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HOUSE OF REPRESENTATIVES
HOUSE BILL No. 6242

Introduced by REPRESENTATIVE CLAUDINE DIANA D. BAUTISTA-LIM

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

EXPLANATORY NOTE

In 2020 when the COVID-19 pandemic struck, the country grappled as its effect was felt hard economically, socially and structurally. The crisis exposed deep vulnerabilities across sectors, especially our healthcare system. Hospitals were overwhelmed by the sudden surge of patients and health workers were stretched beyond limits due to staff shortage. What happened during the pandemic underscored a painful truth that the country is in urgent need of stronger and more readily available medical workforce, especially during times of crisis.

To help bridge this critical gap, particularly in public health emergencies, disasters, and sudden health threats, there is a pressing need to establish a corps of healthcare volunteers who can be mobilized when demand suddenly arise. Natural disasters, pandemics, and other emergencies often strain our existing personnel. With a ready pool of trained volunteers, we can respond more quickly and effectively.

The creation of this dedicated corps, known as the HEART (Health Emergency Auxiliary Response Team), will serve as an invaluable resource to reinforce our healthcare system. It will enhance patient care, support existing facilities, and provide a structured and trained reserve force that can be deployed immediately when needed. The HEART will be composed of untapped but capable pool of individuals eager to serve such as licensed but retired or non-practicing health professionals, medical graduates and students who have completed their internships, as well as barangay health workers and other support staff.

Apart from strengthening our hospitals, the HEART will also extend support to rural and underserved areas where healthcare personnel are scarce, ensuring that communities everywhere have access to lifesaving care. Just as importantly, it institutionalizes the Filipino spirit of *bayanihan* by transforming volunteerism into an

organized force for public health response. By building a corps that is structured, trained, and ready to deploy, we equip our nation with resilience against future shocks, whether from typhoons, earthquakes, or infectious disease outbreaks.

This measure has already passed the scrutiny of the 19th Congress and was approved on third and final reading. I strongly urge my colleagues to lend their support and ensure its passage, so that together we can modernize and strengthen our public health system and be better prepared for the challenges ahead.

REP. CLAUDINE DIANA D. BAUTISTA-LIM
DUMPER PTDA Partylist

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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 which 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 infections agent of 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;

2. Poses a high probability of any of the following:
   i. A large number of deaths in the affected populations;
   ii. A large number of serious injuries or long-term disabilities in the affected populations;
   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 medicines, 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 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 thereafter; 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. ***Creation of the HEART Board***. – A HEART Board, hereinafter referred to as the Board, is hereby created to ensure efficient and effective mobilization of the HEART. It shall be chaired by the DOH and composed of representatives of the following, as members:

a. Department of 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 the 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 based on 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 (GOCCs) and local government units (LGUs), as necessary. The Board may likewise 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. 7. ***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 responding to public health emergencies and health threats;
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. 8. ***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 implementation, including the maintenance of the database of information system of the HEART.

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

The regional counterparts of the HEART Unit shall be operationalized under their respective Local Disaster Risk Reduction and Management Office which shall act as mobilization centers in times of disasters, public health emergencies or health threats.

Sec. 9. ***Registration and Training***. – The Board shall prescribe a comprehensive guideline for the recruitment and selection of a HEART volunteer.

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

a) Basic training on disaster and health emergency response; and
b) Skills enhancement activities with relevant agencies in both the public and private sectors.

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

Sec. 10. **Registry and Accounting of Members**. – HEART Volunteers shall be issued with individual registration numbers which shall serve as their identification during deployment.

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

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

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

Sec. 11. ***Mobilization***. – The Board shall approve the prompt mobilization of the HEART upon receipt of a request from municipal and city mayors and provincial governors in connection with public health emergency, threats to public health, or a disaster, whether of local or national scale. The HEART may be mobilized partially or in full, as may be necessary.

The Board shall promulgate a mechanism that shall ensure efficient implementation of deployment, assignment areas, deployment periods, how deployment orders are communicated to each volunteer, and to which mobilization center the volunteers will report in accordance with Section 13 on "Accreditation, Mobilization, and Protection of Disaster Volunteers and National Service Reserve Corps, CSOs and Private Sector" of Republic Act No. 10121, otherwise known as the Philippine Disaster Risk Reduction and Management Act of 2010.

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

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

Sec. 13. ***Mobilization Centers***. – Mobilization Centers shall be established in each province as needed where volunteers shall report to once deployment is ordered.

A mobilization center may be any establishment that can adequately house the volunteers, their equipment and supplies during the period of deployment, including multipurpose hall, gymnasium, and other similar structures.

The Board shall, in consultation with the local executives, prescribe the location 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.

Sec. 14. ***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.

Sec. 15. ***Incentives***. – In recognition and appreciation of the HEART volunteers' service rendered during the actual mobilization, implementing agencies may provide volunteers with an allowance as may be determined by the DOH, in coordination with DBM, 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.

Sec. 16. ***Legal Liability and Malpractice Insurance***. – 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 circumstance of an actual public health emergency or its subsequent conditions.

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

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

Sec. 17. ***Termination of Deployment or Demobilization***. – 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 approves 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 the 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 certificates of service rendered pertaining to the deployment are promptly issued.

Sec. 18. ***Annual Report***. The HEART Unit shall prepare and submit an annual report to the Office of the President, through the DOH Secretary, containing the list of accomplishments, status of the operations and program implementation of the HEART.

Sec. 19. ***Appropriations.*** – The funds necessary for the initial implementation of this Act shall be charged against the available funds of the implementing agencies comprising the HEART Board. Thereafter, the funding shall be included in the budget of DOH under the General Appropriations Act.

Sec. 20. ***Implementing Rules and Regulations.*** – Within 90 days from the effectivity of this Act, the HEART Board shall, in consultation with other stakeholders, shall promulgate the necessary rules and regulations to implement this Act.

Sec. 21. ***Separability Clause.*** – If any provision of this Act is held invalid, the other provisions not affected shall remain in full force and effect.

Sec. 22. ***Repealing Clause***. – All laws, decrees, order, rules and regulations, or parts thereof, inconsistent with the provisions if this Act are hereby repealed, amended or modified accordingly.

Sec. 23. ***Effectivity***. – This Act shall take effect fifteen (15) days after the completion of its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,