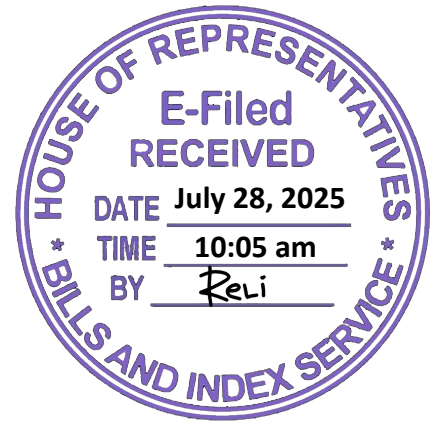




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. **2387**



Introduced by Representative Lordan G. Suan

**AN ACT
CREATING A MEDICAL RESERVE CORPS UNDER THE
DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS
THEREFOR**

EXPLANATORY NOTE

The Philippines is used to the onslaught of natural disasters and calamities that wreak havoc to properties and the economy, every year. It is but proper that government efforts are concentrated on disaster preparedness, mitigation, and resiliency. However, the COVID 19 pandemic that forced countries to their knees, is one vulnerability that the Philippines was ill-prepared to handle. It exposed the inadequacy of our public health system in handling the challenges it brought.

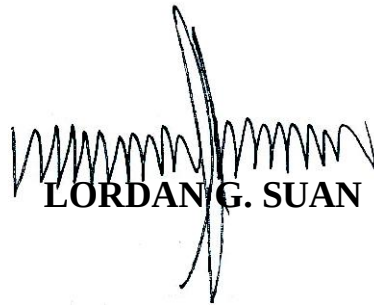
From the onset of COVID 19 pandemic to its peak, we witnessed the inadequacy of our public health system in areas of organizational preparedness, surveillance capacity and testing, absorption capacity of health facilities, and prompt mobilization of human and financial resources. The first sign of such inadequacy was the disjointed and reactive government response at the onset of the pandemic. As the virus surged, our incapacity became evident.

Despite the weakness of our institutions and the limitations of our resources during the pandemic, we, also, witnessed the compassion and patriotism of our medical and health frontliners. Their dedication and sacrifice were silver linings in the otherwise desperate and gloomy situation. Many of these frontliners lost their precious lives, and for that, we owe them our own.

If there is one thing we learned from our experience, we know, we have

untapped, readily-available, unselfish and patriotic health and non-health professionals who are willing and able to serve this country. We have adequate human resources to augment the number of health professionals who can serve at the frontline of every public health emergency and disaster. All that is needed is a platform where they can volunteer their time, talent and skills for the benefit of our people and for the sake of our country. A legislation is, likewise, needed to institutionalize this kind of voluntary service.

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



LORDAN G. SUANA

1 protect the general well-being of its people and endeavor to craft a
2 comprehensive approach to protect them during public health emergencies.

3
4 **SEC. 3. Medical Reserve Corps (MRC)** – There is hereby established
5 a Medical Reserve Corps under the Department of Health whose main function
6 is to support and strengthen the public health system during times of public
7 health emergencies. It shall be composed of two (2) sets of dedicated volunteers
8 who will be deployed during disease outbreaks, disasters, terrorism attacks,
9 medical emergencies to at-risk population, health education and vaccinations:

10 **a) Front-line Medical and Health Professionals (Practicing, Retired or**
11 **Employed)**

- 12 1. Licensed Physicians
- 13 2. Registered Nurses, and Nursing Assistants
- 14 3. Mental Health Practitioners
- 15 4. Licensed Pharmacists
- 16 5. Veterinarians
- 17 6. Toxicologists
- 18 7. Epidemiologists
- 19 8. Dentists
- 20 9. Emergency Medical Technicians

10. Health Educators and Communicators

11. Medical students who have completed the first four years of medical course, graduates of medicine and registered nurses who may be given limited and special authorization by the Secretary of Health to render medical services during epidemics or national emergencies whenever the services of duly registered physicians are not available. (Section 12(d), RA 2382)

12. Other Medical and Health Professionals

b) Non-medical and Non-health Support Professionals

1. Administrative Support Staff

2. Supply and Logistics Professionals

3. Drivers

4. Chaplains

5. Fundraising Professionals

6. Interpreters/Translators

7. Amateur Radio Operators

8. Other Support Personnel

SEC. 4. Registration and Training – The Department of Health shall formulate the guidelines for the recruitment, selection, training, compensation,

1 and incentives of the Medical Reserve Corps volunteer members.

2 All recruits shall pass through a selection process to be admitted to the
3 Medical Reserve Corps. Frontline medical and health professionals shall
4 undergo extensive and specialized trainings on emergency response and health
5 procedures. Non-medical and non-health support personnel shall undergo basic
6 aid skills and basic life support. They will participate in practical drills if their
7 functions interface with the frontline medical and health professionals.
8 Likewise, all volunteer members of the Medical Reserve Corps shall have a
9 continuing periodic training on emergency management and preparedness.

10 **SEC. 5. Registry of Volunteer Members of MRC** – The Department
11 of Health shall maintain an updated registry of all volunteer members of the
12 Medical Reserve Corps. Each member shall be issued a serial number and an
13 identification card which shall be renewed as per guidelines by the Department
14 of Health.

15 **SEC. 6. Mobilization and Deployment of the MRC** – The mobilization
16 and deployment of the Medical Reserve Corps shall be carried-out by the
17 Department of Health in cases of health emergency situations and disasters or
18 upon advice of the President or request of the national government agencies
19 and local government units.

20 The DOH shall formulate guidelines for the prompt, effective and
21 efficient mobilization, and deployment of the MRC. It shall establish

1 Mobilization Centers in areas of concern for the efficient reporting and
2 facilitation of volunteer members of the MRC.

3 The Department of Health may call upon other national government
4 agencies for the deployment and mobilization of the MRC.

5 **SEC. 7. Compensation and Benefits** – The Department of Health shall
6 formulate a compensation and incentives package for all volunteer members of
7 the MRC deployed and mobilized during public health emergencies and
8 disasters. The compensation and incentive package shall include but should not
9 be limited to pay, allowances, hospitalization, medical care and insurance.

10 All employed volunteer members of the MRC called to render service
11 shall continue to receive the full benefits of their regular employment.

12 **SEC. 8. Protection and Liabilities** – All volunteer members of the MRC
13 who rendered service during public health emergencies and disasters shall be
14 protected by relevant legislations.

15 No MRC volunteer member shall be held liable for the death of, or injury
16 to any person or for the loss of, or damage to, the property of any person where
17 such death, injury, loss, or damage was proximately caused by the circumstance
18 of an actual public health emergency, or subsequent conditions, or the
19 circumstances of the formal exercise or training, if such formal exercise or
20 training simulates conditions of an actual emergency.

21 **SEC. 9. Failure to Respond to Deployment** – Any volunteer member

1 of the MRC who fails to respond upon call or notice for mobilization without
2 justifiable reason shall be immediately dropped from the roll of members and
3 shall be required to pay the government all expenses incurred during training.

4 **SEC. 10. Annual Reports** – The Department of Health shall publish an
5 annual report on the accomplishments of the MRC which must include the
6 updated profile of its volunteer members, status of operations and the audit
7 report of its appropriated funds.

8 **SEC. 11. Appropriations** – The amount necessary for the
9 implementation of this Act shall be taken from the current budget of the
10 Department of Health. Thereafter, the amount necessary for the continued
11 implementation of this Act shall be included in the Annual General
12 Appropriations Act.

13 **SEC. 12. Rules and Regulations** – The Department of Health shall
14 formulate the necessary rules and regulations for the effective implementation
15 of this Act, within thirty (30) days from the date of its effectivity.

16 **SEC. 13. Separability Clause** – If any provision of this Act is declared
17 invalid or unconstitutional, the provisions not hereby affected shall remain in
18 full force and effect.

19 **SEC. 14. Repealing Clause** – All laws, decrees, orders, rules and
20 regulations or parts thereof, inconsistent with or contrary to the provisions of
21 this Act are repealed, amended or modified, accordingly.

1 **SEC. 15. Effectivity** – This Act shall take effect fifteen (15) days from
2 the date of its publication in the Official Gazette or in two (2) newspapers of
3 general circulation.

4 Approved,