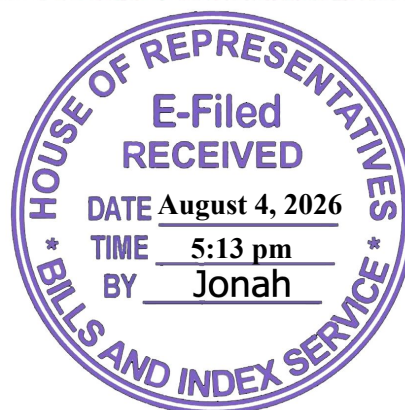


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10590



Introduced by REP. MARCELINO "MARCY" R. TEODORO

EXPLANATORY NOTE

The COVID-19 pandemic exposed, in the starkest terms, the shortage of health professionals and health workers available to the country in times of crisis. Public and private hospitals were overwhelmed by the surge of patients, quarantine facilities had to be improvised to absorb the overflow, and frontline health workers themselves fell ill even as the demand for their services multiplied. The Department of Health was compelled to call for volunteer doctors and nurses to augment its response – a stopgap measure that underscored the absence of any standing, organized reserve of health workforce ready for immediate mobilization.

This shortage remains unresolved. Thousands of graduates of medicine, nursing, and allied health courses are produced every year, yet the country continues to experience an exodus of trained health professionals – many driven abroad or out of the profession altogether by burnout, inadequate compensation, and difficult working conditions. Without a deliberate mechanism to organize and call upon this pool of talent, the health system remains vulnerable to being caught flat-footed by the next disaster, epidemic, or public health emergency.

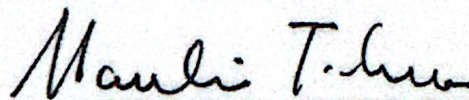
This bill seeks to institutionalize the Medical Reserve Corps (MRC) as a standing reserve force of licensed health professionals, allied health workers, qualified graduates and students, and other health support personnel who voluntarily register with the Department of Health (DOH) and undergo training so that they may be mobilized, on short notice, to reinforce the country's healthcare system in times of disasters, public health emergencies, and other health threats.

Consistent with Section 15, Article II and Section 11, Article XIII of the 1987 Constitution, and the State's commitment under Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all, this measure organizes the MRC under a multi-agency MRC Board chaired by the DOH – with the Department of the Interior and Local Government, the Department of National Defense, the Commission on Higher Education, the Professional Regulatory Commission, the Armed Forces of the Philippines, the Office of Civil Defense, and a representative of a national non-governmental health professional organization as members – to ensure that recruitment, training, mobilization, and demobilization are coordinated across the agencies best placed to make the MRC work on the ground.

This bill also carries forward provisions ensuring that MRC volunteers are properly protected and compensated for their service: continuing pay and benefits during mobilization, protection under existing labor standards, exemption from personal liability for acts arising from the lawful performance of their duties, and mandatory public health emergency and malpractice insurance secured by the DOH and the Insurance Commission, respectively. It likewise provides for accountability, requiring members who fail to respond to a valid deployment order without justifiable cause to reimburse the government for the cost of their recruitment, training, and compensation.

This measure is substantially a re-filing and consolidation of House Bill No. 8999, which was passed on Third Reading during the 18th Congress, and House Bill No. 88, "An Act Instituting the Medical Reserve Corps and Appropriating Funds Therefor," filed by Rep. Marjorie Ann A. Teodoro during the 19th Congress. It further incorporates governance and mobilization features found in House Bill No. 10, "An Act Creating the Health Emergency Auxiliary Reinforcement Team under the Department of Health and Appropriating Funds Therefor," filed this 20th Congress, so that the two measures may be considered as a single, harmonized proposal by the House Committee on Health.

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


MARCELINO "MARCY" R. TEODORO
Representative, 1st District of Marikina City

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10590

Introduced by REP. MARCELINO "MARCY" R. TEODORO

AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS, DEFINING ITS ORGANIZATION,
MOBILIZATION, AND MEMBER PROTECTIONS, AND APPROPRIATING FUNDS
THEREFOR

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

SEC. 1. *Short Title.* – This Act shall be known as the "Medical Reserve Corps 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 further provides for the adoption of an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. 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 workforce 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. Maintain a strong, proactive and responsive healthcare system at all times, the workforce complement of which can be expanded rapidly by a well-trained and well-equipped Medical Reserve Corps in times of public health emergency and health threats, whether the affected population is in the country or overseas; and
- b. Promote the spirit of "Bayanihan" and enhance the capacity of the nation to produce and call on the needed workforce and 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 Medical Reserve Corps.

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

- a. *Allied Health Professionals* refer to professions 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, including, 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 achieve a certain goal without expecting anything in return;
- c. *Deployment* refers to the actual movement of MRC members to the assigned area within a prescribed period;
- d. *Health Threat* refers to a condition, agent, or incident that greatly impacts health and leads to disease, accident, injury, or loss of life;
- e. *Medical Reserve Corps or MRC* refers to the reserve force of registered volunteers in the fields of medicine, nursing, medical technology, and other allied health-related fields who are ready to be mobilized to complement the health workforce in the event of a disaster, public health emergency, or health threat;
- f. *Mobilization* refers to the process and procedures for activating, assembling, and transporting the needed MRC workforce to respond to a disaster, public health emergency, or health threat;

g. *Mobilization Center* refers to the establishment where MRC members shall report upon receipt of an order for mobilization, coordinate their mission order and mobilization-related concerns, and submit their report upon receipt of an 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 the "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 infectious agent or 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; and

2. Poses a high probability of any of the following:

- i. A large number of deaths in the affected population;
- ii. A large number of serious injuries or long-term disabilities in the affected population;
- 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 of other countries; or
- v. Trade and travel restrictions;

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

SEC. 4. *Scope.* – This Act provides for the organization of the Medical Reserve Corps, hereinafter referred to as the MRC, and the development of policies, plans, guidelines, and the implementation of actions pertaining to the recruitment, training, mobilization, compensation, and protection of the MRC in times of disasters, public health emergencies, and health threats.

SEC. 5. *Medical Reserve Corps.* – There is hereby established an MRC under the Department of Health (DOH) to augment the health workforce in times of disasters, public health emergencies, and health threats. The MRC shall be composed of the following individuals who shall voluntarily register with the DOH:

- a. Licensed physicians, nurses, medical technologists, and other allied health professionals, including those who are retired and those who are no longer practicing in a health facility setting. The DOH may coordinate and collaborate with the accredited integrated professional organization or accredited professional organization concerned for the engagement of private practitioners not affiliated with any healthcare facility;
- b. Graduates of medicine and allied health courses, medical students who have completed at least four (4) years of the medical course, and registered nurses, who may be issued a limited and special authorization by the Secretary of Health to render medical service 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 hereafter; and
- c. Other health support workforce, including barangay health workers, whose services are necessary in times of disasters, public health emergencies, and health threats.

The MRC shall be organized, trained, developed, and maintained to ensure its readiness to respond to the call to service immediately.

SEC. 6. *The Medical Reserve Corps Promotion Program.* – There is hereby established the Medical Reserve Corps Promotion Program, which shall refer to the comprehensive set of

objectives, targets, strategies, and activities for the promotion, recruitment, and selection of the reserve force of highly skilled and health-oriented professionals and volunteers.

It shall include, but not be limited to, the following areas of concern: the provision of initiatives that underscore the importance of volunteerism in improving the health and safety of communities; the utilization of a medical reserve pool of volunteers willing to donate their time and expertise to prepare for and respond to emergencies and to support ongoing preparedness initiatives; and the building of partnerships and the sustainability of the MRC, with the end goal of maintaining its capacity to meet surges in demand for healthcare services and provide assistance in times of public emergencies.

SEC. 7. *Creation of the MRC Board.* – An MRC Board, hereinafter referred to as the Board, is hereby created to ensure the efficient and effective recruitment, training, and mobilization of the MRC. It shall be chaired by the DOH and composed of representatives of the following, as members:

- a. Department of the 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 Civil Defense (OCD); and
- g. One representative from a national 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 national 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 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 and local government units (LGUs), as necessary. The Board may likewise closely 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. 8. Powers and Functions of the Board. – The Board shall have the following powers and functions:

- a) Define and develop the organization, management, recruitment, training, compensation, mobilization, demobilization, and reporting mechanisms, policies, and guidelines for the MRC;
- b) Oversee the effective and efficient functioning of the MRC in responding to disasters, public health emergencies, and health threats;
- c) Coordinate with concerned national government agencies, LGUs, and other stakeholders in responding to disasters, public health emergencies, and health threats; and
- 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. 9. Creation of the MRC Unit. – An MRC Unit shall be created within the Health Emergency Management Bureau (HEMB) of the DOH, which shall serve as the secretariat of the Board. It shall oversee program implementation, including the recruitment, training, and continuing education of MRC members and the maintenance of the registry or database of the MRC.

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

The regional counterparts of the MRC Unit shall likewise be allocated additional staff and personnel to ensure the grassroots implementation of this Act. All LGUs shall ensure that an MRC Unit is 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. 10. *Registration and Training.* – The Board shall prescribe a comprehensive guideline for the recruitment, selection, compensation, and provision of incentives for joining and continued membership, and length of service, of MRC volunteers.

The Board shall also prescribe a continuing training program for MRC recruits and members through written, practical, and simulation activities on various aspects of health emergency management and response in different health emergency scenarios, such as natural and man-made disasters, epidemics, pandemics, and other threats to public health. To this end, all volunteers must undergo:

- (a) Compulsory basic training, for a period to be set by the Board, on disaster and health emergency response and the organization and structure of the MRC, and such other areas as may be prescribed by the Board. Recruits shall be given compensation for their attendance thereto; and
- (b) Continuing training and skill enhancement activities, to be conducted in coordination with relevant and qualified agencies in the public and private sector, including the AFP and the National Disaster Risk Reduction and Management Council, to improve and reinforce proficiency. All registered members shall undergo continuing training on a regular basis to upgrade their proficiency.

Successful completion of the compulsory basic training, or an acceptable substitute or equivalent certification, 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. 11. *Registry and Accounting of Members.* – MRC volunteers shall be issued individual registration numbers, which shall serve as their identification during deployment.

A registry or database containing the names of the volunteers, their registration numbers, addresses, contact details, and other personal information as may be necessary shall be maintained and regularly updated in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act." For this purpose, all public and private colleges, universities, and learning institutions shall annually transmit to the DOH their records of graduates covered under this Act.

The MRC 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).

An MRC Identification Card describing the certification information of a member, as well as such other necessary identifying information as the Board may determine, shall likewise be issued.

All volunteers covered under this Act are required to update their addresses and contact details on file through the registry system or database as necessary. Orders of deployment sent to the volunteer's address and/or through the contact details on file shall be sufficient notice for purposes of deployment. In cases where a volunteer has changed address immediately prior to deployment, the LGU concerned shall immediately exert efforts to locate the volunteer's known closest resident kin, who is then mandated to exert similar efforts; the use of digital communications and social media shall be encouraged in locating such volunteers.

SEC. 12. *Mobilization.* – The Board shall approve the prompt mobilization of the MRC upon the recommendation of the Director of the MRC Unit, or upon the request of national government agencies, or municipal and city mayors and provincial governors, in connection with a disaster, public health emergency, or health threat, whether of local or national scale. The MRC may be mobilized partially or in full, as may be necessary.

The Board shall promulgate a mechanism that shall ensure the 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, taking into

consideration Section 13 on “Accreditation, Mobilization, and Protection of Disaster Volunteers and National Service Reserve Corps, CSOs, and the Private Sector” of Republic Act No. 10121, otherwise known as the “Philippine Disaster Risk Reduction and Management Act of 2010.”

SEC. 13. *Deployment Order.* – The President of the Philippines, upon the recommendation of the MRC Board through a resolution, may order the nationwide mobilization of the MRC to augment the health workforce, or to complement the AFP Medical Corps, in case of a declaration of a state of public health emergency, state of calamity, state of war, state of lawless violence, or other threats to public health.

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

SEC. 14. *Mobilization Centers.* – Mobilization Centers shall be established in each province, as many as needed, to which MRC volunteers shall report once mobilization 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 a multi-purpose hall, gymnasium, and other similar structures, based on such other requirements as the Board shall prescribe.

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. 15. *Mobilization Stock.* – 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 rapid transition to readiness required for the deployment of MRC 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. 16. *Enlistment of the AFP.* – The Secretary of Health may enlist the AFP to provide expertise on the organization and structure of the MRC for efficient, effective, and swift deployment, as well as for the training of MRC recruits on disaster and emergency response.

The Secretary of Health may also recommend to the President the enlistment of the AFP to supplement the mobilized MRC for the purpose of providing logistics and workforce for large-scale operations in times of public health emergency, contact tracing and monitoring of suspected cases, enforcing quarantine measures in specific areas, or facilitating the transport of patients with emerging infectious diseases, and for such other related purposes.

SEC. 17. *Protection of MRC Members.* – All MRC members shall be accorded protection as provided by existing labor laws and standards and other relevant occupational, safety, environmental, and social legislation. Nothing in this Act shall be construed as creating an employer-employee relationship between the government and MRC volunteers.

SEC. 18. *Compensation, Benefits, and Incentives.* – Members of the MRC who render service shall receive all the pay and allowances, medical care, hospitalization, and other privileges and benefits during the period of mobilization as prescribed by law or regulation. They shall also continue to receive all pay, allowances, and other privileges and benefits from their regular employment during the mobilization period, in accordance with law.

In recognition and appreciation of the service rendered by MRC volunteers during the period of actual mobilization, implementing agencies may provide volunteers with an allowance as may be determined by the DOH, in coordination with the DBM, subject to the availability of funds and other existing civil service, budgeting, accounting, and auditing rules and regulations.

SEC. 19. *Legal Liability and Malpractice Insurance.* – No MRC member shall be held liable for the death of 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 disaster, public health emergency, or health threat, or its subsequent conditions, or by the circumstance of a formal exercise or training that simulates the conditions of an actual emergency.

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

The DOH is mandated to secure a public health emergency insurance policy that would insure MRC members against injury, death, damage to or loss of property, and for any legal liability asserted against or incurred by the member arising from the lawful performance of duty.

The Insurance Commission is likewise mandated to develop a public health emergency-specific malpractice insurance policy, or to modify existing policies, that would protect MRC professionals' efforts from legal liability as provided in this Section, to allow them to respond in good faith during disasters, public health emergencies, and health threats.

SEC. 20. *Failure to Respond to Deployment.* – Any member of the MRC who fails to respond to a valid order of deployment without any justifiable reason, despite due notice, shall be required to reimburse the government for the total expenses incurred in the member's recruitment, selection, training, and compensation, as may be determined by the Board.

SEC. 21. *Termination of Deployment or Demobilization.* – Upon the declaration of the President, or as determined by the Board, that the need for the MRC is no longer necessary, or upon the expiration of the deployment period or end of mission without an approved extension, volunteers deployed pursuant to a declaration of a disaster, public calamity, public health emergency, or health threat shall be discharged from the performance of MRC duties.

The deployment may also be terminated earlier upon a determination by the Board, in consultation with the requesting national government agency or LGU, that such deployment is no longer required.

Upon order of demobilization, deployed volunteers shall be reverted to inactive status. Mobilization centers shall ensure that reports on the mission are duly submitted and that certificates of service rendered pertaining to the deployment are promptly issued.

SEC. 22. *Annual Report.* – The MRC 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 operations, program implementation, and demographic profile of the membership of the MRC; an assessment of readiness for mobilization; the incidence and details of each mobilization for the year concerned; and the results of the audit or investigation on the spending of funds appropriated, collected, or advanced for the implementation of this Act.

SEC. 23. Appropriations. – The funds necessary for the initial implementation of this Act shall be charged against the available funds of the implementing agencies comprising the MRC Board. Thereafter, the funding shall be included in the budget of the DOH under the annual General Appropriations Act.

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

SEC. 25. Separability Clause. – If any provision of this Act is declared unconstitutional or invalid, the validity of the other provisions shall not be affected thereby.

SEC. 26. Repealing Clause. – All laws, decrees, orders, rules and regulations, other issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 27. 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,