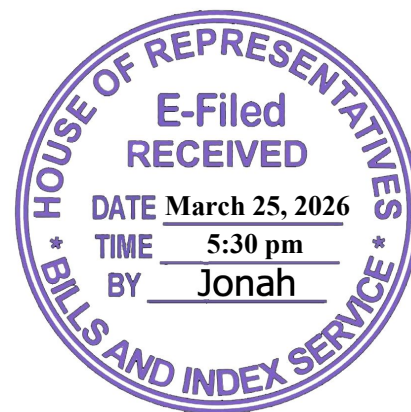


Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

TWENTIETH CONGRESS  
First Regular Session

HOUSE BILL NO. **8784**



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Introduced by **REP. NATHANIEL “Atty. Nat” M. ODUCAO**

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### **EXPLANATORY NOTE**

This bill seeks to establish the Health Emergency Auxiliary Reinforcement Team (HEART) under the Department of Health (DOH), a reserve corps of trained health professionals and volunteers who can be mobilized to augment the country’s healthcare workforce during public health emergencies and other health crises.

The COVID-19 pandemic exposed significant gaps in the capacity of the Philippine health system to rapidly respond to large-scale emergencies. Hospitals, healthcare facilities, and frontline workers were often overwhelmed by sudden surges in demand for medical services. These challenges underscored the urgent need for a more agile, responsive, and adequately staffed health system capable of scaling up quickly during crises. As the country continues to face threats from pandemics, natural disasters, and other unforeseen public health emergencies, it is imperative to institutionalize mechanisms that can provide immediate reinforcement to the healthcare workforce.

Anchored on Article II, Section 15 of the 1987 Constitution, which mandates the State to protect and promote the right to health of the people, this proposed measure seeks to strengthen the country’s emergency health response capacity. It also supports the attainment of Sustainable Development Goal 3, which calls for ensuring healthy lives and promoting well-being for all at all ages.

The HEART system is designed to complement, not replace, the existing healthcare workforce. It establishes a reserve force composed of highly skilled health professionals and trained volunteers who can be readily mobilized during public health emergencies and other health threats. Through this mechanism, the government will be better prepared to address sudden increases in demand for healthcare services while maintaining continuity of essential health operations.

To ensure effective implementation, the bill creates the HEART Board, which will oversee the organization, training, mobilization, and deployment of the auxiliary team. The Board will be chaired by the DOH and composed of representatives from key government institutions, including the Department of the Interior and Local Government, Department of National Defense, Commission on Higher Education, Professional Regulation Commission, Armed Forces of the Philippines, Office of Civil Defense, and a representative from a recognized non-governmental health professional organization.

The HEART Board will coordinate closely with the National Disaster Risk Reduction and Management Council (NDRRMC) and the Philippine National Volunteer Service Coordinating Agency (PNVSCA) to ensure proper alignment with existing disaster response and volunteer

mobilization systems. It will also encourage the participation of government-owned and controlled corporations, local government units, civil society organizations, and the private sector to strengthen a whole-of-government and whole-of-society approach to emergency health response.

Among the key features of the bill are the establishment of a national registry of volunteers, the creation of mobilization centers, and the implementation of regular training programs to ensure the readiness of members of the HEART system. The measure also provides legal protection, emergency insurance coverage, and appropriate incentives for volunteers who render service during emergencies. In addition, it establishes mechanisms for deployment, reporting, and demobilization once the emergency situation has subsided.

This measure has been identified as a priority legislation by the administration. It was endorsed by the Legislative-Executive Development Advisory Council (LEDAC) as part of the Common Legislative Agenda during the Nineteenth Congress and was highlighted by Ferdinand Marcos Jr. in his first State of the Nation Address. The proposal is also supported by Ferdinand Martin Romualdez as one of its principal sponsors, underscoring the urgency of strengthening the country's health emergency response system.

The establishment of the HEART system is a crucial step toward reinforcing the nation's healthcare capacity during times of crisis. By institutionalizing a trained and organized reserve force, the country can respond more effectively to public health emergencies while fostering a culture of preparedness, volunteerism, and national resilience.

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

A handwritten signature in black ink, appearing to read 'N. Oducado', with a small circular stamp containing a number '8' to the right.

**REP. NATHANIEL “ATTY. NAT” M. ODUCADO**  
1Tahanan Party List

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HOUSE BILL NO. **8784**

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Introduced by **REP. NATHANIEL “ATTY. NAT” M. ODUCAO**

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**AN ACT CREATING THE HEALTH EMERGENCY AUXILIARY  
REINFORCEMENT TEAM UNDER THE DEPARTMENT OF HEALTH 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 “ *Health Emergency Auxiliary*  
2       *Reinforcement Team (HEART) Act*”

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

9       The State recognizes the need for a reserve force of highly skilled and health-oriented  
10      professionals and volunteers who can be mobilized to maintain the capacity to meet surges in  
11      the demand for additional manpower in the country’s healthcare system and provide assistance  
12      as needed in times of health crises.

13      Pursuant to this, it is the policy of the State to:

- 14      a. Prioritize the health of its citizens whether in the country or overseas by maintaining  
15      a strong and resilient healthcare system at all times that will immediately,  
16      efficiently, and effectively address all potential and actual public health  
17      emergencies; and

- 1           b. Promote the spirit of “Bayanihan” and enhance the capacity of the nation to expand  
2           its human health resources in times of disasters, public health emergencies and  
3           health threats of both national and local scale through the mobilization of the Health  
4           Emergency Auxiliary Reinforcement Team.

5           **SEC. 3. *Definition of Terms.*** – As used in this Act:

- 6           a. *Allied health professionals* refer to professions who are involved with the delivery  
7           of health or related services such as the identification, evaluation and prevention of  
8           diseases and disorders, dietary and nutrition services, and rehabilitation and health  
9           systems management. Allied health professionals include, among others, dental  
10          hygienists, diagnostic medical sonographers, dietitians, medical technologists,  
11          occupational therapists, physical therapists, radiographers, respiratory therapists,  
12          and speech language pathologists;
- 13          b. *Bayanihan* refers to the value of communal unity through helping others to achieve  
14          a certain goal without expecting anything in return;
- 15          c. *Deployment* refers to the actual movement of workforce to the assigned area within  
16          a prescribed period;
- 17          d. *Health Emergency Auxiliary Reinforcement Team* refers to a group of individual  
18          volunteers who are in the field of medicine, nursing, medical technology, and other  
19          allied health-related fields who are ready to be deployed to complement the health  
20          workforce in the event of a public health emergency and health threat;
- 21          e. *Health threat* refers to a condition, agent, or incident that greatly impacts the health  
22          that leads to disease, accident, injury, and loss of life;
- 23          f. *Mobilization* refers to the process and procedures for activating, assembling, and  
24          transporting the needed health workforce to respond to a public health emergency  
25          and health threat;

- 1       g. *Mobilization center* refers to the establishment where the Health Emergency  
2       Auxiliary Reinforcement Team shall report upon receipt of the order for  
3       mobilization, coordinate their mission order and mobilization-related issues and  
4       concerns, and submit their report upon receipt of the order for demobilization;
- 5       h. *Public health emergency* refers to an occurrence that poses an imminent threat of  
6       an illness or health condition as defined in Republic Act No. 11332, otherwise  
7       known as the Mandatory Reporting of Notifiable Diseases and Health Events of  
8       Public Health Concern Act, that:
- 9       1. Is caused by any of the following:
- 10           i. Bioterrorism;
- 11           ii. Appearance of a novel or previously controlled or eradicated infectious  
12           agent or biological toxin;
- 13           iii. A natural disaster;
- 14           iv. A chemical attack or accidental release;
- 15           v. A nuclear attack or accident; or
- 16           vi. An attack or accidental release of radioactive materials; and
- 17       2. Poses a high probability of any of the following:
- 18           i. A large number of deaths in the affected population;
- 19           ii. A large number of serious injuries or long-term disabilities in the  
20           affected population;
- 21           iii. Widespread exposure to an infectious or toxic agent that poses a  
22           significant risk of substantial harm to a large number of people in the  
23           affected population;
- 24           iv. International exposure to an infectious or toxic agent that poses a  
25           significant risk to the health of citizens; or

1 v. Trade and travel restrictions

2 i. *Volunteers* refer to those who freely register to be members of the HEART.

3 **SEC. 4. *Scope.*** – This Act provides for the organization of the Health Emergency  
4 Auxiliary Reinforcement Team, hereinafter referred to as the HEART, the development of  
5 policies, plans, guidelines, and the implementation of actions pertaining to the mobilization,  
6 services, and protection of the HEART in times of disasters, public health emergencies and  
7 health threats.

8 **SEC. 5. *Health Emergency Auxiliary Reinforcement Team.*** – There is hereby  
9 established a HEART under the Department of Health (DOH) to augment the health workforce  
10 in times of disasters, public health emergencies and health threats. The HEART shall be  
11 composed of the following individuals who shall voluntarily register with the DOH:

- 12 a. Licensed professionals in the fields of medicine, nursing, medical technology, and  
13 other allied health fields including those who are retired and those who are no  
14 longer practicing their professions in a health facility setting. All health and allied  
15 health professional organizations may be tapped for the engagement of  
16 professionals who are not affiliated in any healthcare facility;
- 17 b. Graduates of medicine and allied health courses and medical students who have  
18 completed a one-year medical internship and who have not yet been issued licenses  
19 to practice their respective professions, but due to the need for their services may  
20 be issued a limited and special authorization to render medical services during  
21 public health emergencies or health threats pursuant to Republic Act No. 2382,  
22 otherwise known as the Medical Act of 1959 or as may be amended hereafter; and
- 23 c. Other health support workforce, including barangay health workers, whose services  
24 are necessary in times of disasters, public health emergencies and health threats.

1       **SEC. 6. *The Health Emergency Auxiliary Reinforcement Team Promotion Program.*** –

2       There is hereby established the Health Emergency Auxiliary Reinforcement Team Promotion  
3       Program, which shall refer to the comprehensive set of objectives, targets, strategies and  
4       activities for the promotion, recruitment and selection of a reserve force of highly skilled and  
5       health-oriented professionals and volunteers. It shall include, but not be limited to:

- 6       a. Provision of initiatives that underscore the importance of volunteerism to improve  
7       community health and safety;
- 8       b. Utilization of a medical reserves pool for emergency response and preparedness  
9       initiatives; and
- 10      c. Building partnerships to ensure sustainability of the HEART and its capacity to meet  
11      healthcare system demands during emergencies.

12      **SEC. 7. *Creation of the HEART Board.*** – A HEART Board, hereinafter referred to as the  
13      Board, is hereby created to ensure efficient and effective mobilization of the HEART. It shall  
14      be chaired by the Department of Health (DOH) and composed of representatives of the  
15      following, as members:

- 16      a. Department of the Interior and Local Government (DILG);
- 17      b. Department of National Defense (DND);
- 18      c. Commission on Higher Education (CHED);
- 19      d. Professional Regulatory Commission (PRC);
- 20      e. Armed Forces of the Philippines (AFP);
- 21      f. Office of Civil Defense (OCD); and
- 22      g. One representative from a non-governmental health professional organization.

23      The members of the Board shall designate a representative, with a rank not lower than  
24      Assistant Secretary or its equivalent, to represent their respective offices in the Board:

1 Provided, That the representative must be fully authorized to decide on behalf of the member-  
2 agency.

3 The AFP shall designate a representative from the Office of the Surgeon General with a  
4 rank not lower than Colonel as its Board representative.

5 The representative from a non-governmental health professional organization shall have a  
6 two (2)-year term of office. The Board shall select the representative based on the guidelines  
7 it shall promulgate: Provided, That the non-governmental health organization is national in  
8 scope and has a good track record in providing emergency health services.

9 The Board shall establish close coordination with the National Disaster Risk Reduction  
10 and Management Council and the Philippine National Volunteer Service Coordinating  
11 Agency. It may call upon any government office or instrumentality, including government-  
12 owned or controlled corporations and local government units (LGUs), as necessary. The Board  
13 may likewise closely coordinate and collaborate with non-governmental health organizations  
14 and the private sector, especially those with actual programs in the delivery of emergency  
15 health services.

16 **SEC. 8. Powers and Functions of the Board.** – The Board shall have the following powers  
17 and functions:

- 18 a. Define and develop the organization, management, mobilization, demobilization, and  
19 reporting mechanisms, policies, and guidelines for the HEART;
- 20 b. Oversee the effective and efficient functioning of the HEART in responding to public  
21 health emergencies and health threats;
- 22 c. Coordinate with concerned national government agencies and other stakeholders in  
23 responding to public health emergencies and health threats; and
- 24 d. Conduct regular meetings every quarter or as often as may be necessary in times of  
25 disasters, during public health emergencies or in the occurrence of health threats.

1       **SEC. 9. *Creation of a HEART Unit.*** – A HEART Unit shall be created by the DOH which  
2 shall serve as the secretariat of the Board. It shall oversee program implementation, including  
3 the maintenance of the database or information system of the HEART.

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

7       The regional counterparts of the HEART Unit shall likewise be allocated additional staff  
8 and personnel to ensure the grassroots implementation of this Act.

9       All LGUs shall ensure that a HEART Unit shall be operationalized under their respective  
10 Local Disaster Risk Reduction and Management Office which shall act as mobilization centers  
11 in times of disasters, public health emergencies or health threats.

12       **SEC. 10. *Registration and Training.*** – The Board shall prescribe a comprehensive  
13 guideline for the recruitment and selection of a HEART volunteer.

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

- 17       a. Basic training on disaster and health emergency response; and  
18       b. Skill enhancement activities with relevant agencies in both public and private sectors.

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

21       **SEC. 11. *Registry and Accounting of Members.*** – HEART Volunteers shall be issued with  
22 individual registration numbers which shall serve as their identification during deployment.

23       A registry or database that contains the names of the volunteers, their registration numbers,  
24 address, contact details and other personal information as may be necessary, shall be

1 maintained and regularly updated in accordance with Republic Act No. 10173, otherwise  
2 known as the Data Privacy Act.

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

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

8 **SEC. 12. *Mobilization.*** – The Board shall approve the prompt mobilization of the HEART  
9 upon receipt of a request from municipal and city mayors and provincial governors in  
10 connection with a public health emergency, threats to public health, or a disaster, whether of  
11 local or national scale. The HEART may be mobilized partially or in full, as may be necessary.

12 The Board shall promulgate a mechanism that shall ensure efficient implementation of  
13 deployment, assignment areas, deployment periods, how deployment orders are communicated  
14 to each volunteer, and to which mobilization center the volunteers will report, taking into  
15 consideration Section 13 on “Accreditation, Mobilization, and Protection of Disaster  
16 Volunteers and National Service Reserve Corps, CSOs, and the Private Sector” of Republic  
17 Act No. 10121, otherwise known as the Philippine Disaster Risk Reduction and Management  
18 Act of 2010.

19 **SEC. 13. *Deployment Order.*** – The President of the Philippines, upon the recommendation  
20 of the HEART Board through a resolution, may order the nationwide mobilization of the  
21 HEART to augment the health workforce in case of a declaration of a state of public health  
22 emergency, state of calamity, and other threats to public health.

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

1       **SEC. 14. *Mobilization Centers.*** – Mobilization Centers shall be established in each  
2 province as needed where volunteers shall report to once deployment is ordered.

3       A mobilization center may be any establishment that can adequately house the volunteers,  
4 their equipment and supplies during the period of deployment, including a multi-purpose hall,  
5 gymnasium, and other similar structures.

6       The Board shall, in consultation with the local executives, prescribe the location of the  
7 mobilization centers. The concerned municipal and city mayors and provincial governors shall  
8 disseminate information on the location of mobilization centers to the widest extent possible.

9       **SEC. 15. *Essential Emergency Commodities.*** – The Board shall ensure that the minimum  
10 essential individual and organizational commodities and medical equipment and supplies shall  
11 be procured, stored, and managed to enhance the rapid transition to readiness required for  
12 deployment of HEART teams in the shortest possible time.

13       The Board shall ensure and maintain its capacity to scale up the procurement of these  
14 equipment and supplies as needed during the period of deployment.

15       **SEC. 16. *Incentives.*** – In recognition and appreciation of the HEART volunteers' service  
16 rendered during the period of actual mobilization, implementing agencies may provide  
17 volunteers with an allowance as may be determined by the Department of Health (DOH), in  
18 coordination with the Department of Budget and Management, subject to availability of funds,  
19 and other existing civil service, budgeting, accounting and auditing rules and regulations.  
20 Notwithstanding the foregoing, nothing in this Act shall be construed as creating an employer-  
21 employee relationship between the government and HEART volunteers.

22       **SEC. 17. *Legal Liability.*** – No volunteer shall be held liable for the death or injury to any  
23 person or for the loss of, or damage to the property of any person where such death, injury,  
24 loss, or damage was proximately caused by the circumstance of an actual public health  
25 emergency or its subsequent conditions.

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

3 **SEC. 18. *Public Health Emergency Insurance.*** – The DOH is mandated to secure an  
4 insurance policy that would insure HEART volunteers from injury, death, damage to, or loss  
5 of property, and for any legal liability asserted against or incurred by the volunteer arising from  
6 the lawful performance of their duty.

7 **SEC. 19. *Termination of Deployment or Demobilization.*** – Upon the declaration of the  
8 President, or as determined by the Board that the need for the HEART is no longer necessary,  
9 or upon the expiration of the deployment or end of mission there being no approved extension  
10 thereof, volunteers who are deployed pursuant to the declaration of a public calamity, a public  
11 health emergency or health threat shall be discharged from the performance of HEART duties.

12 Upon order of the demobilization of the HEART, the deployed volunteers shall be reverted  
13 to inactive status. Mobilization Centers shall ensure reports on the mission are duly submitted  
14 and the certificate of services rendered pertaining to the deployment are promptly issued.

15 **SEC. 20. *Annual Report.*** – The HEART Unit shall prepare and submit an annual report to  
16 the Office of the President, through the DOH Secretary, containing the list of accomplishments,  
17 status of the operations, and program implementation of the HEART.

18 **SEC. 21. *Appropriations.*** – The funds necessary for the initial implementation of this Act  
19 shall be charged against the available funds of the implementing agencies comprising the  
20 HEART Board. Thereafter, the funding shall be included in the budget of the DOH under the  
21 annual General Appropriations Act.

22 **SEC. 22. *Implementing Rules and Regulations.*** – Within ninety (90) days from the  
23 effectivity of this Act, the HEART Board shall, in consultation with other stakeholders,  
24 promulgate the necessary guidelines for the effective implementation of this Act.

1       **SEC. 23. *Separability Clause.*** – If any provision of this Act is declared unconstitutional  
2 or invalid, the validity of other provisions shall not be affected thereby.

3       **SEC. 24. *Repealing Clause.*** – All laws, decrees, orders, rules and regulations, other  
4 issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or  
5 modified accordingly.

6       **SEC. 25. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days after its  
7 publication in the *Official Gazette* or in a newspaper of general circulation.

8       *Approved,*