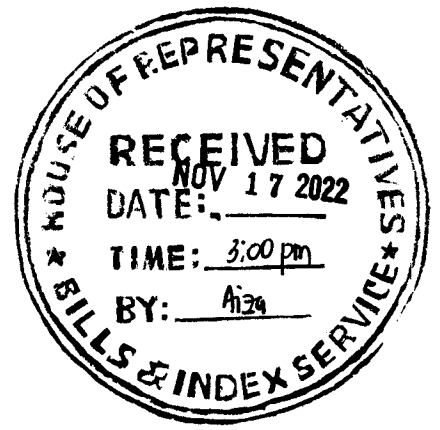


Republic of the Philippines
House of Representatives
Quezon City

19th Congress
First Regular Session

House Bill No. 6209



Introduced by **HONORABLE PETER B. MIGUEL**

**AN ACT ESTABLISHING THE HEALTH EMERGENCY AUXILIARY REINFORCEMENT
TEAM UNDER THE DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

There is a shortage of health care professionals in the country, with many having sought better pay and opportunities abroad. Estimates from 2018 show that 25% of all barangays — the smallest government unit in the Philippines — in the country do not have any health workers, according to data from the National Health Human Resource Master Plan 2020-2040.

The concept of a medical reserve corps is not new, but we need actual healthcare professionals to meet our country's growing healthcare needs. As a feasible option for reservists, the President should also consider giving the choice for college students to undergo the Reserve Officers Training Corps (ROTC) or the Medical Reserve Training Corps (MRTC).

Members of emergency response teams should be thoroughly trained for potential emergencies and physically capable of carrying out their duties; know about toxic hazards in the workplace and be able to judge when to evacuate personnel or depend on outside help.

No two emergencies are the same but the basic mechanism and processes involved in managing emergencies are similar. Therefore, we must focus on the fundamental governance, organizational structures, competencies required, and strategies.

Our country's history and record have taught us that when dealing with dynamic situations and humans, that accidents can happen, do happen and will happen. But all of these are preventable. We need to form a clear guiding pillar to Incident Management System (IMS) and the Emergency Response Team (ERT) members.

Previous emergency events have demonstrated that, despite analysis and application of lessons learned, there are still significant gaps and deficiencies in health monitoring and surveillance for emergency response workers (including police, fire, and emergency medical personnel, as well as public health personnel and cleanup/repair/ restoration/recovery workers). These gaps and deficiencies were observed during the calamities or disasters in the past that hit our country, but they have persisted and, despite improvements, were observed again in different calamities that recently devastated our country.

The persistence of these gaps and deficiencies in emergency responder health monitoring and surveillance, despite considerable attempts to anticipate and correct them, emphasizes that there remains a need for a coherent, comprehensive approach to protecting these groups of workers and for detailed, practical guidance on implementing such an approach.

Through this Act, the creation of public entities dedicated to managing emerging diseases will be achievable. With this purpose in mind, the immediate approval of this bill is strongly requested.

PETER B. MIGUEL

Representative, 2nd District South Cotabato

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6209

(In Substitution of House Bills Numbered 2, 88, 285, 603, 1093, 1261, 1490, 1695, 2693, 2752, 2788, 2970, 3009, 3041, 3083, 3095, 3119, 3123, 3150, 3461, 3504, 3593, 3608, 3726, 4266, 4639, 4832, 5220, 5869, and 5907)

Introduced by Representatives Ciriaco B. Gato, Jr., Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, and Jude A. Acidre, Marjorie Ann A. Teodoro, Keith Micah "Atty. Mike" D.L. Tan, Edgar M. Chatto, Luis Raymund "LRay" F. Villafuerte, Jr., Miguel Luis R. Villafuerte, Tsuyoshi Anthony G. Horibata, Nicholas C. Enciso VIII, Divina Grace C. Yu, Ma. Lucille L. Nava, M.D., Dan S. Fernandez, Ray Florence T. Reyes, Ron P. Salo, Alfred C. Delos Santos, Patrick Michael D. Vargas, Jonathan Keith T. Flores, Rufus B. Rodriguez, Christopherson "Coco" M. Yap, Juan Carlos "Arjo" C. Atayde, Teodorico Haresco, Jr., Reynante U. Arrogancia, Michael M. Morden, Ambrosio C. Cruz, Jr., Paolo Z. Duterte, Eric Go Yap, Edvic G. Yap, Jeffrey Soriano, Edward Vera Perez Maceda, Michael L. Romero, Ph.D., Kristine Singson-Meehan, Ruth Mariano-Hernandez, Gus S. Tambunting, David "Jay-Jay" C. Suarez, Marlyn L. Primicias-Agabas, Gerville R. Luistro, Joseph Gilbert F. Violago, and Jose "Bong" J. Teves, Jr.

AN ACT
ESTABLISHING THE HEALTH EMERGENCY AUXILIARY REINFORCEMENT
TEAM UNDER THE DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS
THEREFOR

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

SECTION 1. *Short Title.* - This Act shall be known as the "Health Emergency Auxiliary Reinforcement Team (HEART)".

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

The State recognizes the need for a reserve force of highly skilled and health-oriented professionals and volunteers who can be mobilized to maintain the capacity to meet surges in the demand for the country's healthcare system and provide assistance as needed in times of health crises.

Pursuant to this, it is the policy of the State to:

a. Prioritize the health of its citizen whether in the country or overseas by maintaining a strong and resilient healthcare system at all times that will immediately, efficiently, and effectively address all potential and actual public health emergencies for the promotion of the welfare of the general public; and

b. Promote the culture of “Bayanihan Spirit” during periods of calamities and enhance the capacity of the nation to expand its human health resources in times of disasters and public health emergencies of both national and local scale through the mobilization of the Health Emergency Auxiliary Reinforcement Team.

SEC. 3. *Definition of Terms.* - For the purpose of this Act, the following terms shall mean:

- i. "Allied Health Professionals" - refer to professions who are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists;
- ii. "Bayanihan Spirit" - refers to the value of communal unity through helping others without expecting rewards to achieve a certain goal;
- iii. "Health Threat" - refers to a condition, agent, or incident that greatly impacts the health that leads to disease, accident, injury, and loss of life;
- iv. "Deployment" - refers to the actual sending of workforce to the assigned area within a prescribed period;
- v. "Health Emergency Auxiliary Reinforcement Team" - refers to group of dedicated individuals who are in the field of medicine, nursing, medical technology, and other allied health-related fields, voluntarily on standby, and ready to be deployed to complement workforce in the event of a public health emergency;
- vi. "Mobilization" - refers to the process and procedures for activating, assembling, and transporting the workforce that are needed to respond in the event of a public health emergency;
- vii. "Mobilization Center" - refers to the establishment where the volunteers of the Health Emergency Auxiliary Reinforcement Team will report upon receipt of the order for mobilization, coordinate their mission order and mobilization-related issues and concerns, and submit their report upon receipt of the order for demobilization;
- viii. "Public Health Emergency" - as defined in Republic Act No. 11332, otherwise known as Mandatory Reporting of Notifiable Diseases and Health Events of

Public Health Concern Act shall refer to an occurrence of imminent threat of an illness or health condition that:

1. Is caused by any of the following:

- a) Bio terrorism;
- b) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
- c) A natural disaster;
- d) A chemical attack or accidental release;
- e) A nuclear attack or accident; or
- f) An attack or accidental release of radioactive materials; and

2. Poses a high probability of any of the following:

- a) A large number of deaths in the affected population;
- b) A large number of serious injuries or long-term disabilities in the affected population;
- 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; or
- e) Trade and travel restrictions

ix. "Volunteers" - refers to those who voluntarily register to be members of the HEART.

SEC. 4. Scope. – This Act provides for the organization of HEART, the development of policies, plans, guidelines, and the implementation of actions pertaining to the mobilization, services, and protection of the HEART during public health emergencies and in accordance with the Republic Act No. 10121, otherwise known as the Philippine Disaster Risk Reduction and Management Act of 2010, specifically under Section 13, Accreditation, Mobilization, and Protection of Disaster Volunteers and National Service Reserve Corps, CSOs and the Private Sector.

SEC. 5. Health Emergency Auxiliary Reinforcement Team Service. – There is hereby established a HEART to augment the health workforce in times of public health emergencies and health threats. The HEART shall be composed of the following individuals who voluntarily registered:

- 1 (a) Licensed professionals in the fields of medicine, nursing, medical technology,
2 and other allied health fields including those who are retired and those who are
3 no longer practicing in a health facility setting. All health and allied health
4 professional organizations may be coordinated and collaborated for the
5 engagement of professionals who are not affiliated in any healthcare facilities;
6
- 7 (b) Graduates of medicine and allied health courses, and medical students who have
8 completed the 1-year medical internship, who may be issued with a limited and
9 special authorization to render medical services during public health
10 emergencies or health threats pursuant to Republic Act No. 2382, otherwise
11 known as the Medical Act of 1959 or its amendment thereafter; and
12
- 13 (c) Other health support professionals necessary to render services during public
14 health emergencies and health threats.
15

16 **SEC. 6. Creation of the HEART Board.** - A HEART Board, hereinafter referred to as Board,
17 is hereby created to ensure efficient and effective mobilization of the HEART. It shall be
18 Chaired by the Department of Health (DOH) and composed of the following, as members:
19

- 20 1. Department of Interior and Local Government (DILG)
21 2. Department of National Defense (DND)
22 3. Armed Forces of the Philippines (AFP)
23 4. Office of Civil Defense (OCD)
24 5. Commission on Higher Education (CHED)
25 6. Professional Regulatory Commission (PRC)
26

27 Except for the AFP, the members of the Board shall designate a representative, with a rank not
28 lower than Assistant Secretary or its equivalent, to represent their respective offices in the
29 Board. *Provided,* That the representative must be fully authorized to decide on behalf of the
30 member.
31

32 The AFP shall designate a representative from the Office of the Surgeon General with a rank
33 not lower than Colonel as its Board representative.
34

35 The Board may call upon any government office or instrumentality, including government
36 owned or controlled corporations and Local Government Units, as necessary.
37

38 **SEC. 8. Powers and Functions of the Board.** – The Board shall have the following powers
39 and functions:
40

- 41 a) Define and develop the organization, management, mobilization, demobilization, and
42 reporting mechanisms, policies, and guidelines for the HEART;
43
- 44 b) Oversee the effective and efficient functioning of the HEART in response to public
45 health emergencies and health threats;
46
- 47 c) Coordinate with concerned national government agencies and other stakeholders in
48 response to public health emergencies and other health threats;
49
- 50 d) Conduct regular meetings every quarter or as often as may be necessary during public

1 health emergencies or occurrence of health threats;

2
3 **SEC. 9. *Creation of a HEART Unit.*** – A HEART Unit shall be created by the DOH which
4 shall serve as the secretariat of the Board. It shall oversee the overall program implementation,
5 and maintain the repository/database or information system of the HEART.

6
7 The DOH, in consultation with the DBM, shall define and determine the organizational and
8 staffing pattern for the HEART Unit.

9
10 The regional counterparts of the HEMB shall likewise be allocated additional staff and
11 personnel to ensure the grassroots implementation of this Act.

12
13 The local government units shall ensure that a HEART Unit shall be operationalized under its
14 Local Disaster Risk Reduction and Management Office, with the former acting as mobilization
15 centers during disasters or public health emergencies or as prescribed.

16
17 **SEC. 10. *Registration and Training.*** – The Board shall draft a comprehensive guideline for
18 the recruitment, selection, compensation, and provision of incentives for joining and continued
19 membership, and the length of service of a HEART volunteer.

20
21 The Board shall prescribe a training program through written, practical, and simulation
22 activities on various aspects of health emergency management and response in different health
23 emergency scenarios. To this end, all volunteers must undergo:

24
25 (a) Basic training on disaster and health emergency response; and

26
27 (b) Skill enhancement activities with relevant agencies in the both public and private sector.

28
29 Completion of the basic training or acceptable substitute or equivalent certification shall be a
30 requisite for admission to the HEART.

31
32 **SEC. 11. *Registry and Accounting of Members.*** – HEART Volunteers shall be issued with
33 individual registration numbers which will serve as their identification in case of deployment.

34
35 A registry or database that contains the names of the volunteers, their registration numbers,
36 address, contact details and other personal information as may be determined necessary, shall
37 be maintained and regularly updated in accordance with Republic Act No. 10173 otherwise
38 known as the Data Privacy Act.

39
40 The registry or database for the HEART shall be integrated or linked to existing registries such
41 as the National Health Workforce Registry under Republic Act No. 11223, otherwise known
42 as Universal Health Care Act, Section 25 (c).

43
44 All volunteers covered under this Act are required to update their addresses and contact details
45 on file through the registry system or database as often as necessary.

46
47 **SEC. 12. *Mobilization.*** – The Board shall approve the prompt mobilization of the HEART
48 upon receipt of request in times of public health emergencies and in case of threats to public
49 health, whether of local or national scale. The HEART may be mobilized partially or in full as
50 necessary.

1
2 The Board shall promulgate a mechanism that ensures efficient implementation of deployment,
3 assignment areas, deployment periods, how deployment orders are communicated to each
4 volunteer, and to which mobilization center the volunteers will report.
5

6 **SEC. 13. *Deployment Order.*** – The President of the Philippines, upon the recommendation of
7 the HEART Board through a resolution, may order the nationwide mobilization of the HEART
8 to complement the health human workforce in case of a declaration of state of public health
9 emergency, state of calamity, and other threats to public health.
10

11 Orders of deployment sent to the addresses and through the contact details on file in the registry
12 system or database shall be sufficient notice for purposes of deployment.
13

14 **SEC. 14. *Mobilization Centers.*** - There shall be established as many mobilization centers as
15 needed in each province where volunteers shall report to once deployment is ordered.
16

17 Mobilization centers may be any establishment that can adequately house the volunteers, their
18 equipment and supplies during the period of deployment, including multi-purpose halls,
19 gymnasiums, and other similar structures.
20

21 The Board shall, in consultation with the local executives, prescribe the location of the
22 mobilization centers. The Local Executives shall disseminate to the widest extent possible
23 information to the public on the location of these centers.
24

25 **SEC. 15. *Mobilization Stock.*** — The minimum essential individual and organizational
26 commodities and medical equipment and supplies shall be procured, stored, and maintained to
27 enhance the rapid transition to readiness required for deployment in the shortest possible time.
28

29 The Board shall develop guidelines on the logistics management that will ensure availability
30 of commodities, medical equipment and supplies necessary for the mobilization of the HEART.
31

32 The Board shall ensure and maintain its capacity to scale up the procurement of these
33 equipment and supplies as needed during the period of deployment.
34

35 **SEC. 16. *Incentives.*** - In recognition and appreciation of the volunteer service rendered during
36 the period of actual mobilization, implementing agencies may provide volunteers an allowance
37 to be determined by the Department of Health (DOH), in coordination with Department of
38 Budget and Management, subject to availability of funds, and other existing civil service,
39 budgeting, accounting and auditing rules and regulations. Notwithstanding the foregoing,
40 nothing in this Act, shall be construed as creating an employer-employee relationship between
41 the government and the volunteers.
42

43 **SEC. 17. *Legal Liability and Malpractice Insurance.*** - No volunteer shall be held liable for
44 the death or injury to any person or for the loss of, or damage to the property of any person
45 where such death, injury, loss, or damage was proximately caused by the circumstance of an
46 actual public health emergency or its subsequent conditions.
47

48 The Insurance Commission is mandated to develop public health emergency specific
49 malpractice insurance policy or modify existing policies that would protect HEART

professionals' efforts from any legal liability as provided for by this Section to allow them to respond in good faith during public health emergencies.

This Section shall not preclude liability for civil damages because of gross negligence, recklessness or willful misconduct.

SEC. 18. *Termination of Deployment or Demobilization* – Upon the declaration of the President or as determined by the Board that the need for the HEART is no longer necessary or through the expiration of the deployment or end of mission without an extension having been requested and approved, volunteers who are deployed pursuant to a public health emergency or as ordered shall be discharged from the performance of their duties.

Upon order of the demobilization of the HEART, the deployed volunteers shall be reverted to inactive status. Mobilization Centers shall ensure submission of reports and issuance of the certificate of service rendered pertaining to the deployment.

SEC. 19. *Annual Reports*. – The HEART Unit as the Secretariat shall submit an annual report to the Office of the President containing the list of accomplishments, status of the operations and program implementation.

SEC. 20. *Appropriations*. – The funds necessary for the initial implementation of this Act shall be charged against the available funds of the implementing agencies of the HEART Board. Thereafter, the funding shall be included in the budget of the DOH under the annual General Appropriations Act.

SEC. 21. *Implementing Rules and Regulations (IRR)*. – Within ninety (90) days from the effectivity of this Act, the implementing units shall promulgate the necessary guidelines for the effective implementation of this Act.

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

SEC. 23. *Repealing Clause*. – All laws, decrees, orders, rules and regulations, other issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 24. *Effectivity Clause*. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,