

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

Senate
Office of the Secretary

'22 AUG 11 AIO :34

SENATE
S. No. 1131

RECEIVED BY



Introduced by Senator MARK A. VILLAR

AN ACT
ESTABLISHING A MEDICAL RESERVE CORPS, AND APPROPRIATING
FUNDS THEREFOR

EXPLANATORY NOTE

This bill seeks to reinforce our country's preparedness to respond to public health emergencies.

According to the World Health Organization, the Philippines only has six (6) doctors per ten thousand (10,000) Filipinos. The doctor-population ratio is below the recommended, which is ten (10) doctors per ten thousand (10,000) persons. Thus, the necessity to increase the ranks of our health workers.

This measure aims to ease the burden of our dear healthcare workers and enhance the capacity of our healthcare human resource by establishing a Medical Reserve Corps who shall be adequately trained and shall be called upon to swiftly respond during times of disasters and public health emergencies, in order to add to the ranks of our existing health worker human resources.

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



MARK A. VILLAR
Senator

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**AN ACT
ESTABLISHING A MEDICAL RESERVE CORPS, AND APPROPRIATING
FUNDS 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 Sec 2. *Declaration of Policy.* — It is hereby declared the policy of the State
4 that it shall protect and promote the right to health of the people. Thus, the State
5 shall give utmost importance to the health of its people and shall swiftly and
6 effectively respond to public health emergencies.

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

11 It is the policy of the State to maintain a strong, proactive and responsive
12 healthcare system at all times, the workforce complements of which can be
13 expanded rapidly by a well-trained and well-equipped Medical Reserve Corps (MRC)
14 in times of public health emergency and health threats. Towards this end, the State
15 shall enhance the capacity of the nation to produce and call on the needed
16 manpower and expand its human health resources in times of disasters and public
17 health emergencies through the mobilization of the MRC.

18 Sec. 3. *Medical Reserve Corps.* — A medical reserve corps shall be established
19 whose primary mission is to support the country's health system in times of public
20 health emergencies or health threats, which shall be composed of the following:

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

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

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

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

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

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

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

1 b. Continuing training and other activities to be conducted in coordination
2 with 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 and
4 Management Council, to improve and reinforce skills. All registered members shall
5 undergo continuing training on a regular basis to upgrade their proficiency.

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

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

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

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

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

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

29 *Sec. 7. Medical Reserve Corps Mobilization.* – The prompt mobilization of the
30 MRC shall be carried out by authority of the Secretary of Health, upon the
31 recommendation of the Director of the HEMB or upon the request of national
32 government agencies or local government units (LGUs), in order to meet the needs

1 of the populace in times of public health emergencies, whether of local or national
2 scale, and for such other purposes in response to threats to public health.

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

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

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

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

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

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

30 Sec. 8. *Deployment Order.* – The President of the Philippines, upon
31 recommendation of the DOH, may order the nationwide mobilization of the MRC to

1 complement the AFP Medical Corps in case of a declaration of a state of war, state
2 of lawless violence or state of calamity.

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

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

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

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

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

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

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

1 Sec. 13. *Compensation and Benefits.* – Members of the MRC who render
2 service shall receive all the pay and allowances, medical care, hospitalization, other
3 privileges and benefits during the period of mobilization as prescribed by law or
4 regulation. They shall also continue to receive all pay, allowances, and other
5 privileges and benefits from their regular employment during the mobilization period
6 in accordance with law.

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

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

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

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

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

1 Sec. 17. *Failure to Respond to Deployment.* - Any member of the MRC who
2 fails to respond to the order of deployment without any justifiable reason despite
3 due notice shall be required to reimburse the total expenses incurred by the
4 government in the member's recruitment, selection, training, and compensation, as
5 may be determined by the DOH.

6 SEC. 18. *Appropriations.* -The Secretary of Health shall immediately include in
7 the Department's Program the implementation of this Act, the funding of which shall
8 be included in the annual General Appropriations Act.

9 SEC. 19. *Implementing Rules and Regulations.* - Within ninety (90) days from
10 the effectivity of this Act, the DOH shall promulgate the necessary guidelines for the
11 effective implementation of this Act.

12 SEC. 20. *Separability Clause.* - If any provision of this Act is declared
13 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
14 affected thereby.

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

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

Approved,