

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



Senate
Office of the Secretary

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SENATE
S. No. 1163

RECEIVED BY:

Introduced by Senator Joseph Victor G. Ejercito

AN ACT
CREATING THE CENTER FOR DISEASE CONTROL AND PREVENTION,
PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, APPROPRIATING
FUNDS THEREFOR, ANDFOR OTHER PURPOSES

EXPLANATORY NOTE

The COVID-19 pandemic has forever changed the way governments respond to a health crisis. Everyone was caught off guard. Not even the wealthiest of countries were able to immediately contain the spread of the virus. Every country tried their best to contain and prevent the transmission of the disease. However, not every country has timely and successfully contained the virus.

Most countries which decently curbed the transmission of the virus and minimize its health and devastating economic effects has a strong foundation of institution dedicated in handling infectious diseases. Japan has National Institute of Infectious Diseases, the United States of America has Center for Disease Control and Prevention (CDC), China and the European Union also has its own CDC, on the other hand, our country has no such agency.

Armed by the experiences we shared together with other countries and our own personal knowledge of fighting COVID-19, the proposed bill seeks to establish the Philippines' Center for Disease Control and Prevention. The establishment of our own CDC shall prepare our country for whatever communicable or infectious disease

that might come our way in the future. We will have an agency equipped with the information and guidance we need to fight and live through another pandemic.

Under the proposed measure, the CDC shall be under the control and supervision of the Department of Health. It shall be the lead government agency tasked to deal with identifying and containing the spread of communicable diseases. It shall also function to formulate regulations and submit recommendations to the Secretary of Health on concerns related to quarantine protocols and procedures. The Center shall communicate and cooperate with its counterparts or other health agencies of other nations to formulate a scientific and effective approach in resolving the spread of communicable or infectious diseases through control and prevention.

We need to increase the capacity of our health system to be resilient and the establishment of our own CDC is one step towards resiliency.

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



JOSEPH VICTOR G. EJERCITO

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



22 AUG 15 P4:57

SENATE
S. No. 1163

RECEIVED BY: _____

Introduced by Senator Joseph Victor G. Ejercito

**AN ACT
ESTABLISHING A CENTER FOR DISEASE CONTROL AND PREVENTION,
PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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

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

3 Sec. 2. *Declaration of Policy.* - it is hereby declared the policy of the State to
4 ensure the health and well-being of Filipinos and protect them from infectious
5 diseases, chronic diseases and other public health threats.

6 Towards this end, the State shall introduce and establish measures and
7 mechanisms that shall focus on research, identification and containment of
8 communicable diseases.

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

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

15 (b) *Contagious disease* refers to an infectious disease that can be transmitted from
16 person to person;

17 (c) *Disease* refers to an illness due to a specific toxic substance, occupational

1 exposure or infectious agent, which affects a susceptible individual, either
2 directly or indirectly, as from an infected animal or person, or indirectly through
3 an intermediate host, vector, or the environment;

4 (d) *Disease control* refers to the reduction of disease incidence, prevalence,
5 morbidity or mortality to a locally acceptable level as a result of deliberate
6 efforts and continued intervention measures to maintain the reduction;

7 (e) *Disease surveillance* refers to the ongoing systematic collection, analysis,
8 interpretation, and dissemination of outcome-specific data for use in the
9 planning, implementation, and evaluation of public health practice. A disease
10 surveillance system includes the functional capacity for data analysis as well as
11 the timely dissemination of these data to persons who can undertake effective
12 prevention and control activities;

13 (f) *Emerging or re-emerging infectious diseases* refer to diseases that: (1) have
14 not occurred in humans before; (2) have occurred previously but affected only
15 small numbers of people in isolated areas; (3) have occurred throughout
16 human history but have only recently been recognized as a distant disease due
17 to an infectious agent; (4) are caused by previously undetected or unknown
18 infectious agents; (5) are due to mutant or resistant strains of a causative
19 organism; and (6) once were major health problems in the country, and then
20 declined dramatically, but are again becoming health problems for a significant
21 proportion of the population;

22 (g) *Epidemic or outbreak* -refers to an occurrence of more cases of disease than
23 normally expected within a specific place or group of people over a given period
24 of time;

25 (h) *Health care facility* refers to any institution, building, or agency or portion
26 thereof, whether public or private that is used, operated, or designed to
27 provide health services, medical treatment, or nursing, rehabilitative, or
28 preventive care to any person or persons. This includes, but is not limited to:
29 ambulatory surgical facilities, home health agencies, hospices, hospitals,
30 infirmaries, intermediate care facilities, kidney treatment centers, long term
31 care facilities, medical assistance facilities, mental health centers, outpatient
32 facilities, public health centers, rehabilitation facilities, residential treatments

1 facilities, skilled nursing facilities, and adult day-care centers. This also
2 includes, but is not limited to, the following related property when used for or
3 in connection with the foregoing: laboratories; research facilities; pharmacies;
4 laundry facilities; health personnel training and lodging facilities; patient,
5 guest, and health personnel food service facilities; and offices and office
6 buildings for persons engaged in health care professions or services;

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

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

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

29 (l) *Notifiable disease* refers to a disease that, by legal requirements, must be
30 reported to the public health authorities in accordance with Republic Act No.
31 11332 otherwise known as the Mandatory Reporting of Notifiable Diseases and
32 Events of Public Health Concern Act;

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

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

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

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

19 The Center shall serve as the principal agency that will conduct research and
20 development involving the control and prevention of communicable diseases. It shall
21 lead the government in identifying the communicable or infectious diseases that could
22 possibly enter the country and contain its spread in the event that they have already
23 spread. The Center shall communicate and cooperate with its counterparts or other
24 health agencies of other nations to formulate a scientific and effective approach in
25 resolving the spread of communicable or infectious diseases through control and
26 prevention. It shall be responsible in making quarantine recommendations to be
27 imposed in the event of an outbreak or spread of communicable diseases.

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

30 (a) The Disease Prevention and Control Bureau

31 (b) The Epidemiology Bureau

32 (c) The Disease Emergency Management Bureau

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

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

1 and Surveillance Units (ESUs) as required by Section 8 of Republic Act.
2 No. 11332, assist DOH-retained hospitals, local health facilities especially
3 district hospitals and private hospitals and laboratories in establishing
4 ESUs and assess their performance and accredit them based on standards
5 set by the CDC;

6 (o) Maintain a Registry of Notifiable Diseases and Biosecurity Hazards, which
7 shall be published and updated online.

8 (p) Recommend to the Council inclusions and deletions from the registry;

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

11 *Sec. 7. Executive Director.* - The Center shall be headed by an Executive
12 Director who shall be appointed by the President with the rank of Undersecretary, and
13 who shall perform the following functions and powers:

14 (a) Manage and direct the activities of the Centers for Disease Control and
15 Prevention (CDC),

16 (b) Provide leadership for the implementation of CDCs responsibilities related
17 to disease prevention and control;

18 (c) Advise the Secretary of Health on policy matters concerning CDC
19 activities;

20 (d) Recommend to the President and the Secretary of Health the exercise of
21 special powers in the case of an epidemic;

22 (e) Certify to the existence of an epidemic, which shall be treated as a public
23 health emergency;

24 (f) Participate in the development of CDC goals and objectives;

25 (g) Provide overall direction and coordination to the epidemiological activities
26 of CDC;

27 (h) Coordinate CDC response to health emergencies;

28 (i) Provide liaison with other governmental agencies, international
29 organizations including the World Health Organization, learning
30 institutions, and other outside groups;

31 (j) Coordinate international health activities relating to disease prevention
32 and control;

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

18 *Sec. 8. Communicable Disease Prevention and Control Bureau.* - There shall be
19 created the Communicable Disease Prevention and Control Bureau under the CDC with
20 the following functions:

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

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

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

- 31 (1) Develop policies, standards and guidelines for the elimination of
32 infectious diseases;

- 1 (2) Develop plans, programs and projects to carry out preventive and control
2 strategies against elimination of infectious diseases;
- 3 (3) Assist and strengthen capacity to measure and analyze the burden of
4 elimination of infectious diseases;
- 5 (4) Provide monitoring and evaluation schemes to measure of interventions
6 in the prevention and control of elimination diseases;
- 7 (5) Provide technical assistance and expert services to collaborating and
8 implementing agencies on matters pertaining to the prevention and
9 control of infectious diseases for elimination;
- 10 (6) Develop capability of health sector agencies and organizations in the
11 implementation of programs and projects related to the prevention and
12 control of infectious diseases for elimination;
- 13 (7) Promote coordination and collaboration with partner agencies and
14 organizations on matters pertaining to elimination of infectious diseases;
15 and
- 16 (8) Mobilize resources to assist collaborating and implementing agencies and
17 organizations.

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

- 20 (1) Develop policies, standards and guidelines for the prevention and control
21 of infectious diseases;
- 22 (2) Develop plans, programs and projects to carry out preventive and control
23 strategies against infectious diseases;
- 24 (3) Assist and strengthen capacity to measure and analyze the burden of
25 infectious diseases;
- 26 (4) Provide technical assistance and expert services to collaborating and
27 implementing agencies on matters pertaining to the prevention and
28 control of infectious diseases;
- 29 (5) Develop capability of health sector agencies and organizations in the
30 implementation of programs and projects related to the prevention and
31 control of infectious diseases;
- 32 (6) Promote coordination and collaboration with partner agencies and

1 organizations on matters pertaining to infectious diseases; and
2 (7) Mobilize resources to assist collaborating and implementing agencies and
3 organizations.

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

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

- 9 (a) Develop and evaluate surveillance systems and other health information
10 systems;
11 (b) Collect, analyze and disseminate reliable and timely information on the
12 health status;
13 (c) Investigate disease outbreaks and other threats to public health; and
14 (d) Network public health laboratories in support of epidemiological and
15 surveillance activities.

16 There shall create the divisions under the Epidemiology Bureau with the following
17 functions:

- 18 (1) Applied Epidemiology Health Management Division
19 i. Investigate and respond to epidemics and other urgent public health
20 threats as the need arises;
21 ii. Develop and maintain field epidemiology training programs for public
22 health workers;
23 iii. Develop, capture, filter, verify, assess, respond, disseminate and
24 evaluate event- based surveillance systems; and
25 iv. Collect and maintain resource materials on epidemiology,
26 surveillance, management and monitoring and evaluation in public
27 health.

28 (2) Public Health Surveillance Division - Undertake notifiable disease
29 surveillance through Philippine Integrated Disease Surveillance and
30 Response.

- 31 (3) Survey, Monitoring & Evaluation Division
32 i. Provide statistical services to priority health programs of the DOH;

- 1 ii. Monitoring non-behavioral risk factors priority non-communicable
- 2 diseases through globally standardized survey;
- 3 iii. Monitor HIV and AIDS Registry and Integrated HIV Behavioral and
- 4 Serologic Surveillance, size estimates and Most At-Risk Population;
- 5 and
- 6 iv. Provide program health indicators information

7 Sec. 11. *Disease Emergency Management Bureau*. - There shall be created the
8 Disease Emergency Management Bureau under the Center with the following
9 functions:

- 10 (a) Act as the DOH Coordinating Unit and Operation Center for all health
- 11 emergencies and disasters, as well as incidents with the potential of becoming
- 12 an emergency, and coordinate the mobilization and sharing of resources.
- 13 (b) Provide the communication linkage among DOH Central Office and other
- 14 concerned agencies, including the hospitals and the regions, during
- 15 emergencies and disasters.
- 16 (c) Maintain updated information of all health emergencies and disasters (except
- 17 epidemiological investigation reports) and provide such information to other
- 18 offices and agencies in accordance with existing protocols.
- 19 (d) Maintain a database of all health emergency personnel, technical experts, and
- 20 resource speakers. Together with the National Center for Health Facilities
- 21 Development (NCHFD), the DEMB shall maintain a database of capabilities of
- 22 health facilities.
- 23 (e) Lead in the development of Disaster Risk Reduction & Management in Health
- 24 (DRRMH) Plan and the development of protocols, guidelines and standards for
- 25 health emergency management.
- 26 (f) Provide technical assistance in the development of programs and planning
- 27 activities for HEM for other government and non-government organizations.
- 28 (g) Lead advocacy activities, including simulation exercises.
- 29 (h) Develop and implements an Integrated Human Resource Training Agenda for
- 30 the Health Sector for emergencies and disasters.
- 31 (i) Lead in the networking of hospitals and health sector organizations responding
- 32 to emergencies and disasters.

1 (j) Monitor and evaluate the enforcement of compliance to policies and
2 recommend the formulation or amendment of policies related to health
3 emergency management.

4 There shall be create the divisions under the Disease Emergency Management
5 Bureau with the following functions:

6 (1) Prevention, Mitigation & Preparedness Division

- 7 i. Develop, disseminates, and monitors the implementation of policies for
8 health emergency preparedness.
- 9 ii. Develop standardized training modules for various stakeholders on health
10 emergency
- 11 iii. Develop, disseminate and update emergency preparedness programs
- 12 iv. Develop policy-related and operational researches and documentation
13 relevant to health emergency preparedness that will serve as inputs for
14 policy development and program/systems improvement.
- 15 v. Develop well-performing managerial human resources for health
16 emergency management
- 17 vi. Provide technical assistance to ensure the availability of functional health
18 emergency preparedness systems (including policies, planning and
19 capability building activities) at all levels of the health sector.
- 20 vii. Provide technical assistance to ensure delivery of appropriate services in
21 time of emergencies.
- 22 viii. Develop and implement an overall Monitoring and Evaluation System and
23 Plan for health emergency management
- 24 ix. Lead in public information and awareness-raising activities

25 (1) Response, Recovery & Rehabilitation Division

- 26 i. Mobilize resource of technical experts, health response teams and tangible
27 logistics needed locally and internationally.
- 28 ii. Manage information through rapid health assessment, damage assessment
29 and needs analysis in response, recovery and rehabilitation phases.
- 30 iii. Plan and develop policies and guidelines essential in the implementation
31 and management of projects, programs and activities relevant to
32 emergency and response, recovery and rehabilitation.

1 iv. Develop and capacitate human resource of regional offices, operation
2 centers and local government units in responding to emergencies.

3 v. Perform such other functions as may be necessary in performing its
4 functions as a health emergency response division.

5 Sec. 12. *Research Institute of Tropical Medicine.* - The Center shall absorb the
6 following functions and divisions under the Research Institute of Tropical Medicine
7 (RITM):

8 (a) Undertake research in the prevention, diagnosis and treatment of tropical
9 diseases of public health importance and to produce vaccines for the control of
10 vaccine-preventable diseases; and

11 (b) Engage and help formulate national health policy and strategy, conduct
12 research efforts directed towards the development of new diagnostic
13 techniques as well as effective and efficient strategies for the control of
14 infectious and/or tropical diseases

15 The RITM shall continue to perform the functions:

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

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

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

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

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

28 (6) Participate in the technical cooperation programs with foreign government
29 in research activities in the diagnosis, control and prevention of tropical
30 diseases.

31 Sec. 13. *Promulgation and enforcement by the Secretary of Health.* - The
32 Secretary of Health, upon the recommendation of the Executive Director, is authorized

1 to make and enforce such regulations as in his/her judgment are necessary to prevent
2 the introduction, transmission, or spread of communicable diseases from foreign
3 countries into the Philippines or its territory.

4 For purposes of carrying out and enforcing such regulations, the Secretary of
5 Health, or the Executive Director upon delegation by the Secretary of Health, may
6 provide for such inspection, fumigation, disinfection, sanitation, pest extermination,
7 destruction of animals or articles found to be so infected or contaminated as to be
8 sources of dangerous infection to human beings, and other measures, as in his/her
9 judgment may be necessary.

10 *Sec. 14. Prohibition against unlawful apprehension and detention.* - No person
11 shall be unlawfully apprehended or detained except for the purpose of preventing the
12 introduction, transmission, or spread of such communicable diseases as may be
13 specified from time to time in Executive Orders of the President upon the
14 recommendation of the Secretary of Health and/or the Executive Director.

15 *Sec. 15. Application of regulations to persons entering from foreign countries.*
16 - Except as specifically provided by law, regulations prescribed under this section,
17 insofar as they provide for the apprehension, detention, examination, or conditional
18 release of individuals, shall be applicable only to individuals coming into Philippine
19 territory from a foreign country or a possession.

20 *Sec. 16. Suspension of entries and imports from designated places to prevent*
21 *the spread of communicable diseases.* - The Secretary of Health, upon the
22 recommendation of the Executive Director, in accordance with regulations approved
23 by the President, shall have the power to prohibit, in whole or in part, the entry of
24 persons and property from countries or places where a communicable disease exist to
25 prevent its spread for such period of time as he or she may deem necessary for such
26 purpose.

27 *Sec. 17. Quarantine regulations governing civil air navigation, civil aircraft and*
28 *civil naval vessels.* - The Executive Director and the Secretary of Health are jointly
29 authorized to provide quarantine regulations applying to air navigation, aircraft and
30 naval vessels, as they may deem necessary for the safeguarding of the public health.

31 *Sec. 18. Penalties.* - Any person who violates any regulation prescribed by the
32 Secretary of Health or Executive Director; or who enters or departs from the limits of

1 any quarantine station, ground, or anchorage in disregard of quarantine rules and
2 regulations or without permission of the quarantine officer in charge, shall be punished
3 by a fine of not more than Fifty Thousand Pesos (Php 50,000.00) or by imprisonment
4 for not more than two years, or both.

5 Sec. 19. *Health Emergency Coordination Council (HECC)*. — A Health
6 Emergency Coordinating Council (HECC), hereinafter referred to as the Council, shall
7 be composed of the following:

- 8 (a) Secretary of Health as Chairperson;
- 9 (b) The Executive Secretary as Co-Chairperson;
- 10 (c) The Executive Director of the CDCP as Secretary;
- 11 (d) The Secretary of Foreign Affairs as Member;
- 12 (e) The Secretary of National Defense as NDRRMC Chairman as Member;
- 13 (f) The Secretary of Interior and Local Government as Member;
- 14 (g) The Secretary of Justice as Member;
- 15 (h) The Secretary of Budget and Management as Member;
- 16 (i) The Secretary of Trade and Industry as Member;
- 17 (j) The Secretary of Agriculture as Member;
- 18 (k) The Press Secretary as Member,
- 19 (l) The National Security Adviser as Member.
- 20 (m) The Chairman of the Philippine Red Cross as Member;
- 21 (n) The Executive Director of the Philippine Council for Health Research and
22 Development as Member; and
- 23 (o) The President of PhilHealth as Member

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

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

28 Sec. 20. *Emergency Powers during a sudden onset health outbreak*. — The
29 Council may certify the existence of a state of health emergency during a sudden
30 onset health outbreak. The basis for such a declaration shall be made public by the
31 Council through the mass and social media. A written report shall be submitted to
32 both Houses of Congress. The declaration shall take effect for a period of sixty (60)

1 days, unless extended or terminated earlier by the President, upon recommendation
2 by the Secretary of Health.

3 *Sec. 21. Health Care Facilities and Services During a Sudden Onset Health*
4 *Outbreak.* — During the period of a Sudden Onset Health Outbreak, the Council may,
5 within reasonable and necessary grounds for emergency response to a public health
6 emergency, require privately owned health care facilities to provide services or the
7 use of their facilities.

8 *Sec. 22. Closure of Facilities and Decontamination of Materials.* — During the
9 State of Health Emergency, the Council may exercise, in coordination with national
10 government agencies, local governments, shall have the power to close facilities or
11 decontaminate materials that may be considered dangerous due to contamination or
12 exposure to chemical, nuclear or biological agents or infectious disease pathogen. The
13 Council may direct and compel the evacuation of, or to decontaminate or cause to be
14 decontaminated, any facility or any material of which there is reasonable cause to
15 believe that it may endanger the public health.

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

22 If a State of Public Health Emergency results in a nationwide or regional
23 shortage The Council, during a State of Public Health Emergency or threatened
24 shortage of any product covered by the preceding paragraph, may control, restrict,
25 and regulate by rationing and using quotas, prohibitions on shipments, price fixing,
26 allocation or other means, the use, sale, trading, distribution, or transportation of the
27 relevant products necessary to protect the health, safety, and welfare of the people

28 *Sec. 24. Sudden Onset Health Hazards and Emergencies Management Service.*
29 There shall be created, within the CDC, a Sudden Onset Health Hazards and
30 Emergencies Management Service (SOHHEMS), under the DEMB, which shall perform
31 the following functions:

32 (a) Oversee on-the-ground operations of the CDC in the event of a public health

- 1 emergency;
- 2 (b) Assess and improve the readiness of health facilities for a public health
3 emergency;
- 4 (c) Develop a National Epidemic and Rapid Onset Emergency Response plan, and
5 assist local governments in formulating their local public health emergency
6 response plans;
- 7 (d) Capacitate government instrumentalities and private organizations in on-the-
8 ground response to public health emergencies;
- 9 (e) Coordinate the logistical requirements of delivering national government
10 assistance to local governments in case of a public health emergency;
- 11 (f) Operate a national health emergency hotline;
- 12 (g) Serve as a central receiving center for relevant information during a health
13 emergency;
- 14 (h) Oversee the National Health Emergency Response Unit (NHERU);
- 15 (i) Perform such other functions as may be delegated by the Secretary of Health,
16 or as may be needed to perform its role as the coordination body for ground
17 operations during a public health emergency.

18 *Sec. 25. National Health Emergency Response Unit.* - There shall be created a
19 National Health Emergency Response Unit to perform the following functions:

- 20 (a) Execute, in coordination with relevant law enforcement authorities, orders for
21 seizure, surveillance, search, and disposal issued by the President, the
22 Secretary of Health, the CDC, or the HECC.
- 23 (b) Act as the first-response unit of the SOHHEMS during a public health
24 emergency;
- 25 (c) Conduct investigative and intelligence gathering activities as ordered by the
26 CDC or by the Secretary of Health;
- 27 (d) Verify reports of cases of serious infectious diseases, the presence of serious
28 amounts of biohazards; and such other reports whose verification is in the
29 interest of protecting public health;
- 30 (e) Perform such other functions as may be inherent in its role as the first-response
31 unit of the PHEMS, or as may be assigned by the Secretary of Health and/or
32 the CDC Executive Director.

1 The frontline personnel of the NHERU shall be entitled to hazard pay. The
2 Department of Budget and Management shall formulate and promulgate the rules and
3 regulations necessary for the implementation of this paragraph.

4 *Sec. 26. Right to information during a sudden onset health outbreak.* - The
5 Secretary of Health shall make publicly available information which he/she deems
6 essential to preserving the health and safety of the public. During a sudden onset
7 health outbreak, the right to vital information shall take precedence over the right to
8 privacy.

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

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

18 (a) Adopt measures. To adopt and enforce measures to provide for the safe
19 disposal of infectious waste as may be reasonable and necessary to respond to
20 the public health emergency. Such measures may include, but are not limited
21 to, the collection, storage, handling, destruction, treatment, transportation, and
22 disposal of infectious waste.

23 (b) Control of facilities. To require any business or facility authorized to collect,
24 store, handle, destroy, treat, transport, and dispose of infectious waste under
25 the law, and any landfill business or other such property, to accept infectious
26 waste, or provide services or the use of the business, facility, or property if
27 such action is reasonable and necessary to respond to the public health
28 emergency as a condition of licensure, authorization, or the ability to continue
29 doing business in the country as such a business or facility. The use of the
30 business, facility, or property may include transferring the management and
31 supervision of such business, facility, or property to the CDC for a limited or
32 unlimited period of time, but shall not exceed the termination of the declaration

1 of a state of public health emergency.

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

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

11 *Sec. 29. Safe disposal of human remains.* - The CDC may exercise, for such period
12 as the state of public health emergency exists, the following powers regarding the
13 safe disposal of human remains:

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

19 (b) Possession. To take possession or control of any human remains.

20 (c) Disposal. To order the disposal of any human remains of a person who has died
21 of a contagious disease through burial or cremation within twenty-four (24)
22 hours after death. To the extent possible, religious, cultural, family, and
23 individual beliefs of the deceased person or his or her family shall be considered
24 when disposing of any human remains.

25 (d) Control of facilities. To require any business or facility authorized to embalm,
26 bury, cremate, inter, disinter, transport, and dispose of human remains under
27 the laws of the country to accept any human remains or provide the use of its
28 business or facility if such actions are reasonable and necessary to respond to
29 the public health emergency as a condition of licensure, authorization, or the
30 ability to continue doing business in the country as such a business or facility.
31 The use of the business or facility may include transferring the management
32 and supervision of such business or facility to the CDC for a limited or unlimited

1 period of time, but shall not exceed the termination of the declaration of a state
2 of public health emergency.

3 (e) Use of facilities. To procure, by condemnation or otherwise, any business or
4 facility authorized to embalm, bury, cremate, inter, disinter, transport, and
5 dispose of human remains under the laws of the Philippines as may be
6 reasonable and necessary to respond to the public health emergency, with the
7 right to take immediate possession thereof.

8 (f) Labeling. Every human remains prior to disposal shall be clearly labeled with
9 all available information to identify the decedent and the circumstances of
10 death. Any human remains of a deceased person with a contagious disease
11 shall have an external, clearly visible tag indicating that the human remains is
12 infected and, if known, the contagious disease.

13 (g) Identification. Every person in charge of disposing of any human remains shall
14 maintain a written or electronic record of each human remains and all available
15 information to identify the decedent and the circumstances of death and
16 disposal. If human remains cannot be identified prior to disposal, a qualified
17 person shall, to the extent possible, take fingerprints and photographs of the
18 human remains, obtain identifying dental information, and collect a DNA
19 specimen. All information gathered under this paragraph shall be promptly
20 forwarded to the CDC.

21 *Sec. 30. Control of health care supplies. -*

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

27 (b) Rationing. If a state of public health emergency results in a national or regional
28 shortage or threatened shortage of any product under (a), whether or not such
29 product has been purchased by the public health authority, the CDC may
30 control, restrict, and regulate by rationing and using quotas, prohibitions on
31 shipments, allocation, or other means, the use, sale, dispensing, distribution,
32 or transportation of the relevant product necessary to protect the public health,

1 safety, and welfare of the people.

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

5 (d) Distribution. During a state of public health emergency, the CDC may procure,
6 store, or distribute any anti-toxins, serums, vaccines, immunizing agents,
7 antibiotics, and other pharmaceutical agents or medical supplies located within
8 the country as may be reasonable and necessary to respond to the public health
9 emergency, with the right to take immediate possession thereof. If a public
10 health emergency simultaneously affects more than one state, nothing in this
11 Section shall be construed to allow the public health authority to obtain anti-
12 toxins, serums, vaccines, immunizing agents, antibiotics, and other
13 pharmaceutical agents or medical supplies for the primary purpose of hoarding
14 such items or preventing their fair and equitable distribution among affected
15 countries.

16 *Sec. 31. Vaccination and treatment.* - During a state of public health emergency,
17 or a state of sudden onset health outbreak, the CDC may exercise the following
18 emergency powers over persons as necessary to address the public health emergency:

19 (a) Vaccination. To vaccinate persons as protection against infectious disease and
20 to prevent the spread of contagious or possibly contagious disease. (1)
21 Vaccination may be performed by any qualified person authorized to do so by
22 the CDC. (2) A vaccine to be administered must not be such as is reasonably
23 likely to lead to serious harm to the affected individual. (3) To prevent the
24 spread of contagious or possibly contagious disease the CDC may isolate or
25 quarantine, pursuant to the provisions of this Act, persons who are unable or
26 unwilling for reasons of health, religion, or conscience to undergo vaccination
27 pursuant to this Section.

28 (b) Treatment. To treat persons exposed to or infected with disease. (1) Treatment
29 may be administered by any qualified person authorized to do so by the CDC
30 or DOH. (2) Treatment must not be such as is reasonably likely to lead to
31 serious harm to the affected individual. (3) To prevent the spread of contagious
32 or possibly contagious disease the public health authority may isolate or

1 quarantine, persons who are unable or unwilling for reasons of health, religion,
2 or conscience to undergo treatment pursuant to this Section.

3 *Sec. 32. Reporting. -*

4 (a) Illness or health condition. A health care provider, medico-legal, or medical
5 examiner shall report all cases of persons who harbor any illness or health
6 condition that may be potential causes of a public health emergency,
7 including emerging and re-emerging infections.

8 (b) Pharmacists. In addition to the foregoing requirements for health care
9 providers, a pharmacist shall report any unusual or increased prescription
10 rates, unusual types of prescriptions, or unusual trends in pharmacy visits
11 that may be potential causes of a public health emergency. Prescription-
12 related events that require a report include, but are not limited to— (1) an
13 unusual increase in the number of prescriptions or over- the-counter
14 pharmaceuticals to treat conditions that the CDC identifies through
15 regulations; (2) an unusual increase in the number of prescriptions for
16 antibiotics; and (3) any prescription that treats a disease that is relatively
17 uncommon or may be associated with bioterrorism.

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

29 (d) Animal diseases. Every veterinarian, livestock owner, veterinary diagnostic
30 laboratory director, or other person having the care of animals shall report
31 animals having or suspected of having any diseases that may be potential
32 causes of a public health emergency. The report shall be made electronically

1 or in writing within twenty- four (24) hours to the DOH or the CDC and shall
2 include as much of the following information as is available: the specific
3 illness or health condition that is the subject of the report; the suspected
4 locating information of the animal, the name and address of any known
5 owner, and the name and address of the reporting individual.

6 (e) Laboratories. For the purposes of this Section, the definition of “health care
7 provider” shall include medical laboratories, provided that such laboratories
8 have agreed to the reporting requirements of the country. Results must be
9 reported by the laboratory that performs the test, but a local laboratory that
10 sends specimens to a laboratory abroad is also responsible for reporting
11 results.

12 (f) Enforcement. The CDC may enforce the provisions of this Section in
13 accordance with existing enforcement rules and regulations.

14 Sec. 33. *Tracking.* - The CDC shall ascertain the existence of cases of an illness or
15 health condition that may be potential causes of a public health emergency;
16 investigate all such cases for sources of infection and to ensure that they are subject
17 to proper control measures; and define the distribution of the illness or health
18 condition. To fulfill these duties, the CDC shall identify exposed individuals as follows—

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

23 (b) Interviewing of individuals. The CDC shall counsel and interview such
24 individuals where needed to assist in the positive identification of exposed
25 individuals and develop information relating to the source and spread of the
26 illness or health condition. Such information includes the name and address
27 (including city and province) of any person from whom the illness or health
28 condition may have been contracted and to whom the illness or health
29 condition may have spread.

30 (c) Examination of facilities or materials. The CDC shall, for examination
31 purposes, close, evacuate, or decontaminate any facility or decontaminate or
32 destroy any material when the authority reasonably suspects that such

1 facility or material may endanger the public health.

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

6 *Sec. 34. Information sharing. -*

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

11 b. Whenever the CDC learns of a case of a reportable illness or health condition,
12 an unusual cluster, or a suspicious event that it reasonably believes has the
13 potential to be caused by bioterrorism, it shall immediately notify public safety
14 authorities.

15 c. Sharing of information on reportable illnesses, health conditions, unusual
16 clusters, or suspicious events between public health and safety authorities shall
17 be restricted to the information necessary for the treatment, control,
18 investigation, and prevention of a public health emergency.

19 *Sec. 35. Intergovernmental information sharing. -* The Secretary of Foreign
20 Affairs and the Secretary of Health are jointly mandated to review and recommend to
21 the SOHECC multilateral and bilateral agreements which the country may adopt to
22 strengthen its information-sharing mechanisms with other countries.

23 *Sec. 36. Congressional Oversight Committee on Communicable Disease Control*
24 *and Prevention -* To monitor the implementation of this Act, there shall be a
25 Congressional Oversight Committee on Communicable Disease Control and
26 Prevention, composed of the Chair and four other members of the House Committee
27 on Health, and the Chair and four other members of the Senate Committee on Health
28 and Demography. No part of this Act shall be construed as to limit the oversight
29 powers inherently or actually possessed by the same committees.

30 *Sec. 37. Appropriations. -* In addition to the appropriations for the units
31 subsumed in the Center under this Act, there shall be appropriated a sum of Fifty
32 Million Pesos (Php 50,000.000.00) for the implementation of this Act, including the

1 operations of the Center. Provided, that such appropriation shall apply only when this
2 Act is passed before the Center could be given appropriations under the General
3 Appropriations Act for the nearest upcoming year.

4 Sec. 38. *Staffing.* - The Secretary of Health, in consultation with the Department
5 of Budget and Management (DBM), shall determine the organizational structures
6 including regional or field offices, qualification standards, staffing pattern and
7 compensation of the newly created Center in accordance with existing laws, rules and
8 regulations.

9 Sec. 39. *Implementing Rules and Regulations.* - The Secretary of Health shall
10 promulgate the necessary rules and regulations within ninety (90) working days from
11 the effectivity of this Act.

12 Sec. 40. *Separability Clause.* — If any portion or provision of this Act is
13 subsequently declared invalid or unconstitutional, other provisions hereof which are
14 not affected thereby shall remain in full force and effect.

15 Sec. 41. *Repealing Clause.* — All other laws, acts, presidential decrees,
16 executive orders, presidential proclamations, issuances, rules and regulations, or parts
17 thereof which are contrary to or inconsistent with any of the provisions of this Act are
18 hereby repealed, amended, or modified accordingly.

19 Sec. 42. *Effectivity.* — This Act shall take effect fifteen (15) days after its
20 publication in the Official Gazette or in a newspaper of general circulation.

Approved,