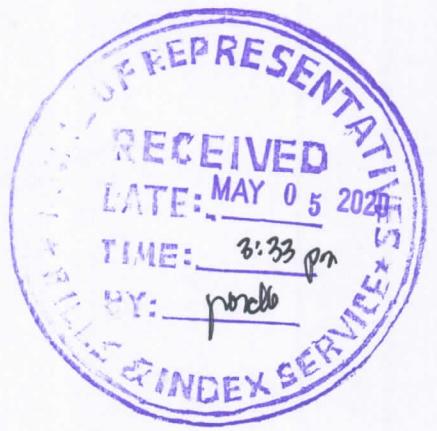


**Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City**

**EIGHTEENTH CONGRESS  
First Regular Session**

**House Bill No. 6688**



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**Introduced by Representative FLORIDA "RIDA" P. ROBES**

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**EXPLANATORY NOTE**

The Constitution, Article II, Section 15, provides that “the State shall protect and promote the right to health of the people and instill health consciousness among them.”

Despite early warnings from scientists and handful medical experts on a emergence of a pandemic similar to the deadly and devastating Spanish flu in 1918, countries all over the globe, including the Philippines, were caught tragically unprepared by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or what is commonly known as Covid-19.

Covid-19 has so far infected more than 2 million people worldwide and killed more than 200,000 individuals. It has caused a tremendous public health crisis and is expected to put many countries, including the so-called economic super powers like the United States, Italy, France, Germany and Japan, among others into recession.

The Covid-19 pandemic should serve as a lesson to all of us to be prepared for any public health emergency.

This bill is aimed at making the Philippines better prepared to face another Covid-19 pandemic or any public health emergency in the future. This bill also takes into account the experiences and lessons learned by the country's experiences in the handling of Covid-19, Middle East Respiratory Syndrome (MERS) and the SARS-COV-1 in the 2000s to come up with a strengthened national response and preparedness for public health emergencies, including an over-all strategy, policies and institutional and management structures, that are geared at helping all communities cope with a public health emergency.

A preparedness plan will reduce transmission of the pandemic virus, lessen cases of hospitalization and deaths, and maintain essential services to reduce its possible adverse economic and social impacts.

In sum, this bill is geared towards establishing a pandemic emergency plan to enable the Philippines to be better equipped for another pandemic by recognizing and managing any public health emergency.

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



**Rep. FLORIDA "RIDA" P. ROBES**

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
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**AN ACT  
ESTABLISHING A PANDEMIC AND OTHER PUBLIC HEALTH  
EMERGENCY PREPAREDNESS PLAN AND APPROPRIATING FUNDS  
THEREOF AND FOR OTHER PURPOSES**

**Section 1. Short Title.** – This Act shall be known as the “Pandemic and Other Public Health Emergency Preparedness Act of 2020.”

**Section 2. Declaration of Policy.** – The State shall likewise endeavor to efficiently and immediately address all potential and actual public health emergencies for the promotion of the general welfare of the people.

While considering national sovereignty, territorial integrity, national interest and the right to self-determination paramount in its relations with other states, the State shall, at all times, give paramount importance to the health of its citizens whether in the country or overseas, in general, and Filipino migrant workers, in particular.

**Section 3. Definition of Terms.-**

- (a) Public Health Emergency – an occurrence or imminent threat of an illness or health condition, caused by bio-terrorism, epidemic or pandemic disease or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human facilities or incident or permanent or long-term disability (WHO/DCD, 2001);

- (b) Pandemic – refers to an epidemic occurring worldwide, or over a very wide area, crossing international boundaries, affecting a large number of people;
- (c) Quarantine – refers to separate and restriction of movement of persons who are exposed or may be infected to protect public from disease. Quarantine may be practiced by individuals in their homes;
- (d) Isolation – refers to separation or restriction of movement of an ill person from healthy persons by way of seclusion in hospitals or designated health care facilities;
- (e) Social distancing – also called physical distancing in which space of at least two (2) meters is maintained at least between and among persons in a public place. It also refers to a prohibition of mass gatherings of fifty (50) persons or more and avoidance of crowded places.
- (f) Health Care Facility – means any institution, building or agency or portion thereof that is used, operated or designated to provide health services, medical treatment, or nursing, rehabilitative or preventive care to any person or persons;
- (g) Health Care Provider – refers to any person or entity providing health care services including, but not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, physician assistants, nurse practitioners, registered and other nurses, paramedics, medical and laboratory technicians, and ambulance and emergency medical workers;
- (h) Frontline Worker – any worker who performs any task essential to keep vital services in motion during a public health emergency despite great risk to himself and his family.

## I. THE PANDEMIC AND OTHER HEALTH EMERGENCY COUNCIL

**Section 4. Pandemic Emergency Council.** – The Pandemic and Other Health Emergency Council (The Council) is hereby established composed of the following: the Secretary of Health as ex-officio Chairman of the council, with the Secretaries of the Departments of Interior and Local Government, Labor and Employment, Foreign Affairs, Justice, Tourism, Transportation, Trade and Industry, Agriculture and Budget and Management, Administrator of the Philippine Overseas Employment Association (POEA), President of the Philippine Health Insurance Corporation (PhilHealth) as ex-officio members, and three representatives from the private and health sectors.

The Council shall convene within thirty (30) days following the approval of the Implementing Rules and Regulations (IRR) of this Act. Upon organization of the Council, it shall draw a National Pandemic and Other Health Emergency

Plan, and conduct a briefing for all local government units and health care workers in the government sector.

The Council shall recommend to the President of the Philippines the declaration of a public health emergency in accordance with medical guidelines and protocols.

**Section 5. Creation of the National Pandemic and Other Public Health Emergency Plan.** – The Council shall create a National Pandemic and Other Public Health Emergency Plan. This strategy shall provide for integrated policy coordination and strategic direction with respect to all matters related to national public health and medical preparedness and execution and deployment of national response, guidelines and protocols before, during, and following a pandemic, epidemic or public health emergency.

**Section 6. Components of a National Pandemic and Other Public Health Emergency Plan.** – The National Pandemic and Other Public Health Emergency Plan shall include:

- (a) Provisions for increasing the preparedness, response capabilities, and surge capacity of ambulatory care facilities, dental health facilities, and critical care service systems;
- (b) Plans for optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, and trauma care and emergency medical systems;
- (c) Provisions taking into account the unique needs of individuals with disabilities in a pandemic or public health emergency;
- (d) Strategic initiatives to advance counter-measures to diagnose, mitigate, prevent or treat harm from any biological agent or toxin or any chemical, radiological or nuclear agent or agents, whether naturally occurring, unintentional or deliberate;
- (e) Conduct of periodic evaluation of national and local preparedness and response capabilities which shall include drills and exercises to ensure medical surge capacity for events without notice.

**Section 7. Health Care Facilities and Services.** – The Council, in coordination with local government units and concerned government agencies shall set up health care facilities, testing offices and laboratories, quarantine sites and isolation centers which shall undertake pandemic prevention and preparedness services and activities, and shall respond to any public health emergency.

**Section 8. Isolation and Quarantine of Individuals or Groups.** – The Council may, in cooperation with the concerned local chief executive, authorize the lockdown, isolation or quarantine of individuals or groups of individuals during a public health emergency, in accordance with existing rules and regulations.

Restriction on the movement of persons in and out of the initially affected area by the Council shall likewise be permitted under this Act. If evidence indicates amplified transmission or dispersion of the infection into the wider community, the Council shall be authorized to adapt social distancing measures, which may include the closing of schools or cancellation of mass gatherings.

**Section 9. Privately-owned Health Care Facilities.** – The Council may require privately owned health care facilities to provide services of its facility in the event of a pandemic or public health emergency if government institutions are unable to cope with the public health emergency.

**Section 10. Control of Pharmaceutical Agents and Medical Supplies.** – The Council shall purchase, store or distribute sufficient quantity of ant-viral agents for influenza and other highly communicable diseases, anti-toxins, serums, vaccines and other pharmaceutical agents or medical supplies that it considers advisable in the interest of preparing for or controlling a pandemic or any public health emergency.

In the event of a pandemic or public health emergency, the Department of Health may control, restrict and regulate the use and rationing of the pharmaceutical products vital in the treatment or management of the pandemic or public health emergency.

**Section 11. Monitoring Program.** – A comprehensive pandemic or public health emergency monitoring program shall be established by the Council to determine and monitor the presence, magnitude and progression of any infection or a new strain thereof in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

**Section 12. Reporting Procedures.** – All hospitals, clinics, laboratories and testing centers for any infection or a new strain thereof shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, and other files. The Council through its monitoring programs shall receive, collate and evaluate all related medical reports. The Council monitoring data base shall utilize a coding system that promotes anonymity.

## **II. PROTECTION OF HEALTH CARE AND FRONTLINE WORKERS**

**Section 13. Vaccination of Health Care Workers.** – Health care workers involved in the care of patients shall be vaccinated with the most recent seasonal human influenza vaccine and other appropriate vaccines as may be determined by the Council.

**Section 14. Wearing of Surgical Masks and Personal Protective Equipment (PPE).** – For their protection, health care workers and first responders shall be provided with N95 respiratory masks and well-fitting surgical masks and Personal Protective Equipment. Patients are likewise required to wear surgical masks.

**Section 15. Surveillance and Monitoring of Health Care and Frontline Workers.** – Health care workers shall be vigilant of the development of fever, respiratory systems and/or other symptoms after exposure to infected patients. Health care workers who become ill should seek medical care and should be quarantine for fourteen (14) days or in accordance with existing protocols unless an alternative diagnosis is established or diagnostic tests are negative for the strain subject of the pandemic or public health emergency.

**Section 16. Hazard Pay for Health and Frontline Workers.** – In addition to existing benefits provided for by law, health and frontline workers who render actual service during a pandemic or public health emergency shall be given hazard pay to be determined by the Council;

**Section 17. Creation of Task Force on Public Health Emergencies.** – A task force under the control of the Secretary of Health shall be established in order to conduct research necessary for the creation of the National Pandemic and Other Public Health Emergency Plan. The Task Force shall be composed of representatives from:

- (1) The Department of Health;
- (2) The National Disaster Risk Reduction and Management Council (NDRMMC);
- (3) The Department of Interior and Local Government (DILG);
- (4) The National Security Adviser; and
- (5) The Philippine National Red Cross (PNRC)

**Section 18. Functions of the Task Force on Public Health Emergencies.**  
- The Task Force shall:

- a. Monitor emerging issues and concerns as they relate to medical and public health preparedness and response for at-risk individuals in the event of a public health emergency;

- b. Identify and minimize gaps, duplication and other inefficiencies in medical and public health preparedness and response activities and the actions necessary to overcome these obstacles;
- c. Disseminate and update novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies in as timely a manner as is practicable, including from the time a public health threat is identified; and
- d. Ensure that public health and medical information distributed by the government during a public health emergency is delivered in a manner that takes into account the range of communication needs of the intended recipients, including at-risk individuals.

**Section 19. Creation of Medical Reserve Corps.** – The Secretary of Health shall establish a medical reserve corps composed of volunteer health professionals. The Medical Reserve Corps shall be called into duty if needed during public health emergencies.

### **III. PREVENTION AND SUPPRESSION MEASURES WITHIN THE TERRITORY**

**Section 20. Duty of Heads of Families, Persons-in-Charge of Places.** - Where a person living in a building used for human habitation is suffering from infection, the head of the family or the relatives shall immediately send notice of the same to the nearest city or municipal health office.

If it is a child attending a school, orphanage or other such situation or a person residing in any hotel, boarding house or other such institution, the person in charge of such a place shall send notice of the infectious disease to the nearest city or municipal health officer and give the officer a list of students or residents together with their addresses.

**Section 21. Duty of Medical Practitioners and other Health Care Providers.** – Every medical practitioner who attends to a patient suffering from avian influenza shall send to the nearest city or municipal health office a report stating the name of the patient and the situation of the building.

Any medical practitioner who becomes aware, by post-mortem or other means, that any person had died of an infectious disease shall immediately give to the nearest city or municipal health office a certificate of such disease and inform the head of the household, person in charge of school, orphanage, hotel and so on, on the infectious nature of the disease and the precautions to be taken to prevent its conveyance to others.

**Section 22. Power of City or Municipal Health Officers.** – A city or municipal health officer may at any time enter and inspect an premises in which he has reason to believe that someone is suffering from or had recently suffered from any infectious disease. The city or municipal health officer may medically examine any person in such premises for the purpose of ascertaining whether such person is suffering or has recently suffered from any infectious disease. He may also order the confinement of infected individuals to prevent the transmission or spread of the suspected infectious disease.

**Section 23. Duty of the City or Municipal Health Officers.** – If a city or municipal health officer is of the opinion that the cleansing and disinfecting of any building or any part of the building, and any articles in the building which are likely to retain infection or would tend to prevent or check infectious diseases, it shall be his/her duty to give notice in writing to the owner or occupant of the building specifying the steps to be taken to cleanse and disinfect the building and articles within a specified time.

#### **IV. PROTECTION OF OVERSEAS WORKERS**

**Section 24. Medical Examination and Treatment of Overseas Workers.** – The Overseas Workers Welfare Administration (OWWA), in coordination with the Philippine Health Insurance Corporation (PhilHealth), the Department of Foreign Affairs (DFA), and The Council, shall undertake the medical examination and treatment of returning overseas workers in cases of a pandemic or similar events locally or abroad. All costs attendant to the medical examination and treatment of returning overseas workers shall be borne by the PhilHealth.

**Section 25. Creation of Emergency Fund.** – There is hereby created and established an emergency fund for the medical examination and treatment of overseas workers under the administration, control and supervision of the PhilHealth initially to consist of Fifty Million Pesos (P50,000,000.00) which shall be taken from the existing fund in trust by the PhilHealth for the benefit of overseas workers.

**Section 26. Authority of OWWA.** – The functions and responsibilities of OWWA shall include the following:

- a. The formulation and implementation of measures and programs, in consultation with appropriate agencies, to safeguard the health of overseas workers and their families abroad;
- b. The forging of memorandum of agreements with the POEA, the DOH, the DFA, the PhilHealth and other appropriate international organizations in connection with the purpose of this Act.

**Section 27. Penalties. –**

- a. Penalty for Individuals who Refuse or Violate Isolation, Quarantine, Testing, Vaccination under Section 8. – Any person who refuses treatment, testing, examination for diagnosis or treatment or isolation and quarantine in accordance with existing laws, rules and regulations and to the detriment of the general public shall suffer the penalty of imprisonment of not more than six (6) months or a fine of not more than One Hundred Thousand Pesos (P100,000.00) or both upon the discretion of the Court;
- b. Penalty for Refusal to Provide Health Services under Section 9 of this Act. – The owner, manager or administrator of a private health care facility who refuses to give services or allow the use of its facility during a pandemic or public health emergency shall suffer the penalty of imprisonment of not more than one (1) year or a fine of not more than Two Hundred Thousand Pesos (P200,000.00) or both upon the discretion of the Court;
- c. Penalty for Breach of Duty under Sections 20, 21 and 23 of this Act. – All persons, under a duty to inform the nearest city or municipal health office of the infectious disease, who fail or neglect to inform the same shall be sentenced to an imprisonment of not more than six (6) months or a fine or note more than One Hundred Thousand Pesos (P100,000.00) or both upon the discretion of the Court;

**Section 28. Authorization of Appropriations.** – To carry out the provisions of this Act, an initial fund of one billion pesos (P1,000,000,000.00) shall be appropriated and such sums as may be necessary for the succeeding fiscal year.

**Section 29. Implementing Rules and Regulations.** – Within thirty (30) days from promulgation of this Act, the DOH, in collaboration with OWWA, the POEA, PhilHealth, DOJ, and the DFA and representatives from the private

health sector shall issue necessary rules and regulations to make this Act operative.

**SECTION 30. Separability Clause.** – If any part or provision of the Act shall be held unconstitutional or invalid, other Provisions hereof which are not affected hereby shall continue to be in full force and effect.

**SECTION 31. Repealing Clause.** – All laws, decrees, rules and regulation inconsistent with the provision of this Act hereby repealed or modified accordingly.

**SECTION 32. Effectivity.** – This shall take effect after fifteen (15) days from its publication in two (2) national newspaper of general circulation.

*Approved.*