



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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **5104**



Introduced by
REPRESENTATIVE DAVID “JAY-JAY” C. SUAREZ

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

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Philippine Constitution provides that “the State shall protect and promote the right to health of the people and instill health consciousness among them.”

The COVID-19 pandemic highlighted the urgent need for a dependable reserve of medical and health professionals who can be mobilized swiftly in times of public health emergencies. The proposed measure sought to establish a Medical Reserve Corps (MRC), composed of professionally trained and adequately equipped personnel, to augment our national and local health response systems during crises.

During the COVID-19 pandemic, the Philippines officially recorded over 66,000 confirmed deaths¹; however, the actual toll was far greater, with hundreds of thousands of excess deaths reported in 2021 alone².

Hospitals faced overwhelming strain: intensive care units were filled beyond capacity, frontline workers fell ill or left due to burnout, and shortages of oxygen, PPE, and medicines worsened patient outcomes.³

¹ <https://coronavirus.jhu.edu/region/philippines>

² Mignño et al. on excess mortality (2023):
https://www.researchgate.net/publication/369438161_Utilizing_an_online_calculator_to_analyze_excess_mortality_in_the_Philippines_during_the_COVID-19_pandemic

³ DOH, 2021; Lansang et al., 2022).

Regular health services such as maternal care, immunizations, and treatment for chronic diseases were severely disrupted, further compounding preventable mortality⁴.

The adoption of a Medical Reserve Corps (MRC) in the Philippines is strongly justified by regional best practices across ASEAN. Most Southeast Asian countries have established Medical Corps integrated into their defense and national health systems to ensure rapid response during disasters, conflicts, and public health emergencies.

Nations such as Singapore⁵, Malaysia, Indonesia, Thailand,⁶ and Vietnam maintains well-organized medical corps under their ministries of defense, providing medical care for military personnel while also supporting civilian disaster relief and humanitarian missions.

In contrast, the Philippines, though highly disaster-prone and facing recurring health emergencies, lacks a fully institutionalized and funded reserve system; the proposed measure seeks to address this by organizing licensed health professionals into a national corps under the Department of Health, ready for mobilization during emergencies.

The establishment of the Medical Reserve Corps aims to strengthen national response and preparedness in times of public health emergencies. This bill seeks to uphold the promotion of the right to health of the people and the role of health care professionals in nation-building, inculcate patriotism and nationalism, and encourage their involvement in public and civic affairs.

The Medical Reserve Corps may be mobilized by the President of the Republic of the Philippines, upon recommendation of the Department of Health, to provide immediate manpower support in addressing medical needs.

Under the Health Emergency Management Bureau of the DOH, the Corps shall consist of licensed physicians (including retirees and non-practicing professionals), graduates of medicine, registered nurses, and licensed allied health professionals, who shall undergo proper training to ensure readiness for deployment.

Given the lessons of recent history and the continuing need to strengthen the resilience of our healthcare system, the immediate passage of this bill is earnestly sought. The measure was approved by the Committee on Health and subsequently passed on Third Reading in the House of Representatives during the 19th Congress.

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2nd District, Province of Quezon

⁴ UNICEF. The Impact of COVID-19 on Routine Health Services in the Philippines, 2021.

⁵ <https://www.moh.gov.sg/about-us/join-us/volunteering/healthcare-reserve-force#3111d684f69fa2b9083d9b8ac2b70c56>

Singapore operates a formal **Healthcare Reserve Force** under its Ministry of Health, recruiting licensed professionals and trained volunteers for rapid deployment during public health emergencies, ensuring surge capacity and continuity of care#.

⁶ <https://sdgs.un.org/partnerships/village-health-volunteers-unsung-heroes-thailands-health-crisis>. Thailand, on the other hand, sustains a network of over 1.04 million **Village Health Volunteers (VHVs)**# integrated into its **public health system**, who deliver **community-level disease surveillance, health promotion, and pandemic response** with government training and support.



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

Section 1. Title. – This Act shall be known as the "Medical Reserve Corps Act."

Section 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 well-being for all at all ages.

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

Pursuant to this, it is the policy of the State to maintain a strong, proactive and responsive healthcare system at all times, the workforce complement of which can be expanded rapidly by a well-trained and well-equipped Medical Reserve Corps (MRC) in times of public health emergency and health threats. Towards this end, the State shall enhance the capacity of the nation to produce and call on the needed manpower and expand its human health resources in times of disasters and public health emergencies of both national and local scale through the mobilization of the MRC.

Section 3. Medical Reserve Corps Service. – There is hereby established an MRC whose primary mission is to support the country's health system in times of public health emergencies or health threats, and which shall be composed of the following:

- (a) Licensed physicians including those who are retired and those who are no longer practicing in the hospital setting. The Department of Health (DOH) may coordinate and collaborate with the accredited integrated professional organization or accredited professional organization of physicians for the engagement of private practitioners;
- (b) Medical students who have completed four (4) years of medical a course, graduates of medicine, and registered nurses who may be issued by the Secretary of Health with a limited and special authorization to render medical service pursuant to Republic Act No. 2382, otherwise known as the Medical Act of 1959; and
- (c) Licensed allied health professionals.

The MRC shall be organized, trained, developed and maintained so as to ensure their readiness to immediately respond to the call to service.

Section 4. *Organization.* – The MRC shall be under the control and supervision of the Health Emergency Management Bureau (HEMB) of the DOH.

The DOH shall develop an effective and efficient MRC organization and structure that is responsive to national and local disasters and other public health emergencies, under such rules and regulations as the Secretary of Health may prescribe.

Section 5. *Registration and Training.* – The DOH shall draft guidelines for the recruitment, selection, compensation, and provision of incentives for joining and continued membership, and length of service of the MRC members.

The DOH shall also prescribe a continuing training program for the MRC recruits and members, through written, practical and simulation activities on various aspects of health emergency management and response and on the different health emergency situations and scenarios, such as natural and man-made disasters, epidemics, pandemics, and other threats to public health. To this end, all recruits must undergo:

- (a) Compulsory basic training for a period to be set by the DOH on disaster and health emergency response, the organization and structure of the MRC, and such other areas as may be prescribed by DOH. Recruits shall be given compensation for their attendance thereto; and
- (b) Continuing training and other activities to be conducted in coordination with relevant and qualified agencies in the private and public sector, including the Armed Forces of the Philippines (AFP) and the National Disaster Risk Reduction and Management Council, to improve and reinforce skills. All registered members shall undergo continuing training on a regular basis to upgrade their proficiency.

Successful completion of the compulsory basic training shall be a requisite for admission into the MRC. Successful completion of activities in the continuing training program shall be a requisite for promotion within the MRC.

Section 6. *Registry and Accounting of Members of the MRC.* – Registered members of the MRC shall be issued individual serial numbers which will serve as their identification in case of deployment.

The DOH shall maintain and update a registry or database containing the names of the member of the Corps, their serial numbers, address, contact details and such other information as the DOH may determine, in accordance with applicable privacy laws. For this purpose, all public and private colleges, universities and learning institutions shall transmit annually their records of the graduates covered under this Act to the DOH.

An MRC Identification Card that describes the certification information of Corps members, as well as other necessary identifying information that may be determined by the DOH, shall also be issued.

All graduates covered under this Act are required to update their addresses and contact details on file with the DOH as often as necessary. Orders of deployment sent to the addresses and/or through the contact details on file with DOH shall be sufficient notice for purposes of deployment.

In cases when a graduate has changed address immediately prior to deployment, the LGU shall immediately exert efforts to locate his known closest resident kin, who is then mandated to exert similar efforts. The use of digital communications and social media shall be encouraged in locating such graduates

Section 7. *Medical Reserve Corps Mobilization.* – The prompt mobilization of the MRC shall be carried out by authority of the Secretary of Health, upon the recommendation of the Director of the HEMB or upon the request of national government agencies or local government units (LGUs); in order to meet the needs of the populace in times of public health emergencies, whether of local or national scale, and for such other purposes in response to threats to public health.

The MRC may be mobilized partially or in full as may be necessary. The DOH shall promulgate the mechanisms by which deployment is efficiently implemented, including the organization of the Corps to be deployed, their territorial assignments, how deployment orders are communicated to each member of the Corps and to which mobilization center they will report.

As defined in Republic Act No. 11332, otherwise known as the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act,” public health emergency refers to an occurrence or imminent threat of an illness or health condition that:

(1) 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 populations;
 - (iv) International exposure to an infectious or toxic agent that poses a significant risk to the citizens of other countries; or
 - (v) Trade and travel restrictions.

Section 8. *Deployment Order.* – The President of the Philippines, upon recommendation of the DOH, may order the nationwide mobilization of the MRC to complement the AFP Medical Corps in case of a declaration of a state of war, state of lawless violence or state of calamity.

Section. 9. *Mobilization Center.* – There shall be established in each province as many mobilization centers as needed to which members of the MRC shall report to when mobilization is ordered.

Mobilization centers may be any establishment or facility that can adequately house the MRC members, and their equipment and supplies during the period of deployment, including multi-purpose halls, gymnasiums, and other similar structures, based on other requirements that the DOH shall prescribe. The DOH shall, in consultation with the local executives, prescribe the location of the mobilization centers. The local executives shall disseminate to the widest extent possible information to the public on the location of these centers.

Section 10. *Mobilization Stock.* – The minimum essential individual and organizational and medical equipment and supplies shall be procured, stored, and maintained to enhance rapid transition to readiness required for employment in the shortest possible time.

The DOH shall ensure and maintain the necessary capacity to scale up the procurement of this equipment and supplies as needed during the period of mobilization.

Section 11. *Enlistment of the AFP.* – The Secretary of Health may enlist the AFP to provide expertise on the organization and structure of the MRC for efficient, effective and swift deployment, as well as for training of the MRC recruits on disaster and emergency response.

The Secretary of Health may also recommend to the President the enlistment of the AFP to supplement the mobilized MRC for the purpose of providing logistics and manpower for large-scale operations in times of public health emergency, contact tracing and monitoring of suspected cases, enforcing quarantine measures in specific areas or facilitating the transport of emerging infectious diseases patients, and for such other related purposes.

Section 12. *Protection to MRC Members.* – All MRC members shall be accorded protection as provided by existing labor laws and standards and other relevant occupations, safety, environmental, and social legislation.

Section 13. *Compensation and Benefits.* – Members of the MRC who rendered service shall receive all the pay and allowances, medical care, hospitalization, other privileges and benefits during the period of mobilization as prescribed by law or regulation. They shall also continue to receive all pay, allowances, and other privileges and benefits from their regular employment during the mobilization period in accordance with law.

Section 14. *Legal Liability and Malpractice Insurance.* – No MRC member shall be held liable for the death of 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 circumstance of an actual public health emergency or its subsequent conditions, or the circumstances of the formal exercise or training if such formal exercise or training simulates conditions of an actual emergency.

The Insurance Commission is mandated to develop public health emergency specific malpractice insurance policy or modify existing policies that would protect MRC professionals' efforts from any legal liability as provided for by this Section to allow them to respond in good faith during public health emergencies.

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

Section 15. *Termination of Deployment.* – Upon the expiration of the period of deployment, without an extension having been requested and approved by the DOH, members of the MRC who are deployed pursuant to a public health emergency shall be discharged from the performance of their duties. The deployment may also be terminated earlier upon a determination by the DOH, in consultation with the requesting national government agency or LGU, that such deployment is no longer required in accordance with this Act.

Section 16. *Annual Reports.* – The DOH shall regularly publish an annual report containing a list of the accomplishments, status of the operations, demographic profile of the membership of the MRC, an assessment of readiness for mobilization, and the incidence and details of each mobilization for the year concerned. The annual report shall also include the results of the audit investigation on the spending of funds appropriated, collected, or advanced for the implementation of the provisions of this Act.

Section 17. *Failure to Respond to Deployment.* – Any member of the MRC who fails to respond to the order of deployment without any justifiable reason despite due notice shall be required to

reimburse the total expenses incurred by the government in the member's recruitment, selection, training, and compensation, as may be determined by the DOH.

Section 18. *Appropriations.* – The Secretary of Health shall immediately include in the Department's Program the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

Section 19. *Implementing Rules and Regulations.* – Within thirty (30) days from the effectivity of this Act, the DOH shall promulgate the necessary guidelines for the effective implementation of this Act.

Section 20. *Separability Clause.* – If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

Section 21. *Repealing Clause.* – All laws, decrees, orders, rules and regulations, other issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 22. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in newspaper of general circulation

Approved,