

H. No. 10701
S. No. 2421

Republic of the Philippines
Congress of the Philippines
Metro Manila
Eighteenth Congress
Third Regular Session

Begun and held in Metro Manila, on Monday, the twenty-sixth day of July, two thousand twenty-one.

[REPUBLIC ACT NO. 11712]

AN ACT GRANTING MANDATORY CONTINUING BENEFITS AND ALLOWANCES TO PUBLIC AND PRIVATE HEALTH CARE WORKERS DURING THE COVID-19 PANDEMIC AND OTHER FUTURE PUBLIC HEALTH EMERGENCIES, AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. *Short Title.* – This Act shall be known as the “Public Health Emergency Benefits and Allowances for Health Care Workers Act”.

SEC. 2. *Declaration of Policy.* – The State recognizes the critical role of health care workers in providing quality health care to and ensuring disease prevention in the general population,

especially in times of national public health emergencies. To this end, the State shall reciprocate by promoting their welfare through the grant of mandatory benefits and allowances with utmost efficiency.

SEC. 3. *Definition of Terms.* – For purposes of this Act:

(a) *Health facilities* shall refer to any public or private institution with health care as their core service, function or business. Health care pertains to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation and chronic management of disease, illness, injury and other physical and mental ailments or impairments. For purposes of this Act, health facilities and other health related establishments shall refer to those duly licensed or designated by the Department of Health (DOH), including the DOH-Central Office, Centers for Health Development (CHD), Provincial/City/Municipal Health Offices, and Local Government Health Offices, for Coronavirus Disease 2019 (COVID-19) and future public health emergency response in accordance with the Department's national action plan and strategies.

(b) *Health care and non-health care workers* shall refer to all public and private medical, allied medical, administrative, technical, support and other necessary personnel employed by, and assigned in hospitals, health facilities, laboratories, medical or temporary treatment and monitoring facilities, or vaccination sites. For COVID-19 pandemic, it also includes those who are involved in COVID-19 response to mitigate transmission and prevent further loss of lives in line with the National Action Plan Against COVID-19 strategy of prevention, detection, isolation, treatment, rehabilitation, and vaccination (PDITR+ Strategy).

Outsourced personnel hired under institutional or individual contract of service or job order basis who are similarly exposed to COVID-19, or other threats in times of public health emergencies, are included as non-health care workers under this Act.

Barangay Health Workers (BHWs) who are part of the DOH National BHW registry system assigned in health facilities including swabbing and vaccination sites and those administering medical assistance, as well as those assigned in barangay health emergency response teams or their successor entities, are included as health care workers for purposes of this Act.

(c) *Public health emergency* shall refer to an occurrence or imminent threat of an illness or health condition of national scale, that:

(1) Is caused by any of the following:

(i) Bioterrorism;

(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;

(d) *Risk exposure categorization* shall refer to the following levels of exposure:

(1) Low risk exposure – health workers performing administrative duties in non-public areas of health facilities, away from other staff members or away from patients, otherwise known as “clean areas”;

(2) Medium risk exposure – health workers within the health facility that are providing direct physical care to the general public who are not known or suspected COVID-19 patients and working at busy staff work areas within a health facility; and

(3) High risk exposure – health workers entering a COVID-19 patient’s room to directly provide care for patients involving aerosol-generating procedures such as intubation, cough induction procedures, bronchoscopies, dental procedures and exams, or invasive specimen collection, as well as those collecting or handling specimens from known or suspected COVID-19 patients.

Provided, That for purposes of future public health emergencies, the DOH may formulate a new risk exposure categorization.

SEC. 4. *Coverage*. – This Act shall apply to all health care and non-health care workers, regardless of employment status, during the COVID-19 or other public health emergencies of national scale that may be declared in the future, from the time of the declaration of the public health emergency until lifted by the President.

SEC. 5. *Grant of Health Emergency Allowance, Compensation Package and Other Benefits*. – The national government shall grant the following benefits to covered individuals under Section 4 hereof:

(a) Health emergency allowance (HEA) for every month of service during the state of public health emergency based on the risk exposure categorization as defined in this Act, as follows:

(1) Those deployed in “low risk areas” shall be given at least Three thousand pesos (P3,000.00);

(2) Those deployed in “medium risk areas” shall be given at least Six thousand pesos (P6,000.00); and

(3) Those deployed in “high risk areas” shall be given at least Nine thousand pesos (P9,000.00).

Provided, That the HEA shall be released monthly in addition to the existing benefits that the health care and non-health care workers receive: *Provided, further*, That the HEA shall be released in full if a health care worker or non-health care worker physically renders services for at least ninety-six (96) hours in a month; otherwise, the benefit shall be prorated.

Subject to the approval of the President, and in consultation with the Department of Budget and Management (DBM), the DOH may increase the amounts of the HEA, taking into consideration the cost of necessary expenses incurred by health care and non-health care workers in rendering services at the time of public health emergency.

(b) Compensation to those who have contracted COVID-19 in the line of duty, as follows:

(1) In case of death of the covered individual, One million pesos (P1,000,000.00) shall be provided to the heirs of the covered individuals;

(2) In case of sickness, for a severe or critical case, One hundred thousand pesos (P100,000.00) shall be provided to the covered individuals; and

(3) In case of sickness, for a mild or moderate case, Fifteen thousand pesos (P15,000.00) shall be provided to the covered individuals.

The compensation provided herein shall be given to the beneficiaries not later than three (3) months after the date of confinement or death and upon submission of complete and compliant documentary requirements.

For purposes of future public health emergencies, the DOH and the DBM, subject to the approval of the President, may modify the case categorization and compensation.

(c) Full PhilHealth coverage for direct health care costs of hospitalized health care and non-health care workers due to COVID-19.

For future national public health emergencies, PhilHealth coverage for direct health care costs of hospitalized health care and non-health care workers shall be subject to fund availability and the Health Technology Assessment Council (HTAC) assessment and recommendation.

(d) Regular testing of health care and non-health care workers, as often as necessary, to be determined by the DOH which shall be fully covered by the PhilHealth.

SEC. 6. *Retroactivity.* – The benefits under this Act shall have retroactive application from July 1, 2021 and shall remain in full force and effect during the state of national public health emergency as declared by the President.

SEC. 7. *Non-Diminution of Benefits.* – Nothing in this Act shall be construed to reduce any existing allowance and benefit under Republic Act No. 7305 or the “Magna Carta of

Public Health Workers” and other existing laws, decrees and issuances, executive orders, and contracts or agreements between health care and non-health care workers and employers.

SEC. 8. *Establishment of a Grievance Mechanism.* – The DOH shall issue guidelines on the creation of an *ad hoc* grievance board which shall be composed of three (3) members that will receive, investigate, adjudicate, and recommend actions to arrive at settlement of complaints related to the failure of granting the benefits.

The grievance board shall be composed of the following:

- (a) One (1) grievance officer appointed by the DOH;
- (b) One (1) representative from the health professional organizations; and
- (c) One (1) arbitration officer from the Department of Labor and Employment (DOLE) exercising jurisdiction where the hospital concerned is located.

The DOH shall also create regional *ad hoc* grievance boards in the DOH regional offices.

SEC. 9. *Appropriations.* – The amount necessary for the implementation of this Act shall be charged against the available appropriations of the DOH and any sources available as may be identified by the DBM. Thereafter, the amount necessary for its continuous implementation during the state of national public health emergency, including any deficiency in the funding of the COVID-19 benefits and allowances for the years 2021 and 2022 shall be included in the General Appropriations Act (GAA) subject to existing budgeting, accounting and auditing rules and regulations.

Notwithstanding the provisions under Section 69 of Republic Act No. 11518, or the Fiscal Year (FY) 2021 GAA, as amended by Republic Act No. 11640, and Section 75 of Republic Act No. 11639, or the FY 2022 GAA, the President is

hereby authorized to exercise powers that are necessary and proper to undertake and implement the grant of COVID-19 benefits and allowances under this Act, and reprogram, reallocate, and realign unreleased appropriations and unobligated allotment under the executive department, including government-owned or -controlled corporations, in the FYs 2021 and 2022 GAAs as may be necessary to augment the available appropriations for the grant of COVID-19 benefits and allowances under this Act: *Provided*, That unreleased appropriations and unobligated allotments for infrastructure and social assistance projects shall not be discontinued, reprogrammed, reallocated, or realigned for the above purpose. Any programs, activities or projects (P/A/P) declared as savings for this purpose may be revived and proposed for funding in the subsequent GAAs, as necessary.


The DBM shall release the funds for the payment of the benefits and allowances consistent with this Act.


SEC. 10. *Implementing Rules and Regulations.* – Within sixty (60) days after the effectivity of this Act, the DOH, the DBM and the Department of Finance shall, in consultation with other government agencies and concerned stakeholders, promulgate the implementing rules and regulations to carry out the provisions of this Act: *Provided*, That the non-promulgation of the rules and regulations shall not prevent the immediate implementation of this Act upon effectivity.

SEC. 11. *Separability Clause.* – If any part or parts of this Act shall be declared unconstitutional or invalid, other sections or provisions hereof not affected thereby shall continue to be in full force and effect.


SEC. 12. *Repealing Clause.* – All laws, decrees, executive orders, executive issuances or letters of instruction, rules and regulations or any part thereof inconsistent with or contrary to the provisions of this Act are hereby deemed repealed, amended or modified accordingly.


SEC. 13. *Effectivity.* – This Act shall take effect immediately after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

VICENTE C. SOTTO III
President of the Senate



LORD ALLAN JAY Q. VELASCO
Speaker of the House of Representatives

This Act which is a consolidation of House Bill No. 10701 and Senate Bill No. 2421 was passed by the House of Representatives and the Senate of the Philippines on February 2, 2022.


MYRA MARIE D. VILLARICA
Secretary of the Senate


MARK LLANERO L. MENDOZA
Secretary General House of Representatives

Approved: APR 27 2022


RODRIGO ROA DUTERTE
President of the Philippines

