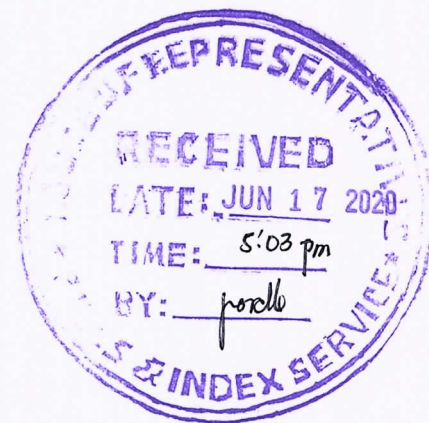


Republic of the Philippines
House of Representatives
Quezon City, Metro Manila



EIGHTEENTH CONGRESS
First Regular Session

House Bill No. **7014**

INTRODUCED BY
REP. ALFRED VARGAS

AN ACT
ESTABLISHING A PANDEMIC AND OTHER PUBLIC HEALTH
EMERGENCY PREPAREDNESS PLAN AND APPROPRIATING FUNDS
THEREOF AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The COVID-19 pandemic has already infected more than four million people all around the globe¹. While some countries are taking bold steps to address the situation, many developing countries, like the Philippines, remain in need of stronger development plans, preparedness strategies, and initiatives to control this public health crisis.

The world was taken by surprise -despite some warnings from scientists and medical experts- by the emergence of a pandemic similar to the Spanish flu in 1918, severe acute respiratory syndrome (SARS) in 2002, and the H1N1 swine flu in 2009-2010.

To mitigate further damage caused by a pandemic or any similar public health crisis in the future, we need to establish a better emergency preparedness plan that strengthens the capacity of our health care system and health care workers, empowers citizens and local and national leaders to propose and act on immediate and urgent solutions, and maintains essential services to reduce possible adverse effects in the economy and society at large. We need to incorporate health-based solutions and scientifically-sound research to enact policies and proposals which deal with

¹ World Health Organization. 2020. "Coronavirus disease (COVID-19) pandemic"
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019> (Accessed 17 May 2020)

pandemics and other public health emergencies more effectively and efficiently.

This bill seeks to provide an institutionalized framework in dealing with pandemics and other public health emergencies by establishing the Pandemic Emergency Council and a National Emergency Preparedness Plan. It puts a premium on providing public health solutions which help communities cope and be resilient in combating a public health emergency. This ensures that the Philippines will be better equipped in managing any future public health crisis.

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



ALFRED VARGAS

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

EIGHTEENTH CONGRESS

First Regular Session

House Bill No. **7014**

**INTRODUCED BY
REP. ALFRED VARGAS**

**AN ACT
ESTABLISHING A PANDEMIC AND OTHER PUBLIC HEALTH
EMERGENCY PREPAREDNESS PLAN AND APPROPRIATING FUNDS
THEREFOR AND FOR OTHER PURPOSES**

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

**CHAPTER I
GENERAL PROVISIONS**

SECTION 1. *Short Title.* – This Act shall be known as the “Pandemic and Other Public Health Emergency Preparedness Act.”

SECTION 2. *Declaration of Policy.* – The State shall endeavor to efficiently and immediately address all potential and actual public health emergencies for the promotion of the general welfare of the people.

While considering national sovereignty, territorial integrity, national interest and the right to self-determination in its relations with other states, the State shall, at all times, give paramount importance to the health of its citizens whether in the country or overseas, in general, and Filipino migrant workers, in particular.

SECTION 3. *Definition of Terms.* – As used in this Act:

- (a) *Frontline Worker* refers to any worker who performs any task essential to keep vital services in motion during a public health emergency despite great risk to themselves and their families. These are persons who work in public or private establishments providing essential services, including but not limited to food, water, banking and financial services, utilities, medicine, security, maintenance and sanitation, as well as any person providing services under circumstances that increase risk of exposure to infectious diseases, including administrative, security, maintenance, and support staff of health and quarantine facilities;
- (b) *Health Care Facility* refers to any institution, building, agency, or portion thereof that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons;
- (c) *Health Care Provider* refers to any person or entity providing health care services including, but not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, physician assistants, nurse practitioners, registered and other nurses, paramedics, medical and laboratory technicians, and ambulance and emergency medical workers;
- (d) *Isolation* refers to separation or restriction of movement of an ill person from healthy persons by way of seclusion in hospitals or designated health care facilities;
- (e) *Pandemic* refers to an epidemic occurring worldwide, or over every wide area, crossing international boundaries, affecting a large number of people;
- (f) *Public Health Emergency* refers to an occurrence or imminent threat of an illness or health condition, caused by bio-terrorism, epidemic or pandemic disease or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incident or permanent or long-term disability;
- (g) *Quarantine* refers to separation and restriction of movement of persons who are exposed or suspected to be infected to protect the public from disease;
- (h) *Social distancing*, also called *physical distancing*, refers to maintaining a distance of at least two (2) meters between and among persons in a public space. It also refers to a prohibition of mass gatherings of fifty (50) persons or more and avoidance of crowded places;

CHAPTER II

THE PANDEMIC AND OTHER HEALTH EMERGENCY COUNCIL

SECTION 4. Pandemic Emergency Council. – The Pandemic and Other Health Emergency Council, hereinafter referred to as ‘The Council’ is hereby established composed of the following: the Secretary of Health as ex-officio Chairperson of the Council; with the Secretaries of the Department of Interior and Local Government; Labor and Employment; Foreign Affairs; Justice; Tourism; Transportation; Trade and Industry; Agriculture; and Budget and Management; Secretary of the National Economic and Development Authority (NEDA); Administrator of the Philippine Overseas Employment Association (POEA), President of the Philippine Health Insurance Corporation (PhilHealth) as ex-officio members, and three (3) representatives from the private, urban poor, and health sectors.

The Council shall convene within thirty (30) days following the approval of the Implementing Rules and Regulations (IRR) of this Act. Upon organization of the Council, it shall draw up a National Pandemic and Other Health Emergency Plan, and conduct a briefing on the same for all local government units (LGUs) and health care workers in the government sector.

The Council shall recommend to the President of the Republic of the Philippines the declaration of a public health emergency in accordance with medical guidelines and protocols.

SECTION 5. Creation of the National Pandemic and Other Public Health Emergency Plan. – The Council shall create a National Pandemic and Other Public Health Emergency Plan. This strategy shall provide for integrated policy coordination and strategic direction with respect to all matters related to national public health and medical preparedness and execution and deployment of national response, guidelines and protocols before, during, and following a pandemic, epidemic, or public health emergency.

SECTION 6. Components of a National Pandemic and Other Public Health Emergency Plan. – The National Pandemic and Other Public Health Emergency Plan shall include:

- (a) Provision for increasing the preparedness, response capabilities, and surge capacity of ambulatory care facilities, dental health facilities, and critical care service systems;
- (b) Plans for optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, and trauma care and emergency medical systems;

- (c) Provisions taking into account the unique and crucial needs of marginalized groups, such as persons with disabilities, urban poor, women and children, during a pandemic or public health emergency.
- (d) Strategic initiatives to advance counter-measures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin or any chemical, radiological or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate;
- (e) The conduct of periodic evaluation of national and local preparedness and response capabilities which shall include drills and exercises to ensure medical surge capacity for events without notice.

SECTION 7. *Health Care Facilities and Services.* – The Council, in coordination with local government units (LGUs) and concerned government agencies, shall set up adequate health care facilities, testing offices and laboratories, quarantine sites and isolation centers which shall undertake pandemic prevention and preparedness services and activities, and shall respond to any public health emergency.

SECTION 8. *Isolation and Quarantine of Individuals or Groups.* – The Council may, in cooperation with the concerned local chief executive, authorize the lockdown, isolation, or quarantine of individuals or groups of individuals during a public health emergency, in accordance with existing rules and regulations.

The Council may restrict the movement of persons in and out of the initially affected area. If evidence indicates amplified transmission or dispersion of the infection into the wider community, the Council shall be authorized to adopt social distancing measures, including, but not limited to, the closure of schools and malls and other public areas or cancellation of mass gatherings.

SECTION 9. *Privately-owned Health Care Facilities.* – The Council may require privately owned health care facilities to provide services of their facilities in the event of a pandemic or public health emergency if government institutions are unable to cope with the public health emergency.

SECTION 10. *Control of Pharmaceutical Agents and Medical Supplies.* – The Council shall purchase, store, or distribute sufficient quantities of anti-viral agents for influenza and other highly communicable diseases, anti-toxins, serums, vaccines, and other pharmaceutical agents or medical

supplies that it considers advisable in the interest of preparing for or addressing and controlling a pandemic or any public health emergency.

In the event of a pandemic or public health emergency, the Department of Health may control, restrict, and regulate the use and rationing of the pharmaceutical products vital to the treatment or management of the pandemic or public health emergency.

SECTION 11. *Monitoring Program.* – The Council shall establish a comprehensive pandemic or public health emergency monitoring program to determine and monitor the presence, magnitude, and progression of any infection or a new strain thereof in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the preparations and countermeasures being employed.

SECTION 12. *Reporting Procedures.* – All hospitals, clinics, laboratories, and testing centers for any infection or a new strain thereof shall adopt measures in assuring the reporting and maintaining the confidentiality of any medical records, personal data, and other files. The Council, through its monitoring programs, shall receive, collate, and evaluate all related medical reports. The Council monitoring database shall utilize a coding system that promotes anonymity.

CHAPTER III

PROTECTION OF HEALTH CARE AND FRONTLINE WORKERS

SECTION 13. *Vaccination of Health Care Workers.* – Health care workers involved in the care of patients shall be vaccinated with the most recent seasonal human influenza vaccine and other appropriate vaccines as may be determined necessary by the Council.

SECTION 14. *Wearing of Surgical Masks and Personal Protective Equipment (PPE).* – For their protection, health care workers and first responders shall be provided with N95 respiratory masks and well-fitting surgical masks and Personal Protective Equipment. Patients shall likewise be required to wear surgical masks.

SECTION 15. *Surveillance and Monitoring of Health Care and Frontline Workers.* – Health care workers shall be vigilant with regard to the development of fever, respiratory ailments, and/or other symptoms after exposure to infected patients. Health care workers who become ill should seek medical care and should be quarantined for at least fourteen (14) days or in accordance with existing protocols unless an alternative diagnosis is established or diagnostic tests are negative for the strain subject of the pandemic or public health emergency.

SECTION 16. Hazard Pay for Health Care and Frontline Workers. – In addition to existing benefits provided for by law, health care and frontline workers who render actual service during a pandemic or public health emergency shall be given hazard pay to be determined by the Council.

SECTION 17. Task Force on Public Health Emergencies. – A task force under the leadership of the Secretary of Health shall be established in order to conduct research necessary for the creation of the National Pandemic and Other Public Health Emergency Plan. The Task Force shall be composed of representatives from:

- (a) The Department of Health;
- (b) The National Disaster Risk Reduction and Management Council (NDRRMC);
- (c) The Department of Interior and Local Government;
- (d) The National Security Adviser;
- (e) The Philippine Red Cross; and
- (f) The University of the Philippines National Institute of Health.

SECTION 18. Functions of the Task Force on Public Health Emergencies. – The Task Force shall:

- (a) Monitor emerging issues and concerns as they relate to medical and public health preparedness and response for at-risk individuals and populations in the event of a public health emergency;
- (b) Identify and minimize gaps, duplication and other inefficiencies in medical and public health preparedness and response activities and the actions necessary to overcome these obstacles;
- (c) Disseminate and update novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies in as timely a manner as is practicable, including from the time a public health threat is identified; and
- (d) Ensure that public health and medical information distributed by the government during a public health emergency is delivered in a manner that considers the range of communication needs of the intended recipients, including at-risk individuals.

SECTION 19. *Creation of Medical Reserve Corps.* – The Secretary of Health shall establish a medical reserve corps composed of volunteer health professionals. The Medical Reserve Corps shall be called into duty if needed during public health emergencies.

CHAPTER IV PREVENTION AND SUPPRESSION MEASURES WITHIN THE TERRITORY

SECTION 20. *Duty of Heads of Families, Persons-in-Charge of Places.* – Where a person living in a building used for human habitation is suffering from infection, the head of the family or the relatives shall immediately send notice of the infectious disease to the nearest city or municipal health office.

If it is a child attending a school, living in an orphanage or other such situation, or a person residing in any hotel, boarding house, or other such institution, the person in charge of such a place shall send notice of the infectious disease to the nearest city or municipal health officer and give the officer a list of students or residents together with their addresses.

SECTION 21. *Duty of the Medical Practitioners and other Health Care Providers.* – Every medical practitioner who attends to a patient suffering from the infectious disease shall send to the nearest city or municipal health office a report stating the name of the patient and the situation of the building.

Any medical practitioner who becomes aware, by post-mortem or other means, that any person had died of an infectious disease shall immediately submit to the nearest city or municipal health office a certification of death by such disease and inform the head of the household, person in charge of school, orphanage, hotel, and so on, of the infectious nature of the disease and the precautions to be taken to prevent its conveyance to others.

SECTION 22. *Duty of the City or Municipal Health Officers.* – If a city or municipal health officer is of the opinion that the cleansing and disinfecting of any building or any part of the building, and any articles in the building which are likely to retain infection or would tend to prevent or check infectious diseases, is necessary to maintain the health and safety of its occupants, it shall be his or her duty to give notice in writing to the owner or occupant of the building specifying the steps to be taken to cleanse and disinfect the building and articles within a specified time.

CHAPTER V PROTECTION OF OVERSEAS WORKERS

SECTION 23. *Medical Examination and Treatment of Overseas Workers.* – The Overseas Workers Welfare Administration (OWWA), in coordination with the Philippine Health Insurance Corporation (PhilHealth), the Department of Foreign Affairs (DFA), and The Council, shall undertake the medical examination and treatment of returning overseas workers in cases of a pandemic or similar event locally or abroad. All costs attendant to the medical examination and treatment of returning overseas workers shall be borne by the PhilHealth.

SECTION 24. *Creation of Emergency Fund.* – An emergency fund is hereby created and established for the medical examination and treatment of overseas workers under the administration, control, and supervision of the PhilHealth initially to consist of Fifty Million Pesos (P50,000,000.00) which shall be taken from the existing fund in trust by the PhilHealth for the benefit of overseas workers.

SECTION 25. *Authority of OWWA.* – The functions and responsibilities of OWWA shall include the following:

- (a) The formulation and implementation of measures and programs, in consultation with appropriate agencies, to safeguard the health of overseas workers and their families abroad; and
- (b) The forging of agreements with the POEA, the DOH, the DFA, the PhilHealth, and other appropriate international organizations in connection with the purpose of this Act.

CHAPTER VI OTHER PROVISIONS

SECTION 26. *Penalties.* –

- (a) *Penalty for Individuals who Refuse or Violate Isolation, Quarantine, Testing, Vaccination under Section 8 of this Act.* – Any person who refuses treatment, testing, examination for diagnosis or treatment or isolation and quarantine in accordance with existing laws, rules, and regulations to the detriment of the general public shall suffer the penalty of imprisonment of not less than three (3) months but not more than six (6) months or a fine of not more than One Hundred Thousand Pesos (P100,000.00) or both upon the discretion of the Court;

(b) *Penalty for Refusal to Provide Health Services under Section 9 of this Act.* – The owner, manager, or administrator of a private health care facility who refuses to give services or allow the use of its facility during a pandemic or public health emergency shall suffer the penalty of imprisonment of not more than one (1) year or a fine of not more than Two Hundred Thousand Pesos (P200,000.00) or both upon the discretion of the Court;

(c) *Penalty for Breach of Duty under Section 20, 21, and 22 of this Act.* – All persons whose duty it is to inform the nearest city or municipal health office of the possibility of the existence of an infectious disease and fail or neglect to inform the same shall be sentenced to imprisonment of not more than six (6) months or a fine of not more than One Hundred Thousand Pesos (P100,000.00), or both upon the discretion of the Court.

SECTION 27. Authorization of Appropriations. – To carry out the provisions of this Act, an initial fund of One Billion Pesos (P1,000,000,000.00) shall be appropriated and such sums as may be necessary for the succeeding fiscal year.

SECTION 28. Implementing Rules and Regulations. – Within thirty (30) days from promulgation of this Act, the DOH, in collaboration with OWWA, the POEA, the PhilHealth, the DOJ, and the DFA and representatives from the private health sector shall issue necessary rules and regulations for the implementation of this Act.

SECTION 39. Separability Clause. – If any part or provision of this Act is declared unconstitutional or invalid, the remainder of the provisions thereof not affected shall remain in full force and effect.

SECTION 30. Repealing Clause. – All provisions of existing laws, orders, rules, and regulations, or parts thereof which are in conflict or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 31. Effectivity. – This Act shall take effect immediately upon its publication in the Official Gazette or in at least two (2) national newspapers of general circulation in the Philippines.

Approved,