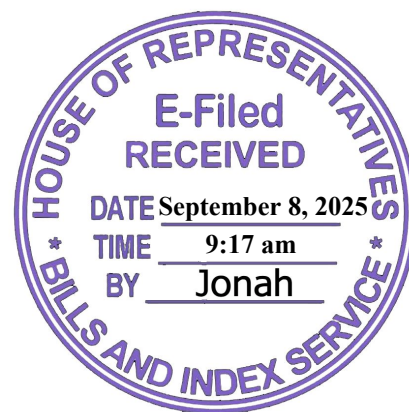


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4387



Introduced by Representatives Bryan B. Revilla, Lani Mercado-Revilla, and Ramon Jolo B. Revilla III

EXPLANATORY NOTE

The COVID-19 pandemic exposed critical gaps in our country's capacity to respond to large-scale public health emergencies. The shortage of medical and healthcare personnel during surges strained the entire health system and highlighted the urgent need for a standby force of trained medical professionals ready to be mobilized in times of crisis.

This bill seeks to institutionalize a medical reserve corps composed of licensed physicians, nurses, medical technologists, and other health-related professionals, including graduates of medicine and allied health courses who have completed the necessary training. The MRC will serve as an organized, responsive, and rapidly deployable support force to augment the existing health workforce during national emergencies, disasters, or public health threats. Under this measure, the Department of Health, in coordination with the Department of National Defense and other relevant agencies, will oversee the recruitment, training, and mobilization of the corps.

Through this proposed legislation, we aim to enhance the country's resilience to health emergencies by ensuring a reliable pool of medical professionals who can respond quickly and effectively when our nation needs them most. The creation of a medical reserve corps is a proactive step toward safeguarding public health and strengthening national preparedness and response systems.

In view of the foregoing, the expedient passage of this bill – previously approved on third and final reading by the House of Representatives – is earnestly sought.


REP. BRYAN B. REVILLA
Representative, AGIMAT Partylist


REP. LANI MERCADO-REVILLA
Representative, 2nd District of Cavite


REP. RAMON JOLO B. REVILLA III
Representative, 1st District of Cavite

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Introduced by Representatives Bryan B. Revilla, Lani Mercado-Revilla, and Ramon
Jolo B. Revilla III

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 House of Representatives of the Philippines in
Congress assembled:*

SECTION 1. *Short Title.* – This Act shall be known as the “Health Emergency Auxiliary
Reinforcement Team (HEART) 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 the well-being of
Filipinos at all ages.

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

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

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

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

- a. *Allied health professionals* refer to professions who are involved with the delivery of health or related services such as the identification, evaluation and prevention of diseases and disorders, dietary and nutrition services, and rehabilitation and health systems management. Allied health professionals, shall include, among others, dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists;
- b. *Bayanihan* refers to the value of communal unity through helping others to achieve a certain goal without expecting anything in return;
- c. *Deployment* refers to the actual movement of workforce to the assigned area within a prescribed period;
- d. *Health Emergency Auxiliary Reinforcement Team* refers to a group of individual volunteers who are in the field of medicine, nursing, medical technology, and other allied health-related fields who are ready to be deployed to complement the health workforce in the event of a public health emergency and health threat;
- e. *Health threat* refers to a condition, agent, or incident that greatly impacts the health that leads to disease, accident, injury, and loss of life;
- f. *Mobilization* refers to the process and procedures for activating, assembling, and transporting the needed health workforce to respond to a public health emergency and health threat;
- g. *Mobilization center* refers to the establishment where the Health Emergency Auxiliary Reinforcement Team shall report upon receipt of the order for mobilization, coordinate their mission order and mobilization-related issues and concerns, and submit their report upon receipt of the order for demobilization;
- h. *Public health emergency* refers to an occurrence that poses an imminent threat of an illness or health condition as defined in Republic Act No. 11332, otherwise known as Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, that:
 - 1) Is caused by any of the following:
 - i. Bio terrorism;
 - ii. Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 - iii. A natural disaster;
 - iv. A chemical attack or accidental release;
 - v. A nuclear attack or accident; or
 - 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; or
 - v. Trade and travel restrictions

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

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

SEC. 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. Licensed 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.

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

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

SEC. 7. Creation of the HEART Board. - A HEART Board, hereinafter referred to as

Board, is hereby created to ensure efficient and effective mobilization of the HEART. It shall be chaired by the Department of Health (DOH) and composed of representatives of the following, as members:

- a. Department of the Interior and Local Government (DILG);
- b. Department of National Defense (DND);
- c. Commission on Higher Education (CHED);
- d. Professional Regulatory Commission (PRC);
- e. Armed Forces of the Philippines (AFP);
- f. Office of Civil Defense (OCD); and
- g. One representative from a non-governmental health professional organization.

The members of the Board shall designate a representative, with a rank not lower than Assistant Secretary or its equivalent, to represent their respective offices in the Board: Provided, That the representative must be fully authorized to decide on behalf of the member-agency.

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

The representative from a non-governmental health professional organization shall have a two (2) -year term of office. The Board shall select the representative base on the guidelines it shall promulgate: Provided, That, the non-governmental health organization is national in scope and has a good track record in providing emergency health services.

The Board shall establish close coordination with the National Disaster Risk Reduction and Management Council and the Philippine National Volunteer Service Coordinating Agency. It may call upon any government office or instrumentality, including government owned or controlled corporations and local government units (LGUs), as necessary. The Board may likewise closely coordinate and collaborate with non-governmental health organizations and the private sector, especially those with actual programs in the delivery of emergency health services.

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

- a. Define and develop the organization, management, mobilization, demobilization, and reporting mechanisms, policies, and guidelines for the HEART;
- b. Oversee the effective and efficient functioning of the HEART in responding to public health emergencies and health threats;
- c. Coordinate with concerned national government agencies and other stakeholders in responding to public health emergencies and health threats; and
- d. Conduct regular meetings every quarter or as often as may be necessary in times of disasters, during public health emergencies or in the occurrence of health threats.

SEC. 9. Creation of a HEART Unit. – A HEART Unit shall be created by the DOH which shall serve as the secretariat of the Board. It shall oversee program

1 implementation, including the maintenance of the database or information system of
2 the HEART.

3
4 The DOH shall determine the organizational structure and staffing pattern of the
5 HEART unit subject to the evaluation and approval of the Department of Budget and
6 Management (DBM) and in accordance with the civil service laws, rules and
7 regulations.

8
9 The regional counterparts of the HEART Unit shall likewise be allocated additional
10 staff and personnel to ensure the grassroots implementation of this Act.

11
12 All LGUs shall ensure that a HEART Unit shall be operationalized under their
13 respective Local Disaster Risk Reduction and Management Office which shall act as
14 mobilization centers in times of disasters, public health emergencies or health threats.

15
16 **SEC. 10. Registration and Training.** – The Board shall prescribe a comprehensive
17 guideline for the recruitment and selection of a HEART volunteer.

18
19 The Board shall also prescribe a training program through written, practical, and
20 simulation activities on various aspects of health emergency management and
21 response in different health emergency scenarios. To this end, all volunteers must
22 undergo:

- 23 a. Basic training on disaster and health emergency response; and
24 b. Skill enhancement activities with relevant agencies in the both public and private
25 sector.

26
27 Completion of the basic training or acceptable substitute or equivalent certification
28 shall be a requisite for admission to the HEART.

29
30 **SEC. 11. Registry and Accounting of Members.** – HEART Volunteers shall be
31 issued with individual registration numbers which shall serve as their identification
32 during deployment.

33
34 A registry or database that contains the names of the volunteers, their registration
35 numbers, address, contact details and other personal information as may be
36 necessary, shall be maintained and regularly updated in accordance with Republic Act
37 No. 10173, otherwise known as the Data Privacy Act.

38
39 The HEART registry or database shall be integrated or linked to existing registries
40 such as the National Health Workforce Registry pursuant to Republic Act No. 11223,
41 otherwise known as Universal Health Care Act, Section 25 (c).

42
43 All volunteers covered under this Act are required to update their addresses and
44 contact details on file through the registry system or database as necessary.

45
46 **SEC. 12. Mobilization.** – The Board shall approve the prompt mobilization of the
47 HEART upon receipt of a request from municipal and city mayors and provincial
48 governors in connection with a public health emergency, threats to public health, or a
49 disaster, whether of local or national scale. The HEART may be mobilized partially or

1 in full, as may be necessary.

2
3 The Board shall promulgate a mechanism that shall ensure efficient implementation
4 of deployment, assignment areas, deployment periods, how deployment orders are
5 communicated to each volunteer, and to which mobilization center the volunteers will
6 report taking into consideration Section 13 on “Accreditation, Mobilization, and
7 Protection of Disaster Volunteers and National Service Reserve Corps, CSOs, and the
8 Private Sector” of Republic Act No. 10121, otherwise known as the Philippine Disaster
9 Risk Reduction and Management Act of 2010.

10
11 **SEC. 13. *Deployment Order.*** – The President of the Philippines, upon the
12 recommendation of the HEART Board through a resolution, may order the nationwide
13 mobilization of the HEART to augment the health workforce in case of a declaration of
14 a state of public health emergency, state of calamity, and other threats to public health.

15
16 Orders of deployment sent to the volunteers’ addresses and through the contact
17 details on file in the registry system or database shall be sufficient notice for purposes
18 of deployment.

19
20 **SEC. 14. *Mobilization Centers*** - Mobilization Centers shall be established in each
21 province as needed where volunteers shall report to once deployment is ordered.

22
23 A mobilization center may be any establishment that can adequately house the
24 volunteers, their equipment and supplies during the period of deployment, including a
25 multi-purpose hall, gymnasium, and other similar structures.

26
27 The Board shall, in consultation with the local executives, prescribe the location of the
28 mobilization centers. The concerned municipal and city mayors and provincial
29 governors shall disseminate information on the location of mobilization centers to the
30 widest extent possible.

31
32 **SEC. 15. *Essential Emergency Commodities.*** - The Board shall ensure that the
33 minimum essential individual and organizational commodities and medical equipment
34 and supplies shall be procured, stored, and managed to enhance the rapid transition
35 to readiness required for deployment of HEART teams in the shortest possible time.

36
37 The Board shall ensure and maintain its capacity to scale up the procurement of these
38 equipment and supplies as needed during the period of deployment. 25

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

48
49 **SEC. 17. *Legal Liability.*** - No volunteer shall be held liable for the death or injury to
50 any person or for the loss of, or damage to the property of any person where such

1 death, injury, loss, or damage was proximately caused by the circumstance of an
2 actual public health emergency or its subsequent conditions.

3
4 This Section shall not preclude liability for civil damages because of gross negligence,
5 recklessness, or willful misconduct.

6
7 **SEC. 18. Public Health Emergency Insurance.** - The DOH is mandated to secure
8 an insurance policy that would insure HEART volunteers from injury, death, damage
9 to, or loss of property, and for any legal liability asserted against or incurred by the
10 volunteer arising from the lawful performance of his duty.

11
12 **SEC. 19. Termination of Deployment or Demobilization.** - Upon the declaration of
13 the President, or as determined by the Board that the need for the HEART is no longer
14 necessary, or upon the expiration of the deployment or end of mission there being no
15 approved extension thereof, volunteers who are deployed pursuant to the declaration
16 of a public calamity, a public health emergency or health threat shall be discharged
17 from the performance of HEART duties.

18
19 Upon order of the demobilization of the HEART, the deployed volunteers shall be
20 reverted to inactive status. Mobilization Centers shall ensure reports on the mission
21 are duly submitted and the certificate of services rendered pertaining to the
22 deployment are promptly issued.

23
24 **SEC. 20. Annual Report.** - The HEART Unit shall prepare and submit an annual report
25 to the Office of the President, through the DOH Secretary, containing the list of
26 accomplishments, status of the operations and program implementation of the
27 HEART.

28
29 **SEC. 21. Appropriations.** - The funds necessary for the initial implementation of this
30 Act shall be charged against the available funds of the implementing agencies
31 comprising the HEART Board. Thereafter, the funding shall be included in the budget
32 of the DOH under the annual General Appropriations Act.

33
34 **SEC. 22. Implementing Rules and Regulations..** - Within ninety (90) days from the
35 effectivity of this Act, the HEART Board shall, in consultation with other stakeholders,
36 promulgate the necessary guidelines for the effective implementation of this Act.

37
38 **SEC. 23. Separability Clause.** - If any provision of this Act is declared unconstitutional
39 or invalid, the validity of other provisions shall not be affected thereby.

40
41 **SEC. 24. Repealing Clause.** - All laws, decrees, orders, rules and regulations, other
42 issuances, or parts thereof inconsistent with the provisions of this Act are hereby
43 repealed or modified accordingly.

44
45 **SEC. 25. Effectivity Clause.** - This Act shall take effect fifteen (15) days after its
46 publication in the *Official Gazette* or in a newspaper of general circulation.

47
48 *Approved,*