Center in accordance with existing laws, rules and
2 regulations.

3 *Sec. 45. Implementing Rules and Regulations.* - The Secretary of Health shall
4 promulgate the necessary rules and regulations within ninety (90) working days from
5 the effectivity of this Act.

6 *Sec. 46. Separability Clause.* — If any portion or provision of this Act is
7 subsequently declared invalid or unconstitutional, other provisions hereof which are
8 not affected thereby shall remain in full force and effect.

9
10 *Sec. 47. Repealing Clause.* — All other laws, acts, presidential decrees,
11 executive orders, presidential proclamations, issuances, rules and regulations, or parts
12 thereof which are contrary to or inconsistent with any of the provisions of this Act are
13 hereby repealed, amended, or modified accordingly.

14
15 *Sec. 48. Effectivity.* — This Act shall take effect fifteen (15) days after its
16 publication in the Official Gazette or in a newspaper of general circulation.

Approved,