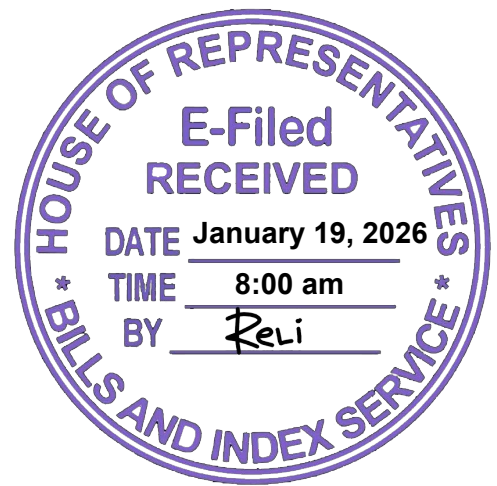




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session



House Bill No. 7165

Introduced by CIBAC Party-List Representative
EDUARDO “BRO. EDDIE” C. VILLANUEVA

EXPLANATORY NOTE

The Constitution mandates the State to protect and promote the right to health of the people and to adopt an integrated and comprehensive approach to health development. Recent public health emergencies, natural disasters, and large-scale crises have demonstrated that while the country has dedicated health professionals, the existing healthcare workforce can be rapidly overwhelmed during periods of surge demand.

The COVID-19 pandemic, successive natural disasters, and recurring outbreaks of infectious diseases exposed systemic gaps in the availability, deployment, and rapid scaling of health human resources. These events underscored the absence of a formal, organized, and continuously trained reserve pool of medical and health-related personnel who can be immediately mobilized to support the public health system in times of emergency.

This bill seeks to institutionalize the Medical Reserve Corps (MRC) as a standing, organized, and trained reserve force under the Department of Health. The MRC shall serve as a force multiplier for the national and local healthcare systems, composed of medical experts, licensed health professionals, members of the Armed Forces of the Philippines Medical Service, scientists, and trained non-medical volunteers who can be mobilized during disasters, epidemics, pandemics, and other public health emergencies.

The measure provides a clear legal framework for the organization, registration, training, mobilization, deployment, protection, and compensation of MRC members. It emphasizes preparedness through compulsory basic training and continuing capacity-building programs, ensuring that reserve members remain ready, skilled, and responsive to various emergency scenarios. It likewise establishes a registry and identification system to enable efficient accounting, coordination, and deployment of personnel.

The bill balances civilian public health leadership with operational support from the Armed Forces of the Philippines, particularly in logistics, training, and large-scale

mobilization, while preserving the civilian character of public health response. It also aligns with existing disaster risk reduction and health emergency laws, including Republic Act No. 11332, and supports the country's commitments under the Sustainable Development Goals, particularly SDG 3 on health and well-being.

By providing legal protection, compensation, and benefits to MRC members, the measure ensures that participation in the reserve corps does not result in undue personal or professional disadvantage, while encouraging volunteerism and sustained engagement among health workers and trained civilians.

Ultimately, the institutionalization of the Medical Reserve Corps strengthens national health security, enhances surge capacity, and ensures a more proactive, coordinated, and resilient response to public health emergencies of both national and local scale.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


EDUARDO "BRO. EDDIE" C. VILLANUEVA



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HOUSE BILL NO. 7165

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AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS AND APPROPRIATING FUNDS THEREFOR

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

1 **SECTION 1. Short Title.** - This Act shall be known as the *"Medical Reserve*
2 *Corps Act."*
3

4 **SEC. 2. Declaration of Policy.** - Article 11, Section 15 of the 1987 Constitution
5 enjoins the State to protect and promote the right to health of the people and instill
6 health consciousness among them. Article XII, Section 11 also provides for the
7 adoption of an integrated and comprehensive approach to health development. The
8 State further reiterates its commitment to the attainment of the Sustainable
9 Development Goals (SDGs), particularly SDG 3, which calls on states to ensure
10 healthy lives and promote the well-being of people of all ages.
11

12 The State also recognizes the need for a reserve force of highly skilled and
13 medically trained professionals and volunteers who can be mobilized to maintain the
14 capacity to meet surges in the demand for the country's healthcare system and provide
15 assistance as may be needed in times of health crises.
16

17 Pursuant to this, it is hereby declared the policy of the State to maintain a strong,
18 proactive, and responsive healthcare system at all times, the workforce complement
19 of which can be expanded rapidly by a well-trained and well-equipped Medical
20 Reserve Corps (MRC) in times of public health emergency and health threats.
21 Towards this end, the State shall enhance the capacity of the nation to produce and
22 call on the needed manpower and expand its human resources for health in times of
23 disasters and public health emergencies of both national and local scale through the
24 mobilization of the MRC.
25

26 **SEC. 3. Medical Reserve Corps Service.** - The MRC shall be composed of
27 medical experts, scientists, licensed medical practitioners, members of the Reserve

Force of the Armed Forces of the Philippines (AFP) in the medical service, and non-medical volunteers trained for health emergencies and other necessary skills, with a primary mission of supporting the public health system during periods of disasters and other health emergencies. The MRC shall be organized, trained, developed, and maintained to ensure their readiness to immediately respond to the call to service.

SEC. 4. Organization. - The Department of Health (DOH) shall create the MRC under its Health Emergency Management Bureau (HEMB). The organization, structure, and manning of the MRC shall be set up in such a manner that is necessary to make it effective, efficient, and responsive to local and national disasters and other health emergencies, under such rules and regulations as the Secretary of Health may prescribe.

SEC. 5. Registration and Training. - The DOH shall draft guidelines for the recruitment, selection, compensation, other 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 where all recruits shall undergo training on disaster and health emergency response, the organization and structure of the MRC, and such other areas as may be prescribed by the DOH. Volunteers without any health specializations shall be trained in basic health and medical skills, and/or such other skills deemed necessary to respond to health emergencies. In all cases, recruits shall be given compensation for their time during compulsory basic training; and
- b) Continuing training, in coordination with relevant and qualified agencies in the public and private sector, including but not limited to the AFP and the National Disaster Risk Reduction and Management Council (NDRRMC), to provide the training and other activities that will improve and reinforce their skills. All registered members shall undergo continuing training on a regular basis to upgrade their proficiency.

Successful completion of 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.

SEC. 6. Registry and Accounting of Members of the MRC. - Registered members of the MRC shall be issued individual serial numbers which shall serve as their identification in case of deployment. An MRC identification card that describes the certification information of members, as well as other necessary identifying information, as may be determined by the DOH, shall also be issued.

The DOH shall maintain and update a registry containing the names of MRC members, their serial numbers, addresses, contact details, and such other information as may be determined by the DOH, in accordance with the applicable privacy laws.

1 **SEC. 7. MRC Mobilization.** - The prompt mobilization of the MRC shall be
2 carried out by authority of the Secretary of Health, upon the recommendation of the
3 Director of the HEMB or upon the request of national government agencies or local
4 government units (LUs) in order to meet the needs of the populace in times of public
5 health emergencies, whether of local or national scale, and for such other purposes in
6 response to threats to public health.

7
8 The MRC may be mobilized partially or in full as may be necessary. The DOH
9 shall promulgate the mechanism by which deployment is efficiently implemented,
10 including the organization of the corps to be deployed, their territorial assignments, the
11 manner of communicating deployment orders to each member, and to which
12 mobilization center they will report.

13
14 For the purposes of this Act, "public health emergencies" shall have the same
15 meaning as defined in Republic Act No. 11332, otherwise known as the "Mandatory
16 Reporting of Notifiable Diseases and Health Events of Public Health Concern Act."

17
18 **SEC. 8. Deployment Order.** - The President of the Philippines, upon
19 recommendation of the Secretary of Health, may order the nationwide mobilization of
20 the MRC to complement the AFP Medical Corps in case of a declaration of a state of
21 war, state of lawless violence, or state of calamity.

22
23 **SEC. 9. Mobilization Centers.** - There shall be established in each province as
24 many mobilization centers as needed to which members of the MRC shall report when
25 mobilization is ordered.

26
27 Mobilization centers may be any establishment or facility that can adequately
28 house the MRC members, and their equipment and supplies during the period of
29 deployment, including, but not limited, to multi-purpose halls, gymnasiums, and other
30 similar structures, and based on other requirements that the DOH shall prescribe. The
31 DOH, in consultation with the local executives, shall likewise prescribe the location of
32 the mobilization centers.

33
34 **SEC. 10. Mobilization Stock.** -The minimum essential medical equipment and
35 supplies for individuals and organizations shall be procured, stored, and maintained
36 to enhance rapid transition to readiness the required for deployment in the shortest
37 possible time.

38
39 The DOH shall maintain the necessary capacity to scale up the procurement of
40 equipment and supplies as may be needed during the period of mobilization.

41
42 **SEC. 11. Enlistment of the AFP.** - The Secretary of Health may enlist the AFP
43 to provide expertise on the organization and structure of the MRC for efficient, effective,
44 and swift deployment, as well as for training of the MRC recruits on disaster and
45 emergency response.

46
47 The Secretary of Health may also recommend to the President the enlistment of
48 the AFP to supplement the mobilized MRC for the purpose of providing logistics and
49 manpower for large-scale operations in times of public health emergency, contact
50 tracing and monitoring of suspected cases, enforcing quarantine measures in specific

1 areas or facilitating the transport of emerging infectious disease patients, and for such
2 other related purposes.

3
4 **SEC. 12. Protection of MRC Members.** - All MRC members shall be accorded
5 protection as provided by existing labor laws and relevant occupational safety and
6 health standards. Discrimination based on their status as MRC members shall also be
7 strictly prohibited.

8
9 **SEC. 13. Compensation and Benefits.** - Members of the MRC who have
10 rendered service shall receive compensation, allowances, medical and hospitalization
11 benefits, and other privileges and benefits during the mobilization period, to be
12 determined by the DOH, in accordance with relevant laws, executive orders, rules and
13 regulations, and other issuances.

14
15 **SEC. 14. Demobilization.** - When the threat or emergency for which mobilization
16 had been ordered has passed, the Secretary of Health shall order the demobilization
17 of the MRC, and the mobilized members shall be reverted to inactive status.

18
19 **SEC. 15. Implementing Rules and Regulations.** - Within thirty (30) days from
20 the effectivity of this Act, the Secretary of Health, in consultation with the AFP and
21 other relevant stakeholders, shall promulgate the necessary rules and regulations to
22 effectively implement the provisions of this Act.

23
24 Failure of the relevant government agencies to promulgate the IRR within the
25 specified period shall subject the heads of these government agencies to
26 administrative penalties under applicable civil service laws.

27
28 Should the IRR contain provisions that are contrary to this Act, the heads of the
29 government agencies responsible for such provision, when done in bad faith or with
30 gross negligence, shall be held administratively liable.

31
32 **SEC. 16. Appropriations.** - The funds necessary for the initial implementation
33 of this Act shall be charged against the appropriations of the DOH as needed.
34 Thereafter, funding shall be included in the budget of the DOH under the annual
35 General Appropriations Act.

36
37 **SEC. 17. Separability Clause.** – If any portion or provision of this Act is declared
38 unconstitutional, the remainder hereof or any provisions not affected thereby shall
39 remain in force and effect.

40
41 **SEC. 18. Repealing Clause.** – Any law, presidential decree or issuance,
42 executive order, letter of instruction, rule, or regulation inconsistent with the provisions
43 of this Act is hereby repealed or modified accordingly.

44 **SEC. 19. Effectivity.** – This Act shall take effect fifteen (15) days after its
45 complete publication in the Official Gazette or in a newspaper of general circulation.

46
47 *Approved,*