



SENATE

20 APR 27 A9:51

S. No. 1439

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Introduced by **SENATOR LEILA M. DE LIMA**

**AN ACT
AMENDING SECTION 13 OF REPUBLIC ACT NO. 10121, OTHERWISE
KNOWN AS THE "PHILIPPINE DISASTER RISK REDUCTION AND
MANAGEMENT ACT OF 2010"**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that, "[t]he State shall protect and promote the right to health of the people and instill health consciousness among them."

Article II, Section 18 of the same mandates that, "[t]he State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare."

Last March 11, World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus declared the COVID-19 outbreak as a pandemic.¹

Days later, President Rodrigo Duterte placed the entire Philippines under a state of calamity to enable government to respond better to the rapidly spreading COVID- 19 virus.

Under Republic Act No. 10121, or the "Philippine Disaster Risk Reduction and Management Act", "state of calamity" is defined as a condition involving mass casualty and/or major damages to property, disruption of means of livelihoods (and

¹ 11 March 2020. "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020". Retrieved from <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

businesses), roads and normal way of life of people in the affected areas as a result of the occurrence of natural or human-induced hazard.²

Republic Act No. 11332, otherwise known as the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act”, acknowledges “disease surveillance and response systems of the Department of Health (DOH) and its local counterparts, as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security.” Section 6(f) of the same provides that, “[t]he DOH and all its local counterparts, shall ensure that all surveillance and response officers have adequate capacity for mandatory reporting of notifiable diseases, risk assessment, epidemiology, disease surveillance, and response to epidemics and health events of public health concern. It shall also ensure that the safety and protection of all personnel directly involved in surveillance and response activities are upheld.”

While all these laws are aligned in protecting all frontliners, our health workers - both in the public and private sectors -- continue to appeal for fund, health equipment, staff, protective equipment and medical supplies during the COVID-19 Pandemic crisis.³ Philippine General Hospital (PGH) and the UP College of Medicine’s Student Council asked for donation of masks, 70% alcohol, face shields, and surgical gowns for its health workers.⁴ Government hospitals and health care professionals are even posting and begging supplies through social media. A hospital worker in Los Banos, Laguna even used plastics as face cover and garbage bags as protective suits.⁵ All of them fear that with the continuous decline in medical supplies, they “will be left with no protection”.

² NDRRMC Memorandum No. 60, series of 2019, enumerates the conditions when a “state of calamity” can be declared.

³ This Week in Asia. 17 March 2020. *Coronavirus: in the Philippines, health workers without protective equipment fear exposure.* Retrieved from <https://www.scmp.com/week-asia/health-environment/article/3075590/coronavirus-philippines-health-workers-without>

⁴ CNN Philippines. 15 March 2020. *Health workers, frontliners appeal for masks and alcohol donations in fight vs. COVID-19.* Retrieved from <https://www.cnnphilippines.com/news/2020/3/15/PGH-COVID-frontliners-health-workers-donations-mask-alcohol.html>

⁵ Tan, Trisha. The Filipino Times. 22 March 2020. *PH hospital uses plastics, garbage bags as COVID-19 protection due to supply shortage.* Retrieved from <https://filipinotimes.net/news/2020/03/22/ph-hospital-uses-plastics-garbage-bags-covid-19-protection-due-supply-shortage/>

Together with our health workers are other members of the public and private sector who continuously work and serve our country despite the grave danger that this pandemic pose to their safety and well-being: security guards, bank tellers, cashiers, media workers, restaurant waiter and other employees, traffic enforcers, police, office clerks and other governmental staff, to name a few. While their work is different from that of our medical practitioners and workers, they too have the right to be protected and be assisted by the government during these difficult times.

These alarming calls and pleas of our front liners only prove the urgent need to unburden and provide them with the additional compensation, safeguards, assistance, and protection through the grant of equitable hazard pay especially during a declaration of a state of calamity

This bill therefore seeks to grant hazard allowance to employees of government and those belonging to the private sector who are mobilized to deliver or augment delivery of disaster risk reduction programs and activities. Additional hazard allowances are likewise sought for public health workers and temporary human resources for health during a state of calamity.

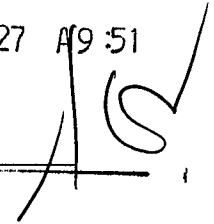
Immediate passage of this measure is earnestly sought.


LEILA M. DE LIMA

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Introduced by **SENATOR LEILA M. DE LIMA**

AN ACT
AMENDING SECTIONS 13 OF REPUBLIC ACT NO. 10121, OTHERWISE
KNOWN AS THE “PHILIPPINE DISASTER RISK REDUCTION AND
MANAGEMENT ACT OF 2010”

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

1 Section 1. Section 13 of Republic Act No. 10121 or “Philippine Disaster Risk
2 Reduction and Management Act of 2010” is hereby amended to read as follows:

3 “Section 13. *Accreditation, Mobilization, and Protection of Disaster*
4 *Volunteers and National Service Reserve Corps, CSOs and the Private*
5 *Sector.* – The government agencies, CSOs, private sector and LGUs may
6 mobilize individuals or organized volunteers to augment their respective
7 personnel complement and logistical requirements in the delivery of
8 disaster risk reduction programs and activities. The agencies, CSOs,
9 private sector, and LGUs concerned shall take full responsibility for the
10 enhancement, welfare and protection of volunteers, and shall submit the
11 list of volunteers to the OCD, through the LDRRMOs, for accreditation
12 and inclusion in the database of community disaster volunteers.

13 A national roster of ACDVs, National Service Reserve Corps, CSOs and
14 the private sector shall be maintained by the OCD through the
15 LDRRMOs. Accreditation shall be done at the municipal or city level.

16 Mobilization of volunteers shall be in accordance with the guidelines to
17 be formulated by the NDRRMC consistent with the provisions of this Act.
18 [Any volunteer who incurs death or injury while engaged in any of the

1 activities defined under this Act shall be entitled to compensatory
2 benefits and individual personnel accident insurance as may be defined
3 under the guidelines.]

4 PROVIDED, PUBLIC HEALTH WORKERS AND TEMPORARY HUMAN
5 RESOURCES FOR HEALTH MOBILIZED TO DELIVER DISASTER
6 RISK AND REDUCTION PROGRAMS AND ACTIVITIES WILL BE
7 GRANTED ADDITIONAL HAZARD ALLOWANCE, UPON
8 RECOMMENDATION OF THE SECRETARY OF HEALTH AS
9 PROVIDED UNDER REPUBLIC ACT NO. 7305, OR THE MAGNA
10 CARTA OF PUBLIC HEALTH WORKERS.

11 PROVIDED FURTHER, ALL OTHER WORKERS IN GOVERNMENT,
12 AND MEMBERS OF THE PRIVATE SECTOR WHO WILL BE
13 MOBILIZED TO PRIMILARLY DELIVER OR AUGMENT THE
14 DELIVERY OF DISASTER RISK REDUCTION PROGRAMS SHALL BE
15 GRANTED HAZARD ALLOWANCE, UPON RECOMMENDATION OF
16 THE SECRETARY OF LABOR AND EMPLOYMENT AND HEADS OF
17 OTHER RELEVANT IMPLEMENTING AGENCIES, IF ANY.

18 PUBLIC HEALTH WORKERS AND TEMPORARY HUMAN
19 RESOURCES FOR HEALTH (HRH), WORKERS IN GOVERNMENT
20 AND INDIVIDUALS FROM THE PRIVATE SECTOR WHO INCUR
21 ILLNESS, DEATH OR INJURY BY REASON OF THEIR
22 PERFORMANCE OR PARTICIPATION IN ANY OF THE ACTIVITIES
23 DEFINED UNDER THIS ACT SHALL BE ENTITLED TO
24 COMPENSATORY BENEFITS AND INDIVIDUAL PERSONNEL
25 ACCIDENT INSURANCE.

26 *Sec. 2. Implementing rules.* – Within one hundred and eight days (180) days
27 from the effectivity of this Act, the Department of Health (DOH), the Department
28 of Labor and Employment (DOLE) and the Department of Budget and
29 Management (DBM) shall promulgate the necessary rules and regulations to
30 implement the provisions of this Act.

31 *Sec. 3. Repealing Clause.* - All laws, executive orders, presidential decrees,
32 presidential proclamations, letters of instruction, rules and regulations or parts

1 thereof which are inconsistent with the provisions of this Act are hereby repealed
2 or modified accordingly.

3 **Sec. 4. *Separability Clause.*** - If any provision of this Act is declared
4 unconstitutional or invalid, other parts or provisions hereof not affected thereby
5 shall continue to be in full force and effect.

6 **Sec. 5. *Effectivity.*** - This Act shall take effect fifteen (15) days following its
7 publication in the Official Gazette or in two (2) newspapers of general circulation
8 in the Philippines.

Approved,