



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

'22 NOV -8 A9 :30

SENATE

RECEIVED BY

S. B. No. 1475

Introduced by **SENATOR JOEL VILLANUEVA**

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

EXPLANATORY NOTE

The COVID-19 pandemic has revealed the gaps in our already struggling healthcare system. Drawing lessons from the country's experience during this health crisis and in view of the unprecedented nature of health emergencies and other disasters, there is a need to put in place safeguards and emergency protocols to avert overwhelmed healthcare facilities, the serious lack of health and emergency personnel, and loss of lives.

This proposed measure recognizes the need for a reserve force of highly skilled and medically trained professionals and volunteers who can be mobilized to maintain the capacity to meet surges in the demand for the country's healthcare system and provide assistance in times of health crises.

It establishes a Medical Reserve Corps (MRC), which shall be composed of medical experts, scientists, licensed medical practitioners, members of the Reserve Force of the Armed Forces of the Philippines (AFP) in the Medical Service, non-medical volunteers trained for health emergencies and other necessary skills, with a primary mission of supporting the public health system during period of disasters and other health emergencies.

The MRC shall be under the Health Emergency Management Bureau of the Department of Health, and shall be organized, trained, developed, and maintained to ensure their readiness to immediately respond to the call to service.

In order to protect the rights of members of the MRC, this bill also ensures that they shall not be discriminated upon based on their status as such. It further provides that all MRC members shall, at all times, be accorded with protection, as provided under existing labor laws, rules and regulations, including the right to have a safe and healthy workplace.

As the country battles the continuing pandemic, and as one of the priority measures of this Administration, the immediate passage of this measure is earnestly sought.

A handwritten signature in black ink, appearing to read "Joel Villanueva", with a stylized flourish at the end.

SENATOR JOEL VILLANUEVA 



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**AN ACT
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FUNDS THEREFOR**

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

4 **SEC. 2. Declaration of Policy.** – Article II, Section 15 of the 1987 Constitution
5 enjoins 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 attainment of the Sustainable Development Goals
9 (SDGs), particularly SDG 3, which calls on states to ensure healthy lives and promote the
10 well-being of people of all ages.
11

12 The State also recognizes the need for a reserve force of highly skilled and
13 medically trained professionals and volunteers who can be mobilized to maintain the
14 capacity to meet surges in the demand for the country’s healthcare system and provide
15 assistance as may be needed in times of health crises.
16

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

25 **SEC. 3. Medical Reserve Corps Service.** – The MRC shall be composed of
26 medical experts, scientists, licensed medical practitioners, members of the Reserve Force
27 of the Armed Forces of the Philippines (AFP) in the Medical Service, non-medical
28 volunteers trained for health emergencies and other necessary skills, with a primary
29 mission of supporting the public health system during periods of disasters and other
30 health emergencies. The MRC shall be organized, trained, developed, and maintained to
31 ensure their readiness to immediately respond to the call to service.
32

33 **SEC. 4. Organization.** – The Department of Health (DOH) shall create the MRC
34 under its Health Emergency Management Bureau (HEMB). The organization, structure,

1 and manning of the MRC shall be set up in such a manner that is necessary to make it
2 effective, efficient, and responsive to local and national disasters and other health
3 emergencies, under such rules and regulations as the Secretary of Health may prescribe.
4

5 **SEC. 5. Registration and Training.** – The DOH shall draft guidelines for the
6 recruitment, selection, compensation, other incentives for joining and continued
7 membership, and length of service of the MRC members.
8

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

- 15 (a) Compulsory basic training for a period to be set by the DOH where all recruits shall
16 undergo training on disaster and health emergency response, the organization and
17 structure of the MRC, and such other areas as may be prescribed by the DOH.
18 Volunteers without any health specializations shall be trained in basic health and
19 medical skills, and/or such other skills deemed necessary to respond to health
20 emergencies. In all cases, recruits shall be given compensation for their time
21 during compulsory basic training; and
22
- 23 (b) Continuing training, in coordination with relevant and qualified agencies in the
24 public and private sector, including but not limited to the AFP and the National
25 Disaster Risk Reduction and Management Council (NDRRMC), to provide the
26 training and other activities that will improve and reinforce their skills. All registered
27 members shall undergo continuing training on a regular basis to upgrade their
28 proficiency.
29

30 Successful completion of compulsory basic training shall be a requisite for
31 admission into the MRC. Successful completion of activities in the continuing training
32 program shall be a requisite for promotion within the MRC.
33

34 **SEC. 6. Registry and Accounting of Members of the MRC.** – Registered
35 members of the MRC shall be issued individual serial numbers which shall serve as their
36 identification in case of deployment. An MRC identification card that describes the
37 certification information of members, as well as other necessary identifying information,
38 as may be determined by the DOH, shall also be issued.
39

40 The DOH shall maintain and update a registry containing the names of MRC
41 members, their serial numbers, addresses, contact details, and such other information as
42 may be determined by the DOH, in accordance with the applicable privacy laws.
43

44 **SEC. 7. MRC Mobilization.** – The prompt mobilization of the MRC shall be carried
45 out by authority of the Secretary of Health, upon the recommendation of the Director of
46 the HEMB or upon the request of national government agencies or local government units
47 (LGUs) in order to meet the needs of the populace in times of public health emergencies,
48 whether of local or national scale, and for such other purposes in response to threats to
49 public health.
50

51 The MRC may be mobilized partially or in full as may be necessary. The DOH shall
52 promulgate the mechanism by which deployment is efficiently implemented, including the
53 organization of the Corps to be deployed, their territorial assignments, the manner of
54 communicating deployment orders to each member, and to which mobilization center they
55 will report.

1 For the purposes of this Act, "public health emergencies" shall have the same
2 meaning as defined in Republic Act No. 11332, otherwise known as the "Mandatory
3 Reporting of Notifiable Diseases and Health Events of Public Health Concern Act."
4

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

10 **SEC. 9. Mobilization Centers.** – There shall be established in each province as
11 many mobilization centers as needed to which members of the MRC shall report when
12 mobilization is ordered.
13

14 Mobilization centers may be any establishment or facility that can adequately
15 house the MRC members, and their equipment and supplies during the period of
16 deployment, including, but not limited, to multi-purpose halls, gymnasiums, and other
17 similar structures, and based on other requirements that the DOH shall prescribe. The
18 DOH, in consultation with the local executives, shall likewise prescribe the location of the
19 mobilization centers.
20

21 **SEC. 10. Mobilization Stock.** – The minimum essential individual and
22 organization and medical equipment and supplies shall be procured, stored, and
23 maintained to enhance rapid transition to readiness required for employment in the
24 shortest possible time.
25

26 The DOH shall maintain the necessary capacity to scale up the procurement of
27 these equipment and supplies as may be needed during the period of mobilization.
28

29 **SEC. 11. Enlistment of the AFP.** – The Secretary of Health may enlist the AFP
30 to provide expertise on the organization and structure of the MRC for efficient, effective,
31 and swift deployment, as well as for training of the MRC recruits on disaster and
32 emergency response.
33

34 The Secretary of Health may also recommend to the President the enlistment of
35 the AFP to supplement the mobilized MRC for the purpose of providing logistics and
36 manpower for large-scale operations in times of public health emergency, contact tracing
37 and monitoring of suspected cases, enforcing quarantine measures in specific areas or
38 facilitating the transport of emerging infectious disease patients, and for such other
39 related purposes.
40

41 **SEC. 12. Protection of MRC Members.** – All MRC members shall be accorded
42 protection as provided by existing labor laws and relevant occupational safety and health
43 standards. Discrimination based on their status as MRC members shall also be strictly
44 prohibited.
45

46 **SEC. 13. Compensation and Benefits.** – Members of the MRC who have
47 rendered service shall receive compensation, allowances, medical and hospitalization
48 benefits, and other privileges and benefits during the mobilization period, to be
49 determined by the DOH, in accordance with relevant laws, executive orders, rules and
50 regulations, and other issuances.
51

52 **SEC. 14. Demobilization.** – When the threat or emergency for which mobilization
53 had been ordered has passed, the Secretary of Health shall order the demobilization of
54 the MRC, and the mobilized members shall be reverted to inactive status.
55

56 **SEC. 15. Implementing Rules and Regulations.** Within thirty (30) days from the
57 effectivity of this Act, the DOH, in consultation with the AFP and other relevant

1 stakeholders, shall promulgate and issue the necessary guidelines for the effective
2 implementation of this Act.

3
4 **SEC. 16. Appropriations.** – The funds necessary for the initial implementation of
5 this Act shall be charged against the appropriations of the DOH as needed. Thereafter,
6 funding shall be included in the budget of the DOH under the annual General
7 Appropriations Act.

8
9 **SEC. 17. Separability Clause.** – If, for any reason, any part, section, or provision
10 of this Act is held invalid or unconstitutional, the remaining provisions not affected shall
11 continue to be in full force and effect.

12
13 **SEC. 18. Repealing Clause.** – All laws, decrees, executive orders, proclamations,
14 rules and regulations, and other issuances, or parts thereof which are inconsistent with
15 the provisions of this Act are hereby repealed, amended, or modified accordingly.

16
17 **SEC. 19. Effectivity.** – This Act shall take effect fifteen (15) days after its
18 publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.

Approved,