

EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



SENATE
S. No. 1527

Introduced by SENATOR PIA S. CAYETANO

AN ACT
PROVIDING FOR THE DEVELOPMENT, ADMINISTRATION, ORGANIZATION,
TRAINING, MAINTENANCE AND UTILIZATION OF THE MEDICAL RESERVE
CORPS, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The COVID-19 pandemic has exposed the weaknesses of the country's healthcare system, among them is the inability to cope with the surge of patients needing medical care due to lack of medically-trained personnel.

Like a highly-skilled reserve force that has been trained to assist the standing and regular military force as needed, the country can likewise benefit from a similar reserve force for our healthcare system. A medical reserve force specifically trained to supplement the existing human health resources will ease the burden in our healthcare system. It will allow our hospitals and medical facilities to handle the extreme demand for patient care in times of disaster and health emergencies. It can also ease the impact of unemployment in times of such disaster or health emergency, providing compensation and other benefits for members of the medical reserve force and reskilling them for possible employment in the health sector.¹

This measure seeks to create and develop a Medical Reserve Corps (MRC) under the Health Emergency Management Bureau of the Department of Health. The

¹ Cosgrove, T., & Driscoll, J. (April 3, 2020). Opinion: We Need an Army of Health Workers. So Let's Get the Army to Train One. Retrieved May 5, 2020, from <https://www.politico.com/news/agenda/2020/04/03/army-of-health-workers-163557>.

MRC shall be organized in a paramilitary structure, training medical experts, licensed medical professionals, and volunteers to respond to disasters and other health emergencies. The MRC shall likewise include members of the Reserve Force of the Armed Forces of the Philippines in the Medical Service. Members of the MRC shall be ready for deployment in times of health crises in order to maintain the surge capacity of the country's healthcare system, and for other such purposes their mobilization is deemed necessary.

In view of the foregoing, the approval of this measure is urgently sought.

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

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

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

10 The State recognizes the need for a reserve force of part-time, highly-skilled and
11 medically-trained professionals and volunteers that can be mobilized to maintain surge
12 capacity of the country's healthcare system and provide assistance as may be needed in
13 times of health crises.

14 Pursuant to this, it is the policy of the State to maintain a strong, proactive and
15 responsive healthcare system at all times, but which can be expanded rapidly by a well-

1 trained and well-equipped Medical Reserve Corps (MRC) in times of disaster or other
2 health emergencies. Towards this end, the State shall enhance the capacity of the nation
3 to produce and call on the needed manpower and expand its human health resources in
4 times of disasters and health emergencies of both national and local scale through the
5 mobilization of the MRC.

6 *Sec. 3. Call to the Medical Reserve Corps Service.* - The MRC shall be composed
7 of medical experts, scientists, licensed medical practitioners, members of the Reserve
8 Force of the Armed Forces of the Philippines (AFP) in the Medical Service, non-medical
9 volunteers trained for health emergencies and other necessary skills, with a primary
10 mission of supporting the public health system during periods of disasters and other
11 health emergencies.

12 The MRC shall be so organized, trained, developed and maintained as to ensure
13 their readiness to immediately respond to the call to service.

14 *Sec. 4. Organization.* The Department of Health (DOH) shall create the MRC under
15 its Health Emergency Management Bureau.

16 The organization, structure, and manning of the MRC shall be set up with a
17 paramilitary structure, and in such a manner that is necessary to make it effective,
18 efficient and responsive to local and national disasters and other health emergencies,
19 under such rules and regulations as the Secretary of Health may prescribe.

20 *Sec. 5. Registration and Training.* - The DOH shall draft guidelines for the
21 recruitment, selection, compensation, other incentives for joining and continued
22 membership, and length of service of the MRC members.

23 The DOH shall also prescribe a continuing training program for the MRC recruits
24 and members, through written, practical and simulation activities, on various aspects of
25 health emergency management and response and on the different health emergency
26 situations and scenarios, such as but not limited to natural and man-made disasters,
27 epidemics, pandemics, and other threats to public health. To this end, all recruits must
28 undergo:

- 1) Compulsory basic training for a period to be set by the DOH where medical experts, scientists, licensed medical practitioners, including members of the Reserve Force of the AFP in the Medical Service, as necessary, 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. Other volunteers without any health specializations will be trained in basic health and medical skills, and/or other such skills deemed necessary to respond to health emergencies. Recruits shall be given compensation for their time during compulsory basic training; and
- 2) Continuing training, in coordination with relevant and qualified agencies in the private and public sector, including but not limited to the AFP and the National Disaster Risk Reduction and Management Council, 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. Accounting of Members of the MRC. - All members shall be accounted for, their records and status updated and present whereabouts ascertained in order to ensure their readiness to the call to service. The DOH may tap Local Government Units to assist in the accounting of members.

Sec. 7. Mobilization and Penalties. - The mobilization of the MRC shall be by the authority of the Secretary of Health, upon the recommendation of the Director of the Health Emergency Management Bureau, in order to meet the needs of a disaster or health emergency, whether of local or national scale, and for other purposes deemed necessary to respond to threats to public health.

The MRC may be mobilized partially or in full as may be necessary. All members when called to service due to mobilization shall continue to receive all pay, allowances,

1 and other privileges and benefits from his/her regular employment during the mobilization
2 period.

3 An employer who dismisses or disciplines an employee, or deprives him/her of pay,
4 allowances, and other privileges and benefits by reason of his/her training or mobilization
5 as provided for in this Act, shall be subject to a fine of not less than Ten Thousand Pesos
6 (₱10,000.00) but not more than One Hundred Thousand Pesos (₱100,000.00), or
7 imprisonment of not more than two (2) years, or both, at the discretion of a court of
8 competent jurisdiction.

9 If the offense is committed by a corporation, trust, firm, partnership, association
10 or any other entity, the penalty shall be imposed upon the guilty officer or officers of such
11 corporation, trust, firm, partnership, association or entity.

12 *Sec. 8. Mobilization Centers.* - There shall be established in each province as many
13 mobilization centers as needed to which members of the MRC will report when
14 mobilization is ordered.

15 Mobilization centers may be any establishment or facility that can adequately
16 house the MRC members, and their equipment and supplies during the period of
17 deployment, including but are not limited to multi-purpose halls, gymnasiums, and other
18 similar structures, and based on other requirements that the DOH shall prescribe. The
19 DOH, in consultation with the local executives, shall likewise prescribe the location of the
20 mobilization centers. The location of these centers shall be given the widest public
21 information by the local executives.

22 *Sec. 9. Mobilization Stock.* - The minimum essential individual and organizational
23 and medical equipment and supplies shall be procured, stored and maintained to enhance
24 rapid transition to readiness required for employment in the shortest possible time.

25 The DOH shall ensure and maintain the necessary capacity to scale up the
26 procurement of these equipment and supplies as may be needed during the period of
27 mobilization.

28 *Sec. 10. Enlistment of the AFP.* - The AFP may be enlisted by the Secretary of
29 Health to provide expertise on the organization and paramilitary structure of the MRC for

1 efficient, effective and swift deployment, as well as training to the MRC recruits in disaster
2 and emergency response.

3 Further, the Secretary of Health may recommend to the President the enlistment
4 of the AFP to supplement the mobilized MRC for the purpose of providing logistics and
5 manpower for large-scale operations in times of disaster or other health emergency,
6 contact tracing and monitoring of suspected cases, enforcing the quarantine of specific
7 areas or facilitating the transport of emerging infectious diseases patients, and for such
8 other purposes.

9 Sec. 11. *Demobilization.* - When the threat or emergency for which mobilization
10 had been ordered has passed, the Secretary of Health shall order the demobilization of
11 the MRC, and the mobilized members shall be reverted to inactive status.

12 Sec. 12. *Implementing Rules and Regulations.* - Within thirty (30) days from the
13 effectivity of this Act, the DOH shall promulgate and issue the necessary guidelines for
14 the effective implementation of this Act. The implementing rules and regulations issued
15 pursuant to this section shall take effect thirty (30) days after its publication in two (2)
16 national newspapers of general circulation.

17 Sec. 13. *Appropriations.* – The funds necessary for the initial implementation of
18 this Act shall be charged against the appropriations of the DOH as needed. Thereafter,
19 funding shall be included in the budget of the DOH under the annual General
20 Appropriations Act.

21 Sec. 14. *Separability Clause.* – If any provision of this Act is declared
22 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
23 affected thereby.

24 Sec. 15. *Repealing Clause.* – All other laws, decrees, orders, rules and regulations,
25 other issuances, or parts thereof inconsistent with the provisions of this Act are hereby
26 repealed or modified accordingly.

27 Sec. 16. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication
28 in the Official Gazette or in a newspaper of general circulation.

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2 Approved,