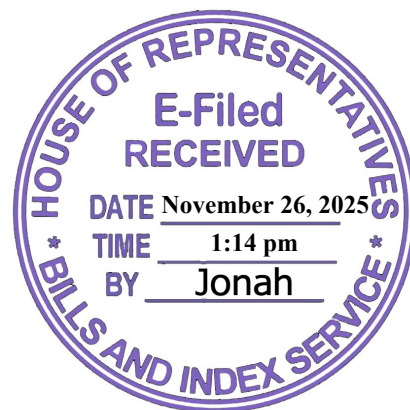


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6405



Introduced by **ANG PROBINSYANO**
Party-List Representative Alfred Delos Santos

EXPLANATORY NOTE

The State, under Article II, Section 15 of the Philippine Constitution, is mandated to protect and promote the right to health of the people and, under Article XIII, Section 11, is likewise responsible for adopting an integrated and comprehensive approach to health development.

Yet, as of 2025, the Philippines continues to grapple with a persistent shortage of medical professionals and the absence of a systematic mechanism for rapid mobilization of health workers during public health emergencies. Despite the enactment of Republic Act No. 11223, the Universal Health Care Act in 2019, implementation has been undermined by workforce gaps, uneven distribution of doctors and nurses, and resource shortages that make it difficult for hospitals, especially in the provinces, to keep health workers employed and available.”

The COVID-19 pandemic revealed the fragility of our health system, but more recent and recurring crises have underscored the urgency of building a resilient, community-based health response. Dengue outbreaks continue to surge annually, with hundreds of thousands of cases reported nationwide, disproportionately affecting Visayas and Mindanao where hospital capacity is weakest¹. Tuberculosis remains a major public health burden, with drug-resistant strains spreading in communities where detection and treatment are delayed due to lack of personnel. Climate-related disasters such as typhoons, floods, and prolonged heat waves have triggered spikes in leptospirosis, waterborne diseases, and heat-related illnesses, overwhelming local health units that lack sufficient doctors and nurses. At the same time, the growing mental health crisis has become more visible, with rising cases of depression and anxiety across the country, yet provinces remain underserved by trained professionals who can provide timely interventions.

The Ang Probinsyano Party List emphasizes that provincial empowerment and humane regulation must be at the heart of health policy. Establishing a Medical Reserve Corps directly addresses this gap by creating

¹ <https://www.pna.gov.ph/articles/1244861>

a structured pool of medical professionals, including doctors, nurses, midwives, and allied health workers, who can be mobilized during emergencies. It ensures equitable deployment to underserved provinces and barangays, bridging the urban-rural divide, and strengthens disaster preparedness by integrating the Corps into local government units, barangay health systems, and community-based response networks. It also provides training and incentives to ensure readiness, sustainability, and retention of medical professionals within the country.

This measure is not only a response to past crises but a forward-looking investment in health security, provincial resilience, and community empowerment. By institutionalizing the Medical Reserve Corps, the State fulfills its constitutional duty while advancing APPL's advocacy for inclusive, humane, and grassroots-centered governance.

It is for these reasons that the immediate passage of this bill is earnestly sought.



ALFRED C. DELOS SANTOS

Representative, Ang Probinsyano Party-List

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AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES

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

SECTION 1. *Short Title.* – This Act shall be known as the “Medical Reserve Corps Act of 2025.”

SECTION 2. *Declaration of Policy.* – It shall be the policy of the State:

- a) To institutionalize the vital role of medical and health-related personnel in nation-building, promote and protect their physical, moral, spiritual, intellectual, and social well-being; to instill upon them patriotism and nationalism, and encourage their involvement in public and civic affairs; and
- b) To train, equip and organize medical and health-related personnel, within the current frameworks of national and territorial defense, law enforcement and peace and order, and national disaster risk reduction and management, to prepare them for rapid mobilization at the soonest possible time in order to address national and/or local contingencies which may require manpower beyond the capabilities of existing national government agencies or local government units.

SECTION 3. *Medical Reserve Corps.* – There is hereby established a Medical Reserve Corps which shall be composed of all persons who have degrees in the field of medicine, nursing, medical technology, and other health-related fields but have yet to have their respective licenses to practice for reasons such as, but not limited to, not having taken and/or passed the licensure examinations in their respective professions.

SECTION 4. *Medical Reserve Corps Mobilization.* – In times of national emergencies and other contingencies, the members of the Medical Reserve

Corps may be called upon and mobilized to assist the national government, its agencies and instrumentalities, and the local government in their functions related to addressing the medical needs of the public.

The mobilization shall be initiated by the Secretary of the Department of Health (DOH), in coordination with the Secretaries of the Department of National Defense (DND), the Department of Education (DepEd), and the Department of Interior and Local Government (DILG), or their duly authorized representatives with a rank of at least Undersecretary.

From time to time as manpower and training resources may allow during the period of national emergencies and other contingencies, the Medical Reserve Corps may be called to take refresher courses to maintain and enhance their level of competency and readiness for mobilization.

SECTION 5. *Annual Reports.* – The DOH shall regularly publish an annual report containing a list of its accomplishments, the status of its operations, the number and demography of the Medical Reserve Corps, 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 6. *Request for Deployment.* – The Medical Reserve Corps may be called upon and mobilized to assist the national government, its agencies and instrumentalities, and the local government units in their functions related to addressing the medical needs of the public through requests for deployment by the heads of such national government agencies or local government units submitted to the DOH. The requests shall contain a justification for the deployment of the Corps and shall contain information as may be required by the DOH, including the nature of the national or local contingencies to be addressed, the purpose of the requested deployment, the number of personnel requested to be deployed, and the period of deployment.

SECTION 7. *Evaluation of the Request for Deployment.* – The DOH shall evaluate the requests for deployment. When the number of personnel requested does not exceed one hundred and fifty (150) and the period of deployment does not exceed sixty (60) days, the DOH shall decide whether to approve or disapprove the request within twenty-four (24) hours from receipt thereof. When the number of personnel requested exceeds one hundred and fifty (150) or the period of deployment exceeds sixty (60) days, the DOH shall make a recommendation to the Office of the President (OP) within twenty-four (24) hours from receipt of the request. The OP shall decide whether to approve or disapprove the request within twenty-four (24) hours from receipt of the recommendation of the DOH.

In case of the approval of the request for deployment, the DOH shall issue an Order of Deployment requiring the Corps, or a number thereof, to assist the national government, its agencies and instrumentalities, and the local government units in their functions related to addressing the health-related needs of the public.

SECTION 8. *Deployment in case of a Declaration of a State of War, State of Lawless Violence, or a State of Calamity; Nationwide Mobilization.* – In case of a declaration of a state of war, state of lawless violence, or state of calamity, the DOH may *motu proprio* recommend the mobilization of the Corps to the President of the Philippines. The President of the Philippines, by himself, shall also have the power to order the mobilization of the Corps to respond to national or local contingencies related to external and territorial defense, internal security and peace and order, and/or disaster risk reduction management.

SECTION 9. *Mobilization Centers.* – There shall be established in each province and city as many mobilization centers as needed according to the number and geographical distribution of the Corps, where they will report in case of deployment.

In case of mobilization, the equipment of the Corps shall be applied in close coordination with the DOH and other national agencies and offices, with the end view of achieving rapid mobilization.

SECTION 10. *Expenses of Deployment.* – Upon deployment, the national government agency or the local government unit to which the Corps is deployed shall shoulder the operational expenses of deployment.

SECTION 11. *Operationalization of Deployment.* – The DOH shall promulgate the specific 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.

SECTION 12. *Serial Numbers and Registry.* – Upon completion of their respective degrees, the graduates shall be issued individual identification numbers, which will serve as their identification in case of deployment.

The DOH shall maintain and update a registry/database containing the names of the members of the Corps, their identification numbers, address, contact details, and such other information as the DOH may determine, in accordance with any applicable privacy laws. For this purpose, all public and private colleges, universities, and learning institutions are hereby mandated to annually transmit their records of the graduates covered under this Act to the DOH, in the form as may be determined by the DOH.

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 the DOH shall be sufficient notice for purposes of deployment.

SECTION 13. *Termination of Deployment.* – Upon the expiration of the requested period of deployment, without an extension having been requested and approved by the DOH, the Corps shall be discharged of its duties. The

deployment may also be terminated earlier upon a determination by the DOH, in consultation with the requesting national government agency or local government unit, that such deployment is no longer in accordance with the objectives and purposes of this Act.

SECTION 14. *Effect on Employment.* – Deployment of employees in accordance with the provisions of this Act shall not be a ground for dismissal or diminution of any benefit enjoyed by such graduates prior to their deployment. The members of the Corps shall be entitled to their regular wage or salary during the period of their employment.

SECTION 15. *Medical Reserve Corps Fund.* – A Medical Reserve Corps Fund is hereby established exclusively for the implementation of the objectives and purposes of this Act. The Office of the President shall monitor and evaluate the activities and the balances of the Fund.

SECTION 16. *School Fees.* – Public colleges, universities, and similar learning institutions covered by Republic Act No. 10931, otherwise known as the Universal Access to Quality Tertiary Education Act, shall not collect any fee from the members of the Medical Reserve Corps in addition to the normal fees and charges pertinent to their education and training in said colleges, universities, and other similar institutions.

SECTION 17. *Appropriations.* – The Medical Reserve Corps Fund shall be included in the annual General Appropriations Act.

SECTION 18. *Audit of Funds.* – Audit of any and all funds used through the implementation of this Act shall be in accordance with the audit jurisdiction of the Commission on Audit, the Bureau of Internal Revenue, and the Department of Health, under existing laws and regulations.

SECTION 19. *Penal Provisions; Failure to Respond.* – Failure to respond to the order of deployment despite notice sent to the address and/or contact details on file with the DOH without any justifiable reason shall, upon conviction by a civil court, be punishable as follows:

- a) First Offense: One hundred and twenty (120) hours of community service;
- b) Second Offense: Two hundred and forty (240) hours of community service; and
- c) Third and Subsequent Offenses: Four hundred and eighty (480) hours of community service.

SECTION 20. *Disciplinary and Corrective Proceedings.* – Administrative offenses committed by persons involved in or in relation to the implementation of this Act, shall be subject to administrative penalties in accordance with the applicable civil service rules or the rules and regulations of the Professional Regulation Commission, as the case may be.

SECTION 21. *Implementing Rules and Regulations (IRR).* – The DOH shall formulate and approve the necessary rules and regulations to implement the objectives and purposes of this Act within thirty (30) days from its effectivity. The rules and regulations shall include provisions on the structure and organization of the Corps, the specific mechanisms for the efficient mobilization and deployment of the Corps, and such other matters as the DOH may deem necessary or essential to fully implement the objectives and purposes of this Act.

SECTION 22. *Separability Clause.* – If any provision of this Act shall be declared unconstitutional or invalid, such declaration shall not invalidate other parts thereof which shall remain in full force and effect.

SECTION 23. *Repealing Clause.* –All laws, executive orders, presidential decrees or issuances, letters of instruction, administrative orders, rules, and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 24. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,