

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



Senate  
Office of the Secretary

'22 AUG -4 A9 :23

**SENATE**  
S. No. 1017

RECEIVED BY:

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**Introduced by Senator Jinggoy Ejercito Estrada**

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**AN ACT  
INSTITUTING THE MEDICAL RESERVE CORPS, APPROPRIATING FUNDS  
THEREFOR AND FOR OTHER PURPOSES**

**EXPLANATORY NOTE**

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 also provides for the adoption of an integrated and comprehensive approach to health development. The State further reiterates its commitment to the Sustainable Development Goals (SDGs), particularly SDG3, which calls on the State to ensure healthy lives and promote well-being for all at all ages.

It shall likewise be ideal to register, organize, train, equip and maintain a pool of medical and health-related professionals, retirees and graduates within the current frameworks of our national and territorial defense; law enforcement, peace and order; and national disaster risk reduction and management; and to prepare them for rapid mobilization at the soonest possible time in order to address national and/or local contingencies which may require the needed medical and health human resource complement beyond the capabilities of existing national government agencies or local government units.

With our global experience at the early onslaught of the CoVid pandemic, where humanity was not prepared and equipped to comply with the extreme demands of this medical emergency and crisis management, this is the best time to prepare our medical professionals, retirees and organized, trained, developed and maintained into an organized, competent, effective, responsive and reliable on-call Medical Reserve Corps.

Considering that the Philippines also, is highly vulnerable to the effects of climate change, where our disaster and emergency personnel and volunteers, including those in charged with medical and public health concerns, are always utilized beyond capacity, there is a continuing need for a pool of medical reserves. A Medical Reserve Corps to be maintained and readily dispatched from provincial mobilization centers to provide the needed augmentation and support in the provision of medical and health care service to the people, in times of disasters, medical and health emergencies, state of war, state of lawless violence and state of calamity and the like.

This proposed measure was adopted from the bill approved by the House of Representatives on Third Reading in the Eighteenth (18<sup>th</sup>) Congress.

In view of the foregoing, passage of the bill is earnestly sought.



**JINGGOY EJERCITO ESTRADA**  
**Senator**

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THEREFORE AND FOR OTHER PURPOSES**

*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 Corps*  
2 *Act.*”

3 Sec. 2. *Declaration of Policy.* – Article II, Section 15, of the Constitution enjoins  
4 the State to protect and promote the right to health of the people and instill health  
5 consciousness among them. Article XIII, Section 11 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  
8 SDG3, which calls on the State to ensure healthy lives and promote well-being for all  
9 at all ages.

10 The State recognizes the need for a reserve force of highly skilled and medically-  
11 trained professionals and volunteers who can be mobilized to maintain the capacity to  
12 meet surges in the demand for the country’s healthcare system and provide assistance  
13 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, the workforce complement of which can be  
16 expanded rapidly by a well-trained and well-equipped Medical Reserve Corps (MRC) in  
17 times of public health emergency and health threats. Towards this end, the State shall

1 enhance the capacity of the nation to produce and call on the needed human health  
2 resources in times of disasters and public health emergencies of both national and  
3 local scale through the mobilization of the MRC.

4 *Sec. 3. Definition of Public Health Emergency.* - As defined in Republic Act No.  
5 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and  
6 Health Events of Public Health Concern Act," public health emergency shall refer to an  
7 occurrence of imminent threat of an illness or health condition that:

8 1. Is caused by any of the following:

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

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

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

26 *Sec. 4. Medical Reserve Corps Service.* – There is hereby established an MRC  
27 whose primary mission is to support the country's health system in times of public  
28 health emergencies or health threats, and which shall be composed of the following;

- 29 a. Licensed physicians including those who are retired and those who are no  
30 longer practicing in the hospital setting. The Department of Health (DOH)  
31 may coordinate and collaborate with the accredited integrated professional

1 organization or accredited professional organization of physicians for the  
2 engagement of private practitioners;

- 3 b. Medical students who have completed four (4) years of medical course,  
4 graduates of medicine, and registered nurses who may be issued by the  
5 Secretary of Health with a limited and special authorization to render  
6 medical service pursuant to Republic Act No 2382, otherwise known as the  
7 Medical Act of 1959; and,  
8 c. Licensed allied health professionals.

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

11 *Sec. 5. Organization.* – The MRC shall be under the control and supervision of  
12 the Health Emergency Management Bureau (HEMB) of the DOH.

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

17 *Sec. 6. Registration and Training.* – The DOH shall draft guidelines for the  
18 recruitment, selection, compensation, and provision of incentives for joining and  
19 continued membership and length of service of the MRC members.

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

- 26 a) Compulsory basic training for a period to be set by the DOH on disaster and  
27 health emergency response, the organization and structure of the MRC, and  
28 such other areas as may be prescribed by the DOH. Recruits shall be given  
29 compensation for their attendance thereto; and,  
30 b) Continuing training and other activities to be conducted in coordination with  
31 relevant and qualified agencies in the private and public sector, including  
32 the Armed Forces of the Philippines (AFP) and the National Disaster Risk

1 Reduction and Management Council (NDRRMC), to improve and reinforce  
2 skills. All registered members shall undergo continuing training on a regular  
3 basis to upgrade their proficiency.

4 Successful completion of the compulsory basic training shall be a requisite for  
5 admission into the MRC. Successful completion of activities in the continuing training  
6 program shall be a requisite for promotion within the MRC.

7 *Sec. 7. Registry and Accounting of Members of the MRC.* –Registered members  
8 of the MRC shall be issued individual serial numbers which will serve as their  
9 identification in case of deployment.

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

16 An MRC Identification Card that describes the certification information of Corps  
17 members, as well as other necessary identifying information that may be determined  
18 by the DOH, shall also be issued.

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

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

27 *Sec. 8. Medical Reserve Corps Mobilization.* – The prompt mobilization of the  
28 MRC shall be carried out by authority of the Secretary of Health, upon the  
29 recommendation of the Director of the HEMB or upon the request of national  
30 government agencies or local government units (LGUs) in order to meet the needs of  
31 the populace in times of public health emergencies, whether of local or national scale,  
32 and for such other purposes in response to threats to public health.

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

6           *Sec. 9. Deployment Order.* – The President of the Philippines, upon  
7 recommendation of the DOH, may order the nationwide mobilization of the MRC to  
8 complement the AFP Medical Corps in case of a declaration of a state of war, state  
9 of lawless violence or state of calamity.

10          *Sec. 10. Mobilization Centers.* – There shall be established in each province as  
11 many mobilization centers as needed to which members of the MRC shall report to  
12 when mobilization is ordered.

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

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

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

27          *Sec. 12. Enlistment of the AFP.* - The Secretary of Health may enlist the AFP to  
28 provide expertise on the organization and structure of the MRC for efficient, effective  
29 and swift deployment, as well as for training of the MRC recruits on disaster and  
30 emergency response.

31          The Secretary of Health may also recommend to the President the enlistment  
32 of the AFP to supplement the mobilized MRC for the purpose of providing logistics

1 and manpower for large-scale operations in times of public health emergency,  
2 contact tracing and monitoring of suspected cases, enforcing quarantine measures  
3 in specific areas or facilitating the transport of emerging infectious diseases patients,  
4 and for such other related purposes.

5 *Sec. 13. Protection to MRC Members.* – All MRC members shall be accorded  
6 protection as provided by existing labor laws and standards and other relevant  
7 occupations, safety, environmental, and social legislation.

8 *Sec. 14. Compensation and Benefits.* – Members of the MRC who render service  
9 shall receive all the pay and allowances, medical care, hospitalization, other privileges  
10 and benefits during the period of mobilization as prescribed by law or regulation. They  
11 shall also continue to receive all pay, allowances, and other privileges and benefits  
12 from their regular employment during the mobilization period in accordance with law.

13 *Sec. 15. Legal Liability and Malpractice Insurance.* – No MRC member shall be  
14 held liable for the death of or injury to any person or for the loss of, or damage to,  
15 the property of any person where such death, injury, loss, or damage was proximately  
16 caused by the circumstance of an actual public health emergency or its subsequent  
17 conditions, or the circumstances of the formal exercise or training if such formal  
18 exercise or training simulates conditions of an actual emergency.

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

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

25 *Sec. 16. Termination of Deployment.* – Upon the expiration of the period of  
26 deployment, without an extension having been requested and approved by the DOH,  
27 members of the MRC who are deployed pursuant to a public health emergency shall  
28 be discharged from the performance of their duties. The deployment may also be  
29 terminated earlier upon a determination by the DOH, in consultation with the  
30 requesting national government agency or LGU, that such deployment is no longer  
31 required in accordance with this Act.



1           Sec. 17. *Annual Reports.* – The DOH shall regularly publish an annual report  
2 containing a list of the accomplishments, status of the operations, demographic profile  
3 of the membership of the MRC, an assessment of readiness for mobilization, and the  
4 incidence and details of each mobilization for the year concerned. The annual report  
5 shall also include the results of the audit investigation on the spending of funds  
6 appropriated, collected, or advanced for the implementation of the provisions of this  
7 Act.

8           Sec. 18. *Failure to Respond to Deployment.* – Any member of the MRC who  
9 fails to respond to the order of deployment without any justifiable reason despite due  
10 notice shall be required to reimburse the total expenses incurred by the government  
11 in the member’s recruitment, selection, training, and compensation, as may be  
12 determined by the DOH.

13           Sec. 19. *Appropriations.* – The Secretary of Health shall immediately include in  
14 the Department’s Program the implementation of this Act, the funding of which shall  
15 be included in the annual General Appropriations Act.

16           Sec. 20. *Implementing Rules and Regulations (IRR).* – The DOH shall be tasked  
17 to formulate and approve the necessary rules and regulations to implement the  
18 objectives and purposes of this Act within sixty (60) days from its effectivity. The  
19 rules and regulations shall include provisions on the structure and organization of the  
20 Corps, the specific mechanisms for the efficient mobilization and deployment of the  
21 Corps, and such other matters as the DOH may deem necessary or essential to fully  
22 implement the objectives and purposes of this Act.

23           Sec. 21. *Separability Clause.* – If any provision of this Act is declared  
24 unconstitutional or invalid, the remainder of this Act or any provisions not affected  
25 thereby shall remain in force and effect.

26           Sec. 22. *Repealing Clause.* – Any law, presidential decrees or issuance,  
27 executive orders, letter of instruction, administrative order, rule, or regulation contrary  
28 to or inconsistent with the provisions of this Act are hereby repealed, modified or  
29 amended accordingly.

30           Sec. 23. *Effectivity.* – This Act shall take effect fifteen (15) days from the date  
31 of its publication in the *Official Gazette* or in a newspaper of general circulation.

*Approved,*