



HOUSE OF REPRESENTATIVES

H. No. 6518

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AN ACT
CREATING THE HEALTH EMERGENCY AUXILIARY REINFORCEMENT TEAM
UNDER THE DEPARTMENT OF HEALTH 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 “Health Emergency Auxiliary
2 Reinforcement Team (HEART)” Act.

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

10
11 The State recognizes the need for a reserve force of highly skilled and health-oriented
12 professionals and volunteers who can be mobilized to maintain the capacity to meet surges in the
13 demand for additional manpower in the country’s healthcare system and provide assistance as
14 needed in times of health crises.

15
16 Pursuant to this, it is the policy of the State to:

- 17
18 a. Prioritize the health of its citizens whether in the country or overseas by maintaining a
19 strong and resilient healthcare system at all times that will immediately, efficiently, and
20 effectively address all potential and actual public health emergencies; and
21
22 b. Promote the spirit of “Bayanihan” and enhance the capacity of the nation to expand its
23 human health resources in times of disasters, public health emergencies and health threats
24 of both national and local scale through the mobilization of the Health Emergency
25 Auxiliary Reinforcement Team.

26
27 **SEC. 3. *Definition of Terms.*** – As used in this Act:

- 28
29 a. *Allied health professionals* refer to professions who are involved with the delivery of
30 health or related services such as the identification, evaluation and prevention of diseases
31 and disorders, dietary and nutrition services, and rehabilitation and health systems
32 management. Allied health professionals, shall include, among others, dental hygienists,
33 diagnostic medical sonographers, dietitians, medical technologists, occupational
34 therapists, physical therapists, radiographers, respiratory therapists, and speech language
35 pathologists;
36
37 b. *Bayanihan* refers to the value of communal unity through helping others to achieve a
38 certain goal without expecting anything in return;
39
40 c. *Deployment* refers to the actual movement of workforce to the assigned area within a
41 prescribed period;
42
43 d. *Health Emergency Auxiliary Reinforcement Team* refers to a group of individual

1 volunteers who are in the field of medicine, nursing, medical technology, and other allied
2 health-related fields who are ready to be deployed to complement the health workforce in
3 the event of a public health emergency and health threat;
4

5 e. *Health threat* refers to a condition, agent, or incident that greatly impacts the health that
6 leads to disease, accident, injury, and loss of life;
7

8 f. *Mobilization* refers to the process and procedures for activating, assembling, and
9 transporting the needed health workforce to respond to a public health emergency and
10 health threat;
11

12 g. *Mobilization center* refers to the establishment where the Health Emergency Auxiliary
13 Reinforcement Team shall report upon receipt of the order for mobilization, coordinate
14 their mission order and mobilization-related issues and concerns, and submit their report
15 upon receipt of the order for demobilization;
16

17 h. *Public health emergency* refers to an occurrence that poses an imminent threat of an illness
18 or health condition as defined in Republic Act No. 11332, otherwise known as Mandatory
19 Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, that:
20

21 1. Is caused by any of the following:
22

23 i. Bio terrorism;
24

25 ii. Appearance of a novel or previously controlled or eradicated infectious agent
26 or biological toxin;
27

28 iii. A natural disaster;
29

30 iv. A chemical attack or accidental release;
31

32 v. A nuclear attack or accident; or
33

34 vi. An attack or accidental release of radioactive materials; and
35

36 2. Poses a high probability of any of the following:
37

38 i. A large number of deaths in the affected population;
39

40 ii. A large number of serious injuries or long-term disabilities in the affected
41 population;
42

43 iii. Widespread exposure to an infectious or toxic agent that poses a significant
44 risk of substantial harm to a large number of people in the affected population;
45

46 iv. International exposure to an infectious or toxic agent that poses a significant
47 risk to the health of citizens; or
48

49 v. Trade and travel restrictions

- 1 i. *Volunteers* refer to those who freely register to be members of the HEART.
2

3 **SEC. 4. *Scope.*** – This Act provides for the organization of the Health Emergency Auxiliary
4 Reinforcement Team, hereinafter referred to as the HEART, the development of policies, plans,
5 guidelines, and the implementation of actions pertaining to the mobilization, services, and
6 protection of the HEART in times of disasters, public health emergencies and health threats.
7

8 **SEC. 5. *Health Emergency Auxiliary Reinforcement Team.*** – There is hereby established a
9 HEART under the Department of Health (DOH) to augment the health workforce in times of
10 disasters, public health emergencies and health threats. The HEART shall be composed of the
11 following individuals who shall voluntarily register with the DOH:
12

- 13 a. Licensed professionals in the fields of medicine, nursing, medical technology, and other
14 allied health fields including those who are retired and those who are no longer practicing
15 their professions in a health facility setting. All health and allied health professional
16 organizations may be tapped for the engagement of professionals who are not affiliated
17 in any healthcare facility;
18
- 19 b. Graduates of medicine and allied health courses and medical students who have
20 completed a one-year medical internship and who have not yet been issued licenses to
21 practice their respective professions, but due to the need for their services may be issued
22 a limited and special authorization to render medical services during public health
23 emergencies or health threats pursuant to Republic Act No. 2382, otherwise known as the
24 Medical Act of 1959 or as may be amended hereafter; and
25
- 26 c. Other health support workforce, including barangay health workers, whose services are
27 necessary in times of disasters, public health emergencies and health threats.
28

29 **SEC. 6. *The Health Emergency Auxiliary Reinforcement Team Promotion Program.*** – There
30 is hereby established the Health Emergency Auxiliary Reinforcement Team Promotion Program,
31 which shall refer to the comprehensive set of objectives, targets, strategies and activities for the
32 promotion, recruitment and selection of reserve force of highly skilled and health-oriented
33 professionals and volunteers.
34

35 It shall include, but not be limited to, the following areas of concern: the provision of initiatives
36 that shall underscore the importance of volunteerism to improve the health and safety of
37 communities; the utilization of medical reserves pool who want to donate their time and expertise
38 to prepare for and respond to emergencies and to support ongoing preparedness initiatives; and
39 the building of partnerships and ensuring the sustainability of the HEART with the end goal of
40 maintaining its capacity to meet surges in the demand for healthcare system and provide
41 assistance in times of public emergencies.
42

43 **SEC. 7. *Creation of the HEART Board.*** - A HEART Board, hereinafter referred to as Board, is
44 hereby created to ensure efficient and effective mobilization of the HEART. It shall be chaired
45 by the Department of Health (DOH) and composed of representatives of the following, as
46 members:
47

- 48 a. Department of the Interior and Local Government (DILG);
49
- 50 b. Department of National Defense (DND);

- 1 c. Commission on Higher Education (CHED);
- 2
- 3 d. Professional Regulatory Commission (PRC);
- 4
- 5 e. Armed Forces of the Philippines (AFP);
- 6
- 7 f. Office of Civil Defense (OCD); and
- 8
- 9 g. One representative from a non-governmental health professional organization.

10
11 The members of the Board shall designate a representative, with a rank not lower than Assistant
12 Secretary or its equivalent, to represent their respective offices in the Board: *Provided*, That the
13 representative must be fully authorized to decide on behalf of the member-agency.

14
15 The AFP shall designate a representative from the Office of the Surgeon General with a rank not
16 lower than Colonel as its Board representative.

17
18 The representative from a non-governmental health professional organization shall have a two
19 (2) -year term of office. The Board shall select the representative base on the guidelines it shall
20 promulgate: *Provided*, That, the non-governmental health organization is national in scope and
21 has a good track record in providing emergency health services.

22
23 The Board shall establish close coordination with the National Disaster Risk Reduction and
24 Management Council and the Philippine National Volunteer Service Coordinating Agency. It
25 may call upon any government office or instrumentality, including government owned or
26 controlled corporations and local government units (LGUs), as necessary. The Board may
27 likewise closely coordinate and collaborate with non-governmental health organizations and the
28 private sector, especially those with actual programs in the delivery of emergency health services.

29
30 **SEC. 8. Powers and Functions of the Board.** – The Board shall have the following powers and
31 functions:

- 32
- 33 a) Define and develop the organization, management, mobilization, demobilization, and
34 reporting mechanisms, policies, and guidelines for the HEART;
- 35
- 36 b) Oversee the effective and efficient functioning of the HEART in responding to public
37 health emergencies and health threats;
- 38
- 39 c) Coordinate with concerned national government agencies and other stakeholders in
40 responding to public health emergencies and health threats; and
- 41
- 42 d) Conduct regular meetings every quarter or as often as may be necessary in times of
43 disasters, during public health emergencies or in the occurrence of health threats.
- 44

45 **SEC. 9. Creation of a HEART Unit.** – A HEART Unit shall be created by the DOH which shall
46 serve as the secretariat of the Board. It shall oversee program implementation, including the
47 maintenance of the database or information system of the HEART.

48
49 The DOH shall determine the organizational structure and staffing pattern of the HEART unit
50 subject to the evaluation and approval of the Department of Budget and Management (DBM) and
51 in accordance with the civil service laws, rules and regulations.

1
2 The regional counterparts of the HEART Unit shall likewise be allocated additional staff and
3 personnel to ensure the grassroots implementation of this Act.
4

5 All LGUs shall ensure that a HEART Unit shall be operationalized under their respective Local
6 Disaster Risk Reduction and Management Office which shall act as mobilization centers in times
7 of disasters, public health emergencies or health threats.
8

9 **SEC. 10. *Registration and Training.*** – The Board shall prescribe a comprehensive guideline for
10 the recruitment and selection of a HEART volunteer.
11

12 The Board shall also prescribe a training program through written, practical, and simulation
13 activities on various aspects of health emergency management and response in different health
14 emergency scenarios. To this end, all volunteers must undergo:
15

16 (a) Basic training on disaster and health emergency response; and
17

18 (b) Skill enhancement activities with relevant agencies in the both public and private sector.
19

20 Completion of the basic training or acceptable substitute or equivalent certification shall be a
21 requisite for admission to the HEART.
22

23 **SEC. 11. *Registry and Accounting of Members.*** – HEART Volunteers shall be issued with
24 individual registration numbers which shall serve as their identification during deployment.
25

26 A registry or database that contains the names of the volunteers, their registration numbers,
27 address, contact details and other personal information as may be necessary, shall be maintained
28 and regularly updated in accordance with Republic Act No. 10173, otherwise known as the Data
29 Privacy Act.
30

31 The HEART registry or database shall be integrated or linked to existing registries such as the
32 National Health Workforce Registry pursuant to Republic Act No. 11223, otherwise known as
33 Universal Health Care Act, Section 25 (c).
34

35 All volunteers covered under this Act are required to update their addresses and contact details
36 on file through the registry system or database as necessary.
37

38 **SEC. 12. *Mobilization.*** – The Board shall approve the prompt mobilization of the HEART upon
39 receipt of a request from municipal and city mayors and provincial governors in connection with
40 a public health emergency, threats to public health, or a disaster, whether of local or national
41 scale. The HEART may be mobilized partially or in full, as may be necessary.
42

43 The Board shall promulgate a mechanism that shall ensure efficient implementation of
44 deployment, assignment areas, deployment periods, how deployment orders are communicated
45 to each volunteer, and to which mobilization center the volunteers will report taking into
46 consideration Section 13 on “Accreditation, Mobilization, and Protection of Disaster Volunteers
47 and National Service Reserve Corps, CSOs, and the Private Sector” of Republic Act No. 10121,
48 otherwise known as the Philippine Disaster Risk Reduction and Management Act of 2010.
49

50 **SEC. 13. *Deployment Order.*** – The President of the Philippines, upon the recommendation of
51 the HEART Board through a resolution, may order the nationwide mobilization of the HEART

1 to augment the health workforce in case of a declaration of a state of public health emergency,
2 state of calamity, and other threats to public health.

3
4 Orders of deployment sent to the volunteers' addresses and through the contact details on file in
5 the registry system or database shall be sufficient notice for purposes of deployment.

6
7 **SEC. 14. *Mobilization Centers*** - Mobilization Centers shall be established in each province as
8 needed where volunteers shall report to once deployment is ordered.

9
10 A mobilization center may be any establishment that can adequately house the volunteers, their
11 equipment and supplies during the period of deployment, including a multi-purpose hall,
12 gymnasium, and other similar structures.

13
14 The Board shall, in consultation with the local executives, prescribe the location of the
15 mobilization centers. The concerned municipal and city mayors and provincial governors shall
16 disseminate information on the location of mobilization centers to the widest extent possible.

17
18 **SEC. 15. *Essential Emergency Commodities***. - The Board shall ensure that the minimum
19 essential individual and organizational commodities and medical equipment and supplies shall be
20 procured, stored, and managed to enhance the rapid transition to readiness required for
21 deployment of HEART teams in the shortest possible time.

22
23 The Board shall ensure and maintain its capacity to scale up the procurement of these equipment
24 and supplies as needed during the period of deployment.

25
26 **SEC. 16. *Incentives***. - In recognition and appreciation of the HEART volunteers' service
27 rendered during the period of actual mobilization, implementing agencies may provide volunteers
28 with an allowance as may be determined by the Department of Health (DOH), in coordination
29 with Department of Budget and Management, subject to availability of funds, and other existing
30 civil service, budgeting, accounting and auditing rules and regulations. Notwithstanding the
31 foregoing, nothing in this Act, shall be construed as creating an employer-employee relationship
32 between the government and HEART volunteers.

33
34 **SEC. 17. *Legal Liability***. - No volunteer shall be held liable for the death or injury to any person
35 or for the loss of, or damage to the property of any person where such death, injury, loss, or
36 damage was proximately caused by the circumstance of an actual public health emergency or its
37 subsequent conditions.

38
39 This Section shall not preclude liability for civil damages because of gross negligence,
40 recklessness, or willful misconduct.

41
42 **SEC. 18. *Public Health Emergency Insurance***. - The DOH is mandated to secure an insurance
43 policy that would insure HEART volunteers from injury, death, damage to, or loss of property,
44 and for any legal liability asserted against or incurred by the volunteer arising from the lawful
45 performance of his duty.

46
47 **SEC. 19. *Termination of Deployment or Demobilization***. - Upon the declaration of the President,
48 or as determined by the Board that the need for the HEART is no longer necessary, or upon the
49 expiration of the deployment or end of mission there being no approved extension thereof,
50 volunteers who are deployed pursuant to the declaration of a public calamity, a public health
51 emergency or health threat shall be discharged from the performance of HEART duties.

1 Upon order of the demobilization of the HEART, the deployed volunteers shall be reverted to
2 inactive status. Mobilization Centers shall ensure reports on the mission are duly submitted and
3 the certificate of services rendered pertaining to the deployment are promptly issued.
4

5 **SEC. 20. Annual Report.** - The HEART Unit shall prepare and submit an annual report to the
6 Office of the President, through the DOH Secretary, containing the list of accomplishments, status
7 of the operations and program implementation of the HEART.
8

9 **SEC. 21. Appropriations.** - The funds necessary for the initial implementation of this Act shall
10 be charged against the available funds of the implementing agencies comprising the HEART
11 Board. Thereafter, the funding shall be included in the budget of the DOH under the annual
12 General Appropriations Act.
13

14 **SEC. 22. Implementing Rules and Regulations.** - Within ninety (90) days from the effectivity
15 of this Act, the HEART Board shall, in consultation with other stakeholders, promulgate the
16 necessary guidelines for the effective implementation of this Act.
17

18 **SEC. 23. Separability Clause.** - If any provision of this Act is declared unconstitutional or invalid,
19 the validity of other provisions shall not be affected thereby.
20

21 **SEC. 24. Repealing Clause.** - All laws, decrees, orders, rules and regulations, other issuances, or
22 parts thereof inconsistent with the provisions of this Act are hereby repealed or modified
23 accordingly.
24

25 **SEC. 25. Effectivity Clause.** - This Act shall take effect fifteen (15) days after its publication in
26 the *Official Gazette* or in a newspaper of general circulation.

Approved,