



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 10



**Introduced by Representatives Ferdinand Martin G. Romualdez,
Andrew Julian K. Romualdez and Jude A. Acidre**

EXPLANATORY NOTE

This bill seeks to create the Health Emergency Auxiliary Reinforcement Team under the Department of Health and appropriate funds therefor.

Section 15, Article II (*Declaration of Principles and State Policies*) of the 1987 Constitution states:

"SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them."

Further, Section 11, Article XIII (*Social Justice and Human Rights*) of the Constitution also provides:

"SEC. 11. 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 affordable cost. xxx "

Consistent with the above-cited constitutional provisions, this bill aims to create and organize a quick response team under the Department of Health (DOH) primarily to augment the health workforce in times of disasters, public health emergencies and health threats.

The COVID-19 pandemic was a phenomenal crisis that resulted in a rapid increase in healthcare needs. It also revealed the insufficient number of health staff and the incapacity to react to the huge demand for health services during the pandemic. The creation of the Health Emergency Auxiliary Reinforcement Team (HEART) shall comprise a reserve force of highly skilled and health-oriented professionals and volunteers who will be mobilized to maintain the capacity to meet surges in the demand for additional manpower in the country's healthcare system and provide assistance as needed in times of health crises.

Under this proposed measure, the HEART will be composed of individuals who volunteer and register with the Department of Health, including a) licensed professionals in the fields of medicine, nursing, medical technology, and other allied fields including those who are retired and those who are no longer practicing their professions in a health facility setting; b) graduates of medicine and allied health courses and medical students who have completed a one-year medical internship but have not yet been issued licenses to practice their respective professions; and c) other health support workforce including barangay health workers, whose services are necessary in times of disasters, public health emergencies and health threats. The volunteers under the HEART program will receive an allowance from the DOH during the period of actual mobilization.

This bill emphasizes the importance of volunteerism in enhancing the health and safety of communities. It facilitates the utilization of a medical reserve pool composed of volunteers who are willing to donate their time and expertise, render service, and effectively respond to the demand for healthcare services during public emergencies. This measure will help address the shortage of healthcare workers during times of crisis.

During the 19th Congress, **Rep. Ciriaco "Jun" B. Gato Jr.** of the Second District of Batanes was the **principal author** of the bill creating the *Health Emergency Auxiliary Reinforcement Team (HEART)* which was later substituted by **House Bill No. 6518**.

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



FERDINAND MARTIN G. ROMUALDEZ



JUDE A. ACIDRE



ANDREW JULIAN K. ROMUALDEZ



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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
2 Auxiliary Reinforcement Team (HEART)” Act.

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

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

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

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

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

- 13
- 14 a. *Allied health professionals* refer to professions who are involved with the
15 delivery of health or related services such as the identification, evaluation
16 and prevention of diseases and disorders, dietary and nutrition services, and
17 rehabilitation and health systems management. Allied health professionals,
18 shall include, among others, dental hygienists, diagnostic medical
19 sonographers, dietitians, medical technologists, occupational therapists,
20 physical therapists, radiographers, respiratory therapists, and speech
21 language pathologists;
- 22
- 23 b. *Bayanihan* refers to the value of communal unity through helping others to
24 achieve a certain goal without expecting anything in return;
- 25
- 26 c. *Deployment* refers to the actual movement of workforce to the assigned
27 area within a prescribed period;
- 28
- 29 d. *Health Emergency Auxiliary Reinforcement Team* refers to a group of
30 individual volunteers who are in the field of medicine, nursing, medical
31 technology, and other allied health-related fields who are ready to be
32 deployed to complement the health workforce in the event of a public
33 health emergency and health threat;
- 34
- 35 e. *Health threat* refers to a condition, agent, or incident that greatly impacts
36 the health that leads to disease, accident, injury, and loss of life;
- 37
- 38 f. *Mobilization* refers to the process and procedures for activating,
39 assembling, and transporting the needed health workforce to respond to a
40 public health emergency and health threat;

1
2 g. *Mobilization center* refers to the establishment where the Health
3 Emergency Auxiliary Reinforcement Team shall report upon receipt of the
4 order for mobilization, coordinate their mission order and mobilization-
5 related issues and concerns, and submit their report upon receipt of the
6 order for demobilization;

7
8 h. *Public health emergency* refers to an occurrence that poses an imminent
9 threat of an illness or health condition as defined in Republic Act No.
10 11332, otherwise known as Mandatory Reporting of Notifiable Diseases
11 and Health Events of Public Health Concern Act, that:

12
13 1. Is caused by any of the following:

- 14
15 i. Bio terrorism;
16
17 ii. Appearance of a novel or previously controlled or eradicated
18 infectious agent or biological toxin;
19
20 iii. A natural disaster;
21
22 iv. A chemical attack or accidental release;
23
24 v. A nuclear attack or accident; or
25
26 vi. An attack or accidental release of radioactive materials; and
27

28 2. Poses a high probability of any of the following:

- 29
30 i. A large number of deaths in the affected population;
31
32 ii. A large number of serious injuries or long-term disabilities in the
33 affected population;
34
35 iii. Widespread exposure to an infectious or toxic agent that poses a
36 significant risk of substantial harm to a large number of people
37 in the affected population;
38
39 iv. International exposure to an infectious or toxic agent that poses
40 a significant risk to the health of citizens; or
41
42 v. Trade and travel restrictions
43

1 i. *Volunteers* refer to those who freely register to be members of the HEART.
2
3

4 **SEC. 4. Scope.** – This Act provides for the organization of the Health Emergency
5 Auxiliary Reinforcement Team, hereinafter referred to as the HEART, the
6 development of policies, plans, guidelines, and the implementation of actions
7 pertaining to the mobilization, services, and protection of the HEART in times of
8 disasters, public health emergencies and health threats.
9

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

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

32 **SEC. 6. The Health Emergency Auxiliary Reinforcement Team Promotion
33 Program.** – There is hereby established the Health Emergency Auxiliary
34 Reinforcement Team Promotion Program, which shall refer to the comprehensive
35 set of objectives, targets, strategies and activities for the promotion, recruitment
36 and selection of reserve force of highly skilled and health-oriented professionals
37 and volunteers.
38

39 It shall include, but not be limited to, the following areas of concern: the provision
40 of initiatives that shall underscore the importance of volunteerism to improve the
41
42

1 health and safety of communities; the utilization of medical reserves pool who
2 want to donate their time and expertise to prepare for and respond to emergencies
3 and to support ongoing preparedness initiatives; and the building of partnerships
4 and ensuring the sustainability of the HEART with the end goal of maintaining
5 its capacity to meet surges in the demand for healthcare system and provide
6 assistance in times of public emergencies.

7

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

- 12
- 13 a. Department of the Interior and Local Government (DILG);
14
- 15 b. Department of National Defense (DND);
16
- 17 c. Commission on Higher Education (CHED);
18
- 19 d. Professional Regulatory Commission (PRC);
20
- 21 e. Armed Forces of the Philippines (AFP);
22
- 23 f. Office of Civil Defense (OCD); and
24
- 25 g. One representative from a non-governmental health professional
organization.

26

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

31

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

34

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

40

41 The Board shall establish close coordination with the National Disaster Risk
42 Reduction and Management Council and the Philippine National Volunteer

1 Service Coordinating Agency. It may call upon any government office or
2 instrumentality, including government owned or controlled corporations and
3 local government units (LGUs), as necessary. The Board may likewise closely
4 coordinate and collaborate with non-governmental health organizations and the
5 private sector, especially those with actual programs in the delivery of emergency
6 health services.

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

- 9
- 10 a) Define and develop the organization, management, mobilization,
11 demobilization, and reporting mechanisms, policies, and guidelines for the
12 HEART;
 - 13 b) Oversee the effective and efficient functioning of the HEART in
14 responding to public health emergencies and health threats;
 - 15 c) Coordinate with concerned national government agencies and other
16 stakeholders in responding to public health emergencies and health threats;
17 and
 - 18 d) Conduct regular meetings every quarter or as often as may be necessary in
19 times of disasters, during public health emergencies or in the occurrence of
20 health threats.

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

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

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

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

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

4
5 The Board shall also prescribe a training program through written, practical, and
6 simulation activities on various aspects of health emergency management and
7 response in different health emergency scenarios. To this end, all volunteers must
8 undergo:

- 9
10 (a) Basic training on disaster and health emergency response; and
11
12 (b) Skill enhancement activities with relevant agencies in the both
13 public and private sector.

14
15 Completion of the basic training or acceptable substitute or equivalent
16 certification shall be a requisite for admission to the HEART.

17
18 **SEC. 11. *Registry and Accounting of Members.*** – HEART Volunteers shall be
19 issued with individual registration numbers which shall serve as their
20 identification during deployment.

21
22 A registry or database that contains the names of the volunteers, their registration
23 numbers, address, contact details and other personal information as may be
24 necessary, shall be maintained and regularly updated in accordance with Republic
25 Act No. 10173, otherwise known as the Data Privacy Act.

26
27 The HEART registry or database shall be integrated or linked to existing
28 registries such as the National Health Workforce Registry pursuant to Republic
29 Act No. 11223, otherwise known as Universal Health Care Act, Section 25 (c).

30
31 All volunteers covered under this Act are required to update their addresses and
32 contact details on file through the registry system or database as necessary.

33
34 **SEC. 12. *Mobilization.*** – The Board shall approve the prompt mobilization of
35 the HEART upon receipt of a request from municipal and city mayors and
36 provincial governors in connection with a public health emergency, threats to
37 public health, or a disaster, whether of local or national scale. The HEART may
38 be mobilized partially or in full, as may be necessary.

39
40 The Board shall promulgate a mechanism that shall ensure efficient
41 implementation of deployment, assignment areas, deployment periods, how
42 deployment orders are communicated to each volunteer, and to which
43 mobilization center the volunteers will report taking into consideration Section

1 13 on “Accreditation, Mobilization, and Protection of Disaster Volunteers and
2 National Service Reserve Corps, CSOs, and the Private Sector” of Republic Act
3 No. 10121, otherwise known as the Philippine Disaster Risk Reduction and
4 Management Act of 2010.

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

11
12 Orders of deployment sent to the volunteers’ addresses and through the contact
13 details on file in the registry system or database shall be sufficient notice for
14 purposes of deployment.

15
16 **SEC. 14. *Mobilization Centers*** - Mobilization Centers shall be established in
17 each province as needed where volunteers shall report to once deployment is
18 ordered.

19
20 A mobilization center may be any establishment that can adequately house the
21 volunteers, their equipment and supplies during the period of deployment,
22 including a multi-purpose hall, gymnasium, and other similar structures.

23
24 The Board shall, in consultation with the local executives, prescribe the location
25 of the mobilization centers. The concerned municipal and city mayors and
26 provincial governors shall disseminate information on the location of
27 mobilization centers to the widest extent possible.

28
29 **SEC. 15. *Essential Emergency Commodities*.** - The Board shall ensure that the
30 minimum essential individual and organizational commodities and medical
31 equipment and supplies shall be procured, stored, and managed to enhance the
32 rapid transition to readiness required for deployment of HEART teams in the
33 shortest possible time.

34
35 The Board shall ensure and maintain its capacity to scale up the procurement of
36 these equipment and supplies as needed during the period of deployment.

37 **SEC. 16. *Incentives*.** - In recognition and appreciation of the HEART volunteers’
38 service rendered during the period of actual mobilization, implementing agencies
39 may provide volunteers with an allowance as may be determined by the
40 Department of Health (DOH), in coordination with Department of Budget and
41 Management, subject to availability of funds, and other existing civil service,

1 budgeting, accounting and auditing rules and regulations. Notwithstanding the
2 foregoing, nothing in this Act, shall be construed as creating an employer-
3 employee relationship between the government and HEART volunteers.

4

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

9

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

12

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

17

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

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

28

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

33

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

38

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

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

4
5 **SEC. 24. *Repealing Clause.*** - All laws, decrees, orders, rules and regulations,
6 other issuances, or parts thereof inconsistent with the provisions of this Act are
7 hereby repealed or modified accordingly.

8
9 **SEC. 25. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days after
10 its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,