

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session
House Bill No. 2139



Introduced by: REPRESENTATIVE CHRISTOPHERSON "COCO" M. YAP

EXPLANATORY NOTE

The COVID-19 pandemic has exposed the inability of the Philippines health care system to cope with the surge of patients needing medical care due to lack of medically-trained personnel.

According to the World Health Organization (WHO), there are six medical doctors per 10,000 population in the Philippines in 2017, the latest data available. This is lower than the recommended ratio of 10 doctors per 10,000 population (WHO, 2018). Compared to other Southeast Asian countries, the doctor to population ratio in the country is also lower. Singapore has 23 doctors per 100,000. Vietnam, Thailand and impoverished Timor Leste have each 8 doctors per 100,000 people. In developed countries such as Italy and the United States, the doctor-population ratio is 40 and 26 per 10,000 population, respectively.

Currently, the Philippines has a shortage of 290,000 health workers in the country as reported by the Human Resource for Health Network (HRHN), an inter-agency policy and program support network led by the Department of Health (DOH). This is based on the WHO indicative HRH ratio of 44.5 HRH to 10,000 population for the attainment of Sustainable Development Goals (SDGs). Moreover, there is an annual out migration of 13,000 health care professionals which aggravates the deficiency in the national supply of health care workers (POEA, 2020).

Against this backdrop, this bill aims to enhance the capacity of our country to produce and call on the needed manpower and expand its human health resources in times of disasters and public health emergencies of both national and local scale through the mobilization of a medical reserve force specifically trained to supplement the existing human health resources to ease the burden in our healthcare system.

As proposed in this bill, the Medical Reserve Corps (MRC) shall consist of the following hierarchy of call whose primary mission is to support the country's public health system in times of public health emergencies:

1. Licensed physicians to include those who are retired and those who are no longer practicing in the hospital setting;
2. Medical students who have completed their first 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 services pursuant to Republic Act No. 2382, otherwise known as the Medical Act; and
3. Licensed allied health professionals.

Under the bill, medical reservists will be placed under the Health Emergency Management Bureau of the DOH, and will be given compulsory basic training and continuing training programs on responding to different national and local health emergency scenarios.

The MRC may be mobilized to conduct contact-tracing and monitor suspected cases during disease outbreaks, help ensure quarantine measures, and provide logistics and manpower support for large-scale disaster and health emergency operations. This bill likewise proposes the establishment of mobilization centers in every province, where medical reservists can register for duty.

Thus, the immediate approval of this urgent bill is earnestly sought.


CHRISTOPHERSON "COCO" M. YAP

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AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS AND APPROPRIATING FUNDS
THEREFOR

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

SECTION 1. *Short Title.* - This Act shall be known as the "Medical Reserve Corps Act."

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 medically trained 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 may be needed in times of health crises.

Pursuant to this, it is the policy of the State to maintain a strong, proactive and responsive healthcare system at all times, the workforce complement of which can be expanded rapidly by a well-trained and well-equipped Medical Reserve Corps (MRC) in times of public health emergency and health threats. Towards this end, the State shall enhance the capacity of the nation to produce and call on the needed manpower and expand its human health resources in times of disasters and public health emergencies of both national and local scale through the mobilization of the MRC.

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

- a) Licensed physicians including those who are retired and those who are no longer practicing in the hospital setting. The Department of Health (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.

SEC. 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.

SEC. 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 organization 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.

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

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

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

In cases when a graduate has changed address immediately prior to deployment, the LGU

shall immediately exert efforts to locate his known closest resident kin, who is then mandated to exert similar efforts. The use of digital communications and social media shall be encouraged in locating such graduates.

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

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

As defined in Republic Act No. 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act," public health emergency refers to an occurrence or 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 of other countries; or
- e. Trade and travel restrictions.

SEC. 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.

SEC. 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.

SEC. 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.

SEC. 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.

SEC. 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.

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

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

The Insurance Commission is mandated to develop public health emergency-specific malpractice insurance policy or modify existing policies that would protect MRC 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 as a result of gross negligence, recklessness, or willful misconduct.

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

SEC. 16. *Annual Reports.* - The DOH shall regularly publish an annual report containing a list of the accomplishments, status of the operations, demographic profile of the membership of the MRC, an assessment of readiness for mobilization, and the incidence and details of each mobilization for the year concerned. The annual report shall also include the results of the audit investigation on the spending of funds appropriated, collected, or advanced for the implementation of the provisions of this Act.

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

SEC. 18. Appropriations. -The Secretary of Health shall immediately include in the Department's Program the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

SEC. 19. Implementing Rules and Regulations. - Within thirty (30) days from the effectivity of this Act, the DOH shall promulgate the necessary guidelines for the effective implementation of this Act.

SEC. 20. Separability Clause. - If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

SEC. 21. 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. 22. 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,