

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



23 FEB 21 P 6 :33

SENATE

S. No. 1915

RECEIVED BY:

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Introduced by Senator MANUEL "LITO" M. LAPID

**AN ACT
CREATING THE HEALTH EMERGENCY AUXILIARY REINFORCEMENT TEAM
UNDER THE DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS
THEREFOR**

EXPLANATORY NOTE

Health professionals are essential to the functioning of health systems, expanding health care coverage, and attaining the right to the greatest possible level of health are based on their availability, accessibility, acceptance, and quality.

The World Health Organization (WHO) estimates a projected shortfall of 10 million health workers by 2030, mostly in low- and lower-middle income countries.¹ According to the WHO data, the Philippines had six medical physicians per 10,000 people in 2017, which is below than the ideal ratio of ten doctors per 10,000 people (WHO, 2018). The country's doctor-to-population ratio is also lower than in other Southeast Asian nations such as Vietnam (8 per 10,000), Thailand (8 per 10,000), and Timor Leste (8 per 10,000).

Prior to the onset of the COVID-19 pandemic, the Human Resources for Health Network (HRHN), an inter-agency policy and program support network led by the

¹ World Health Organization | https://www.who.int/health-topics/health-workforce#tab=tab_1 | Health workforce


Department of Health (DOH) estimated a shortage of about 290,000 health workers in the country. ²

The COVID-19 pandemic, which resulted in a rapid increase in health-care needs, revealed the long-standing weaknesses of human resources for health in particular, and the country's health-care system in general. Our health system's insufficient quantity of health staff has limited the country's capacity to adequately react to the huge demand for health services during this pandemic. The pandemic also shows a lack of particular medical training and competence, as seen by a shortage of gerontologists and geriatricians to handle the unique needs of the vast number of COVID-19-infected older persons³.

Upang maiwasan ang naranasang mga pagkukulang sa bilang ng mga doktor, nurse at mga iba pang propesyon sa larangang medikal noong kasagsagan ng pandemya at tuwing mayroong mga kalamidad, ating ipinapanukala ang pagkakaroon ng H.E.A.R.T. units sa bawat estratihikong lugar sa ating bansa upang siguraduhin na mailapit ang maagap at ligtas na pagtugon sa pangangailangang medikal ng ating mga kababayan lalu na ang mga pinakamahihirap na walang kakayahang maabot ito.

This proposed measure seeks to create a nationwide network of local H.E.A.R.T. units to enable quick mobilization of medical and allied health personnel, and proper emergency response in each region of the country. These local H.E.A.R.T. units will assist the national government and local government units in increasing communities' alertness, response, and rescue capacities, as well as reducing their susceptibility to the health and socioeconomic repercussions of public health emergencies.

In view of the foregoing, immediate approval of this bill is earnestly sought.


MANUEL "LITO" M. LAPID
Senator

² University of the Philippines Population Institute (UPPI) and Demographic Research and Development Foundation, Inc. (DRDF). (2020, August).

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

1 **SECTION 1.** *Title.* — This This Act shall be known as the "Health
2 Emergency Auxiliary Reinforcement Team (HEART)" Act.

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

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

14 Pursuant to this, it is the policy of the State to:

- 1 a. Prioritize the health of its citizens whether in the country or overseas by
2 maintaining a strong and resilient healthcare system at all times that will
3 immediately, efficiently, and effectively address all potential and actual
4 public health emergencies; and
- 5 b. Promote the spirit of “Bayanihan” and enhance the capacity of the nation
6 to expand its human health resources in times of disasters, public health
7 emergencies and health threats of both national and local scale through
8 the mobilization of the Health Emergency Auxiliary Reinforcement Team
9 (HEART).

10 **SECTION 3. Definition of Terms.** — As used in this Act:

- 11 a. *Allied health professionals* refer to professions who are involved with the
12 delivery of health or related services such as the identification,
13 evaluation and prevention of diseases and disorders, dietary and
14 nutrition services, and rehabilitation and health systems management.
15 Allied health professionals, shall include, among others, dental
16 hygienists, diagnostic medical sonographers, dietitians, medical
17 technologists, occupational therapists, physical therapists,
18 radiographers, respiratory therapists, and speech language pathologists;
- 19 b. *Bayanihan* refers to the value of communal unity through helping others
20 to achieve a certain goal without expecting anything in return;
- 21 c. *Deployment* refers to the actual movement of workforce to the assigned
22 area within a prescribed period;
- 23 d. *Health Emergency Auxiliary Reinforcement Team (HEART)* refers to a
24 group of individual volunteers who are in the field of medicine, nursing,
25 medical technology, and other allied health-related fields who are ready
26 to be deployed to complement the health workforce in the event of a
27 public health emergency and health threat;
- 28 e. *Health threat* refers to a condition, agent, or incident that greatly
29 impacts the health that leads to disease, accident, injury, and loss of life;

- 1 f. *Mobilization* refers to the process and procedures for activating,
2 assembling, and transporting the needed health workforce to respond
3 to a public health emergency and health threat;
- 4 g. *Mobilization center* refers to the establishment where the Health
5 Emergency Auxiliary Reinforcement Team shall report upon receipt of
6 the order for mobilization, coordinate their mission order and
7 mobilization-related issues and concerns, and submit their report upon
8 receipt of the order for demobilization;
- 9 h. *Public health emergency* refers to an occurrence that poses an imminent
10 threat of an illness or health condition as defined in Republic Act No.
11 11332, otherwise known as Mandatory Reporting of Notifiable Diseases
12 and Health Events of Public Health Concern Act, that:
- 13 1. Is caused by any of the following:
- 14 i. Bio-terrorism;
- 15 ii. Appearance of a novel or previously controlled or eradicated
16 infectious agent or biological toxin;
- 17 iii. A natural disaster;
- 18 iv. A chemical attack or accidental release;
- 19 v. A nuclear attack or accident; or
- 20 vi. An attack or accidental release of radioactive materials; and
- 21 2. Poses a high probability of any of the following:
- 22 i. A large number of deaths in the affected population;
- 23 ii. A large number of serious injuries or long-term disabilities
24 in the affected population;

- 1 iii. Widespread exposure to an infectious or toxic agent that
- 2 poses a significant risk of substantial harm to a large number
- 3 of people in the affected population;
- 4 iv. International exposure to an infectious or toxic agent that
- 5 poses a significant risk to the health of citizens; or
- 6 v. Trade and travel restrictions;
- 7 i. *Volunteers* refer to those who freely register to be members of the
- 8 HEART.

9 **SECTION 4. *Scope.*** — This Act provides for the organization of the Health
10 Emergency Auxiliary Reinforcement Team, hereinafter referred to as the HEART, the
11 development of policies, plans, guidelines, and the implementation of actions
12 pertaining to the mobilization, services, and protection of the HEART in times of
13 disasters, public health emergencies and health threats.

14 **SECTION 5. *Health Emergency Auxiliary Reinforcement Team.*** — There is
15 hereby established a HEART under the Department of Health (DOH) to augment the
16 health workforce in times of disasters, public health emergencies and health threats.
17 The HEART shall be composed of the following individuals who shall voluntarily register
18 with the DOH:

- 19 a. Licensed professionals in the fields of medicine, nursing, medical
- 20 technology, and other allied health fields including those who are retired
- 21 and those who are no longer practicing their professions in a health
- 22 facility setting. All health and allied health professional organizations
- 23 may be tapped for the engagement of professionals who are not
- 24 affiliated in any healthcare facility;
- 25 b. Graduates of medicine and allied health courses and medical students
- 26 who have completed a one-year medical internship and who have not
- 27 yet been issued licenses to practice their respective professions, but due
- 28 to the need for their services may be issued a limited and special
- 29 authorization to render medical services during public health

1 emergencies or health threats pursuant to Republic Act No. 2382,
2 otherwise known as the Medical Act of 1959 or as may be amended
3 hereafter; and

4 c. Other health support workforce, including barangay health workers,
5 whose services are necessary in times of disasters, public health
6 emergencies and health threats.

7 **SECTION 6.** *The Health Emergency Auxiliary Reinforcement Team Promotion*
8 *Program.* — There is hereby established the Health Emergency Auxiliary
9 Reinforcement Team Promotion Program, which shall refer to the comprehensive set
10 of objectives, targets, strategies and activities for the promotion, recruitment and
11 selection of reserve force of highly skilled and health-oriented professionals and
12 volunteers.

13 It shall include, but not be limited to, the following areas of concern:

14 a. the provision of initiatives that shall
15 underscore the importance of volunteerism to improve the health
16 and safety of communities;

17 b. the utilization of medical reserves pool who want to donate their time
18 and expertise to prepare for and respond to emergencies and to support
19 ongoing preparedness initiatives; and

20 c. the building of partnerships and ensuring the sustainability of the HEART
21 with the end goal of maintaining its capacity to meet surges in the
22 demand for healthcare system and provide assistance in times of public
23 emergencies.

24 **SECTION 7.** *Creation of the HEART Board.* — A HEART Board, hereinafter
25 referred to as Board, is hereby created to ensure efficient and effective mobilization
26 of the HEART. It shall be chaired by the Department of Health (DOH) and composed
27 of representatives of the following, as members:

28 a. Department of the Interior and Local Government (DILG);

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

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

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

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

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

26 **SECTION 8. Powers and Functions of the Board.** — The Board shall have the
27 following powers and functions:

- 1 a. Define and develop the organization, management, mobilization,
2 demobilization, and reporting mechanisms, policies, and guidelines for
3 the HEART;
- 4 b. Oversee the effective and efficient functioning of the HEART in
5 responding to public health emergencies and health threats;
- 6 c. Coordinate with concerned national government agencies and other
7 stakeholders in responding to public health emergencies and health
8 threats; and
- 9 d. Conduct regular meetings every quarter or as often as may be necessary
10 in times of disasters, during public health emergencies or in the
11 occurrence of health threats.

12 **SECTION 9. *Creation of a HEART Unit.*** — A HEART Unit shall be created by
13 the DOH which shall serve as the secretariat of the Board. It shall oversee program
14 implementation, including the maintenance of the database or information system of
15 the HEART. The DOH shall determine the organizational structure and staffing pattern
16 of the HEART unit subject to the evaluation and approval of the Department of Budget
17 and Management (DBM) and in accordance with the civil service laws, rules and
18 regulations.

19 The regional counterparts of the HEART Unit shall likewise be allocated
20 additional staff and personnel to ensure the grassroots implementation of this Act.

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

24 **SECTION 10. *Registration and Training.*** — The Board shall prescribe a
25 comprehensive guideline for the recruitment and selection of a HEART volunteer.

26 The Board shall also prescribe a training program through written, practical,
27 and simulation activities on various aspects of health emergency management and

1 response in different health emergency scenarios. To this end, all volunteers must
2 undergo:

- 3 a. Basic training on disaster and health emergency response; and
- 4 b. Skill enhancement activities with relevant agencies in the both public and
5 private sector.

6 Completion of the basic training or acceptable substitute or equivalent
7 certification shall be a requisite for admission to the HEART.

8 **SECTION 11. *Registry and Accounting of Members.*** — HEART Volunteers shall
9 be issued with individual registration numbers which shall serve as their identification
10 during deployment. A registry or database that contains the names of the volunteers,
11 their registration numbers, address, contact details and other personal information as
12 may be necessary, shall be maintained and regularly updated in accordance with
13 Republic Act No. 10173, otherwise known as the Data Privacy Act.

14 The HEART registry or database shall be integrated or linked to existing
15 registries such as the National Health Workforce Registry pursuant to Republic Act No.
16 11223, otherwise known as Universal Health Care Act, Section 25 (c).

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

19 **SECTION 12. *Mobilization.*** — The Board shall approve the prompt mobilization
20 of the HEART upon receipt of a request from municipal and city mayors and provincial
21 governors in connection with a public health emergency, threats to public health, or a
22 disaster, whether of local or national scale. The HEART may be mobilized partially or
23 in full, as may be necessary.

24 The Board shall promulgate a mechanism that shall ensure efficient
25 implementation of deployment, assignment areas, deployment periods, how
26 deployment orders are communicated to each volunteer, and to which mobilization
27 center the volunteers will report taking into consideration Section 13 on "Accreditation,
28 Mobilization, and Protection of Disaster Volunteers and National Service Reserve

1 Corps, CSOs, and the Private Sector” of Republic Act No. 10121, otherwise known as
2 the Philippine Disaster Risk Reduction and Management Act of 2010.

3 **SECTION 13. *Deployment Order.*** — The President of the Philippines, upon the
4 recommendation of the HEART Board through a resolution, may order the nationwide
5 mobilization of the HEART to augment the health workforce in case of a declaration
6 of a state of public health emergency, state of calamity, and other threats to public
7 health.

8 Orders of deployment sent to the volunteers’ addresses and through the
9 contact details on file in the registry system or database shall be sufficient notice for
10 purposes of deployment.

11 **SECTION 14. *Mobilization Centers.*** — Mobilization Centers shall be established
12 in each province as needed where volunteers shall report to once deployment is
13 ordered.

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

17 The Board shall, in consultation with the local executives, prescribe the location
18 of the mobilization centers. The concerned municipal and city mayors and provincial
19 governors shall disseminate information on the location of mobilization centers to the
20 widest extent possible.

21 **SECTION 15. *Essential Emergency Commodities.*** — The Board shall ensure
22 that the minimum essential individual and organizational commodities and medical
23 equipment and supplies shall be procured, stored, and managed to enhance the rapid
24 transition to readiness required for deployment of HEART teams in the shortest
25 possible time.

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

1 **SECTION 16. *Incentives.*** - In recognition and appreciation of the HEART
2 volunteers' service rendered during the period of actual mobilization, implementing
3 agencies may provide volunteers with honoraria and/or allowances as may be
4 determined by the Department of Health (DOH), in coordination with Department of
5 Budget and Management, subject to availability of funds, and other existing civil
6 service, budgeting, accounting and auditing rules and regulations. Notwithstanding
7 the foregoing, nothing in this Act, shall be construed as creating an employer-
8 employee relationship between the government and HEART volunteers.

9 **SECTION 17. *Legal Liability.*** — No volunteer shall be held liable for the death
10 or injury to any person or for the loss of, or damage to the property of any person
11 where such death, injury, loss, or damage was proximately caused by the
12 circumstance of an actual public health emergency or its subsequent conditions.

13 This Section shall not preclude liability for civil damages because of gross
14 negligence, recklessness, or willful misconduct.

15 **SECTION 18. *Public Health Emergency Insurance.*** —The DOH is mandated to
16 secure an insurance policy that would insure HEART volunteers from injury, death,
17 damage to, or loss of property, and for any legal liability asserted against or incurred
18 by the volunteer arising from the lawful performance of his duty.

19 **SECTION 19. *Termination of Deployment or Demobilization.*** — Upon the
20 declaration of the President, or as determined by the Board that the need for the
21 HEART is no longer necessary, or upon the expiration of the deployment or end of
22 mission there being no approved extension thereof, volunteers who are deployed
23 pursuant to the declaration of a public calamity, a public health emergency or health
24 threat shall be discharged from the performance of HEART duties.

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

1 **SECTION 20. *Annual Report.*** — The HEART Unit shall prepare and submit an
2 annual report to the Office of the President, through the DOH Secretary, containing
3 the list of accomplishments, status of the operations and program implementation of
4 the HEART.

5 **SECTION 21. *Appropriations.*** — The funds necessary for the initial
6 implementation of this Act shall be charged against the available funds of the
7 implementing agencies comprising the HEART Board. Thereafter, the funding shall be
8 included in the budget of the DOH under the annual General Appropriations Act.

9 **SECTION 22. *Implementing Rules and Regulations.*** — Within ninety (90) days
10 from the effectivity of this Act, the HEART Board shall, in consultation with other
11 stakeholders, promulgate the necessary guidelines for the effective implementation of
12 this Act.

13 **SECTION 23. *Separability Clause.*** — If any provision of this Act is declared
14 unconstitutional or invalid, the validity of other provisions shall not be affected
15 thereby.

16 **SECTION 24. *Repealing Clause.*** — All laws, decrees, orders, rules and
17 regulations, other issuances, or parts thereof inconsistent with the provisions of this
18 Act are hereby repealed or modified accordingly.

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

21 *Approved,*