

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 3512



Introduced by Representative Edsel A. Galeos

EXPLANATORY NOTE

Article II Section 15 of the 1987 Constitution states that the State shall protect and promote the right of all citizens to health of the people and instill health consciousness among them. Furthermore, Article XIII Section 11 states that, “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”

For the past years, the country had to face the COVID-19 pandemic. It has greatly exposed the vulnerabilities and weaknesses of our health care system, among which is the severe shortage of healthcare workers. Unfortunately, this was further exacerbated during period of surges in the number of patients, especially those seeking emergency and in-patient services. The situation posed a dual threat as it endangered the lives of overburdened healthcare workers and placed an immense strain on an already stretched healthcare system. The bill is among the proposed measures intended to ensure that our healthcare system remains resilient during public health emergencies.

The Philippines has been ranked as the world’s most disaster-prone nation for sixteen consecutive years¹. It is vulnerable to damage caused by extreme weather events, earthquakes and other natural hazards. Healthcare workers play a vital role in disaster response as they provide immediate care to those who are injured during disasters and offer psychosocial support. The bill seeks to ensure that trained auxiliary healthcare workers can be rapidly deployed as part of the country’s disaster response efforts.

The proposed measure was passed on third and final reading in the House of Representatives during the 19th Congress but was not approved before the Senate due to lack of material time.

¹ Business World. *Philippines is still most disaster-prone country for 16th straight year*. Available at <https://www.bworldonline.com/top-stories/2024/09/10/620230/philippines-is-still-most-disaster-prone-country-for-16th-straight-year/> (Last accessed July 25, 2025).

For the foregoing reasons, approval of this bill is earnestly sought.

A handwritten signature in blue ink, appearing to read 'Edsel A. Galeos', with a stylized flourish at the end.

EDSEL A. GALEOS

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

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

1 **SECTION 1. *Short Title.*** – This Act shall be known as the “Health Emergency
2 Auxiliary Enforcement Team (HEART) Act.”
3

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

12 The State recognizes the need for a reserve force of highly skilled and medically
13 trained professional and volunteers who can be mobilized to maintain the capacity to
14 meet surges in the demand for the country’s healthcare system and provide assistance
15 as may be needed in times of health crises.
16

17 Pursuant to this, it is the policy of the State to:
18

- 19 a. Prioritize the health of its citizens whether in the country or overseas by
20 maintain a strong and resilient healthcare system at all times that will
21 immediately, efficiently, and effectively address all potential and actual
22 public health emergencies; and
23
- 24 b. Promote the spirit of “Bayanihan” and enhance the capacity of the nation to
25 expand its human health resources in times of disasters, public health
26 emergencies and health threats of both national and local scale through
27 mobilization of Health Emergency Auxiliary Reinforcement Team.
28

29 **SECTION 3. *Definition of terms.*** – As used in this Act:
30

- 1 a. *Allied health professionals* refer to professions who are involved with the
2 delivery of health or related services such as identification, evaluation and
3 prevention of diseases and disorders, dietary and nutrition services, and
4 rehabilitation and health systems management. Allied health professionals
5 shall include, among others, dental hygienists, diagnostic medical
6 sonographers, dietitians, medical technologists, occupational therapists,
7 physical therapists, radiographers, respiratory therapists, and speech language
8 pathologists;
9
- 10 b. *Bayanihan* refers to the value of communal unity through helping others to
11 achieve a certain goal without expecting anything in return;
12
- 13 c. *Deployment* refers to actual movement of workforce to the assigned area
14 within a prescribed period;
15
- 16 d. *Health Emergency Auxiliary Reinforcement Team* refers to a group of
17 individual volunteers who are in the field of medicine, nursing medical
18 technology and other allied health-related fields who are ready to be deployed
19 to complement the health workforce in the event of a public health emergency
20 and health threat;
21
- 22 e. *Health threat* refers to a condition, agent, or incident that greatly impacts the
23 health that that leads to disease, accident, injury, and loss of life;
24
- 25 f. *Mobilization* refers to the process and procedures for activating, assembling,
26 and transporting the needed health workforce to respond to a public health
27 emergency;
28
- 29 g. *Mobilization center* refers to the establishment where the Health Emergency
30 Auxiliary Reinforcement Team shall report upon receipt of the order for
31 mobilization, coordinate their mission order and mobilization-related issues
32 and concerns, and submit their report upon receipt for the order for
33 demobilization;
34
- 35 h. *Public health emergency* refers to an occurrence that poses an imminent threat
36 of an illness or health condition as defined in Republic Act No. 11332,
37 otherwise known as Mandatory Reporting of Notifiable Diseases and Health
38 Events of Public Health Concern Act, that:

39
40 (1) Is caused by any of the following:

- 41
- 42 (i) Bio terrorism;
- 43
- 44 (ii) Appearance of a novel or previously controlled or eradicated
45 infectious agent or biological toxin;
- 46
- 47 (iii) A natural disaster;
- 48
- 49 (iv) A chemical attack or accidental release;
- 50
- 51 (v) A nuclear attack or accident; or
- 52

(vi) An attack or accidental release of radioactive materials and

(2) Poses a high probability of any of the following:

(i) A large number of deaths in the affected population;

(ii) A large number of serious injuries or long-term disabilities in the affected population;

(iii) 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;

(iv) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries, or

(v) Trade and travel restrictions.

i. *Volunteers* refer to those who freely register to be members of the HEART.

SECTION 4. *Scope.* – This Act provides for the organization of the Health Emergency Auxiliary Reinforcement Team, hereinafter referred to as HEART, the development of policies, plans, guidelines, and the implementation of actions pertaining to the mobilization, services, and protection of the HEARS in times of disasters, public health emergencies and health threats.

SECTION 5. *Health Emergency Auxiliary Reinforcement Team.* – There is hereby established a HEART under the Department of Health (DOH) to augment the health workforce in times of disasters, public health emergencies and health threats. The HEART shall be composed of the following individuals who shall voluntarily register with the DOH:

a. License professionals in the fields of medicine, nursing, medical technology, and other allied health fields including those who are retired and those who are no longer practicing their professions in a health facility setting. All health and allied health professional organizations may be tapped for the engagement of professionals who are not affiliated in any healthcare facility;

b. Graduates of medicine and allied health courses and medical students who have completed a one-year medical internship and who have not yet been issued licenses to practice their respective professions, but due to the need for their services may be issued a limited and special authorization to render medical services during public health emergencies or health threats pursuant to Republic Act No. 2382, otherwise known as the Medical Act of 1959 or as may be amended hereafter; and

c. Other health support workforce, including barangay health workers, whose services are necessary in times of disasters, public health emergencies and health threats.

1 **SECTION 6. *The Health Emergency Auxiliary Reinforcement Team***
2 ***Promotion Program.*** – There is hereby established the Health Emergency Auxiliary
3 Reinforcement Team Promotion Program, which shall refer to the comprehensive set
4 of objectives, targets, strategies and activities for the promotion, recruitment and
5 selection of reserve force of highly skilled and health-oriented professionals and
6 volunteers.
7

8 It shall include, but not be limited to, the following areas of concern: the provision
9 of initiatives that shall underscore the importance of volunteerism to improve the health
10 and safety of communities; the utilization of medical reserves pool who want to donate
11 their time and expertise to prepare for and respond to emergencies and to support
12 ongoing preparedness initiatives; and the building of partnerships and ensuring the
13 sustainability of the HEART with the end goal of maintaining its capacity to meet
14 surges in the demand for healthcare system and provide assistance in times of public
15 emergencies.
16

17 **SECTION 7. *Creation of the HEART Board.*** – A HEART Board, hereinafter
18 referred to as Board, is hereby created to ensure efficient and effective mobilization of
19 the HEART. It shall be chaired by the Department of Health (DOH) and composed of
20 representatives of the following, as members:
21

- 22 a. Department of the Interior and Local Government (DILG);
- 23
- 24 b. Department of National Defense (DND);
- 25
- 26 c. Commission on Higher Education (CHED);
- 27
- 28 d. Professional Regulatory Commission (PRC);
- 29
- 30 e. Armed Force of the Philippines (AFP);
- 31
- 32 f. Office of Civil Defense (OCD); and
- 33
- 34 g. One representative from a non-governmental health professional
35 organization.
36

37 The members of the Board shall designate a representative, with a rank not lower
38 than Assistant Secretary or its equivalent, to represent their respective offices in the
39 Board; *Provided*, that the representative must be fully authorized to decide on behalf of
40 the member-agency.
41

42 The AFP shall designate a representative from the Office of the Surgeon General
43 with a rank now lower than Colonel as its Board representative.
44

45 The representative from a non-governmental health professional organization
46 shall have a two-year term of office. The Board shall select the representative based on
47 the guidelines it shall promulgate; *Provided*, that the non-governmental health
48 organization is national in scope and has a good track record of providing emergency
49 health services.
50

51 The Board shall establish close coordination with the National Disaster Risk
52 Reduction and Management Council and the Philippine National Volunteer Service

1 Coordinating Agency. It may call upon any government office or instrumentality,
2 including government owned or controlled corporations and local government units
3 (LGUs), as necessary. The Board may likewise closely coordinate and collaborate with
4 non-governmental health organizations and the private sector, especially those with
5 actual programs in the delivery of emergency health services.

6
7 **SECTION 8. *Powers and Functions of the Board.*** – The Board shall have the
8 following powers and functions:

- 9
10 a. Define and develop the organization, management, mobilization,
11 demobilization, and reporting mechanisms, policies, and guidelines for the
12 HEART;
13
14 b. Oversee the effective and efficient functioning of the HEART in responding
15 to public health emergencies and health threats;
16
17 c. Coordinate with concerned national government agencies and other
18 stakeholders in responding to public health emergencies and health threats;
19 and
20
21 d. Conduct regular meetings every quarter or as often as may be necessary in
22 times of disasters, during public health emergencies or in the occurrence of
23 health threats.
24

25 **SECTION 9. *Creation of a HEART Unit.*** – A HEART Unit shall be created by
26 the DOH which shall serve as the secretariat of the Board. It shall oversee program
27 implementation, including maintenance of the database or information system of the
28 HEART.
29

30 The DOH shall determine the organizational structure and staffing pattern of the
31 HEART unit subject to the evaluation and approval of the Department of Budget and
32 Management (DBM) and in accordance with the civils service laws, rules and
33 regulations.
34

35 The regional counterparts of the HEART Unit shall likewise be allocated
36 additional staff and personnel to ensure the grassroots implementation of this Act.
37

38 All LGUs shall ensure that a HEART Unit shall be operationalized under their
39 respective Local Disaster Risk Reduction and Management Office which shall act as
40 mobilization centers in times of disasters, public health emergencies or health threats.
41

42 **SECTION 10. *Registration and Training.*** – The Board shall prescribe a
43 comprehensive guidelines for the recruitment and selection of a HEART volunteer.
44

45 The Board shall also prescribe a training program through written, practical, and
46 simulation activities on various aspects of health emergency management and response
47 in different health emergency scenarios. To this end, all volunteers must undergo:
48

- 49 a. Basic training on disaster and health emergency response; and
50
51 b. Skill enhancement activities with relevant agencies in both public and private
52 sector.

1
2 Completion of the basic training or acceptable substitute or equivalent
3 certification shall be a requisite for admission to the HEART.

4
5 **SECTION 11. *Registry and Accounting of Members.*** – HEART Volunteers
6 shall be issued with individual registration numbers which shall serve as their
7 identification during deployment

8
9 A registry or database that contains the names of the volunteers, their
10 registration numbers, address, contact details, and other personal information as may
11 be necessary, shall be maintained and regularly updated in accordance with Republic
12 Act No. 10173, otherwise known as the Data Privacy Act.

13
14 The HEART registry or database shall be integrated or linked to existing
15 registries such as the National Health Workforce Registry pursuant to Republic Act No.
16 11223, otherwise known as Universal Health Care Act, Section 25 (c).

17
18 All volunteers covered under this Act are required to update their addresses and
19 contact details on file through the registry system or database as necessary.

20
21 **SECTION 12. *Mobilization.*** – The Board shall approve the prompt
22 mobilization of the HEART upon receipt of a request from municipal and city mayors
23 and provincial governors in connection with a public health emergency, threats to
24 public health emergency, threats to public health, or a disaster, whether of local or
25 national scale. The HEART may be mobilized partially or in full, as may be necessary.

26
27 The Board shall promulgate a mechanism that shall ensure efficient
28 implementation of deployment, assignment areas, deployment periods, how
29 deployment orders are communicated to each volunteer, and to which mobilization
30 center the volunteers will report taking into consideration Section 13 on “Accreditation,
31 Mobilization, and Protection of Disaster Volunteers and National Service Reserve
32 Corps, CSOs, and the Private Sector” of Republic Act No. 10121, otherwise known as
33 the Philippine Disaster Risk Reduction and Management Act of 2010.

34
35 **SECTION 13. *Deployment Order.*** – The President of the Philippines, upon
36 recommendation of the HEART Board through a resolution, may order nationwide
37 mobilization of the HEART to augment the health workforce in case of a declaration of
38 a state of public health emergency, state of calamity, and other threats to public health.

39
40 Orders of deployment sent to the volunteers’ addresses and through the contact
41 details on file in the registry system or database shall be sufficient notice for purposes
42 of deployment.

43
44 **SECTION 14. *Mobilization Centers.*** – Mobilization Centers shall be established
45 in each province as needed where volunteers shall report to once deployment is ordered.

46
47 A mobilization center may be any establishment that can adequately house the
48 volunteers, their equipment, and supplies during the period of deployment, including a
49 multi-purpose hall, gymnasium, and other similar structures.

50
51 The Board shall, in consultation with the local executives, prescribe the location
52 of the mobilization centers. The concerned municipal and city mayors and provincial

governors shall disseminate information on the location of mobilization centers to the widest extent possible.

SECTION 15. *Essential Emergency Commodities.* – The Board shall ensure that the minimum essential individual and organizational commodities and medical equipment and supplies shall be procured, stored, and managed to enhance the rapid transition to readiness required for deployment of HEART teams in the shortest possible time.

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

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

SECTION 17. *Legal Liability.* – No volunteer shall be held liable for the death 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 circumstances of an actual public health emergency or its subsequent conditions.

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

SECTION 18. *Public Health Emergency Insurance.* – The DOH is mandated to secure an insurance policy that would insure HEART volunteers from injury, death, damage to, or loss of property, and for any legal liability asserted against or incurred by the volunteers arising from the lawful performance of his duty.

SECTION 19. *Termination of Deployment.* – Upon the declaration of the President, or as determined by the Board that the need for the HEART is no longer necessary, or upon the expiration of the deployment or end of mission there being no approved extension thereof, volunteers who are deployed pursuant to the declaration of a public calamity, a public health emergency or health threat shall be discharged from the performance of HEART duties.

Upon order of demobilization of the HEART, the deployed volunteers shall be reverted to inactive status. Mobilization Centers shall ensure reports on the mission are duly submitted and the certificate of services rendered pertaining to the deployment are promptly issued.

SECTION 20. *Annual Report.* – The HEART Unit shall prepare and submit an annual report to the Office of the President, through the DOH Secretary, containing a list of accomplishments, status of the operations and program implementation of the HEART.

1 **SECTION 21. *Appropriations.*** – The funds necessary for the initial
2 implementation of this Act shall be charge against the available funds of the
3 implementing agencies comprising the HEART Board. Thereafter, the funding shall be
4 included in the budget of the DOH under the annual General Appropriations Act.
5

6 **SECTION 22. *Implementing Rules and Regulations.*** – Within ninety (90) days
7 from the effectivity of this Act, the HEART Board shall, in consultation with other
8 stakeholders, promulgate the necessary guidelines for the effective implementation of
9 this Act.
10

11 **SECTION 23. *Separability Clause.*** – If any provision of this Act is declared
12 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
13 affected thereby.
14

15 **SECTION 24. *Repealing Clause.*** – All laws, decrees, orders, rules and
16 regulations, other issuances, or parts thereof inconsistent with the provisions of this Act
17 are hereby repealed or modified accordingly.
18

19 **SECTION 25. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days
20 after its publication in the *Official Gazette* or in a newspaper of general circulation.
21

22 Approved,