

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



'22 JUL 11 P4 :10

SENATE

S. No. 255

RECEIVED BY: _____

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, such as the inability to cope with the surge of patients needing medical care due to lack of medically trained personnel.

Similar to 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 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, which was originally filed by the undersigned in the 18th Congress, seeks to create and develop a Medical Reserve Corps (MRC) under 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 on May 5, 2020, from <https://www.politico.com/news/agenda/2020/04/03/army-of-health-workers-163557>.

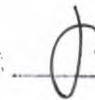
Health Emergency Management Bureau of the Department of Health. The MRC shall be organized in a paramilitary structure that will train medical experts, licensed medical professionals, and volunteers to respond to disasters and other health emergencies. The MRC shall likewise include members of the Reserve 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 augment the 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
4 enjoins the State to protect and promote the right to health of the people and instill
5 health consciousness among them. Section 11 of Article XIII also provides for the
6 adoption of an integrated and comprehensive approach to health development. The
7 State further reiterates its commitment to the Sustainable Development Goals (SDGs),
8 particularly SDG 3 which calls on the State to ensure healthy lives and promote well-
9 being for all at all ages.

10 The State recognizes the need for a reserve force of part-time, highly-skilled
11 and medically-trained professionals and volunteers that can be mobilized to augment
12 the capacity of the country's healthcare system, in order to address public health
13 emergencies and provide assistance as may be needed in 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
16 well-trained and well-equipped Medical Reserve Corps (MRC) in times of disaster or
17 other health emergencies. Towards this end, the State shall enhance the capacity of
18 the country to produce and call on the needed manpower and expand its human health

1 resources in times of disasters and health emergencies of both national and local scale
2 through the mobilization of the MRC.

3 *Sec. 3. Call to the Medical Reserve Corps Service.* – The MRC shall be composed
4 of medical experts, scientists, licensed medical practitioners, members of the Reserve
5 Force of the Armed Forces of the Philippines (AFP) in the Medical Service, non-medical
6 volunteers trained for health emergencies and other necessary skills, with a primary
7 mission of supporting the public health system during periods of disasters and other
8 health emergencies. The MRC shall be organized, trained, developed and maintained
9 to ensure their readiness to immediately respond to the call to service.

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

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

16 *Sec. 5. Registration and Training.* – The DOH shall draft guidelines for the
17 recruitment, selection, compensation, other incentives for joining and continued
18 membership, and length of service of the MRC members.

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

- 25 (1) Compulsory basic training for a period to be set by the DOH where
26 medical experts, scientists, licensed medical practitioners, including
27 members of the Reserve Force of the AFP in the Medical Service, as
28 necessary, shall undergo training on disaster and health emergency
29 response, the organization and structure of the MRC, and such other
30 areas as may be prescribed by the DOH. Other volunteers without any
31 health specializations will be trained in basic health and medical skills,
32 and/or other such skills deemed necessary to respond to health

1 emergencies. Recruits shall be given compensation for their time during
2 compulsory basic training; and

3 (2) Continuing training, in coordination with relevant and qualified agencies
4 in the public and private sector, including but not limited to the AFP and
5 the National Disaster Risk Reduction and Management Council, to
6 provide the training and other activities that will improve and reinforce
7 their skills. All registered members shall undergo continuing training on
8 a regular basis to upgrade their proficiency.

9 Successful completion of compulsory basic training shall be a requisite for
10 admission into the MRC. Successful completion of activities in the continuing training
11 program shall be a requisite for promotion within the MRC.

12 *Sec. 6. Accounting of Members of the MRC.* – All members shall be accounted
13 for, and their records and status shall be updated, including their present
14 whereabouts, in order to ensure their readiness to the call to service. The DOH may
15 tap Local Government Units to assist in the accounting of members.

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

21 The MRC may be mobilized partially or in full as may be necessary. All members
22 when called to service due to mobilization shall continue to receive all pay, allowances,
23 and other privileges and benefits from his/her regular employment during the
24 mobilization period.

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

31 If the offense is committed by a corporation, trust, firm, partnership,
32 association or any other entity, the penalty shall be imposed upon the guilty officer or

1 officers of such corporation, trust, firm, partnership, association or entity.

2 *Sec. 8. Mobilization Centers.* – There shall be established in each province as
3 many mobilization centers as needed to which members of the MRC will report when
4 mobilization is ordered.

5 Mobilization centers may be any establishment or facility that can adequately
6 house the MRC members, and their equipment and supplies during the period of
7 deployment, including but are not limited to multi-purpose halls, gymnasiums, and
8 other similar structures, and based on other requirements that the DOH shall
9 prescribe. The DOH, in consultation with the local executives, shall likewise prescribe
10 the location of the mobilization centers.

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

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

17 *Sec. 10. Enlistment of the AFP.* – The AFP may be enlisted by the Secretary of
18 Health to provide expertise on the organization and paramilitary structure of the MRC
19 for efficient, effective and swift deployment, as well as training to the MRC recruits in
20 disaster and emergency response. Further, the Secretary of Health may recommend
21 to the President the enlistment of the AFP to supplement the mobilized MRC for the
22 purpose of providing logistics and manpower for large-scale operations in times of
23 disaster or other health emergency, contact tracing and monitoring of suspected
24 cases, enforcing the quarantine of specific areas or facilitating the transport of
25 emerging infectious diseases patients, and for such other purposes.

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

29 *Sec. 12. Implementing Rules and Regulations.* – Within thirty (30) days from
30 the effectivity of this Act, the DOH shall promulgate and issue the necessary guidelines
31 for the effective implementation of this Act.

32 *Sec. 13. Appropriations.* – The funds necessary for the initial implementation of

1 this Act shall be charged against the appropriations of the DOH as needed. Thereafter,
2 funding shall be included in the budget of the DOH under the annual General
3 Appropriations Act.

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

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

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

Approved,