

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

NINETEENTH CONGRESS  
First Regular Session

HOUSE BILL NO. 3150



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**Introduced by Representative Ambrosio "Boy" C. Cruz, Jr.**

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#### **EXPLANATORY NOTE**

It is without any doubt that the COVID-19 pandemic has caused unprecedented challenges to the country, particularly to our healthcare system.

The country bore witness to the overwhelming difficulties faced by our frontliners in treating COVID-19 patients. Nurses, doctors, and other medical professionals took shifts that lasted days, sacrificing even the smallest window of opportunity for rest to cater to those who are infected. With daily exposure, many of them were inevitably infected and sadly, some succumbed to the virus.

Unfortunately, the battle against COVID-19 is yet to be finished. In fact, as of August 02, 2022 the Department of Health has tallied a total of 3,780,178 cases, comprising 34,268 active cases, 3,685,173 recoveries, and 60,737 deaths. On a worldwide scale, the World Health Organization lists a total of 572,239,451 cases, including 6,390,401 deaths.

To make matters worse, on July 23, 2022, the World Health Organization (WHO) declared Monkeypox as a public health emergency of international concern. According to Centers for Disease Control and Prevention (CDC), Monkeypox is a communicable disease that can be spread from person to person through respiratory droplets, body fluids, sores, and items such as clothing and bedding contaminated with the virus. Right now, there are 20,638 confirmed cases around the world as per the CDC. Considering this information, the said disease has the potential of wreaking havoc in the same way that COVID-19 did.

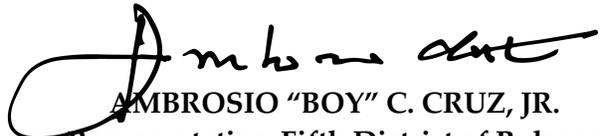
In this regard, there is considerable urgency to strengthen our healthcare system. The first step to attain this goal is to increase the number of medical personnel that can be deployed to take care of the medical needs of our citizens. In relation to this, this bill aims to establish a Medical Reserve Corps which shall be composed of medical professionals who may be called upon to assist in addressing the health and safety concerns of our communities in times of public health

emergencies.

Through this bill, our current stream of medical professionals need not be overwhelmed anymore by the sheer number of people they have to attend to during critical times, especially in the middle of a pandemic. In return, other equally important health concerns will also be provided with adequate attention as our doctors, nurses, and other medical personnel will not have to spread themselves thin anymore in providing medical care.

With the Medical Reserve Corps Act of 2022, public health, emergency response, and community resiliency will be greatly improved.

In view thereof, the immediate approval of this proposed measure is earnestly sought.

  
**AMBROSIO "BOY" C. CRUZ, JR.**  
Representative, Fifth District of Bulacan

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

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

**Section 1. *Short Title.*** - This Act shall be known as the "Medical Reserve Corps Act of 2022".

**Section 2. *Declaration of Policy.*** – It is the declared policy of the State to ensure the delivery of health care services to the people by maintaining a responsive healthcare system at all times.

**Section 3. *Medical Reserve Corps. Service*** - There is hereby established a Medical Reserve Corps which shall be composed of licensed physicians, including those who are retired and those who are no longer practicing in the hospital setting, medical students who have completed four (4) years of medical course, graduates of medicine, registered nurses, and other allied health professionals.

Those who have yet to attain license to practice shall be issued by the Secretary of Health limited authorization to render medical service, in consonance with Republic Act No. 2382 or the Medical Act of 1959.

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

**Section 5. *Registration and Training.*** – The DOH shall draft guidelines for the recruitment, training, compensation, and the terms and conditions of membership of the MRC members.

**Section 6. *Registry of Members*** – The DOH shall maintain a registry of all members of the MRC which shall include their names, addresses, contact details, and such other information deemed necessary, subject to applicable privacy laws.

**Section 7. *Medical Reserve Corps Mobilization.*** - The Secretary of Health, upon the recommendation of the Director of HEMB or upon the request of national government agencies or local government units (LGUs), shall call for the mobilization of the MRC in times of public health emergencies and such other instances of threats to public health.

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

- (1) Is caused by any of the following:
  - (i) Bio terrorism;
  - (ii) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
  - (iii) A natural disaster;
  - (iv) A chemical attack or accidental release;
  - (v) A nuclear attack or accident; or
  - (vi) An attack or accidental release of radioactive materials; and
  
- (2) Poses a high probability of any of the following:
  - (i) A large number of deaths in the affected population;
  - (ii) A large number of serious injuries or long-term disabilities in the affected population;
  - (iii) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population;
  - (iv) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or
  - (v) Trade and travel restrictions.

**Section 9. *Mobilization Mechanisms.*** - The MRC may be mobilized partially or in full, as may be necessary. The DOH shall promulgate the mechanisms by which deployment is efficiently implemented, including the organization of the Corps to be deployed, their territorial assignments, how deployment orders are communicated to each member of the Corps and to which mobilization center they will report.

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

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

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

**Section 12. *Mobilization Equipment and Supplies***. - The minimum essential individual and organizational, and medical equipment and supplies shall be procured, stored, and maintained to enhance rapid transition to readiness required for employment in the shortest possible time.

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

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

**Section 13. *Termination of Deployment***. — Upon the expiration of the period of deployment, without an extension having been requested and approved by the DOH, members of the MRC who are deployed pursuant to a public health emergency shall be discharged from the performance of their duties. The deployment may also be terminated earlier upon a determination by the DOH, in consultation with the requesting national government agency or LGU, that such deployment is no longer required in accordance with this Act.

**Section 14. *Annual Reports***. — The DOH shall regularly publish an annual report containing a list of the accomplishments, status of the operations, demographic profile of the membership of the MRC, an assessment of readiness for mobilization, and the incidence and details of each mobilization for the year concerned. The annual report shall also include the results of the audit investigation on the spending of funds appropriated, collected, or advanced for the implementation of the provisions of this Act.

**Section 15. *Failure to Respond to Deployment.*** — Any member of the MRC who fails to respond to the order of deployment without any justifiable reason despite due notice shall be required to reimburse the total expenses incurred by the government in the member's recruitment, selection, training, and compensation, as may be determined by the DOH.

**Section 16. *Disciplinary and Corrective Proceedings.*** — MRC members who shall violate this Act shall be subject to administrative penalties in accordance with the applicable civil service rules or the rules and regulations of the Professional Regulation Commission, as the case may be.

**Section 17. *Appropriations.*** — The Secretary of Health shall include the implementation of this Act in the DOH's programs. The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act.

**Section 18. *Implementing Rules and Regulations.*** — Within sixty (60) days from the effectivity of this Act, the DOH shall promulgate the necessary guidelines for the effective implementation of this Act.

**Section 19. *Separability Clause.*** — If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

**Section 20. *Repealing Clause.*** — All laws, decrees, orders, rules and regulations, other issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

**Section 21. *Effectivity Clause.*** — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,