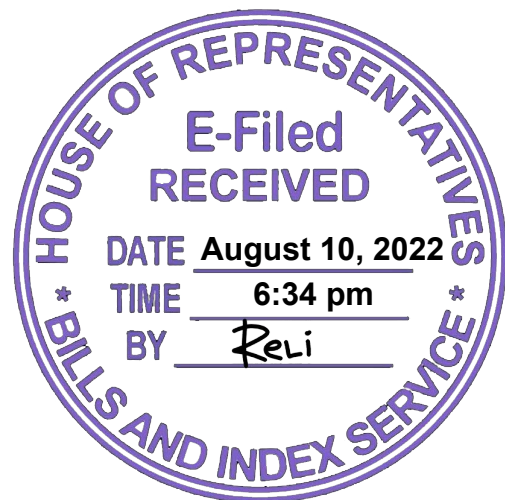




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

House Bill No. **3504**



Introduced by **HON. EDWARD VERA PEREZ MACEDA**

EXPLANATORY NOTE

The current pandemic has opened our eyes to the sad state of our public health system. The ever-present danger brought by viral infections and other contagious diseases coupled with the lack of knowledge about these illnesses and our lack of health and research facilities aggravated the situation.

The deficiency in our available health personnel caused the country to resort to prolonged quarantines and lockdowns which adversely affected our economy and further depleted our scarce government resources. This was highlighted by the calls of our health workers to enforce a new round of lockdowns as they could no longer accommodate the sheer number of patients who were being rushed to hospitals during the surge of infections.

As frontliners in times of health emergencies, the plight of our healthcare workers should not be overlooked since such issue would inevitably affect our efficiency in fighting these types of health crisis. While they are bound to take care of the sick, they, too, might be exposed to similar threats if they experience exhaustion and fatigue due to an undermanned public health system.

The proposed Medical Reserve Corps (MRC) Bill seeks to address this problem by organizing a group of equipped medical and health-related personnel for rapid mobilization in times of national or local public health emergencies which may require manpower support to reinforce and strengthen the capabilities of the national agencies and local governments.

As a brief history, MRC Bill was already approved on Third and Final Reading during the Eighteenth Congress with Rep. Angelina "Helen" Tan as Chairman of the House Committee on Health which transmitted the bill to the Senate for appropriate action.

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

EDWARD VERA PEREZ MACEDA
Representative, 4th District of Manila



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AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS AND APPROPRIATING
FUNDS THEREFOR

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 Corps
2 Act."

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

11
12 The State recognizes the need for a reserve force of highly skilled and
13 medically trained professionals and volunteers who can be mobilized to maintain
14 the capacity to meet surges in the demand for 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, proactive
18 and responsive healthcare system at all times, the workforce complement of which
19 can be expanded rapidly by a well-trained and well-equipped Medical Reserve
20 Corps (MRC) in times of public health emergency and health threats. Towards this
21 end, the 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 disasters
23 and public health emergencies of both national and local scale through the
24 mobilization of the MRC

25
26 **SECTION 3. *Medical Reserve Corps Service.*** – There is hereby established an
27 MRC whose primary mission is to support the country's health system in times of
28 public health emergencies or health threats, and which shall be composed of the
29 following:

- 30
31 a. Licensed physicians including those who are retired and those who are
32 no longer practicing in the hospital setting. The Department of Health
33 (DOH) may coordinate and collaborate with the accredited integrated

professional organization or accredited professional organization of physicians for the engagement of private practitioners;

b. Medical students who have completed four (4) years of medical course, graduates of medicine, and registered nurses who may be issued by the Secretary of Health with a limited and special authorization to render medical service pursuant to Republic Act No. 2382, otherwise known as the Medical Act of 1959; and

c. Licensed Allied Health Professionals.

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

SECTION 4. *Organization.* – The MRC shall be under the control and supervision of the Health Emergency Management Bureau (HEMB) of the DOH.

The DOH shall develop an effective and efficient MRC organization and structure that is responsive to national and local disasters and other public health emergencies, under such rules and regulations as the Secretary of Health may prescribe.

SECTION 5. *Registration and Training.* – The DOH shall draft guidelines for the recruitment, selection, compensation, and provision of incentives for joining and continued membership, and length of service of the MRC members.

The DOH shall also prescribe a continuing training program for the MRC recruits and members, through written, practical and simulation activities on various aspects of health emergency management and response and on the different health emergency situations and scenarios, such as natural and man-made disasters, epidemics, pandemics, and other threats to public health. To this end, all recruits must undergo:

- a. Compulsory basic training for a period to be set by the DOH on disaster and health emergency response, the and structure of the MRC, and such other areas as may be prescribed by the DOH. Recruits shall be given compensation for their attendance thereto; and
- b. Continuing training and other activities to be conducted in coordination with relevant and qualified agencies in the private and public sector, including the Armed Forces of the Philippines (AFP) and the National Disaster Risk Reduction and Management Council, to improve and reinforce skills. All registered members shall undergo continuing training on a regular basis to upgrade their proficiency.

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

SECTION 6. *Registry and Accounting of Members of the MRC.* – Registered members of the MRC shall be issued individual serial numbers which will serve as their identification in case of deployment.

The DOH shall maintain and update a registry or database containing the names of the members of the Corps, their serial numbers, address, contact details and such other information as the DOH may determine, in accordance with applicable privacy laws. For this purpose, all public and private colleges,

1 universities and learning institutions shall transmit annually their records of the
2 graduates covered under this Act to the DOH.

3
4 An MRC Identification Card that describes the certification information of
5 Corps members, as well as other necessary identifying information that may be
6 determined by the DOH, shall also be issued.

7
8 All graduates covered under this Act are required to update their addresses
9 and contact details on file with the DOH as often as necessary. Orders of
10 deployment sent to the addresses and/or through the contact details on file with
11 the DOH shall be sufficient notice for purposes of deployment.

12
13 In cases when a graduate has changed address immediately prior to
14 deployment, the LGU shall immediately exert efforts to locate his known closest
15 resident kin, who is then mandated to exert similar efforts. The use of digital
16 communications and social media shall be encouraged in locating such graduates.

17
18 **SECTION 7. Medical Reserve Corps Mobilization** – The prompt mobilization of
19 the MRC shall be carried out by authority of the Secretary of Health, upon the
20 recommendation of the Director of the HEMB or upon the request of national
21 government agencies or local government units (LGUs), in order to meet the needs
22 of the populace in times of public health emergencies, whether of local or national
23 scale, and for such other purposes in response to threats to public health.

24
25 The MRC may be mobilized partially or in full as may be necessary. The
26 DOH shall promulgate the mechanisms by which deployment is efficiently
27 implemented, including the organization of the Corps to be deployed, their
28 territorial assignments, how deployment orders are communicated to each
29 member of the Corps and to which mobilization center they will report.

30
31 As defined in Republic Act No. 11332, otherwise known as the "Mandatory
32 Reporting of Notifiable Diseases and Health Events of Public Health Concern Act,"
33 public health emergency refers to an occurrence or imminent threat of an illness
34 or health condition that:

- 35
36 1. Is caused by any of the following:
37
38 a. Bio terrorism;
39
40 b. Appearance of a novel or previously controlled or eradicated infectious
41 agent or biological toxin;
42
43 c. A natural disaster;
44
45 d. A chemical attack or accidental release;
46
47 e. A nuclear attack or accident;
48
49 f. An attack or accidental release of radioactive materials; and
50
51 2. Poses a high probability of the following:
52
53 a. A large number of deaths in the affected population;
54
55 b. A large number of injuries or long-term disabilities in the affected
56 population;
57

- c. Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population
- d. International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or
- e. Trade and travel restrictions.

SECTION 8. *Deployment Order.* – The President of the Philippines, upon recommendation of the DOH, may order the nationwide mobilization of the MRC to complement the AFP Medical Corps in case of a declaration of a state of war, state of lawless violence or state of calamity.

SECTION 9. *Mobilization Centers.* – There shall be established in each province as many mobilization centers as needed to which members of the MRC shall report to when mobilization is ordered.

Mobilization centers may be any establishment or facility that can adequately house the MRC members, and their equipment and supplies during the period of deployment, including multi-purpose halls, gymnasiums, and other similar structures, based on other requirements that the DOH shall prescribe. The DOH shall, in consultation with the local executives, prescribe the location of the mobilization centers. The local executives shall disseminate to the widest extent possible information to the public on the location of these centers.

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

The DOH shall ensure and maintain the necessary capacity to scale up the procurement of these equipment and supplies as needed during the period of mobilization

SECTION 11. *Enlistment of the AFP.* – The Secretary of Health may enlist the AFP to provide expertise on the organization and structure of the MRC for efficient, effective and swift deployment, as well as for training of the MRC recruits on disaster and emergency response.

The Secretary of Health may also recommend to the President the enlistment of the AFP to supplement the mobilized MRC for the purpose of providing logistics and manpower for large-scale operations In times of public health emergency, contact tracing and monitoring of suspected cases, enforcing—quarantine measures in specific areas or facilitating the transport of emerging infectious diseases patients, and for such other related purposes.

SECTION 12. *Protection to MRC Members.* – . All MRC members shall be accorded protection as provided by existing labor laws and standards and other relevant occupations, safety, environmental, and social legislation.

SECTION 13. *Compensation and Benefits.* – Members of the MRC who render service shall receive all the pay and allowances, medical care, hospitalization, other privileges and benefits during the period of mobilization as prescribed by law or regulation. They shall also continue to receive all pay, allowances, and other

1 privileges and benefits from their regular employment during the mobilization
2 period in accordance with law.

3
4 **SECTION 14. *Legal Liability and Malpractice Insurance*** – No MRC member
5 shall be held liable or the death of or injury to any person or for the loss of, or
6 damage to, the property of any person where such death, injury, loss, or damage
7 was proximately caused by the circumstance of an actual public health emergency
8 or its subsequent conditions, or the circumstances of the formal exercise or training
9 if such formal exercise or training simulates conditions of an actual emergency.

10
11 The Insurance Commission is mandated to develop public health
12 emergency-specific malpractice insurance policy or modify existing policies that
13 would protect MRC professionals' efforts from any legal liability as provided for by
14 this Section to allow them to respond in good faith during public health
15 emergencies.

16
17 This Section shall not preclude liability for civil damages as a result of
18 gross negligence, recklessness, or willful misconduct.

19
20 **SECTION 15. *Termination of Deployment***– Upon the expiration of the period of
21 deployment, without an extension having been requested and approved by the
22 DOH, members of the MRC who are deployed pursuant to a public health
23 emergency shall be discharged from the performance of their duties. The
24 deployment may also be terminated earlier upon a determination by the DOH, in
25 consultation with the requesting national government agency or LGU, that such
26 deployment is no longer required in accordance with this Act.

27
28 **SECTION 16. *Annual Report***. – The DOH shall regularly publish an annual report
29 containing a list of the accomplishments, status of the operations, demographic
30 profile of the membership of the MRC, an assessment of readiness for
31 mobilization, and the incidence and details of each mobilization for the year
32 concerned. The annual report shall also include the results of the audit
33 investigation on the spending of funds appropriated, collected, or advanced for the
34 implementation of the provisions of this Act.

35
36 **SECTION 17. *Failure to Respond to Deployment***. – Any member of the MRC
37 who fails to respond to the order of deployment without any justifiable reason
38 despite due notice shall be required to reimburse the total expenses incurred by
39 the government in the member's recruitment, selection, training, and
40 compensation, as may be determined by the DOH.

41
42 **SECTION 18. *Appropriations***. – The Secretary of Health shall immediately
43 include in the Department's Program the implementation of this Act, the funding of
44 which shall be included in the annual General Appropriations Act.

45
46 **SECTION 19. *Implementing Rules and Regulations***. – Within thirty (30) days
47 from the effectivity of this Act, the DOH shall promulgate the necessary guidelines
48 for the effective implementation of this Act.

49
50 **SECTION 21. *Separability Clause*** – If any provision of this Act is declared
51 unconstitutional or otherwise invalid, the validity of other provisions shall not be
52 affected thereby.

53
54 **SECTION 22. *Repealing Clause*** – All laws, decrees, orders, rules, and
55 regulations or other issuances or parts thereof inconsistent with the provisions of
56 this Act are hereby repealed or modified accordingly.

1 **SECTION 23. *Effectivity*** – This Act shall take effect fifteen (15) days after its
2 publication in the Official Gazette or any two (2) newspapers of general circulation
3 in the Philippines.
4
5 *Approved,*