

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



Senate
Office of the Secretary

23 JAN 11 P4:58

SENATE

S. No. 1647

RECEIVED BY:

Introduced by Senator Loren B. Legarda

AN ACT
INSTITUTING THE MEDICAL RESERVE CORPS AND APPROPRIATING
FUNDS THEREFOR

EXPLANATORY NOTE

Section 15 of Article II of the 1987 Constitution states, "The State shall protect and promote the right to health of the people and instill health consciousness among them."

Further, Section 11, Article XIII of the 1987 Constitution provides, in part, that "The State shall adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health, and other social services available to all the people at an affordable cost. There shall be a priority for the needs of the underprivileged sick, elderly, disabled, women, and children."

Numerous circumstances have highlighted the flaws of the healthcare system. First, during the early years of the COVID-19 pandemic, both private and public hospitals, as well as our healthcare workers, were overwhelmed by the influx of COVID-19 patients in need of medical care. The Department of Health had to request additional volunteer medical professionals, including nurses.

All of the aforementioned circumstances justify the need to respond to these challenges and devise a long-term solution and strategy to aid our country during natural disasters, pandemics, states of war, or any other circumstances that may arise.

This bill proposes to create a Medical Reserve Corps, a volunteer organization of trained and equipped medical healthcare professionals and all persons who have degrees in medicine, nursing, medical technology, and other health-related fields but have yet to obtain their respective licenses to practice, to assist in meeting medical needs during disasters or public health crises. The MRC does not take the place of existing personnel.

Furthermore, this bill aims to strengthen the country's healthcare system, improve emergency response capabilities, and foster community resilience. The MRC can be quickly called upon and mobilized to assist the national government and local government units during disasters and public health emergencies. This measure enables our hospitals and medical personnel to meet the high demand for patient care during natural disasters and health emergencies.

In view of the foregoing considerations, the immediate passage of this measure is sought.



LOREN LEGARDA

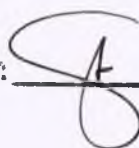
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Be it enacted by the Senate and House of Representatives of the Republic of the Philippines in Congress assembled:

1 Section 1. *Short Title.* - This Act shall be known as the "Medical Reserve Corps
2 Act."

3 Sec. 2. *Declaration of Principle* - 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 SDG 3, 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
12 to meet surges in the demand for the country's healthcare system and provide
13 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, the workforce complements of which can
16 be expanded rapidly by a well-trained and well-equipped Medical Reserve Corps
17 (MRC) in times of public health emergency and health threats. Towards this end, the
18 State shall enhance the capacity of the nation to produce and call on the needed

1 manpower and expand its human health resources in times of disasters and public
2 health emergencies of both national and local scale through the mobilization of the
3 MRC.

4 *Sec. 3. Medical Reserve Corps Service.* There is hereby established an MRC whose
5 primary mission is to support the country's health system in times of public health
6 emergencies or health threats and which shall be composed of the following:

- 7 a. Licensed physicians including those who are retired and those who are no
8 longer practicing in the hospital setting. The Department of Health (DOH)
9 may coordinate and collaborate with the accredited integrated professional
10 organization or accredited professional organization of physicians for the
11 engagement of private practitioners;
- 12 b. Medical students who have completed four (4) years of medical course,
13 graduates of medicine, and registered nurses who may be issued by the
14 Secretary of Health with a limited and special authorization to render
15 medical service pursuant to Republic Act No. 2382, otherwise known as the
16 Medical Act of 1959; and
- 17 c. Licensed allied health professionals.

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

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

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

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

29 The DOH shall also prescribe a continuing training program for the MRC
30 recruits and members, through written, practical, and simulation activities, on various
31 aspects of health emergency management and response and on the different health
32 emergency situations and scenarios, such as natural and man-made disasters,

1 epidemics, pandemics, and other threats to public health. To this end, all recruits must
2 undergo:

- 3 a. Compulsory basic training for a period to be set by the DOH on disaster
4 and health emergency response, the organization and structure of the MRC,
5 and such other areas as may be prescribed by the DOH. Recruits shall be
6 given compensation for their attendance thereto; and
- 7 b. Continuing training and other activities are to be conducted in coordination
8 with relevant and qualified agencies in the private and public sectors,
9 including the Armed Forces of the Philippines (AFP) and the National
10 Disaster Risk Reduction and Management Council, to improve and
11 reinforce skills. All registered members shall undergo continuous training
12 on a regular basis to upgrade their proficiency.

13 Successful completion of the mandatory basic training shall be a
14 requisite for admission into the MRC. Successful completion of activities in
15 the continuing training program shall be a requisite for promotion within
16 the MRC.

17 *Sec. 6. Registry and Accounting of Members of the MRC.* - Registered members of
18 the MRC shall be issued individual serial numbers, which will serve as their
19 identification in case of deployment.

20 The DOH shall maintain and update a registry or database containing the
21 names of the members of the Corps, their serial numbers, addresses, contact details,
22 and such other information as the DOH may determine, in accordance with applicable
23 privacy laws. For this purpose, all public and private colleges, universities, and
24 learning institutions shall transmit annually their records of the graduates covered
25 under this Act to the DOH.

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

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

1 In cases where a graduate has changed address immediately prior to
2 deployment, the LGU shall immediately exert efforts to locate his known closest
3 resident kin, who are then mandated to exert similar efforts. The use of digital
4 communications and social media shall be encouraged in locating such graduates.

5 *Sec. 7. Medical Reserve Corps Mobilization.* - The prompt mobilization of the MRC
6 shall be carried out by the authority of the Secretary of Health, upon the
7 recommendation of the Director of the HEMB, or upon the request of national
8 government agencies or local government units (LGUs), in order to meet the needs of
9 the populace in times of public health emergencies, whether of local or national scale
10 and for such other purposes in response to threats to public health.

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

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

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

21 (i) Bio terrorism;

22 (ii) Appearance of a novel or previously controlled or eradicated
23 infectious agent or biological toxin;

24 (iii) A natural disaster;

25 (iv) A chemical attack or accidental release;

26 (v) A nuclear attack or accident; or

27 (vi) An attack or accidental release of radioactive materials; and

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

29 (i) A large number of deaths in the affected population;

30 (ii) A large number of serious injuries or long-term disabilities in the
31 affected population;

1 (iii) Widespread exposure to an infectious or toxic agent that poses a
2 significant risk of substantial harm to a large number of people in the
3 affected population;

4 (iv) International exposure to an infectious or toxic agent that poses a
5 significant risk to the health of citizens of other countries; or

6 (v) Trade and travel restrictions.

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

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

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 multi-purpose halls, gymnasiums, and other similar
17 structures, based on other requirements that the DOH shall prescribe. The DOH shall,
18 in consultation with the local executives, prescribe the location of the mobilization
19 centers. The local executives shall disseminate to the widest extent possible
20 information to the public on the location of these centers.

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

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

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

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

7 Sec. 12. *Protection to MRC Members.* - All MRC members shall be accorded
8 protection as provided by existing labor laws and standards and other relevant
9 occupations, safety, environmental, and social legislation.

10 Sec. 13. *Compensation and Benefits.* - Members of the MRC who render service
11 shall receive all the pay and allowances, medical care, hospitalization, and other
12 privileges and benefits during the period of mobilization as prescribed by law or
13 regulation. They shall also continue to receive all pay, allowances, and other privileges
14 and benefits from their regular employment during the mobilization period in
15 accordance with the law.

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

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

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

28 Sec. 15. *Termination of Deployment.* - Upon the expiration of the period of
29 deployment, without an extension having been requested and approved by the DOH,
30 members of the MRC who are deployed pursuant to a public health emergency shall
31 be discharged from the performance of their duties. The deployment may also be
32 terminated earlier upon a determination by the DOH, in consultation with the

1 requesting national government agency or LGU, that such deployment is no longer
2 required in accordance with this Act.

3 Sec. 16. *Annual Reports.* - The DOH shall regularly publish an annual report
4 containing a list of the accomplishments, the status of the operations, a demographic
5 profile of the membership of the MRC, an assessment of readiness for mobilization,
6 and the incidence and details of each mobilization for the year concerned. The annual
7 report shall also include the results of the audit investigation on the spending of funds
8 appropriated, collected, or advanced for the implementation of the provisions of this
9 Act.

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

15 Sec. 18. *Appropriations.* - The Secretary of Health shall immediately include in
16 the Department's Program the implementation of this Act, the funding for which shall
17 be included in the annual General Appropriations Act.

18 Sec. 19. *Implementing Rules and Regulations.* - Within thirty (30) days from the
19 effectivity of this Act, the DOH shall promulgate the necessary guidelines for the
20 effective implementation of this Act.

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

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

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

Approved,