

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City**

**Eighteenth Congress
Second Regular Session**

House Bill No. 7365



**Introduced by Representatives
ESTRELLITA B. SUANSING and HORACIO P. SUANSING, JR.**

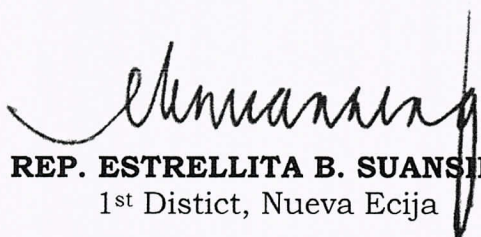
EXPLANATORY NOTE

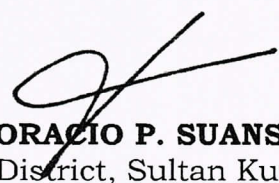
This bill seeks to create and develop a Medical Reserve Corps under the Health Emergency Management Bureau of the Department of Health whose primary mission is to support the public health system during periods of public health emergencies and disasters.

The current COVID-19 pandemic has shown that our healthcare system is unable to cope with the surge of patients needing medical care, mostly due to lack of medically-trained personnel. The creation of the Medical Reserve Corps specifically trained to supplement the existing human health resources will ease the burden on the country's healthcare system, as the MRC can help maintain the surge capacity and provide the appropriate assistance needed in times of health crises.

The MRC shall be organized in a paramilitary structure with trained members to ensure their readiness to immediately respond to the call to service. There shall likewise be established mobilization centers in each province, as many centers as needed, to which members of the MRC will report when mobilization is ordered.

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


REP. ESTRELLITA B. SUANSING
1st District, Nueva Ecija


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2nd District, Sultan Kudarat

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AN ACT
PROVIDING FOR THE DEVELOPMENT, ADMINISTRATION,
ORGANIZATION, TRAINING, MAINTENANCE AND UTILIZATION OF THE
MEDICAL RESERVE CORPS, AND FOR OTHER PURPOSES

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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Medical Reserve
2 Corps Act.”
3

4 **SEC. 2. Declaration of Policy.** – Section 15, Article II of the 1987
5 Constitution enjoins the State to protect and promote the right to health of
6 the people and instill health consciousness among them. Section 11 of Article
7 XIII also provides for the adoption of an integrated and comprehensive
8 approach to health development. The State further reiterates its commitment
9 to the Sustainable Development Goals (SDGs), particularly SDG 3 which calls
10 on the State to ensure healthy lives and promote well-being for all at all ages.
11

12 The State recognizes the need for a reserve force of part-time, highly-
13 skilled and medically-trained professionals and volunteers that can be
14 mobilized to maintain surge capacity of the country’s healthcare system and
15 provide assistance as may be needed in times of health crises.
16

17 Pursuant to this, it is the policy of the State to maintain a strong,
18 proactive and responsive healthcare system at all times, but which can be
19 expanded rapidly by a well-trained and well-equipped Medical Reserve Corps
20 (MRC) in times of disaster or other health emergencies. Towards this end, the
21 State shall enhance the capacity of the nation to produce and call on the
22 needed manpower and expand its human health resources in times of
23 disasters and health emergencies of both national and local scale through the
24 mobilization of the MRC.
25

1 **SEC. 3. *Call to the Medical Reserve Corps Service.*** – The MRC shall be
2 composed of medical experts, scientists, licensed medical practitioners,
3 members of the Reserve Force of the Armed Forces of the Philippines (AFP) in
4 the Medical Service, non-medical volunteers trained for health emergencies
5 and other necessary skills, with a primary mission of supporting the public
6 health system during periods of disasters and other health emergencies.
7

8 The MRC shall be so organized, trained, developed and maintained as
9 to ensure their readiness to immediately respond to the call of service.
10

11 **SEC. 4. *Organization.*** – The Department of Health (DOH) shall create the
12 MRC under its Health Emergency Management Bureau.
13

14 The organization, structure, and manning of the MRC shall be set up
15 with a paramilitary structure, and in such a manner that is necessary to make
16 it effective, efficient and responsive to local and national disasters and other
17 health emergencies, under such rules and regulations as the Secretary of
18 Health may prescribe.
19

20 **SEC. 5. *Registration and Training.*** – The DOH shall draft guidelines for the
21 recruitment, selection, compensation, other incentives for joining and
22 continued membership, and length of service of the MRC members.
23

24 The DOH shall also prescribe a continuing training program for the
25 MRC recruits and members, through written, practical and simulation
26 activities, on various aspects of health emergency management and response
27 and on the different health emergency situation and scenarios, such as but
28 not limited to natural and man-made disasters, epidemics, pandemics, and
29 other threats to public health. To this end, all recruits must undergo:
30

31 (1) Compulsory basic training for a period to be set by the DOH where
32 medical experts, scientists, licensed medical practitioners, including
33 members of the Reserve Force of the AFP in the Medical Service, as
34 necessary, shall undergo training on disaster and health emergency
35 response, the organization and structure of the MRC, and such other
36 areas as may be prescribed by the DOH. Other volunteers without any
37 health specializations will be trained in basic health and medical skills,
38 and/or other such skills deemed necessary to respond to health
39 emergencies. Recruits shall be given compensation for their time during
40 compulsory basic training; and
41

42 (2) Continuing training, in coordination with relevant and qualified
43 agencies in the private and public sectors, including but not limited to
44 the AFP and the National Disaster Risk Reduction Management
45 Council, to provide the training and other activities that will improve

1 and reinforce their skills. All registered members shall undergo
2 continuing training on a regular basis to upgrade their proficiency.

3
4 Successful completion of compulsory basic training shall be a requisite
5 for admission into the MRC. Successful completion of activities in the
6 continuing training program shall be a requisite for promotion within the
7 MRC.

8
9 **SEC. 6. Accounting of Members of the MRC.** – All members shall be
10 accounted for, their records and status updated and present whereabouts
11 ascertained in order to ensure their readiness to the call to service. The DOH
12 may tap Local Government Units to assist in the accounting of members.

13
14 **SEC. 7. Mobilization and Penalties.** – The mobilization of the MRC shall be
15 by the authority of the Secretary of Health, upon the recommendation of the
16 Director of the Health Emergency Management Bureau, in order to meet the
17 needs of a disaster or health emergency, whether of local or national scale,
18 and for other purposes deemed necessary to respond to threats to public
19 health.

20
21 The MRC may be mobilized partially or in full as may be necessary. All
22 members, when called to service due to mobilization, shall continue to receive
23 all pay, allowances, and other privileges and benefits from his/her regular
24 employment during the mobilization period.

25
26 An employer who dismisses or disciplines an employee, or deprives
27 him/her of pay, allowances, and other privileges and benefits by reason of
28 his/her training or mobilization as provided for in this Act, shall be subject to
29 a fine of not less than Ten Thousand Pesos (₱10,000.00) but not more than
30 One Hundred Thousand Pesos (₱100,000.00), or imprisonment of not more
31 than two (2) years, or both, at the discretion of a court of competent
32 jurisdiction.

33
34 If the offense is committed by a corporation, trust, firm, partnership,
35 association or any other entity, the penalty shall be imposed upon the guilty
36 officer or officers of such corporation, trust, firm, partnership, association or
37 entity.

38
39 **SEC. 8. Mobilization Centers.** – There shall be established in each province
40 as many mobilization centers as needed to which members of the MRC will
41 report when mobilization is ordered.

42
43 Mobilization centers may be any establishment or facility that can
44 adequately house the MRC members, and their equipment and supplies
45 during the period of deployment, including but are not limited to multi-

1 purpose halls, gymnasiums, and other similar structures, and based on other
2 requirements that the DOH shall prescribe. The DOH, in consultation with
3 the local executives, shall likewise prescribe the location of the mobilization
4 centers. The location of these centers shall be given the widest public
5 information by the local executives.

6
7 **SEC. 9. *Mobilization Stock.*** – The minimum essential individual and
8 organizational and medical equipment and supplies shall be procured, stored
9 and maintained to enhance rapid transition to readiness required for
10 employment in the shortest possible time.

11
12 The DOH shall ensure and maintain the necessary capacity to scale up
13 the procurement of these equipment and supplies as may be needed during
14 the period of mobilization.

15
16 **SEC. 10. *Enlistment of the AFP.*** – The AFP may be enlisted by the Secretary
17 of Health to provide expertise on the organization and paramilitary structure
18 of the MRC for efficient, effective and swift deployment, as well as training to
19 the MRC recruits in disaster and emergency response.

20
21 Further, the Secretary of Health may recommend to the President the
22 enlistment of the AFP to supplement the mobilized MRC for the purpose of
23 providing logistics and manpower for large-scale operations in times of
24 disaster or other health emergency, contact tracing and monitoring of
25 suspected cases, enforcing the quarantine of specific areas or facilitating the
26 transport of emerging infectious diseases patients, and for such other
27 purposes.

28
29 **SEC. 11. *Demobilization.*** – When the threat or emergency for which
30 mobilization had been ordered has passed, the Secretary of Health shall order
31 the demobilization of the MRC, and the mobilized members shall be reverted
32 to inactive status.

33
34 **SEC. 12. *Implementing Rules and Regulations.*** – Within thirty (30) days
35 from the effectivity of this Act, the DOH shall promulgate and issue the
36 necessary guidelines for the effective implementation of this Act. The
37 implementing rules and regulations issued pursuant to this section shall take
38 effect thirty (30) days after its publication in two (2) national newspapers of
39 general circulation.

40
41 **SEC. 13. *Appropriations.*** – The funds necessary for the initial
42 implementation of this Act shall be charged against the appropriations of the
43 DOH as needed. Thereafter, funding shall be included in the budget of the
44 DOH under the annual General Appropriations Act.

1 **SEC. 14. *Separability Clause.*** – If any provision of this Act is declared
2 unconstitutional or otherwise invalid, the validity of the other provisions shall
3 not be affected thereby.

4
5 **SEC. 15. *Repealing Clause.*** – All other laws, decrees, orders, rules and
6 regulations, other issuances, or parts thereof inconsistent with the provisions
7 of this Act are hereby repealed or modified accordingly.

8
9 **SEC. 16. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
10 publication in the Official Gazette or in a newspaper of general circulation.

11
12 Approved,