

HOUSE OF REPRESENTATIVES

H. No. 8999

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1 **AN ACT**
2 **INSTITUTING THE MEDICAL RESERVE CORPS AND APPROPRIATING FUNDS**
3 **THEREFOR**

4
5 *Be it enacted by the Senate and House of Representatives of the Philippines in Congress*
6 *assembled:*

7
8 **SECTION 1. *Short Title.*** - This Act shall be known as the "Medical Reserve Corps Act."

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

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

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

29
30 **SEC. 3. *Medical Reserve Corps Service.*** - There is hereby established an MRC whose primary
31 mission is to support the country's health system in times of public health emergencies or health
32 threats, and which shall be composed of the following:

- 33
34 a. Licensed physicians including those who are retired and those who are no longer
35 practicing in the hospital setting. The Department of Health (DOH) may coordinate
36 and collaborate with the accredited integrated professional organization or
37 accredited professional organization of physicians for the engagement of private
38 practitioners;
39
40 b. Medical students who have completed four (4) years of medical course, graduates of
41 medicine, and registered nurses who may be issued by the Secretary of Health with
42 a limited and special authorization to render medical service pursuant to Republic
43 Act No. 2382, otherwise known as the Medical Act of 1959; and
44
45 c. Licensed allied health professionals.

46
47 The MRC shall be organized, trained, developed and maintained so as to ensure their
48 readiness to immediately respond to the call to service.
49

1
2 **SEC. 4. Organization.** - The MRC shall be under the control and supervision of the Health
3 Emergency Management Bureau (HEMB) of the DOH.

4
5 The DOH shall develop an effective and efficient MRC organization and structure that
6 is responsive to national and local disasters and other public health emergencies, under such
7 rules and regulations as the Secretary of Health may prescribe.

8
9 **SEC. 5. Registration and Training.** - The DOH shall draft guidelines for the recruitment,
10 selection, compensation, and provision of incentives for joining and continued membership,
11 and length of service of the MRC members.

12
13 The DOH shall also prescribe a continuing training program for the MRC recruits and
14 members, through written, practical and simulation activities on various aspects of health
15 emergency management and response and on the different health emergency situations and
16 scenarios, such as natural and man-made disasters, epidemics, pandemics, and other threats to
17 public health. To this end, all recruits must undergo:

- 18
19 a. Compulsory basic training for a period to be set by the DOH on disaster and health
20 emergency response, the organization and structure of the MRC, and such other areas
21 as may be prescribed by the DOH. Recruits shall be given compensation for their
22 attendance thereto; and
23
24 b. Continuing training and other activities to be conducted in coordination with
25 relevant and qualified agencies in the private and public sector, including the Armed
26 Forces of the Philippines (AFP) and the National Disaster Risk Reduction and
27 Management Council, to improve and reinforce skills. All registered members shall
28 undergo continuing training on a regular basis to upgrade their proficiency.

29
30 Successful completion of the compulsory basic training shall be a requisite for
31 admission into the MRC. Successful completion of activities in the continuing training program
32 shall be a requisite for promotion within the MRC.

33
34 **SEC. 6. Registry and Accounting of Members of the MRC.** - Registered members of the
35 MRC shall be issued individual serial numbers which will serve as their identification in case
36 of deployment.

37
38 The DOH shall maintain and update a registry or database containing the names of the
39 members of the Corps, their serial numbers, address, contact details and such other information
40 as the DOH may determine, in accordance with applicable privacy laws. For this purpose, all
41 public and private colleges, universities and learning institutions shall transmit annually their
42 records of the graduates covered under this Act to the DOH.

43
44 An MRC Identification Card that describes the certification information of Corps
45 members, as well as other necessary identifying information that may be determined by the
46 DOH, shall also be issued.

47
48 All graduates covered under this Act are required to update their addresses and contact
49 details on file with the DOH as often as necessary. Orders of deployment sent to the addresses
50 and/or through the contact details on file with the DOH shall be sufficient notice for purposes

1 of deployment.
2

3 In cases when a graduate has changed address immediately prior to deployment, the
4 LGU shall immediately exert efforts to locate his known closest resident kin, who is then
5 mandated to exert similar efforts. The use of digital communications and social media shall be
6 encouraged in locating such graduates.
7

8 **SEC. 7. *Medical Reserve Corps Mobilization.*** – The prompt mobilization of the MRC shall be
9 carried out by authority of the Secretary of Health, upon the recommendation of the Director
10 of the HEMB or upon the request of national government agencies or local government units
11 (LGUs), in order to meet the needs of the populace in times of public health emergencies,
12 whether of local or national scale, and for such other purposes in response to threats to public
13 health.
14

15 The MRC may be mobilized partially or in full as may be necessary. The DOH shall
16 promulgate the mechanisms by which deployment is efficiently implemented, including the
17 organization of the Corps to be deployed, their territorial assignments, how deployment orders
18 are communicated to each member of the Corps and to which mobilization center they will
19 report.
20

21 As defined in Republic Act No. 11332, otherwise known as the “Mandatory Reporting
22 of Notifiable Diseases and Health Events of Public Health Concern Act,” public health
23 emergency refers to an occurrence or imminent threat of an illness or health condition that:
24

25 (1) Is caused by any of the following:

- 26 (i) Bio terrorism;
- 27 (ii) Appearance of a novel or previously controlled or eradicated infectious
28 agent or biological toxin;
- 29 (iii) A natural disaster;
- 30 (iv) A chemical attack or accidental release;
- 31 (v) A nuclear attack or accident; or
- 32 (vi) An attack or accidental release of radioactive materials; and
33

34 (2) Poses a high probability of any of the following:

- 35 (i) A large number of deaths in the affected population;
- 36 (ii) A large number of serious injuries or long-term disabilities in the affected
37 population;
- 38 (iii) Widespread exposure to an infectious or toxic agent that poses a significant
39 risk of substantial harm to a large number of people in the affected population;
- 40 (iv) International exposure to an infectious or toxic agent that poses a significant
41 risk to the health of citizens of other countries; or
- 42 (v) Trade and travel restrictions.
43

44 **SEC. 8. *Deployment Order.*** - The President of the Philippines, upon recommendation of the
45 DOH, may order the nationwide mobilization of the MRC to complement the AFP Medical

1 Corps in case of a declaration of a state of war, state of lawless violence or state of calamity.

2
3 **SEC. 9. Mobilization Centers.** - There shall be established in each province as many
4 mobilization centers as needed to which members of the MRC shall report to when
5 mobilization is ordered.

6
7 Mobilization centers may be any establishment or facility that can adequately house the
8 MRC members, and their equipment and supplies during the period of deployment, including
9 multi-purpose halls, gymnasiums, and other similar structures, based on other requirements
10 that the DOH shall prescribe. The DOH shall, in consultation with the local executives,
11 prescribe the location of the mobilization centers. The local executives shall disseminate to the
12 widest extent possible information to the public on the location of these centers.

13
14 **SEC. 10. Mobilization Stock.** - The minimum essential individual and organizational and
15 medical equipment and supplies shall be procured, stored, and maintained to enhance rapid
16 transition to readiness required for employment in the shortest possible time.

17
18 The DOH shall ensure and maintain the necessary capacity to scale up the procurement
19 of these equipment and supplies as needed during the period of mobilization.

20
21 **SEC. 11. Enlistment of the AFP.** - The Secretary of Health may enlist the AFP to provide
22 expertise on the organization and structure of the MRC for efficient, effective and swift
23 deployment, as well as for training of the MRC recruits on disaster and emergency response.

24
25 The Secretary of Health may also recommend to the President the enlistment of the
26 AFP to supplement the mobilized MRC for the purpose of providing logistics and manpower
27 for large-scale operations in times of public health emergency, contact tracing and monitoring
28 of suspected cases, enforcing-quarantine measures in specific areas or facilitating the transport
29 of emerging infectious diseases patients, and for such other related purposes.

30
31 **SEC. 12. Protection to MRC Members.** - All MRC members shall be accorded protection as
32 provided by existing labor laws and standards and other relevant occupations, safety,
33 environmental, and social legislation.

34
35 **SEC. 13. Compensation and Benefits.** - Members of the MRC who render service shall
36 receive all the pay and allowances, medical care, hospitalization, other privileges and benefits
37 during the period of mobilization as prescribed by law or regulation. They shall also continue
38 to receive all pay, allowances, and other privileges and benefits from their regular employment
39 during the mobilization period in accordance with law.

40
41 **SEC. 14. Legal Liability and Malpractice Insurance.** - No MRC member shall be held liable
42 for the death of or injury to any person or for the loss of, or damage to, the property of any
43 person where such death, injury, loss, or damage was proximately caused by the circumstance
44 of an actual public health emergency or its subsequent conditions, or the circumstances of the
45 formal exercise or training if such formal exercise or training simulates conditions of an actual
46 emergency.

47
48 The Insurance Commission is mandated to develop public health emergency-specific
49 malpractice insurance policy or modify existing policies that would protect MRC

1 professionals' efforts from any legal liability as provided for by this Section to allow them to
2 respond in good faith during public health emergencies.

3
4 This Section shall not preclude liability for civil damages as a result of gross negligence,
5 recklessness, or willful misconduct.

6
7 **SEC. 15. Termination of Deployment.** — Upon the expiration of the period of deployment,
8 without an extension having been requested and approved by the DOH, members of the MRC
9 who are deployed pursuant to a public health emergency shall be discharged from the
10 performance of their duties. The deployment may also be terminated earlier upon a
11 determination by the DOH, in consultation with the requesting national government agency or
12 LGU, that such deployment is no longer required in accordance with this Act.

13
14 **SEC. 16. Annual Reports.** — The DOH shall regularly publish an annual report containing a
15 list of the accomplishments, status of the operations, demographic profile of the membership
16 of the MRC, an assessment of readiness for mobilization, and the incidence and details of each
17 mobilization for the year concerned. The annual report shall also include the results of the audit
18 investigation on the spending of funds appropriated, collected, or advanced for the
19 implementation of the provisions of this Act.

20
21 **SEC. 17. Failure to Respond to Deployment.** — Any member of the MRC who fails to respond
22 to the order of deployment without any justifiable reason despite due notice shall be required
23 to reimburse the total expenses incurred by the government in the member's recruitment,
24 selection, training, and compensation, as may be determined by the DOH.

25
26 **SEC. 18. Appropriations.** —The Secretary of Health shall immediately include in the
27 Department's Program the implementation of this Act, the funding of which shall be included
28 in the annual General Appropriations Act.

29
30 **SEC. 19. Implementing Rules and Regulations.** - Within thirty (30) days from the effectivity
31 of this Act, the DOH shall promulgate the necessary guidelines for the effective
32 implementation of this Act.

33
34 **SEC. 20. Separability Clause.** — If any provision of this Act is declared unconstitutional or
35 otherwise invalid, the validity of the other provisions shall not be affected thereby.

36
37 **SEC. 21. Repealing Clause.** — All laws, decrees, orders, rules and regulations, other issuances,
38 or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified
39 accordingly.

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41 **SEC. 22. Effectivity Clause.** — This Act shall take effect fifteen (15) days after its publication
42 in the *Official Gazette* or in a newspaper of general circulation.

43
44 *Approved,*