

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4938



Introduced by **Representative AGATHA PAULA "AGAY" A. CRUZ**

EXPLANATORY NOTE

"People who are resilient and ready to care for their neighbors can have positive and even life-saving impacts on their neighbors and in their communities at large. Response training and exercises, donations, and volunteerism are just a few of the many ways that you can help yourself and others prepare for, respond to, and recover from an emergency."

— **Centers for Disease Control and Prevention**
calling on volunteers to join the Medical Reserve Corps or
Community Emergency Response Team (2024)

The heart is said to be the first organ to beat in the womb and the last to cease functioning at death. In the same way, a nation's health system is its lifeblood in times of peace and its first line of defense in times of crisis. Yet again and again, during pandemics, disasters, and outbreaks, our health infrastructure shows signs of dangerous arrhythmia: hospitals overflow, workers burn out, and volunteerism surges without clear protection or direction.

The proposed Health Emergency Auxiliary Reinforcement Team (HEART) Act seeks to correct this irregular rhythm by providing volunteers with structure, training, and legal shelter. It institutionalizes a reserve corps of medical and allied health professionals, medical students, and support workers who can be mobilized quickly, trained properly, and shielded by law when duty calls. By establishing the HEART Promotion Program and the HEART Trust Fund, it sustains recruitment, training, and financing beyond the adrenaline of a single emergency.

This bill can be likened to the circulatory system that channels civic energy and altruism into structured and protected service. It complements the Universal Health Care Act and the Disaster Risk Reduction and Management Act, filling a long-recognized gap in surge capacity. It likewise gives the Department of Health and a multi-agency HEART Board clear authority to issue standards on training, deployment, and immunities so that service during emergencies is both safe and effective.

Filipinos are known for their *bayanihan* spirit for giving of themselves even at

personal cost. But a good heart also needs a strong body. This measure gives that spirit the legal and institutional muscle to promptly respond, save more lives, and with less risk to those who serve.

In view of the foregoing, the immediate passage of this measure is earnestly sought, so that when the nation's heart beats fastest in crisis, it can do so with strength, direction, and protection.



AGATHA PAULA "AGAY" AGUILAR CRUZ
Representative, Fifth Legislative District of Bulacan

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HOUSE BILL NO. **4938**

Introduced by **Representative AGATHA PAULA “AGAY” A. CRUZ**

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 Reinforcement Team (HEART) Act.”
3

4 **Section 2. Declaration of Policy.** – It is the policy of the State to protect and
5 promote the right to health of the people, adopt an integrated and comprehensive
6 approach to health development, and ensure healthy lives and well-being for all Filipinos
7 at all ages. The State recognizes the need for a reserve force of highly skilled and health-
8 oriented professionals and volunteers who can be mobilized to maintain the capacity of
9 the healthcare system and provide assistance in times of health crises. Pursuant to this,
10 the State shall:
11

12 (a) Maintain a strong and resilient healthcare system that immediately, efficiently
13 and effectively addresses public health emergencies; and
14

15 (b) Promote the spirit of *bayanihan* and enhance the capacity of the nation to
16 expand its human health resources in times of disasters, public health
17 emergencies, and health threats of both national and local scale through the
18 mobilization of the Health Emergency Auxiliary Reinforcement Team
19 (HEART).
20

21 **Section 3. Definition of Terms.** – As used in this Act:
22

23 (a) *Allied health professionals* refer to individuals involved with the delivery of
24 health or related services such as the identification, evaluation and prevention

1 of diseases and disorders, dietary and nutrition services, and rehabilitation and
2 health systems management. Allied health professionals, shall include, among
3 others, dental hygienists, diagnostic medical sonographers, dietitians, medical
4 technologists, occupational therapists, physical therapists, radiographers,
5 respiratory therapists, and speech language pathologists;
6

7 (b) *Bayanihan* refers to the traditional Filipino value of civic unity and communal
8 spirit that transcends individual interests and is manifested by helping others
9 achieve a goal without expecting anything in return;
10

11 (c) *Deployment* refers to the actual movement of workforce to the assigned area
12 within a prescribed period;
13

14 (d) *Health Emergency Auxiliary Reinforcement Team (HEART)* refers to a group of
15 individual volunteers in the field of medicine, nursing, medical technology,
16 and other allied health-related fields who are ready to be deployed to
17 complement the health workforce in the event of a public health emergency
18 and health threat;
19

20 (e) *Health threat* refers to a condition, agent, or incident that greatly impacts the
21 health that leads to disease, accident, injury, and loss of life;
22

23 (f) *Mobilization* refers to the process and procedures for activating, assembling,
24 and transporting the needed health workforce to respond to a public health
25 emergency or health threat;
26

27 (g) *Mobilization center* refers to the establishment where HEART volunteers shall
28 report upon receipt of the order for mobilization, coordinate their mission
29 order and related issues, and submit reports upon demobilization;
30

31 (h) *Public health emergency* refers to an occurrence that poses an imminent threat of
32 an illness or health condition as defined in Republic Act (R.A.) No. 11332,
33 otherwise known as "Mandatory Reporting of Notifiable Diseases and Health
34 Events of Public Health Concern Act," which may be caused by bioterrorism,
35 infectious agents, disasters, chemical or nuclear incidents, or other threats; and
36

37 (i) *Volunteers* refer to those who freely register to be members of the HEART.
38

39 **Section 4. Scope.** – This Act provides for the organization of the Health Emergency
40 Auxiliary Reinforcement Team (HEART); the development of policies, plans, and
41 guidelines; and the implementation of actions pertaining to the mobilization, services, and
42 protection of the HEART in times of disasters, public health emergencies and health
43 threats.
44

Section 5. *Relationship with Existing Laws.* – The HEART shall complement and coordinate with the National Health Workforce Support System under R.A. No. 11223, and the volunteer accreditation and protection standards under R.A. No. 10121. Nothing in this Act shall be construed to diminish, repeal, or duplicate the mandates of these laws.

Section 6. *The Health Emergency Auxiliary Reinforcement Team (HEART).* – 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. It 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-related fields including those who are retired and those who are no longer practicing in health facilities;
- (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, but who may be issued a limited and special authorization to render medical services during public health emergencies or health threats by the Professional Regulation Commission (PRC), in coordination with the DOH, pursuant to Republic Act No. 2382, otherwise known as the Medical Act of 1959, as amended; and
- (c) Other health support workforce, including barangay health workers, whose services are necessary in times of disasters, public health emergencies and health threats.

Participation in the HEART by government-employed health professionals shall be deemed part of their official functions when deployed by their respective agencies under this Act.

Section 7. *The HEART Promotion Program.* – A HEART Promotion Program is hereby established to promote, recruit, and select a reserve force of highly skilled and health-oriented professionals and volunteers. It shall include, among others, initiatives that:

- (a) Underscore the importance of volunteerism to improve the health and safety of communities;
- (b) Utilize medical reserves pool willing to donate their time and expertise to emergency response and preparedness initiatives; and
- (c) Build of partnerships to sustain the capacity of the HEART.

Section 8. *The HEART Board.* – A HEART Board is hereby created to ensure efficient and effective mobilization of the HEART. It shall be chaired by the DOH and

1 composed of representatives of the following, as members:

- 2
- 3 (a) Department of the Interior and Local Government (DILG);
- 4 (b) Department of National Defense (DND);
- 5 (c) Commission on Higher Education (CHED);
- 6 (d) Professional Regulatory Commission (PRC);
- 7 (e) Office of the Surgeon General of the Armed Forces of the Philippines (AFP);
- 8 (f) Office of Civil Defense (OCD); and
- 9 (g) One representative from a non-governmental health professional organization.

10

11 Each member agency shall designate a representative, with a rank not lower than
12 Assistant Secretary or its equivalent, to represent their respective offices in the Board:
13 *Provided, That* the representative must be fully authorized to decide on behalf of the
14 member-agency. The AFP representative shall hold a rank not lower than Colonel.

15

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

20

21 The Board shall coordinate closely with the National Disaster Risk Reduction and
22 Management Council (NDRRMC) and the Philippine National Volunteer Service
23 Coordinating Agency (PNVSCA) and may call upon other government agencies and the
24 private sector as necessary.

25

26 **Section 9. Powers and Functions of the Board.** – The Board shall have the
27 following powers and functions:

- 28
- 29 (a) Define and develop the organization, management, mobilization,
30 demobilization, and reporting mechanisms, policies, and guidelines for the
31 HEART;
- 32 (b) Oversee the effective and efficient functioning of the HEART in responding to
33 public health emergencies and health threats;
- 34 (c) Coordinate with concerned national government agencies and other
35 stakeholders in responding to public health emergencies and health threats;
- 36 (d) Conduct regular meetings every quarter or as often as may be necessary in
37 times of disasters, public health emergencies, or health threats; and
- 38 (e) Formulate and issue, in coordination with the Department of Justice (DOJ),
39 PRC, CHED, and other relevant agencies, the standards, guidelines and
40 protocols on:
 - 41 (1) The design and accreditation of training programs and continuing
42 professional development for HEART volunteers;
 - 43 (2) The scope of immunities and legal protection for volunteers under this Act,
44 including procedures for indemnification and claims;

- 1 (3) Health, safety, and security standards for volunteers during mobilization
2 and deployment; and
3 (4) Other operational matters necessary to implement this Act.
4

5 Such standards and guidelines shall have the force and effect of regulations
6 upon publication in the Official Gazette or a newspaper of general
7 circulation.
8

9 **Section 10. *The HEART Unit.*** – A HEART Unit shall be created by the DOH to
10 serve as the secretariat of the Board and oversee program implementation, including the
11 maintenance of the HEART database or information system. The DOH shall determine
12 its organizational structure and staffing pattern subject to the evaluation and approval of
13 the Department of Budget and Management (DBM).
14

15 Regional counterparts of the HEART Unit shall likewise be allocated additional
16 personnel to ensure the grassroots implementation of this Act.
17

18 All local government units (LGUs) shall ensure that a HEART Unit shall be
19 operationalized under their respective Local Disaster Risk Reduction and Management
20 Office which shall act as mobilization centers in times of disasters, public health
21 emergencies, or health threats. Expenses may be charged to the Local Disaster Risk
22 Reduction and Management Fund pursuant to R.A. No. 10121.
23

24 **Section 11. *Registration and Training.*** – The Board shall prescribe comprehensive
25 guidelines for the recruitment and selection of HEART volunteers. It shall also prescribe
26 a training program through written, practical, and simulation activities on various aspects
27 of health emergency management and response in different health emergency scenarios.
28 All volunteers must undergo:
29

- 30 (a) Basic training on disaster and health emergency response; and
31 (b) Skill enhancement activities with relevant agencies in the both public and
32 private sector.
33

34 The CHED and PRC, in coordination with the DOH, shall jointly prescribe and
35 certify training standards and equivalencies for purposes of HEART admission and
36 Continuing Professional Development (CPD) credits.
37

38 Completion of the basic training or acceptable substitutes or equivalent
39 certification shall be a requisite for admission to the HEART. No volunteer shall be
40 registered without giving written consent for the collection, storage, and sharing of
41 personal data in accordance with R.A. No. 10173, otherwise known as the “Data Privacy
42 Act of 2012.”
43

44 **Section 12. *Registry and Accounting of Members.*** – HEART Volunteers shall be

1 issued individual registration numbers to serve as their identification during deployment.
2 A registry containing the names of the volunteers, their registration numbers, address,
3 contact details and other personal information as may be necessary, shall be maintained
4 and regularly updated in accordance with R.A. No. 10173.
5

6 The HEART registry or database shall be integrated or linked to existing registries
7 such as the National Health Workforce Registry pursuant to R.A. No. 11223. All
8 volunteers covered under this Act are required to update their addresses and contact
9 details on file through the registry system or database as necessary.
10

11 **Section 13. Mobilization.** – The Board shall approve the prompt mobilization of
12 the HEART upon request from local chief executives in connection with a public health
13 emergency, threats to public health, or a disaster, whether of local or national scale. Local
14 deployment may be approved by the Board or its regional counterpart, while nationwide
15 mobilization shall be ordered by the President upon the recommendation of the Board.
16

17 The Board shall promulgate a mechanism that shall ensure efficient
18 implementation of deployment, assignment areas, deployment periods, the
19 communication of deployment orders to volunteers, and the mobilization center to which
20 volunteers will report, taking into consideration Section 13 of R.A. No. 10121.
21

22 **Section 14. Deployment Orders.** – The President of the Philippines, upon the
23 recommendation of the HEART Board through a resolution, may order the nationwide
24 mobilization of the HEART to augment the health workforce in case of a declaration of a
25 state of public health emergency, state of calamity, and other threats to public health.
26

27 Orders of deployment sent to the volunteers' addresses or through the contact
28 details on file in the registry system or database shall be sufficient notice for purposes of
29 deployment.
30

31 **Section 15. Mobilization Centers.** – Mobilization Centers shall be established in
32 each province as needed, where volunteers shall report to once deployment is ordered.
33 These centers may be any establishment that can adequately house volunteers, their
34 equipment and supplies during deployment, including a multi-purpose hall, gymnasium,
35 and other similar structures.
36

37 The Board shall, in consultation with the local chief executives, prescribe the
38 location of the mobilization centers. The concerned municipal and city mayors and
39 provincial governors shall disseminate information on the location of mobilization centers
40 to the widest extent possible.
41

42 **Section 16. Essential Emergency Commodities.** – The Board shall ensure that the
43 minimum essential individual and organizational commodities and medical equipment
44 and supplies shall be procured, stored, and managed to enhance the rapid readiness and

1 deployment of HEART teams in the shortest possible time. The Board shall also ensure
2 and maintain its capacity to scale up the procurement of as needed.

3
4 **Section 17. *Incentives.*** – In recognition and appreciation of the HEART volunteers’
5 service rendered during the period of actual mobilization, implementing agencies may
6 provide volunteers with an allowance as may be determined by the DOH, in coordination
7 with DBM, subject to availability of funds and existing rules. Nothing in this Act shall be
8 construed as creating an employer-employee relationship between the government and
9 HEART volunteers.

10
11 Volunteers may likewise be reimbursed for actual and necessary expenses
12 incurred in the performance of their duties during deployment, such as transportation,
13 lodging, meals, and other incidental expenses, subject to auditing rules.

14
15 **Section 18. *Legal Liability.*** – No volunteer shall be held liable for the death or
16 injury to any person or for the loss of, or damage to, the property of any person where
17 such death, injury, loss, or damage was proximately caused by the circumstances of an
18 actual public health emergency or its subsequent conditions.

19
20 This Section shall not preclude liability for civil damages because of gross
21 negligence, recklessness, or willful misconduct.

22
23 The scope of immunities and the procedure for claims and indemnification shall
24 be set forth in guidelines issued by the Board, in consultation with the DOJ.

25
26 **Section 19. *Public Health Emergency Insurance.*** – The DOH is mandated to secure
27 an insurance policy that would insure HEART volunteers from injury, death, damage to,
28 or loss of property, and for any legal liability asserted against or incurred by the volunteer
29 arising from the lawful performance of duty.

30
31 The minimum benefits, including death, disability, and medical care coverage,
32 shall be prescribed by the DOH in consultation with the DBM and the Insurance
33 Commission.

34
35 **Section 20. *Termination of Deployment or Demobilization.*** – Upon the declaration
36 by the President, or determination by the Board that the need for the HEART is no longer
37 necessary, or upon the expiration of the deployment or end of mission there being no
38 approved extension thereof, volunteers shall be discharged from the performance of
39 HEART duties and reverted to inactive status.

40
41 Mobilization Centers shall ensure mission reports are duly submitted and
42 certificates of service are promptly issued.

43
44 **Section 21. *Annual Report.*** – The HEART Unit shall prepare and submit an annual

1 report to the Office of the President and to Congress containing the list of
2 accomplishments, status of the operations, and program implementation of the HEART.
3 The report shall include performance indicators such as the number of volunteers
4 recruited, trained, and deployed; response times; and outcomes of missions undertaken.
5 It shall be published on the official website of the DOH for public access.
6

7 **Section 22. Appropriations.** – Funds necessary for the initial implementation of
8 this Act shall be charged against the available funds of the implementing agencies
9 comprising the HEART Board. Thereafter, the funding shall be included in the budget of
10 the DOH under the annual General Appropriations Act.
11

12 **Section 23. The HEART Trust Fund.** – There is hereby created a HEART Trust Fund
13 to be administered by the DOH, to ensure the sustainable implementation of this Act. The
14 Fund shall consist of: (a) annual appropriations under the General Appropriations Act;
15 (b) contributions from local government units chargeable to their Local Disaster Risk
16 Reduction and Management Fund pursuant to R.A. No. 10121; and (c) donations, grants,
17 and bequests from domestic and foreign sources, which shall be exempt from donor's tax
18 and may be deductible from the gross income of the donor for income tax purposes under
19 the National Internal Revenue Code, as amended.
20

21 **Section 24. Implementing Rules and Regulations.** – Within ninety (90) days from
22 the effectivity of this Act, the HEART Board shall, in consultation with other stakeholders,
23 promulgate the necessary guidelines for the effective implementation of this Act.
24

25 **Section 25. Separability Clause.** – If any part or provision of this Act is held
26 unconstitutional or invalid, the remainder thereof not otherwise affected shall remain in
27 full force and effect.
28

29 **Section 26. Repealing Clause.** – All laws, decrees, executive orders, rules, and
30 regulations, or parts thereof inconsistent with the provisions of this Act are hereby
31 repealed or modified accordingly.
32

33 **Section 27. Effectivity.** – This Act shall take effect fifteen (15) days following the
34 completion of its publication in the *Official Gazette* or in a newspaper of general circulation.
35

36 *Approved,*