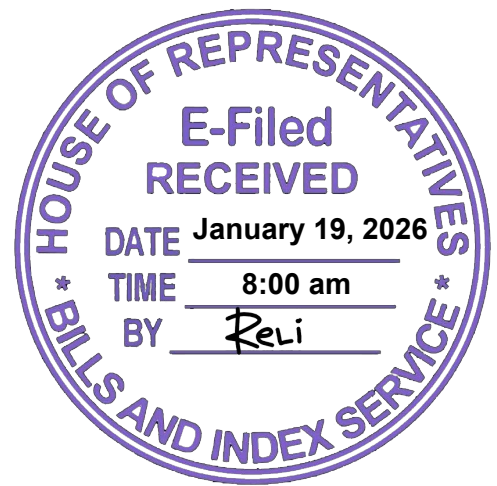




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session



House Bill No. 7171

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

EXPLANATORY NOTE

The Constitution mandates the State to adopt an integrated and comprehensive approach to health development and to ensure that essential health goods and services are available and accessible to the people. Public health emergencies and large-scale disasters in recent years have underscored the critical importance of preparedness, particularly the availability of personal protective equipment (PPE) for healthcare workers and workers in critical industries.

The COVID-19 pandemic exposed severe gaps in the country’s capacity to procure, store, and rapidly deploy PPE. Shortages, delayed distribution, expired supplies, and reliance on emergency procurement mechanisms placed frontline workers at heightened risk, disrupted essential services, and compromised public confidence in the State’s ability to respond effectively to health crises. These shortcomings were not solely the result of global supply constraints, but also of the absence of a permanent, institutionalized stockpiling system.

This bill seeks to address these vulnerabilities by mandating the establishment and maintenance of a national PPE stockpile under the Department of Health. The measure institutionalizes preparedness by requiring adequate reserves of new, unexpired, and unused PPE sufficient to cover healthcare workers and workers in critical industries for a defined minimum period during public health emergencies.

The bill provides clear policy direction on procurement, storage, inventory management, rotation, and replenishment of PPE to prevent wastage and ensure readiness. It also establishes principles for equitable and risk-based distribution during emergencies, prioritizing areas with high infection rates and underserved populations. By requiring private healthcare facilities to maintain their own PPE stockpiles, the measure further strengthens system-wide resilience and reduces overreliance on government reserves.

Importantly, the bill aligns PPE stockpiling with existing procurement and emergency powers, allowing flexibility during crises while maintaining accountability under existing laws and regulations. It likewise ensures fiscal responsibility by

integrating funding into the regular budgetary process of the Department of Health and the annual General Appropriations Act.

By institutionalizing PPE stockpiling as a permanent component of national health security, this measure aims to protect frontline workers, maintain continuity of essential services, and ensure a faster, more coordinated response to future public health emergencies and disasters.

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. 7171

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EDUARDO "BRO. EDDIE" C. VILLANUEVA

AN ACT
MANDATING THE STOCKPILING OF PERSONAL PROTECTIVE EQUIPMENT,
AND APPROPRIATING FUNDS THEREFOR

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 "*PPE Stockpiling Act.*"

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to adopt an integrated and comprehensive approach to health development, which endeavors to make essential goods, and health and social services available to all the people at an affordable cost. Towards this end, the State shall ensure the availability, adequacy, and accessibility of Personal Protective Equipment (PPE) and other critical and strategic materials during public health emergencies and other similar crises by establishing and institutionalizing a national stockpiling system. Such system shall guarantee that, in times of need, the supply of these materials shall remain sufficient, sustainable, and readily deployable to protect the health and safety of all workers and the public.

SEC. 3. Definition of Terms. – For purposes of this Act, the following terms are hereby defined as follows:

- a) Workers in Critical Industries refers to workers in critical establishments, such as, but not limited to, the following who are exposed to danger, contagion, virus, disease, or peril from health crises and natural calamities:
- (1) Hospitals, sanitarium, rural health units, main health centers, health infirmaries, barangay health stations, clinics, laboratories, and other health-related establishments;
 - (2) Morgues and mortuaries;
 - (3) Banks and other financial institutions providing money transfer services;
 - (4) Convenience stores, grocery stores, public markets, and supermarkets;

- (5) Pharmacies, drugstores, or similar establishments authorized to dispense medicines;
- (6) Restaurants;
- (7) Food and medical manufacturing establishments;
- (8) Telecommunications and mass media companies;
- (9) Electric generation, transmission, and distribution companies;
- (10) Water distribution companies, including water delivery, and refilling stations;
- (11) Gasoline stations and oil companies;
- (12) Sanitation personnel;
- (13) Logistics and warehouse facilities;
- (14) Delivery and public transportation companies;
- (15) Civil aviation and maritime transport related companies;
- (16) Companies involved in the Philippine capital market, such as the Philippine Stock Exchange and Philippine Dealing and Exchange Corporation, among others;
- (17) Hotels and similar establishments, upon such terms and conditions as the appropriate agencies overseeing the calamity, disaster or public health emergency prescribe; and
- (18) Such other establishments which may be considered essential or critical considering the nature of the state of calamity or emergency or public health concern.

b) Healthcare worker means any worker who provides direct patient care and services including, but not limited, to physicians, pharmacists, clinicians, nurses, aides, technicians, janitorial and housekeeping staff, food services workers, and nonmanagerial administrative staff, regardless of status of employment; and

c) Personal Protective Equipment or PPE refers to protective equipment designed to safeguard the eyes, face, head, and extremities, and includes protective clothing, respiratory devices, protective shields, and barriers, such as, but not limited to, the following: N95 and other filtering facepiece respirators; elastomeric air-purifying respirators with appropriate particulate filters or cartridges; powered air-purifying respirators (PAPRs); disinfecting and sterilizing devices and supplies; medical gowns and apparel; face masks and surgical masks; face shields; gloves; and shoe coverings.

SEC. 4. PPE Stockpile. – The Department of Health (DOH) shall establish and maintain a PPE stockpile that would be adequate for all workers in critical industries and healthcare workers for a period of ninety (90) days and upon such guidelines as may be issued by the DOH, in coordination with proper government agencies.

As far as practicable, the guidelines for the procurement, management, and distribution of PEs shall take into account all of the following:

- a) The various types of PPE that may be required during a pandemic or other health emergency;
- b) The shelf life of each type of PPE and how to restock each type of PPE, ensuring that the supply consists of unexpired PPE;

- c) The quantity and amount of each type of PPE that would be required for all healthcare workers and essential workers during a pandemic or other health emergency;
- d) Instructions, guidelines, rules and regulations of the government on the procurement, management, and distribution of materials, supplies, and resources;
- e) Designation of storage of PPEs that is proper, safe, and accessible for use during emergencies;
- f) The formulation of policies and standards for PPE surge capacity, to ensure the availability, adequacy, and accessibility of PPE for all workers during health crises and natural calamities;
- g) The establishment of protocols for the prioritization of distribution in the event that the available supply of PPE is insufficient to meet the requirements of providers or employers of essential workers, taking into consideration the following factors:
 - (1) Whether the concerned worker, facility, or establishment is located in an area with a high concentration of low-income residents or is otherwise classified as an underserved area; and
 - (2) Whether the concerned worker, facility, or establishment is situated in a locality with a high infection rate or hospitalization rate attributable to the declared public health emergency.

Private healthcare facilities shall also be required to establish and maintain a PPE stockpile to ensure their adequate supply of PEs in times of national emergency or other public health emergency.

SEC. 5. Inventory Level of New and Unexpired PPEs. – In all cases, all PPE maintained under the national stockpile shall be new, unexpired, and unused. The DOH shall implement a routine inspection and rotation system to ensure that PPE items are periodically assessed, replaced, and maintained in a state of readiness, thereby preventing expiration and deficiencies in stored supplies.

In the event that the inventory of any type of PPE falls below the mandated minimum level as a result of its distribution to healthcare workers or workers in critical industries during a declared state of emergency, the DOH shall, as far as practicable, ensure the replenishment of such inventory to the prescribed level within thirty (30) days.

In circumstances where a supply shortage or similar exigency prevents the timely replenishment of stockpiles, the DOH shall be authorized to undertake negotiated or emergency procurement, subject to existing laws, rules, and regulations governing such procurement processes.

SEC. 6. Appropriations. – The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

1 **SEC. 7. Implementing Rules and Regulations.** - Within sixty (60) days from
2 the effectivity of this Act, the DOH shall, in consultation with the relevant government
3 agencies and other stakeholders, promulgate the necessary rules and regulations to
4 effectively implement the provisions of this Act.

5
6 **SEC. 8. Separability Clause.** – If any portion or provision of this Act is declared
7 unconstitutional, the remainder hereof or any provisions not affected thereby shall
8 remain in force and effect.

9
10 **SEC. 9. Repealing Clause.** – Any law, presidential decree or issuance,
11 executive order, letter of instruction, rule, or regulation inconsistent with the provisions
12 of this Act is hereby repealed or modified accordingly.

13 **SEC. 10. Effectivity.** – This Act shall take effect fifteen (15) days after its
14 complete publication in the Official Gazette or in a newspaper of general circulation.

15
16 *Approved,*