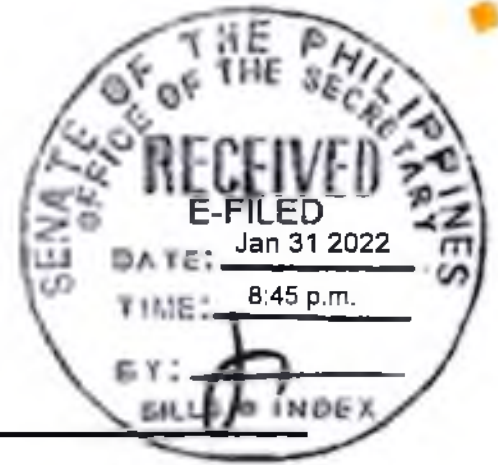


EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Third Regular Session)



SENATE

COMMITTEE REPORT NO. 586

Submitted by the Committee on Health and Demography (upon the recommendation of the Subcommittee on Center for Disease Control), jointly with the Committee on Finance Jan 31 2022.

Re: Senate Bill No. 2505 Prepared by the Committees

Recommending its approval in substitution of Senate Bill Nos. 1440, 1450, and 2158 taking into consideration House Bill No. 9560.

Sponsor: Senator Pia S. Cayetano

MR. PRESIDENT:

The Committee on Health and Demography (upon the recommendation of the Subcommittee on Center for Disease Control) joint with the Committee on Finance to which were referred **Senate Bill No. 1440**, introduced by Senator Richard J. Gordon, entitled:

**“AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR
OTHER PURPOSES”**

Senate Bill No. 1450, introduced by Senator Grace Poe, entitled:

**“AN ACT
STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE TO
PUBLIC HEALTH EMERGENCIES BY CREATING A CENTER FOR
DISEASE CONTROL”**

Senate Bill No. 2158, introduced by Senator Christopher Bong Go, entitled:

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

and taking into consideration **House Bill No. 9560**, introduced by Representatives Joey Sarte Salceda, Teoderico T. Haresco, Jr., Angelina “Helen” D. Tan, Jose Enrique “Joel” S. Garcia III, Cheryl P. Deloso-Montalla, et. al., entitled:

**“AN ACT
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES,
ESTABLISHING FOR THIS PURPOSE THE CENTER FOR DISEASE
PREVENTION AND CONTROL, AND APPROPRIATING FUNDS
THEREFOR”**

have considered the same and have the honor to report it back to the Senate with the recommendation that the attached **Senate Bill No. 2505**, prepared by the Committees entitled:

**“AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR
OTHER PURPOSES”**

be approved in substitution of Senate Bill Nos. 1440, 1450, and 2158, taking into consideration House Bill No. 9560 with Senators Richard J. Gordon, Grace Poe, Christopher Bong Go, and Pia S. Cayetano, as authors thereof.

Respectfully submitted:

Chairpersons



SEN. PIA S. CAYETANO
*Sub-committee on Center for
Disease Control,
Vice-Chairperson, Committees
on Finance; and Health and
Demography*

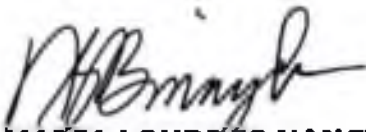


SEN. CHRISTOPHER BONG GO
*Committee on Health and Demography
Vice-Chairperson, Committee on
Finance*



SEN. SONNY ANGARA
Committee on Finance

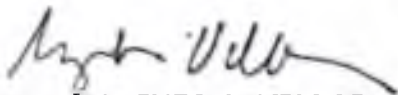
Vice-Chairpersons



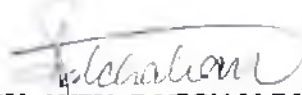
**SEN. MARIA LOURDES NANCY S.
BINAY**
*Committee on Health and Demography
Member, Committee on Finance*



**SEN. RONALD "BATO" DELA
ROSA**
*Committee on Finance
Member, Committee on Health and
Demography*



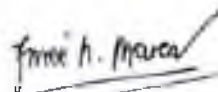
SEN. CYNTHIA A. VILLAR
Committee on Finance



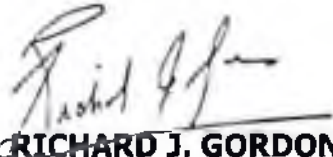
SEN. WIN GATCHALIAN
Committee on Finance



SEN. JOEL VILLANUEVA
Committee on Finance



SEN. IMEE MARCOS
Committee on Finance
Member, Committee on Health and Demography



SEN. RICHARD J. GORDON
Committee on Finance
Member, Committee on Health and Demography



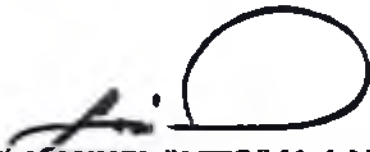
SEN. GRACE POE
Committee on Finance

MAY INTERPELLATE/AMEND



SEN. RISA HONTIVEROS
Committee on Finance
Member, Committee on Health and Demography

Members

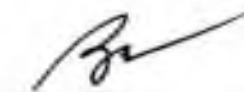


SEN. MANUEL "LITO" M. LAPID
Committee on Finance

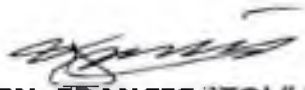
SEN. EMMANUEL "MANNY" D. PACQUIAO
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SEN. AQUILINO "KOKO" PIMENTEL III
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SEN. RAMON BONG REVILLA JR.
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SEN. FRANCIS "TOL" N. TOLENTINO
Committees Health and Demography, and Finance

SEN. PANFILO M. LACSON
Committees on Health and Demography, and Finance

SEN. LEILA M. DE LIMA
Committee on Finance



SEN. FRANCIS "KIKO" N. PANGILINAN
Committees on Health and Demography, and Finance

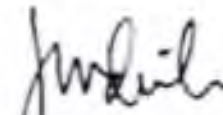
Ex Officio Members



SEN. RALPH G. RECTO
President Pro-Tempore



SEN. JUAN MIGUEL F. ZUBIRI
Majority Leader



SEN. FRANKLIN M. DRILON
Minority Leader

HON. VICENTE C. SOTTO III
Senate President

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



SENATE

S. No. 2505

**(In substitution of S.B. Nos. 1440, 1450, and 2158, taking into
consideration H.B. No. 9560)**

**Prepared by the Committee on Health and Demography with Senators
Gordon, Poe, Go, and Cayetano as authors thereof**

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR OTHER
PURPOSES**

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

ARTICLE I

TITLE AND GUIDING PRINCIPLES

SECTION. 1. Title. — This Act shall be known as the "*Philippine Center for
Disease Control and Prevention (CDC) Act*".

SEC. 2. Declaration of Policy. — It is the policy of the State to protect and
promote the right to health of all Filipinos and instill health consciousness among them.
Towards this end, the State shall adopt an integrated, comprehensive, and evidence-
based approach that recognizes devolution of health care, consistent with the direction
under Republic Act No. 11223, or the Universal Health Care (UHC) Act which integrates
province- and city-wide health systems. It shall also adopt a framework that fosters a
whole-of-system, whole-of-government, and whole-of-society approach, ensuring

1 clear delineation of tasks between existing agencies and maximizes current mandates.
2 The State shall also allot the necessary support and institutional resources to provide
3 for an effective disease control and prevention program through a high-level public
4 institution imbued with the capacity, competence, and authority to confront global and
5 local public health risks.

6 **SEC. 3. Objectives.** — The objectives of this Act are the following:

- 7 (a) Protect the Filipino people from the impact of communicable and non-
8 communicable diseases of public health importance;
- 9 (b) Develop policies, plans, and protocols to improve on all identified areas in the
10 International Health Regulations (IHR) hazards;
- 11 (c) Clarify governance, decision-making, and coordination processes and
12 protocols related to forecasting, preventing, controlling, and monitoring
13 diseases of public health importance;
- 14 (d) Ensure swift, coordinated, and data-driven surveillance and response through
15 Epidemiology and Surveillance Units (ESUs), public health laboratory systems,
16 point of entries, and Disaster Risk Reduction and Management (DRRM) for
17 Health system;
- 18 (e) Maintain a pool of in-house experts that shall serve as the technical authority
19 who will provide evidence-based guidance on standards, technologies, and
20 analytics for epidemiology and disease control; and
- 21 (f) Ensure the development and implementation of a shared risk and crisis
22 communication plan with the Department of Health (DOH) and the Food and
23 Drug Administration (FDA).

1 **ARTICLE II**

2 **DEFINITION OF TERMS**

3 **SEC. 4. *Definition of Terms.*** — As used in this Act, the following terms shall

4 mean:

5 (a) **Communicable diseases** - refer to infectious diseases or illnesses due to
6 infectious agents or their toxic products, which may be transmitted from a
7 reservoir to a susceptible host, either directly from an infected person or
8 animal or indirectly through the agency of an intermediate plant or animal
9 host, vector, or the inanimate environment, or coming from laboratories.

10 (b) **Disease** - refers to an illness due to a specific toxic substance, occupational
11 exposure or infectious agent, which affects a susceptible individual, either
12 directly or indirectly, as from an infected animal or person, or indirectly
13 through an intermediate host, vector, or the environment.

14 (c) **Disease control** - refers to the reduction of disease incidence, prevalence,
15 morbidity, or mortality to a locally acceptable level as a result of deliberate
16 efforts and continued intervention measures to maintain the reduction.

17 (d) **Emerging or re-emerging infectious diseases (EREID)** - refer to
18 diseases that:

19 (i) have not occurred in humans before;

20 (ii) have occurred previously but affected only small numbers of people in
21 isolated areas;

22 (iii) are caused by previously undetected or unknown infectious agents;

23 (iv) are due to mutant or resistant strains of a causative organism; or

24 (v) once were major health problems in the country, and then declined

1 dramatically, but are again becoming health problems for a significant
2 proportion of the population.

3 (e) **Epidemic or outbreak** - refers to an occurrence of more cases of disease
4 normally expected within a specific place or group of people over a given
5 period of time.

6 (f) **Epidemiological investigation** - refers to an inquiry to the incidence,
7 prevalence, extent, source, mode of transmission, causation of, and other
8 information pertinent to a disease occurrence.

9 (g) **Epidemiology** - refers to the study of the distribution and determinants of
10 health-related states or events, including diseases, and the application of this
11 study to the control of diseases and other health problems.

12 (h) **Public health event** - refers to either a public health emergency or a public
13 health threat due to biological, chemical, radio-nuclear, and environmental
14 agents.

15 (i) **Non-communicable diseases** - refer to chronic diseases or those which
16 tend to be of long duration and are the result of a combination of genetic,
17 physiological, environmental, and behavioral factors.

18 (j) **Notifiable disease** - refers to a disease that, by legal requirements, must
19 be reported to the public health authorities.

20 (k) **Public health emergency** - refers to an occurrence or imminent threat of
21 an illness or health condition that:

22 (i) Is caused by any of the following:

23 (1) Bioterrorism;

24 (2) The appearance of a novel or previously controlled or eradicated

- 1 infectious agent or biological toxin;
- 2 (3) A natural disaster;
- 3 (4) A chemical attack or accidental release;
- 4 (5) A nuclear attack or accident; or
- 5 (6) An attack or accidental release of radioactive materials; and
- 6 (ii) Poses a high probability of any of the following:
- 7 (1) A large number of deaths in the affected population;
- 8 (2) A large number of serious injuries or long-term disabilities in the
- 9 affected population;
- 10 (3) Widespread exposure to an infectious or toxic agent that poses a
- 11 significant risk of substantial harm to a large number of people in
- 12 the affected population;
- 13 (4) International exposure to an infectious or toxic agent that poses
- 14 a significant risk to the health of citizens of other countries; or
- 15 (5) Trade and travel restrictions.
- 16 (l) **Public health laboratories** - refer to laboratories which are responsible for
- 17 providing timely and reliable diagnostic results primarily for disease
- 18 prevention, control, surveillance, population-based interventions, and
- 19 outbreak emergency response, and performing core public health and
- 20 environmental activities, including reference tests for diseases of public health
- 21 importance.
- 22 (m) **Public health threat** - refers to any situation or factor that may present a
- 23 danger to the health of the people.
- 24 (n) **Quarantine** - refers to the restriction of activities and/or separation from

1 others of suspect persons who are not ill, or of suspect baggage, containers,
2 conveyances, or goods, in such a manner as to prevent the possible spread
3 of infection or contamination.

- 4 (o) **Response** - refers to the implementation of specific activities to control
5 further spread of infection, outbreaks, or epidemics and prevent
6 reoccurrence. It includes verification, contact tracing, rapid risk assessment,
7 case measures, treatment of patients, risk communication, the conduct of
8 prevention activities, and rehabilitation.

9 **ARTICLE III**

10 **CREATION AND FUNCTIONS**

11 **OF THE PHILIPPINE CENTER FOR DISEASE**

12 **CONTROL AND PREVENTION**

13 **SEC. 5. *Creation of the Philippine Center for Disease Control and***
14 ***Prevention.*** — There is hereby established an agency to be known as the Philippine
15 Center for Disease Control and Prevention, hereinafter referred to as "CDC." The CDC
16 shall be an agency directly under the Office of the Secretary of the DOH.

17 **SEC. 6. *Functions of the CDC.*** — The CDC shall be the technical authority
18 on forecasting, preventing, controlling, and monitoring of communicable and non-
19 communicable diseases whether domestic or international in origin. These functions
20 include, but not be limited to, the following:

- 21 (a) Policy and standards development;
22 (b) Disease detection and surveillance;
23 (c) Capacity building;
24 (d) Data collection and analytics;

- 1 (e) Public health communications; and
- 2 (f) Research and evidence synthesis.

3 The CDC shall perform such other functions as may be mandated by law or
4 duly delegated by relevant authorities, as well as those that may be necessary or
5 expedient for the performance of its functions under this Act.

6 CDC shall submit annual detailed cost work plans relating to its functions to the
7 Secretary of Health for approval.

8 **SEC. 7. Structure of the CDC. —**

9 (a) The CDC shall have established centers that shall lead and coordinate the
10 major functions of the CDC, especially during public health emergencies and
11 disasters, and in this capacity, establish strategic linkages and partnerships
12 to fulfill the stated functions. In line with their functions, each of the following
13 centers shall be headed by a Director:

14 (i) **Center for Health Statistics.** The Center for Health Statistics shall
15 provide the national leadership in health statistics, data analytics, and
16 health information systems management and shall be the counterpart
17 office of the DOH on sectoral policy and planning. The Center for
18 Health Statistics shall fulfill the following functions:

- 19 (1) Obtain health data and other relevant information from
20 PhilHealth, in accordance with Section 31 of Republic Act 11233,
21 otherwise known as the "Universal Health Care Act";
- 22 (2) Develop policies and standards for integrated health statistics
23 and data analytics;
- 24 (3) Design and develop health-related survey and surveillance

- 1 research methodologies for national and sub-national levels;
- 2 (4) Design and collaborate with PhilHealth for interoperable
- 3 electronic health information systems to collect extensive
- 4 information at the individual level;
- 5 (5) Generate information from the health data provided by
- 6 PhilHealth to guide research and policy-making;
- 7 (6) Manage and ensure the quality of health data collected,
- 8 including but not be limited to epidemiological and service
- 9 coverage data; and
- 10 (7) Regularly publish statistics for use by the general public and
- 11 researchers.

12 (ii) **Center for Surveillance and Epidemiology.** The Center for

13 Surveillance and Epidemiology will lead and execute a national public

14 health surveillance strategy, which shall include, but not be limited to,

15 the following functions:

- 16 (1) Develop policies and procedures in the conduct of surveillance
- 17 and epidemiology (e.g. information transfer, models, forecasts,
- 18 case definitions of diseases, syndromes, events, contact tracing,
- 19 and other public health interventions related to epidemiology);
- 20 (2) Design and develop electronic health information systems to aid
- 21 early warning and signal detection;
- 22 (3) Analyze data to determine patterns, identify risks, and areas to
- 23 flag;
- 24 (4) Set the standards and the process for the establishment of

1 ESUs, as required under Section 8 of Republic Act No. 11332 or
2 also known as the "Mandatory Reporting of Notifiable Diseases
3 and Health Events of Public Health Concern Act", and assist
4 DOH-retained hospitals, local health facilities, and private
5 hospitals and laboratories in establishing ESUs, and assess their
6 performance; and

7 (5) Lead the training of field epidemiologists through the Philippine
8 Fields Epidemiology Training Program.

9 (iii) **Center for Health Evidence.** The Center for Health Evidence shall
10 be established to synthesize available evidence, conduct high-quality
11 health research to provide inputs in the development and evaluation
12 of public health policy and programs for the prevention and control of
13 diseases, which shall include, but not be limited to, the following
14 functions:

15 (1) Lead and coordinate the generation of health research on the
16 prevention and control of diseases;

17 (2) Oversee the development, adoption, and utilization of clinical
18 practice guidelines as part of the National Practice Guidelines
19 Program;

20 (3) Translate research evidence to knowledge products publications
21 for public health policy and programs for the prevention and
22 control of diseases;

23 (4) Conduct capability building and strengthening activities on
24 evidence synthesis, health research and disease control and

1 management;

2 (5) Develop multi-sectoral systems and processes for evidence
3 synthesis and health research for the prevention and control of
4 diseases;

5 (6) Coordinate the formation, internal proceedings, and external
6 relations of ad-hoc expert groups convened by DOH during
7 public health emergencies; and

8 (7) Coordinate and lead the development of policies and programs
9 on the prevention and control of communicable and non-
10 communicable diseases.

11 (iv) **Center for Reference Laboratories.** The Center for Reference
12 Laboratories shall develop and provide the overall strategic direction,
13 policies, programs, and plans in the development of the public health
14 laboratories, which shall include, but not be limited to, the following
15 functions:

16 (1) Serve as the technical authority in developing laboratory safety
17 and security standards, policies, plans, and measures to detect,
18 prevent, and reduce risk of any chemical, biological,
19 environmental, and other threats of public health importance;

20 (2) Evaluate the performance of public health and clinical
21 laboratories by ensuring compliance to laboratory quality
22 management system and quality assurance program;

23 (3) Participate in the inter-agency international networks for
24 laboratory response to uphold national security and prevent

- 1 international threats;
- 2 (4) Oversee the operations and lead the development of the
3 network of Public Health Laboratories to ensure appropriate
4 service delivery for a responsive diagnostic surveillance under
5 their catchment;
- 6 (5) Develop and implement laboratory-related training programs
7 across all Public Health Laboratories;
- 8 (6) Ensure implementation of diagnostic surveillance of Public
9 Health Laboratories; and
- 10 (7) Maintain an integrated laboratory information system.
- 11 (b) The CDC shall have an Administrative and Finance Office, which shall report
12 to the Director General, as provided under Section 12 of this Act, and will be
13 in charge of the following functions, among others:
- 14 (i) Human Resource Management;
- 15 (ii) Property and Logistics Management;
- 16 (iii) Assets and Financial Management; and
- 17 (iv) Information and Communication Technology.
- 18 (c) Additional offices may be created in accordance with the mandate of the CDC,
19 upon the assessment and recommendation of the Director General, approval
20 of the Secretary of Health, and the availability of funds.

21 **ARTICLE IV**

22 **OPERATIONAL STRUCTURE,**

23 **MANAGEMENT, AND STAFF OF THE CENTER**

24 **SEC. 8. *Coordination with Centers for Health Development and the***

1 **Local Government Units. —**

2 (a) **General Health.** As an agency directly under the Office of the Secretary, the
3 CDC shall ensure effective surveillance and response by coordinating all
4 efforts with established DOH Centers for Health Development (CHDs),
5 national, regional, and province-wide Disaster Risk Reduction and
6 Management Centers (DRRMCs), and Local Government Units. In addition,
7 the CDC shall:

8 (i) Govern and build country capacity through the Disease Surveillance
9 Officers (DSOs) and ensure the country trains sufficient
10 epidemiologists; and

11 (ii) Govern the National Reference Laboratories (NRLs) through the Center
12 for Reference Laboratories while the DOH CHDs shall govern
13 Subnational Reference Laboratories (SNLs) and Regional Public Health
14 Laboratories (RPHLs).

15 (b) **State of Public Health Emergency.** During state of Public Health
16 Emergencies all health personnel, including DSOs, SNLs, and those employed
17 by the local governments units, shall directly report to the CDC as necessary.

18 For purposes of this Act, "disease surveillance" shall refer to the ongoing
19 systematic collection, analysis, interpretation, and dissemination of outcome-specific
20 data for use in the planning, implementation, and evaluation of public health practice
21 in terms of epidemics, emergencies, and disasters. A disease surveillance system
22 includes the functional capacity for data analysis as well as the timely dissemination
23 of these data to persons who can undertake effective prevention and control activities.

1 **SEC. 9. *Transfer of Agencies.* —**

2 **(a) Restructuring of Affected Offices and Units.** The following offices shall
3 be restructured to ensure that the CDC and DOH shall co-exist synergistically
4 and facilitate full operations of the CDC within a two-year transition plan.

5 (i) The Epidemiology Bureau of the DOH shall be abolished, and its
6 functions shall be shared between Centers for Health Statistics and
7 Epidemiology and Surveillance.

8 (ii) The Research Institute for Tropical Medicine (RITM) shall be
9 transferred to the CDC.

10 (1) The RITM shall retain its research, training, development, and
11 reference laboratory functions, with its hospital strengthened to
12 be a specialized premier facility to support and sustain its
13 mandates.

14 (2) The RITM Biologicals Manufacturing Division shall likewise be
15 transferred with RITM to fulfill its training and research
16 functions on Biologicals, as well as its manufacturing and
17 vaccine storage function.

18 (iii) The Office for Health Laboratories (OHL) of the DOH, including the
19 following public health laboratories, shall also be transferred to the
20 CDC:

21 (1) All NRLs currently housed in RITM;

22 (2) NRL for Sexually Transmitted Diseases (STD) and SNL for
23 EREID, currently housed in San Lazaro Hospital;

24 (3) NRL for environmental and occupational health, toxicology,

- 1 micronutrient assay, and chemical emergencies currently
2 housed in East Avenue Medical Center;
- 3 (4) NRL for heart diseases, and Anatomical Pathology for Cardiac
4 disease currently housed in Philippine Heart Center;
- 5 (5) NRL for Hematology, Microscopy, and Anatomical Pathology for
6 Renal and other unassigned organs, currently housed in
7 National Kidney and Transplant Institute;
- 8 (6) NRL for Chemistry and Anatomic Pathology for Respiratory
9 disease and SNL for EREID, currently housed in the Lung Center
10 of the Philippines; and
- 11 (7) Other designated SNL and RPHLs.
- 12 (iv) The technical units of the Disease Prevention and Control Bureau of
13 the DOH shall be abolished and its functions shall be absorbed in the
14 Centers for Health Evidence, and the remaining shall be restructured
15 into the Public Health Strategy and Management Bureau.
- 16 (v) The Communications Management Unit (CMU) of the DOH to be
17 institutionalized as shared service between DOH, FDA, and CDC with
18 the following functions:
- 19 (1) Develop corporate risk and crisis communication plans;
- 20 (2) Manage and implement risk communication activities and
21 initiatives, such as, but not be limited to development and
22 issuance of information and education communication (IEC)
23 materials, events, stakeholder meetings, and other media
24 engagement activities;

- 1 (3) Manage and activate crisis communication protocol for health
2 risks and hazards, and institutional reputational risks;
- 3 (4) Develop and implement corresponding capacity building
4 activities in relation to corporate risk and crisis communications;
- 5 (5) Perform internal communication functions within the institution;
- 6 (6) Develop and facilitate the approval of communication materials
7 and policies as aligned with the approved communication plans;
- 8 (7) Manage different platforms of the institution for release of
9 communication materials; and
- 10 (8) Foster, maintain, and continuously build external partnership
11 and communication networks with public and private health
12 institutions.

13 (vi) Knowledge Management and Information Technology Service (KMITS)
14 of the DOH shall restructure and rationalize its functions to eliminate
15 or minimize overlaps and duplication with the standards and sectoral
16 policy function of the Center for Health Statistics.

17 (b) **Transfer of Material.** The offices affected by the transfer of agencies shall
18 also transfer applicable funds and appropriations, records, equipment, and
19 property to the CDC subject to a two-year transition plan.

20 (c) **Personnel.**

21 (i) As a result of the reorganization under this Act, the DOH and the CDC
22 shall absorb qualified employees, as needed, without diminution of
23 their salaries and benefits: *Provided*, That those whose employment
24 contracts are terminated may re-apply and must comply with the

1 qualification standards under this Act.

2 (ii) Employees who may be separated from service within six (6) months
3 from the effectivity of this Act shall receive separation benefits to which
4 they may be entitled under Republic Act No. 6656: *Provided, That*
5 those who are qualified to retire under existing retirement laws shall
6 be allowed to retire and receive retirement benefits to which they may
7 be entitled under applicable laws and issuances.

8 (iii) All technical positions in CDC shall be considered as part of the
9 scientific career position.

10 **SEC. 10. *Structure and Staffing Pattern.*** — Subject to the review and
11 approval of the Department of Budget and Management (DBM), the Secretary of
12 Health shall determine the organizational structure and staffing pattern of the CDC, in
13 accordance with existing Civil Service laws, rules and regulations.

14 **SEC. 11. *Expansion of Functions.*** — In cases of biological, chemical, and
15 toxic events, the Health Emergency and Management Bureau (HEMB) of the DOH and
16 Regional Disaster Risk Reduction and Management Centers (RDRRMCs) shall directly
17 coordinate with CDC and expand their functions to include preparation and response.
18 The BOQ of the DOH is also tasked with border control and border surveillance and
19 shall directly coordinate with CDC.

20 **SEC. 12. *Director General and Deputy Director Generals.*** —

21 (a) **Appointment of the Director General.** The CDC shall be headed by a
22 Director General, with the rank of Undersecretary, who shall be appointed by
23 the President, upon the recommendation of the Secretary of Health, based
24 on technical expertise, academic background, and appropriate experience.

1 **(b) Appointment of the Deputy Director General.** The Director General shall
2 be assisted by one (1) Deputy Director General, with the rank of Assistant
3 Secretary, who shall oversee the functions of the Administrative and Finance
4 Office, and any additional offices created in accordance with Sec. 7 (c) of this
5 Act. The Deputy Director General shall likewise be appointed by the President,
6 upon the recommendation of the Secretary of Health, based on technical
7 expertise, academic background, and appropriate experience.

8 **(c) Eligibility.** The Director General shall be a public health professional,
9 preferably a Medical Doctor, with at least 15 years of post-graduate
10 qualification experience in relevant fields of medicine, public health, and in
11 managerial positions.

12 **(d) Powers and Functions.** The Director General shall perform the following
13 powers and functions:

14 (i) Provide leadership, policy guidance, coordination, technical expertise,
15 and services to promote the development and implementation of CDC's
16 national programs;

17 (ii) Certify to the Secretary of Health the occurrence of a Public Health
18 Emergency. The Secretary of Health upon consultation with public
19 health officials may signal the initiation of a public health emergency
20 response including, but not be limited to:

21 (1) Immediate hiring, transfer, and deployment of health
22 personnel;

23 (2) Implementation of inter-agency public health emergency
24 preparedness and response in cooperation with the NDRRMC,

1 DILG, and LGUs; and

2 (3) Strict enforcement and augmentation of border control and
3 surveillance in coordination with the Department of Foreign
4 Affairs (DFA) and DOH Bureau of Quarantine (BOQ);

5 (iii) Certify the termination of a Public Health Emergency which may serve
6 as basis for the de-escalation and eventual termination of response;

7 (iv) Recommend to the President, through the Secretary of Health, the
8 exercise of special powers in the case of an epidemic;

9 (v) Develop policies with provisions on penalties for local implementation
10 and enforcement:

11 (1) The Director General, upon consultation with the Secretary of
12 Health and through the DOH HEMB, is authorized to establish
13 and prescribe the corresponding rules and regulations, as well
14 as penalties, for local implementation and enforcement that are
15 necessary to control and prevent diseases within the country
16 and to prevent the introduction, transmission, or spread of
17 communicable diseases from other countries into the Philippines
18 or from one domestic seaport/airport to another; and

19 (2) For purposes of implementing these regulations, the Director
20 General, upon consultation with the Secretary of Health and
21 through the DOH HEMB, may provide public health preventive
22 measures and intervention strategies such as health education
23 and advisories, apprehensions, detention, isolation, quarantine,
24 inspections, fumigation, disinfection, disinfestation, pest

1 extermination, vaccination for international travel, medical
2 examination of aliens/foreigners, and destruction of animals or
3 articles found to be infected or contaminated as to be sources
4 of infection to human beings in coordination with other
5 concerned quarantine agencies such as veterinary quarantine,
6 plant quarantine, and other measures as may be necessary;

7 (vi) Establish or create containment for inland contagion or community
8 transmission of public health threats and shall coordinate these with
9 the Secretary of Health. During public health emergencies, DOH HEMB
10 shall also expand and coordinate with DOH BOQ on controlling,
11 directing, and managing all quarantine stations, grounds, and
12 anchorages, and in designating their boundaries in accordance with
13 Section 6 of Republic Act No. 9271 or also known as the Quarantine
14 Act of 2004;

15 (vii) Provide or obtain technical assistance for regional and local health
16 departments and private agencies before, during, and after an
17 epidemic;

18 (viii) Develop a shared risk communication plan in coordination with the
19 DOH and the FDA;

20 (ix) Coordinate international health activities, through the Bureau of
21 International Health Cooperation, relating to disease elimination,
22 prevention, and control;

23 (x) Liaise with other government agencies, non-government organizations
24 (NGOs), international organizations, including the World Health

1 Organization (WHO), learning and academic institutions, and other
2 pertinent groups or entities in the conduct of activities relating to
3 disease prevention and control;

4 (xi) Coordinate with appropriate DOH Offices regarding administrative and
5 program matters;

6 (xii) Appoint eligible employees of CDC in accordance with Civil Service Law,
7 rules and regulations, and this Act;

8 (xiii) Delegate the powers vested under this Act to the Deputy Director
9 General; and

10 (xiv) Perform such other functions as may be mandated by law, or as may
11 be delegated by the Secretary of Health and/or the President.

12 (e) **Security of Tenure and Grounds for Removal.** To ensure and uphold the
13 independence of CDC, the Director General and Deputy Director General shall
14 have the security of tenure and shall not be removed from office, except when
15 any of the following grounds is present, the President of the Philippines may
16 remove the Director General and Deputy Director General:

17 (i) Inefficiency and incompetence in the performance of official duties;
18 *Provided,* That the performance of the Director General and/or the
19 Deputy Director General shall be evaluated by a panel formed by the
20 Department of Health for that purpose, which shall be composed of
21 the Chairman of the Civil Service Commission and public health
22 experts; and

23 (ii) Inability to discharge the duty of the office, whether arising from the
24 infirmity of the mind or body, grave misconduct, or in the public

1 interests, upon the recommendation of the Secretary of Health and the
2 Civil Service Commission.

3 **ARTICLE V**

4 **SUPPLEMENTAL FUNCTIONS AND POWERS OF THE CDC**

5 **SEC. 13. *Public Health Surveillance Program.* —**

6 (a) The Director General shall identify priority health problems for prevention and
7 control;

8 (b) The Director General, as deemed necessary, may institute public health
9 surveillance programs or undertake epidemiological investigations or surveys
10 of people, animals, or vectors in order to determine the existence, prevalence,
11 or incidence, or to determine the likelihood of a possible outbreak, of:

12 (i) Any infectious disease; or

13 (ii) Any other disease which the CDC or the Secretary of Health, by
14 notification in the official website of CDC and the DOH, declares to be
15 a disease which this section applies.

16 (c) For the purpose of any public health surveillance program, epidemiological
17 investigation, or survey under this Act, the Director General may issue an
18 order requiring any person to furnish CDC, within the period stated therein,
19 with:

20 (i) Such information as he or she may require; and

21 (ii) Any sample of any substance or matter in the possession of that person
22 or control of that person, whether taken pursuant to this Act or
23 otherwise, as he or she may consider necessary or appropriate;

24 (d) The Director General should link the different disease-related programs of the

1 DOH for both communicable and non-communicable diseases with the public
2 health laboratories in relation to laboratory diagnostic surveillance and
3 outbreak investigation.

4 **SEC. 14. *Mandatory Reporting of Notifiable Diseases and Public***
5 ***Health Events. —***

6 (a) **Transfer of Functions.**

7 (i) CDC shall perform the functions and obligations of the Epidemiology
8 Bureau and the DOH under Section 5 and 6 of Republic Act No. 11332,
9 otherwise known as the 'Mandatory Reporting of Notifiable Diseases
10 and Health Events of Public Health Concern Act'

11 (ii) CDC shall perform the functions and obligations of DOH under Section
12 31 (b) of Republic Act No. 11223, or also known as Universal Health
13 Care Act.

14 (b) **Mandatory Reporting.** All public and private hospitals, clinics, health
15 facilities, laboratories, institutions, workplaces, schools, prisons, ports,
16 airports, establishments, communities, other government agencies, and
17 NGOs are required to accurately and immediately report notifiable disease
18 and public health events to CDC.

19 (c) **Mandatory Submission of Service Coverage.** All public and private
20 hospitals, clinics, health facilities, laboratories shall be required to submit
21 health and health-related data, which shall include, but not be limited to,
22 administrative, public health, medical, pharmaceutical, and financing data to
23 CDC.

1 **SEC. 15. *Laboratories in the Philippine Health Laboratory System***
2 ***(PHLS).*** —

3 (a) **Establishment.** There shall be an established Philippine Health Laboratory
4 System by unifying all diagnostic surveillance of public health importance into
5 stand-alone laboratories across the nation. The CDC shall:

6 (i) Identify public health laboratories and designate NRLs, SNLs, and
7 RPHLs;

8 (ii) Transition the identified public health laboratories that are currently
9 housed in their existing host hospitals into stand-alone laboratory
10 facilities to serve as diagnostic surveillance centers separate from its
11 hospital operations within three (3) years from the effectiveness of this
12 Act; and

13 (iii) Establish an integrated laboratory information system accessible to all
14 public health laboratories and surveillance units.

15 (b) **Public Health Laboratories.** The PHLS shall be composed of Public Health
16 Laboratories following the Philippine Health Facility Development Plan in
17 determining the roles, functions, investments, and services delivered within
18 their determined catchment areas. Public Health Laboratories are authorized
19 to solicit, receive donations and grants, and accrue or accept service-related
20 fees and reimbursement they provide, which may include but not be limited
21 to diagnostic testing, training, roll-out of National External Quality Assessment
22 Scheme (NEQAS), and in vitro diagnostic medical evaluation. This shall be
23 deposited on an authorized government depository bank and used to
24 augment the laboratories' capital outlay requirements and maintenance and

1 other operating expenses (MOOE). The State shall also provide and upgrade
2 equipment, employ adequate human resources, provide training and
3 development opportunities, and construct and improve infrastructures at all
4 levels to deliver the necessary public health laboratory services through its
5 inclusion in the General Appropriations Act, namely for:

6 (i) NRLs that will provide end-referral laboratory confirmatory services,
7 training, implement external quality assurance programs, and perform
8 surveillance, outbreak response, kit evaluation, research, and technical
9 standards. They are the responsible entities for facilitating the NEQAS
10 to ensure compliance to quality standards of all laboratories in the
11 Philippines.

12 (ii) SNLs that will conduct confirmatory testing for routine surveillance
13 samples and performing specialized tests, training, laboratory-related
14 research, and cascading of protocols and standards set by the NRLs. A
15 SNL shall be established for each of the following catchment areas:

- 16 (1) North Luzon;
- 17 (2) NCR and Central Luzon;
- 18 (3) South Luzon;
- 19 (4) Visayas; and
- 20 (5) Mindanao.

21 (iii) RPHLs that will perform diagnostic tests both for diseases of public
22 health importance, and laboratory-related research. RPHLs shall be
23 established and/or designated in all regions.

24 (c) **Oversight and Governance.** The CDC shall exercise supervisory and

1 oversight functions over the development of all Public Health Laboratories in
2 the PHLS, and oversee their functions and performance through the Center
3 for Reference Laboratories.

4 **SEC. 16. *Intergovernmental Information Sharing.*** — The Secretary of
5 Foreign Affairs and the Secretary of Health are jointly mandated to review and
6 recommend to the CDC multilateral and bilateral agreements which the country may
7 adopt to strengthen its information-sharing mechanisms with other countries, in
8 accordance with Republic Act No. 10173, otherwise known as the 'Data Privacy Act of
9 2012'.

10 **SEC. 17. *Penalties.*** —

11 (a) **Violation by Individuals.** Any person who violates any regulation
12 prescribed or order issued pursuant to this Act, or who enters or departs from
13 the limit of any quarantine station, ground, or anchorage in disregard of
14 quarantine rules and regulations or without permission of the quarantine
15 officer-in-charge shall be punished by a fine of not more than Five Million
16 Pesos (Php 5,000,000.00) or by imprisonment for not more than two (2)
17 years, or both.

18 (b) **Violation by LGUs and Health Care Providers.**

19 (i) **Violation of Data Privacy.** Any LGU who violates Republic Act No.
20 10173, or also known as the Data Privacy Act of 2012, shall be
21 penalized in accordance with Chapter VIII of such Act.

22 (ii) **Violation of Data Submission Guidelines.** LGUs, through the
23 CHDs, must provide the CDC with available health and technical data
24 relevant to the prevention and control of diseases, in a timely manner.

1 The penalties stipulated under Section 10 of Republic Act No. 11332,
2 otherwise known as the 'Mandatory Reporting of Notifiable Diseases
3 and Health Events of Public Health Concern Act', will apply for non-
4 submission of data.

5 **ARTICLE VI**

6 **MISCELLANEOUS PROVISIONS**

7 **SEC. 18. *Progressive Realization.*** — The CDC, in coordination with the DOH
8 and LGUs, shall craft a multi-year plan to ensure the timely implementation and
9 progressive realization of this Act. Towards this end, the multi-year plan shall include,
10 but not be limited to: (a) requiring that every province and city-wide health system
11 have full-time DSOs, without prejudice to the need for DSOs in municipalities, as may
12 be deemed necessary; (b) establishing SNLs in North Luzon, NCR and Central Luzon,
13 South Luzon, Visayas, and Mindanao under Section 15 (b)(ii); and (c) establishing
14 RPHLs in designated regions under Section 15 (b)(iii).

15 The DOH, upon coordination with CDC, shall submit the funding requirements
16 with corresponding annual targets for the implementation of the multi-year plan to
17 the DBM and concerned agencies, for the determination of appropriate national budget
18 allocation: *Provided*, That for local budget allocation, the LGUs shall also appropriate
19 the necessary funds to ensure the proper implementation of this Act, in relation to
20 their devolved functions under the UHC Act and other existing laws.

21 **SEC. 19. *Annual Report.*** — The CDC shall submit to Congress an annual
22 report containing evaluation of the current and emerging threats to health in the
23 country and progress to IHR commitments, initiatives undertaken to address these
24 and recommend legislative measures as may be necessary.

1 **SEC. 20. *Appropriations.*** — The amount needed for the initial
2 implementation of this Act shall be taken from the current fiscal year's appropriation
3 of the offices and agency herein absorbed by the CDC. Thereafter, the amount needed
4 for the operation and maintenance of the CDC shall be included in the Annual General
5 Appropriations Act.

6 **SEC. 21. *Implementing Rules and Regulations.*** — The DOH shall
7 promulgate the necessary rules and regulations within ninety (90) working days from
8 the effectivity of this Act.

9 **SEC. 22. *Separability Clause.*** — If any provision of this Act is declared
10 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
11 affected thereby.

12 **SEC. 23. *Repealing Clause.*** — All laws, decrees, orders, rules and
13 regulations, other issuances, or parts thereof, inconsistent with any provision of this
14 Act, are hereby repealed or modified accordingly.

15 **SEC. 24. *Effectivity.*** — This Act shall take effect after fifteen (15) days
16 following its publication in the Official Gazette or in two (2) newspapers of general
17 circulation.

Approved,