

**NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )**



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**SENATE**

RECEIVED BY: \_\_\_\_\_

**Senate Bill No. 88**

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**Introduced by Senator Juan Miguel F. Zubiri**

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

**EXPLANATORY NOTE**

Ensuring the health and safety of the Filipino people has always been one of the priority concerns of the government. We have been consistently developing policies to improve the state of our health industry and ensure that every Filipino has easy access to medical services, but the emergence of the COVID-19 pandemic in 2020 has brought to light matters that needs to be improved on and addressed when it comes to providing our countrymen with necessary medical services, especially in times of emergency.


When COVID-19 hit the country, our hospitals were overwhelmed by the influx of patients that needed medical attention. Our doctors, nurses and other medical personnel had to work for extended hours just so they could attend to everyone in need. Despite the laudable efforts of our medical personnel during this time, it was evident that there was an inadequacy of manpower needed for such health emergency.

It is important to ensure that the provision of medical attention to those who need it is not interrupted, delayed or hindered especially in times of emergency. As such we have to make sure that we have the necessary manpower that will be needed in case a pandemic or other disaster that might overwhelm our existing pool of medical personnel happens again.

This bill seeks to address this concern by instituting a Medical Reserve Corps that we can readily tap into in times of emergency brought about by pandemics, epidemics or other disasters that pose a threat to the lives and well-being of the Filipino people.

The Medical Reserve Corps, which shall be composed of licensed physicians including those who are already retired and those who are no longer practicing in the hospital setting, medical students who have completed four (4) years of medical course, graduates of medicine and registered nurses, would be serve as the support body of the country's health system in times of public health emergencies.

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



**JUAN MIGUEL F. ZUBIRI**

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**AN ACT  
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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 “Medical Reserve  
2 Corps Act.”

3

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

11       The State recognizing the need for a reserve force of highly skilled and medically  
12 trained professionals and volunteers who can be mobilized to maintain the capacity to  
13 meet surges in the demand for the country’s healthcare system and provide assistance  
14 as may be needed in times of health crises.

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

1           **SEC. 3. *Medical Reserve Corps Service.*** – There is hereby established an MRC  
2 whose primary mission is to support the country’s health system in times of public health  
3 emergencies or health threats, and which shall be composed of the following:

4           (a) Licensed physicians including those who are retired and those who are no  
5 longer practicing in the hospital setting. The Department of Health (DOH) may  
6 coordinate and collaborate with the accredited integrated professional  
7 organization or accredited professional of physicians for the engagement of  
8 private practitioners;

9           (b) Medical students who have completed four (4) years of medical course,  
10 graduates of medicine, and registered nurses who may be issued by the  
11 Secretary of Health with a limited and special authorization to render medical  
12 service pursuant to Republic Act No. 2382, otherwise known as the Medical Act  
13 of 1959; and

14           (c) Licensed allied health professionals

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

17  
18           **SEC. 4. *Organization.*** – The MRC shall be under the control and supervision of  
19 the Health Emergency Management Bureau (HEMB) of the DOH.

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

23  
24           **SEC. 5. *Registration and Training.*** – The DOH shall draft guidelines for the  
25 recruitment, selection, compensation, and provision of incentives for joining and  
26 continued membership, and length of service of the MRC members.

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

32           (a) Compulsory basic training for a period to be set by the DOH on disaster and  
33 health emergency response, the organization and structure of the MRC, and  
34 such other areas as may be prescribed by the DOH. Recruits shall be given  
35 compensation for their attendance thereto; and

1 (b) Continuing training and other activities to be conducted in coordination with  
2 relevant and qualified agencies in the private and public sector, including the  
3 Armed Forces of the Philippines (AFP) and the National Disaster Risk Reduction  
4 and Management Council, to improve and reinforce skills. All registered  
5 members shall undergo continuing training on a regular basis to upgrade their  
6 proficiency.

7 Successful completion of the compulsory basic training shall be a requisite for  
8 admission to the MRC. Successful completion of activities in the continuing training  
9 program shall be requisite for promotion within the MRC.

10  
11 **SEC. 6. *Registry and Accounting of Members of the MRC.*** – Registered members  
12 of the MRC shall be issued individual serial numbers which will serve as their identification  
13 in case of deployment.

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

19 An MRC identification card that describes the certification information of Corps  
20 members, as well as other necessary identifying information that may be determined by  
21 the DOH, shall also be issued.

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

26 In cases when a graduate has changed address immediately prior to deployment,  
27 the LGU shall immediately exert efforts to locate his known closest resident kin, who is  
28 then mandated to exert similar efforts. The use of digital communications and social  
29 medial shall be encouraged in locating such graduates.

30  
31 **SEC. 7. *Medical Reserve Corps Mobilization.*** – The prompt mobilization of  
32 the MRC shall be carried out by authority of the Secretary of Health, upon the  
33 recommendation of the Director of the HEMB or upon the request of national government  
34 agencies or local government units (LGUs) in order to meet the needs of the populace in  
35 times of public health emergencies, whether of local or national scale, and for such other  
36 purposes in response to threats to public health.

1           The MRC may be mobilized partially or in full as may be necessary. The DOH shall  
2 promulgate the mechanism by which deployment is efficiently implemented, including the  
3 organization of the Corps to be deployed, their territorial assignments, how deployment  
4 orders are communicated to each member of the Corps and to which mobilization center  
5 they will report.

6           As defined in Republic Act No. 11332, otherwise known as the "Mandatory  
7 Reporting of Notifiable Diseases and Health Events of Public Health Concern Act," public  
8 health emergency refers to an occurrence of imminent threat of an illness or health  
9 condition that:

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

- 11           (i) Bio terrorism;
- 12           (ii) Appearance of a novel or previously controlled or eradicated  
13               infectious agent or biological toxin;
- 14           (iii) A natural disaster;
- 15           (iv) A chemical attack or accidental release;
- 16           (v) A nuclear attack or accident; or
- 17           (vi) An attack or accidental release of radioactive materials; and

18         (2) Poses a high probability of an of the following:

- 19           (i) A large number of deaths in the affected population;
- 20           (ii) A large number of serious injuries or long-term disabilities in the  
21               affected population;
- 22           (iii) Widespread exposure to an infectious or toxic agent that poses a  
23               significant risk of substantial harm to a large number of people in the  
24               affected population;
- 25           (iv) International exposure to an infectious or toxic agent that poses a  
26               significant risk to the health of citizens of other countries; or
- 27           (v) Trade and travel restrictions.

28  
29           **SEC. 8. *Deployment Order.*** – The President of the Philippines, upon  
30 recommendation of the DOH, may order the nationwide mobilization of the MRC to  
31 complement the AFP Medical Corps in case of a declaration of a state of war, state of  
32 lawless violence or state of calamity.

33  
34           **SEC. 9. *Mobilization Centers.*** – There shall be established in each province as  
35 many mobilization centers as needed to which members of the MRC shall report to when  
36 mobilization is ordered.

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

8  
9 **SEC. 10. *Mobilization Stock.*** – The minimum essential individual and  
10 organizational and medical equipment and supplies shall be procured, stored and  
11 maintained to enhance rapid transition to readiness required for employment in the  
12 shortest possible time.

13 The DOH shall ensure and maintain the necessary capacity to scale up the  
14 procurement of these equipment and supplies as needed during the period of  
15 mobilization.

16  
17 **SEC. 11. *Enlistment of the AFP.*** The Secretary of Health may enlist the AFP to  
18 provide expertise on the organization and structure of the MRC for efficient, effective and  
19 swift deployment, as well as for training of the MRC recruits on disaster and emergency  
20 response.

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

27  
28 **SEC. 12. *Protection to MRC Members.*** – All MRC members shall be accorded  
29 protection as provided by existing labor laws and standards and other relevant  
30 occupations, safety, environmental and social legislation.

31  
32 **SEC. 13. *Compensation and Benefits.*** – Members of the MRC who render  
33 service shall receive all the pay and allowances, medical care, hospitalization, other  
34 privileges and benefits during the period of mobilization as prescribed by law or  
35 regulation. They shall also continue to receive all pay, allowances and other privileges

1 and benefits from their regular employment during the mobilization period in accordance  
2 with law.

3

4 **SEC. 14. *Legal Liability and Malpractice Insurance.*** No MRC member shall  
5 be held liable for the death of injury to any person or for the loss of, or damage to, the  
6 property of any person where such death, injury, loss or damage was proximately caused  
7 by the circumstance of an actual public health emergency or its subsequent conditions,  
8 or the circumstances of the formal exercise or training if such formal exercise or training  
9 simulates conditions of an actual emergency.

10 The Insurance Commission is mandated to develop public health emergency-  
11 specific malpractice insurance policy or modify existing policies that would protect MRC  
12 professionals' efforts from any legal liability as provided for by this Section to allow them  
13 to respond in good faith during public health emergencies.

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

16

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

24

25 **SEC. 16. *Annual Reports.*** - The DOH shall regularly publish an annual report  
26 containing a list of the accomplishments, status of the operations, demographic profile of  
27 the membership of the MRC, an assessment of readiness for mobilization, and the  
28 incidence and details of each mobilization for the year concerned. The annual report shall  
29 also include the results of the audit investigation on the spending of funds appropriated,  
30 collected, or advanced for the implementation of the provisions of the Act.

31

32 **SEC. 17. *Failure to Respond to Deployment.*** - Any member of the MRC who  
33 fails to respond to the order of deployment without any justifiable reason despite due  
34 notice shall be required to reimburse the total expenses incurred by the government in  
35 the member's recruitment, selection, training, and compensation, as may be determined  
36 by the DOH.



1           **SEC. 18. Appropriations.** – The Secretary of Health shall immediately include in  
2 the Department’s Program the implementation of this Act, the funding of which shall be  
3 included in the annual General Appropriation Act.

4  
5           **SEC. 19. Implementing Rules and Regulations (IRR).** – Within thirty (30)  
6 days from the effectivity of this Act, the DOH shall promulgate the necessary guideline for  
7 the effective implementation of this Act.

8  
9           **SEC. 20. Separability Clause.** – If any provision of this Act is declared  
10 unconstitutional or otherwise invalid, the validity of other provisions shall not be affected  
11 thereby.

12  
13           **SEC. 21. Repealing Clause.** – All laws, decrees, orders, rules and regulations,  
14 other issuances, or parts thereof inconsistent with the provisions of this Act are hereby  
15 repealed or modified accordingly.

16  
17           **SEC. 22. Effectivity Clause.** – This Act shall take effect fifteen (15) days after  
18 its publication in the *Official Gazette* or in a newspaper of general circulation.

19  
20           *Approved*