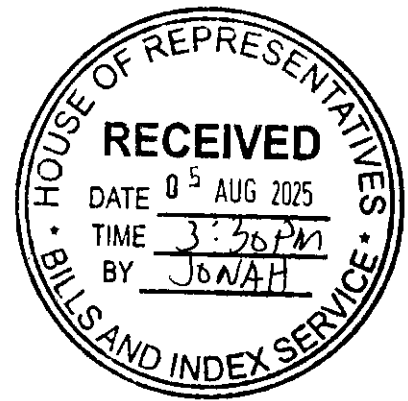


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 3117



Introduced by Representative CHING BERNOS

AN ACT
STRENGTHENING PUBLIC HEALTH EMERGENCY PREPAREDNESS IN THE
PHILIPPINES, PROVIDING FOR A NATIONAL PUBLIC HEALTH EMERGENCY
RESPONSE PLAN, AND MANDATING RELIEF AND RECOVERY MEASURES, AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

The COVID-19 pandemic caught the Philippines and the rest of the world off guard. Despite past experiences with the Severe Acute Respiratory Syndrome (SARS) outbreak in 2002–2004 and the H1N1 pandemic in 2009, existing public health safeguards and institutional capacities proved inadequate in preventing the entry and spread of COVID-19. At its peak, the virus affected over 30 million people worldwide and claimed more than 900,000 lives. In the Philippines, COVID-19 infected more than 260,000 individuals and resulted in over 4,000 deaths, with more than 200,000 recoveries.

Beyond the toll on human lives, the pandemic disrupted every aspect of daily living—economies stalled, small businesses closed, mobility was restricted, and schools were forced to shift to alternative learning modalities. These cascading effects exposed critical gaps in our national preparedness for large-scale public health emergencies.

As of today, the world continues to face emerging health threats—from the resurgence of infectious diseases like measles and avian influenza to the rise of novel viruses such as monkeypox and the JN.1 subvariant of COVID-19. Climate change, global mobility, urban density, and ecological disruptions further increase the likelihood of future outbreaks.

In light of these realities, the proposed measure—the SPHERE Bill (Strengthening Public Health Emergency Response and Engagement)—aims to institutionalize a comprehensive, proactive, and whole-of-society approach to public health emergencies.

This bill does not only focus on healthcare response during pandemics but also provides mechanisms for:

- Prevention and early detection of emerging threats;
- Implementation of precautionary and containment measures;
- Establishment of social and economic relief programs for affected communities;
- Efficient and science-based public information campaigns; and
- Maintenance of peace and order during public health crises.

All of these components will be consolidated under a National Public Health Emergency Response Plan, a strategic and adaptive blueprint that will enable the government to respond swiftly and effectively to future emergencies—thereby minimizing both economic losses and the loss of lives.

More than a health framework, this bill seeks to promote national solidarity and strengthen our shared values of *bayanihan*, compassion, and resilience. By fostering awareness and readiness at all levels of society, it aims to ensure that no Filipino is left behind when the next crisis comes.

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



REP. CHING BERNOS
SOLID NORTH Party-list

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

CHAPTER I

INTRODUCTORY PROVISIONS

SECTION. 1. **Short Title.** – This Act shall be known as the “*Stronger Public Health Emergency Response and Engagement (SPHERE) Act.*”

SEC. 2. **Declaration of Policy.** – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Toward this end, the State shall endeavor to efficiently, effectively, and immediately address all emerging and actual public health emergencies to safeguard the constitutional right of the people to life, and for the promotion of the general welfare of the people. Furthermore, it shall pursue a policy to prioritize the safety of its citizens through precautionary measures to mitigate what otherwise would be a devastating impact to the people, the economy, and to national security.

In dealing with public health emergencies, the State shall, first and foremost, prioritize medical and healthcare procedures in addressing public health emergencies. As such, the State shall appropriate funds to establish testing centers, to support scientific research on emerging and infectious diseases, to compensate

workers in the medical field, and to purchase medicines, vaccines, and protective equipment.

While considering national sovereignty, territorial integrity, national interest, and the right to self-determination paramount in its relations with other states, the State shall likewise give highest importance to the health of its citizens, whether in the country or overseas, during times of public health emergencies.

SEC. 3. *Definition of Terms.* – As used in this Act:

- a. *“Confirmed Case”* refers to a person tested at an accredited or Department of Health (DOH)-certified laboratory testing facility, regardless whether the person shows clinical signs and symptoms of an emerging and infectious disease;
- b. *“Community quarantine”* refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities, designed to reduce the likelihood of transmission of diseases among persons in and to persons outside the affected area
- c. *“Emerging and infectious disease”* refers to diseases that
 - i. have not occurred in humans before;
 - ii. have occurred previously but affected only small numbers of people in isolated areas;
 - iii. have occurred throughout human history but have only recently been recognized as a distinct disease due to an infectious agent;
 - iv. are caused by previously undetected or unknown infectious agents;
 - v. are due to mutant or resistant strains of a causative organism; and
 - vi. once were major health problems in the country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population;
- d. *“False Information”* refers to the printing, lithography, or any other means of publication which may endanger the public order, or cause damage to the interest or credit of the State;
- e. *“Frontliners”* refers to individuals who are working in the healthcare sector and who are providing basic/essential services to the public;

- f. *“Healthcare facilities”* refers to government and private hospitals, laboratories, and clinics that attend to medical needs during a public health emergency, and other facilities that adhere to internationally-recognized medical standards designed to quarantine confirmed, suspected, and probable cases of emerging and infectious disease.
- g. *“Isolation facilities”* refers to facilities following internationally-recognized medical standards, designed to quarantine confirmed, suspected, and probable cases of emerging and infectious disease.
- h. *“Locally-Stranded Individuals”* refers to Filipino citizens or foreign nationals, who are workers, students, tourists, or other individuals in transit, stranded in a specific locality within the Philippines who have expressed intention to return to their place of residence or home origin.
- i. *“Probable Case”* refers to suspect case who has been tested for an emerging and infectious disease but the results are inconclusive or who has tested positive using testing from a non-accredited laboratory;
- j. *“Public Health Emergency”* refers to an occurrence or imminent threat of an illness or health condition that:
 - i. Is caused by any of the following:
 1. Bioterrorism;
 2. Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 3. A disaster, as defined by Republic Act No. 10121, also known as the “Philippine Disaster Risk Reduction and Management Act of 2010;”
 4. A chemical attack or accidental release;
 5. A nuclear attack, incident, or accident; or
 6. An attack or accidental release of radioactive materials;
 and
 - ii. Poses a high probability of any of the following:
 1. A mass casualty incident or a large number of deaths in the affected population;
 2. A large number of serious injuries or long-term disabilities in the affected population;
 3. Widespread exposure to an infectious, non-communicable, or toxic agent that poses a significant risk

- of substantial harm to a large number of people in the affected population;
- 4. International exposure to an infectious, non-communicable, or toxic agent that poses a significant risk to the health of citizens of other countries; or
- 5. Trade and travel restrictions;
- k. “*Quarantine*” refers to a state, period, or place of isolation in which people that have arrived from elsewhere or been exposed to infectious or contagious disease are placed;
- l. “*Social Relief Programs*” refers to government programs designed to provide assistance in the middle of a public health emergency; and
- m. “*Suspected Case*” refers to a person manifesting symptoms of an emerging and infectious disease whose cause is undetermined prior to laboratory testing, who lives in or has traveled to an area with reported local transmission during fourteen (14) days prior to the onset of symptoms, who had contact with a confirmed or probable case, or who is aged sixty (60) years old or older with a comorbidity or pre-existing illness.

CHAPTER II

PUBLIC HEALTH EMERGENCY RESPONSE COUNCIL

SEC. 4. *Creation of the Public Health Emergency Response Council.* – The Public Health Emergency Response Council is hereby established. It shall be composed of the Executive Council, hereinafter referred to as the Council, and of the Working Clusters, hereinafter referred to as the Clusters.

The Council shall be headed by the Executive Secretary and Secretary of Health as Co-Chairpersons, and shall have the following as members:

- a. Secretary of Budget and Management;
- b. Secretary of Finance;
- c. Secretary of the Interior and Local Government (representing the Justice and Public Order Cluster);
- d. Secretary of Information and Communications Technology (representing the Public Information and Education Cluster);
- e. Secretary of Social Welfare and Development (representing the Social and Economic Cluster);

- f. Secretary of Socioeconomic Planning; and
- g. One (1) representative from the civil society organizations in each Cluster.

The Council may call upon any department, bureau, office, agency or instrumentality of the government, including government-owned or -controlled corporations (GOCCs), government financial institutions (GFIs), local government units (LGUs), non-government organizations (NGOs), and the private sector for assistance as the circumstances and exigencies may require.

Members of the Council may appoint duly authorized representatives from their respective agencies. *Provided*, that the said duly authorized representatives shall not have a rank lower than the rank of Assistant Secretary.

SEC. 5. ***Functions and Responsibilities.*** – The Council, being empowered with coordination, integration, supervision, monitoring, and evaluation functions, shall have the following responsibilities:

- a. Approve and implement the National Public Health Emergency Response Plan (NPHERP) which shall provide an up-to-date, comprehensive, and multi-sectoral approach to preparing for and resolving public health emergencies;
- b. Monitor local and international developments pertaining to emerging and infectious diseases that may affect the population, as they relate to medical and public health preparedness and response for at-risk individuals in the event of a public health emergency;
- c. Ensure efficient operation and coordination among departments, bureaus, offices, agencies, and instrumentalities of the government involved in the formulation of the NPHERP and the implementation of the provisions of this Act;
- d. Review the capacity of national and local healthcare systems and submit recommendations to proactively improve said systems to adequately address needs during a public health emergency;
- e. Submit regular transparency reports on budget and financial management allotted for public health response to Congress;
- f. Authorize funding for research and development or purchase of viable medicine options and vaccine, whichever is more feasible;
- g. Oversee the consolidation and communication of relevant data, and the establishment of data infrastructure for that purpose;

- h. Coordinate the limitation of mass gatherings and implementation quarantine checkpoints and curfews, as needed;
- i. Notify the World Health Organization of the emerging and infectious disease cases in the country and its assessment of the situation;
- j. Coordinate with other countries experiencing or have experienced similar emerging and infectious diseases and seek assistance to adopt the best practices in addressing the situation, as needed;
- k. Submit regular status reports in the monitoring of an emerging and infectious disease to the President of the Philippines; and
- l. Perform such other functions and activities as may be necessary to carry out the provisions of this Act, or as the President may direct.

SEC. 6. **Working Clusters.** – There shall be four (4) Working Clusters which shall be in charge of formulating, implementing, and monitoring the provisions of the NPHERP. The Clusters shall provide their recommendations based on their thematic and present them for approval of the Council. They shall be grouped and composed of the following government agencies, as follows:

- a. *Health Response Cluster* shall establish a system to identify, screen, and assist Filipinos suspected or confirmed to be infected with an emerging and infectious disease, which includes contact tracing; identify government healthcare facilities to serve as focal response facilities and large publicly- or privately-owned spaces that may be used as isolation and quarantine facilities; capacitate healthcare facilities, government and private medical practitioners, healthcare workers, public safety enforcers, and other frontliners, and perform other functions as may be directed by the Council. It shall be composed of the Department of Health as Cluster Head, Department of Science and Technology, Research Institute of Tropical Medicine, National Center for Mental Health, National Institute of Health, Philippine Health Insurance Corporation, and the Philippine Red Cross.
- b. *Social and Economic Relief Cluster* shall develop appropriate social relief programs to alleviate financial difficulties that may be faced in times of public health emergencies; craft an economic plan to minimize impact of public health emergencies; monitor economic activities to prevent hoarding, reselling, and profiteering of basic necessities including, but not limited to, food, clothing, water, medicines, cleaning and

disinfecting agents, and medical items; and perform other functions as may be directed by the Council. It shall be composed of the Department of Social Work and Development as Cluster Head, Department of Agriculture, Department of Labor and Employment, Department of Tourism, Department of Trade and Industry, and Department of Transportation;

- c. *Public Information and Education Cluster* shall maintain regular information and education campaigns through print, television, radio, and social media pertaining to an emerging and infectious disease and its prevention, control and management to promote positive health behaviors, and address public fear and anxiety through the conduct of a nationwide awareness campaigns, and perform other functions as may be directed by the Council. It shall be composed of the Department of Information and Communications Technology as Cluster Head, Department of Foreign Affairs, Department of Education, Department of Tourism, Commission on Higher Education, and Presidential Communications Operations Office; and;
- d. *Justice and Public Order Cluster* shall mobilize law enforcement agencies to maintain public order during community quarantine; implement local and international travel restrictions to prevent or minimize the risks of transmitting emerging and infectious diseases; and perform other functions as may be directed by the Council. It shall be composed of the Department of the Interior and Local Government as Cluster Head, Department of Foreign Affairs, Department of Justice, Department of National Defense, Department of Transportation, Commission on Human Rights, and Overseas Workers Welfare Administration.

The Department of Budget Management, Department of Finance, and National Economic and Development Authority shall become *ex officio* members of all clusters.

The agencies who sit as members of the Clusters may appoint duly authorized representatives from their respective agencies. *Provided*, that the said duly authorized representatives shall not have a rank lower than that of an Assistant Secretary. *Provided further*, that should a member agency not be operationally headed by at least an Assistant Secretary, that the authorized representative shall be the head, or his/her deputy, of said member agency.

SEC. 7. **Civil Society Participation in Working Clusters** – There shall be representation by civil society organizations in each Cluster. Each Cluster shall include at least four (4) civil society organizations whose advocacies run parallel along the functions of the Clusters as members for full two (2) years. They shall actively participate in meetings and shall have full voting powers on policies decided by the Clusters.

Civil society organizations in each Cluster shall choose from amongst themselves one (1) representative to sit on the Council. The representative civil society organization shall actively participate in meetings and shall have full voting powers on policies decided by the Council.

SEC. 8. **Role of the Health Emergency Management Bureau** – As the Department of Health's coordinating unit and operation center for all health emergencies and disasters, as well as incidents with the potential of becoming an emergency, and coordinate the mobilization and sharing of resources, the Health Emergency Management Bureau (HEMB) shall be designated as the Secretariat of the Council. The Director of the HEMB shall also be designated as the concurrent Executive Director of the Council, and shall be an *ex officio* member of the Council.

SEC. 9. **National Public Health Emergency Response Plan**. – The Council shall formulate a National Public Health Emergency Response Plan that will address public health emergencies through monitoring and surveillance; confirmation of transmission and of cases; mobilizing the necessary physical, logistical, and technological infrastructures; implementation of preventive, precautionary, and contingency response measures; conduct of social relief programs; and regulating movement of people, goods, and services across affected areas. It shall provide an up-to-date, comprehensive, and multi-sectoral approach to resolving public health emergencies. The NPHERP shall be updated every two (2) years, taking into consideration current events, technological changes, scientific advancements, and immediate needs of the people.

SEC. 10. **Meetings of the Council**. – During a public health emergency, the Council and its Clusters shall meet as often as necessary to monitor developments and to manage the implementation of government response activities. Agencies mentioned in Section 4 of this Act are required to attend all the meetings of the Council and its Clusters.

When there is no public health emergency, the Council shall meet every three (3) months to monitor and report on developments on emerging and infectious diseases and other events that may develop into public health emergencies.

SEC. 11. *Regional Public Health Emergency Response Councils.* - Each region shall establish a Regional Public Health Emergency Response Councils, hereinafter referred to as the Regional Council, to localize response to public health emergencies within its jurisdictions.

The Regional Council shall have the following responsibilities:

- a. Formulate a Regional Public Health Emergency Response Plan (RPHERP) consistent with the NPHERP;
- b. Monitor and evaluate local and inter-local developments, as may be coordinated with the local health boards, pertaining to emerging and infectious diseases upon the declaration of a public health emergency by the President;
- c. Ensure efficient coordination among member provinces and cities, their local departments, bureaus, offices, agencies, and instrumentalities in the implementation of the RPHERP and NPHERP;
- d. Review the capacity of local healthcare systems and submit recommendations to proactively improve said systems to adequately address needs during a public health emergency;
- e. Oversee the consolidation, communication, and transmission of relevant data at the local level, and the establishment of local data infrastructures for that purpose;
- f. Determine and designate mechanisms and facilities for the isolation of individuals either suspected or confirmed to have contracted an emerging infectious disease locally or abroad;
- g. Implement curfews, the limitation of mass gatherings, and establishment of quarantine checkpoints, as needed; and
- h. Perform such other functions and activities as may be necessary to carry out the provisions of this Act, or as the Council may direct.

To the fullest extent possible, the directives of the Regional Council shall be consistent with the NPHERP and the directives of the Council. The Regional Councils shall periodically report to the Council of its progress.

The Chairpersonship shall be decided among the local chief executives in each region. *Provided*, that the Regional Director of the Department of Health shall be ex-officio Co-Chairperson. The composition of the respective Regional Councils, and their respective Working Clusters, shall be determined by the Co-Chairpersons on the basis of the nature of the public health emergency. *Provided further*, that the participation of civil society organizations shall not be waived in accordance with Section 7 of this Act.

CHAPTER III

INITIAL MITIGATION MEASURES

SEC. 12. ***Implementation of Community Quarantine.*** – As circumstances deem it necessary owing to the nature of a public health emergency, the Council, upon declaration of a State of Public Health Emergency by the President of the Philippines, may begin to implement community quarantine in affected areas forty-eight (48) hours after the said declaration. During the community quarantine, the provisions of NPHERP shall be implemented. Criteria for determining levels of community quarantine shall depend on the severity of the disease.

SEC. 13. ***Travel Restrictions.*** – Upon the first detection of an emerging and infectious disease in the country, the Council shall issue an advisory to ban the entry of international flights and vessels for a minimum of fifteen (15) days, subject to possible extensions as deemed necessary. The Council shall immediately close international airports, seaports, and other possible entry points for travelers and returning Filipinos from other countries. Commercial and chartered flights and vessels shall not be allowed to land and to dock, except for those carrying cargo containing basic necessities such as, but not limited to, food, medicines, and medical equipment.

Scheduled departures shall be cancelled, and Overseas Filipino Workers departing for other countries shall be immediately referred to the Overseas Workers Welfare Administration for immediate assistance.

Airports and seaports shall set up disinfection facilities for goods coming in from authorized flights and vessels. Personnel carrying these cargoes shall be subjected to disinfection and quarantine procedures, and submission of Health

Declaration Forms. The Council shall determine the most appropriate means to implement measures and procedures with regard to the entry of cargo. *Provided*, that the entry of basic and medical necessities shall not be hampered. *Provided further*, that these necessities shall be subject to disinfection.

SEC. 14. **Mass Gatherings.** – During a community quarantine, mass gatherings, religious celebrations, public festivities, as well as the flow of people in public spaces, such as, but not limited to: public markets, parks, plazas, covered courts, promenades, gymnasiums, arenas, cockpits, and amusement and recreation centers, shall be limited, depending on the gravity of the public health emergency.

SEC. 15. **Suspension of Classes.** – As circumstances deem it necessary owing to the nature of a public health emergency, classes at all levels in both public and private schools in areas under community quarantine shall be automatically suspended until further notice. Moving up ceremonies, graduation rites, educational trips, academic and extracurricular activities, and other school-based activities, shall also be suspended.

School administrators, in coordination with the regional offices of the Department of Education, may allow holding of online classes, subject to availability of necessary resources in the households of both faculty and students. *Provided*, that consultations with faculty and students shall be held to ascertain their capabilities to meet academic requirements. *Provided, further*, that should necessary resources be unavailable, the school administration shall consider measures to move forward with the academic calendar.

SEC. 16. **Availability of Modes of Transportation.** – As circumstances deem it necessary owing to the nature of a public health emergency, all modes of non-essential travel shall not be allowed to operate during a community quarantine. The local government units shall provide vehicle units to transport essential personnel and frontliners to hospitals and other places of essential operation during a crisis, as long as physical distancing is observed in the vehicles.

Private vehicles shall be allowed to ply roads only if they are carrying essential food items, essential personnel, medicines and medical supplies, and other essential cargo. *Provided*, that private vehicles shall apply for a valid transport pass from the local government unit.

SEC. 17. **Alternative Working Arrangements.** – As circumstances deem it necessary owing to the nature of a public health emergency, economic activities that

require physical presence in a workplace shall be temporarily halted during a public health emergency. All government offices and private businesses shall implement working arrangements that diminish the need for physical interactions among employees. Arrangements to allow employees to perform their jobs in manners such as, but not limited to, working from home, going to the workplace in select schedules, or working in shortened periods, shall be considered, subject to existing laws, current conditions, and availability of resources.

CHAPTER IV

MEDICAL APPROACH TO PUBLIC HEALTH EMERGENCIES

SEC. 18. **Mass Testing.** – As circumstances deem it necessary owing to the nature of a public health emergency, the State shall prioritize extensive, free, and quick laboratory testing for all. In cases where resources are limited, vulnerable populations and frontline health care and other essential workers shall be prioritized. The State shall procure adequate, effective and high-quality testing kits and laboratory instruments from Food and Drug Administration (FDA)-approved sources. The Department of Health shall coordinate with specialized educational institutions to immediately train professionals to handle laboratory examinations of specimens. In no way shall testing centers offer courtesy lanes and privileged testing unless they are manifesting symptoms or exposed to the disease through confirmed cases.

SEC. 19. **Healthcare Facilities and Services** - The Council, in coordination with local government units and other concerned government agencies shall set up healthcare facilities and isolation centers which shall respond to any public health emergency and shall undertake monitoring, prevention, preparedness, and response services and activities.

The Council shall maintain a master list of possible sites for isolation centers that will be converted to meet international health standards. The Council shall evaluate all public hospitals under the jurisdiction of the Department of Health and the local government units, determine priority hospitals for each region against all public health emergencies, and outline the development of their healthcare capacity in the Plan.

The Council shall enjoin privately-owned healthcare facilities to provide services or the use of its facilities in the event of any public health emergency, in the event that government healthcare institutions are unable to cope with the public health emergency.

The Council shall establish systems, mechanisms, and services to address psychosocial needs of affected individuals during a public health emergency.

SEC. 20. ***Mandatory Protective Measures.*** – During a public health emergency, mandatory or recommended protective measures shall be determined by the Council in consultation with local health experts and the World Health Organization.

SEC. 21. ***Anti-Discrimination Provision.*** – Any act or action committed to manifest prejudice, bigotry, unequal treatment, exclusion, restriction, humiliation, and vilification towards individuals who have been confirmed to have contracted, showed symptoms of, exposed to, or recovered from an emerging and infectious disease, and to individuals working as health workers or as frontliners as defined by this Act, which has an effect or purpose of impairing or nullifying the enjoyment of their human rights and fundamental freedoms, shall be punished under this Act.

Specifically, the following shall constitute as acts of discrimination against the aforementioned individuals by reason of their status or work in relation to an emerging and infectious disease:

- a. Make utterances to other people in person or through social media posts which cause or tend to cause the discrimination, stigma, disgrace, shame, insult, or harassment, including, but not limited to, the unauthorized disclosure of their names and/or place of residence and making slanderous or abusive statements;
- b. Refuse to allow frontliners entry in establishments, government-owned or private, providing basic necessities;
- c. Commit any act of violence against frontliners or any of their family member/s, subjecting them to any harassment or any threat of physical, mental, and verbal violence, intimidation, or other threatening disruptive behavior;
- d. Refuse to render frontliners service or assistance in or deny access to public programs and services otherwise available to the public, including, but not limited to, medical and other health services, health insurance, utilities, and transportation;
- e. Refuse entry or eject frontliners from their residence or usual accommodation in any lodging house, apartment, hotel, dormitory, and any other places of dwelling being rented out or offered to the public or

for a fee or give inferior accommodation or services, even after obtaining clearance from the proper health officials;

- f. Any other act of discrimination which demeans, impairs, mars, reduces, or nullifies the enjoyment or exercise of their human and legal rights.

SEC. 22. **Contact Tracing Strategies.** – There shall be a contact tracing mechanism to locate individuals who may have been in contact with positive cases of an emerging and infectious disease. As circumstances deem it necessary owing to the nature of a public health emergency, there shall be tracing strategies to locate potentially infected individuals and/or sources of an emerging and infectious disease. Confidentiality of the information gathered in relation to contact tracing shall be maintained, pursuant to the Data Privacy Act.

CHAPTER V

PUBLIC INFORMATION, EDUCATION, AND COMMUNICATION

SEC. 23. **Public Awareness Campaigns** – During a public health emergency, the Council shall conduct information campaigns to spread awareness on an emerging and infectious disease, providing key points on their origins, virology, transmission, and symptoms; mandatory protocols to be observed; and contact numbers of government hospitals and offices. Campaigns shall include contextualized and comprehensive information to ensure wider understanding by the public. Even when there is no public health emergency, the Council shall continue to conduct information campaigns on individual, household, and community sanitation. To this end, the Council shall utilize print, television, radio, official social media pages, barangay bulletins, mobile announcements, and printed paraphernalia to disseminate information.

SEC. 24. **Public Health Emergency Hotline** – A dedicated emergency hotline shall be created by the Council and Regional Councils for the public to report matters pertaining to public health emergencies, which shall be open twenty (24) hours a day, seven (7) days a week. The contact number shall be included in public awareness campaigns.

SEC. 25. **Telehealth Operations** – The Council shall enjoin public and private hospitals to establish telehealth lines for individuals with preexisting conditions who need medical care but cannot leave their residences to avail of one

due to travel restrictions. The contact numbers shall be included in public awareness campaigns.

SEC. 26. ***Data and Information Sharing Infrastructure*** – Reports and statistics pertaining to the transmission, of emerging and infectious diseases, including, but not limited to, confirmed, suspected, and probable cases; number of deaths; number of recoveries; and affected areas shall be made available real time for public use. Proper collection, processing, organization, management, and disposition of data shall be strictly observed.

Government documents, such as resolutions, executive orders, policy briefs, and statistics; academic articles; and other information that may be vital for the handling of a public health emergency shall also be made available for public use. *Provided*, that the information must be valid and must not misinform the public on the actual facts of a public health emergency.

SEC. 27. ***Anti-False Information Provision.*** – Deliberate posting of false information and any unconfirmed reports that cause panic, confusion, or chaos, shall be prohibited in consonance with Article 154 of Revised Penal Code. Information published through print or social media, or broadcasted through television or radio, that intentionally impugns a person, institution, or organization during a public health emergency without verification to support accusations shall be punishable under this Act.

CHAPTER VI

PUBLIC ORDER AND SAFETY

SEC. 28. ***Role of the Military and Law Enforcement Agencies.*** – As circumstances deem it necessary owing to the nature of a public health emergency, the Armed Forces of the Philippines (AFP), Philippine National Police (PNP), and other law enforcement agencies shall be mobilized for the purposes of enforcing community quarantine in specific areas, facilitating the transport of patients, contact tracing for determination of possible cases, manning checkpoints, and other purposes as defined by the Council. *Provided*, that such functions shall be performed with the highest respect for human rights. *Provided further*, that patrols related to contact tracing, determination of possible cases, implementation of community quarantine, and transport of confirmed cases to isolation facilities shall be conducted in the presence of a barangay health worker. *Provided finally*, that the use of force shall be applied only on extreme circumstances.

SEC. 29. **Authorized Persons Outside of Residence.** – As circumstances deem it necessary owing to the nature of a public health emergency, only the following persons identified below shall be allowed outside of their residences. *Provided*, that they observe preventive measures while outside of residence, and must carry valid government-issued identification cards or certification of residence from the Punong Barangay with them:

- a. Members of the Cabinet, Undersecretaries, Assistant Secretaries, Directors, and select national government officials and employees, as determined by the Council; local chief executives and local government employees who are needed to report to their offices;
- b. Justices of the Supreme Court, Court of Appeals, Court of Tax Appeals, Sandiganbayan; Judges of Regional Trial Courts, Metropolitan Trial Courts, Municipal Trial Courts in Cities, Municipal Trial Courts, Municipal Circuit Trial Courts, Sharia District Courts, and Sharia Circuit Courts; clerks of court and other employees who are needed to report to their offices; and lawyers who have valid appointments related to assisting in the administration of justice;
- c. Medical service providers, hospital and clinic employees, Red Cross volunteers, private caregivers, and veterinary service providers;
- d. Funeral home employees and immediate family of the deceased;
- e. Emergency responders and deployed personnel from national government agencies under the Executive Branch of the Government, Commission on Human Rights, and local Barangay Health Emergency Response Team;
- f. Members of the Philippine National Police, Armed Forces of the Philippines, Bureau of Fire Protection, Philippine Coast Guard, Bureau of Jail Management and Penology, National Bureau of Investigation, Office of Transport Security, Bureau of Customs, Bureau of Immigration, Metro Manila Development Authority, and other law enforcement agency personnel, company security officers and security guards, Barangay Tanods, and Barangay officials;
- g. Delivery personnel and drivers of food and goods cargo, industrial/construction supplies, drugs/medicines/medical supplies and equipment and veterinary supplies;
- h. Key officials and employees of utilities, telecommunications, cable and internet service providers, water companies, water delivery and refilling

stations, laundry services, energy companies and power plant maintenance including the suppliers thereof, petroleum tanker drivers, gasoline attendants, coal delivery crew, sanitation personnel, and garbage collectors;

- i. Media personnel;
- j. Agricultural and fishing workers, including, but not limited to, farm and mill employees, fisher folk, paymasters, and management; and
- k. Management, drivers, and helper of hauling services.

SEC. 30. ***The Judiciary during a Public Health Emergency.*** – The Judiciary may observe measures to continue the delivery of justice to the people during a public health emergency.

CHAPTER VII

SOCIAL RELIEF AND RECOVERY PROGRAMS

SEC. 31. ***Financial Assistance.*** – As circumstances deem it necessary owing to the nature of a public health emergency, the Council shall formulate and implement a social relief program that shall provide basic financial assistance equivalent to the monthly regional minimum wage to households which have ceased to receive income due to an ongoing public health emergency. Displaced workers, daily-paid employees, ‘no-work, no-pay’ employees, and families living below the poverty line, and households included in the National Household Targeting System for Poverty Reduction shall be prioritized.

City or Municipal Social Welfare and Development Offices (CSWDO/MSWDO) shall maintain a database of households qualified to receive the financial assistance, in accordance with the provisions of Republic Act No. 10173 or the “Data Privacy Act of 2012.” Distribution of financial assistance shall be conducted by the City or Municipal Social Welfare and Development Offices. *Provided*, that the distribution shall observe mandatory protocols to avoid contracting an emerging and infectious disease.

SEC. 32. ***Food Assistance.*** – The Council shall ensure that there are available, accessible, and nutritious food supplies in every local government unit to be distributed to households during a public health emergency. Food packs shall be given to all households in an affected area, skipping no household to ensure equal distribution of food assistance.

SEC. 33. ***Suspension of Housing Relocation Operations.*** – All eviction and resettlement of families and demolition of houses shall be suspended during a public health emergency.

SEC. 34. ***Operation of Businesses for Basic Necessities.*** – Establishments selling food, medicines, medical supplies, and hardware supplies; banks; electric companies; water companies; cable and internet service providers; and telecommunication companies shall be allowed to operate during a public health emergency. *Provided*, that such companies will observe mandatory protocols to avoid contracting an emerging and infectious disease.

Should it be impossible for residents to go out to purchase basic necessities, the local government unit shall come up with options to bring these goods closer to affected residential areas.

SEC. 35. ***Assistance to Locally-Stranded Individuals*** – Local government units shall monitor and record non-resident workers and students in their area who are stranded due to a public health emergency. The Local Government Unit shall provide financial and food assistance to the locally-stranded individuals, while coordinating with their respective home local governments regarding their return to their residences. If return is not possible, the attending local government unit shall ensure they are provided with ample assistance until conditions allow them to return home. Returning locally-stranded individuals shall be required to comply with local isolation protocols determined by the Regional Council.

SEC. 36. ***Assistance to Overseas Filipino Workers.*** – Overseas Filipino Workers (OFWs) who are stranded abroad or who have been displaced from their jobs due to the same emerging and infectious disease affecting the Philippines shall be extended financial and logistical assistance by the Philippine embassies and consulates. Suspension of the repatriation of OFWs shall depend on the gravity of the public health emergency. Returning OFWs shall be required to comply with isolation protocols determined by the Council.

SEC. 37. ***Price Ceiling, Hoarding, and Reselling of Products.*** – Price ceiling of basic agricultural goods, foodstuff, clothes, medicines, medical supplies, sanitation and hygiene items, and other essential items shall be determined by the Council for the duration of the community quarantine.

Pursuant to existing regulations, hoarding and reselling for profits of such items shall be strictly prohibited. Supermarkets and groceries may limit retail

purchases of essential items to avoid depletion of stocks of goods. Online resellers who shall be proven to impose unreasonable markups on their items shall be covered by this Act. The Council shall take necessary steps to identify the hoarders and reselling profiteers.

SEC. 38. ***Extension and Waiving of Payment of Basic Utilities.*** – During a public health emergency, the extension and waiver of payment of basic utilities and services, such as, but not limited to, rent, water, electricity, cable and Internet service providers, and loans, shall be determined by the Council in consultation with consumers and utility and service providers.

SEC. 39. ***Post-Public Health Emergency Measures.*** – The Council shall include economic recovery measures in the NPHERP to spur economic activities, to support micro-, small-, and medium-scale enterprises (MSMEs) and workers, and to attract investments after a public health emergency. Recovery measures shall take into consideration the current economic situation and outlook of the country, and shall be implemented as soon as the public health emergency ends. Financial assistance to MSMEs and other local businesses shall be ensured.

SEC. 40. ***Role of Civil Society.*** – Civil society organizations shall not be restricted from doing volunteerism initiatives, conducting relief operations, and starting fundraising activities. *Provided*, that the implementation of their activities shall be thoroughly documented for public reference. *Provided further*, that civil society relief projects and initiatives during a public health emergency shall not be made to pay any fee to operate.

CHAPTER VIII

FINAL PROVISIONS

SEC. 41. ***Volunteer Mobilization.*** – Pursuant to Republic Act No. 9163 and Republic Act No. 9418, those who have completed the National Service Training Program, as well as those enlisted in volunteer programs in national government agencies, local government units, and the private sector, shall be mobilized to assist delivery of health services, information dissemination, maintenance of public order, and conduct of relief operations, among others, during a public health emergency.

SEC. 42. ***Joint Congressional Oversight Committee.*** – There is hereby created a Joint Congressional Oversight Committee to monitor the implementation of this Act and to review its provisions. The oversight committee shall be composed of five (5) Senators and five (5) Representatives to be appointed by the Senate

President and the Speaker of the House of Representatives, respectively. The oversight committee shall be co-chaired by the chairpersons of the Senate Committee on Health and Demography and the House Committee on Health.

In times when no public health emergency is declared by the President, the Council shall produce an annual report to the Joint Congressional Oversight Committee of its accomplishments with regard to the implementation of the NPHERP. Should a public health emergency be declared by the President, the Council is directed to produce a weekly report to the Joint Congressional Oversight Committee of its accomplishments with regard to the implementation of the NPHERP. The reports shall include the following, but not limited to, the Council's accomplishments and budget utilization rate, as well as justifications on the same.

SEC. 43. **Penalties.** – In addition to acts or omission already penalized by existing laws, any person who commits any of the prohibited acts or unjustifiably refuses to comply with the provisions mentioned in this Act hereof or any rule and regulation promulgated pursuant thereto shall be punished by imprisonment of not less than two (2) months but not more than four (4) months or a fine of not less than ten thousand pesos (Php 10,000.00) but not more than one million pesos (Php 1,000,000.00), or both, at the discretion of the Court. *Provided*, that if the offender is a corporation or a juridical person, the officers thereof who have knowingly participated in the violation of the provisions of this Act shall be held liable. *Provided further*, that if the offender is a public official or employee, he or she shall, in addition to the penalties prescribed herein, suffer perpetual or temporary disqualification from office, as the case may be.

SEC. 44. **Augmentation of Quick Response Fund.** – The Quick Response Fund, as provided for by Republic Act No. 10121 or the "Philippine Disaster Risk Reduction and Management Act of 2010", shall be increased by the equivalent of fifty percent (50%) of the amount allocated for various relevant Departments, including, but not limited to, the DOH and DSWD. The increase shall only be used during a public health emergency to fund programs as provided by this Act and the NPHERP.

SEC. 45. **Appropriations.** – The amount needed for the initial implementation of this Act shall be charged against the appropriations of the government offices that compose the Council. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the agencies' respective budgets as stated in the annual General Appropriations Act.

SEC. 46. **Implementing Rules and Regulations.** – Within sixty (60) days from the approval of this Act, the Council shall issue the necessary rules and regulations for the effective implementation of this Act. The implementing rules and regulations shall be published in the *Official Gazette* or in two (2) newspapers of general circulation.

SEC. 47. **Construction or Interpretation.** – All provisions in this Act, and any other provisions referred to hereafter, shall not be construed as an impairment, restriction, or modification of the provisions of the Constitution. In case the exercise of the powers granted herein conflicts with others statutes, decrees, orders, rules, or regulations, the provisions of this Act and the Constitution shall prevail.

SEC. 48. **Repealing Clause.** – All pertinent provisions of Republic Act No. 9271, Republic Act No. 11332, Republic Act 11469, and all other laws, decrees, executive orders, rules and regulations and issuances, or parts thereof, inconsistent with the provisions of this Act are hereby repealed accordingly.

SEC. 49. **Separability Clause.** – If any provision of this Act is declared unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

SEC. 50. **Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,