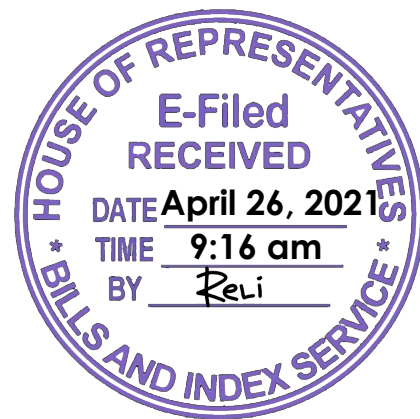


Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City, Metro Manila



EIGHTEENTH CONGRESS  
First Regular Session HOUSE BILL NO. 9252

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Introduced by Hon. Elpidio F. Barzaga, Jr.

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**AN ACT MANDATING THE ADMINISTERING OF COVID -19 VACCINE HEREBY  
AMENDING REPUBLIC ACT NO. 11525 OTHERWISE KNOWN AS "COVID-19  
VACCINATION PROGRAM ACT OF 2021"**

**EXPLANATORY NOTE**

Our country is now experiencing an unprecedented financial and health crisis as a consequence of the COVID-19 pandemic. Sadly, poor households are the ones who are particularly vulnerable to its effects. Families living in small spaces, the daily commuter who is dependent on crowded transportation, the worker who needs to go to work because working from home is not an option, the student who has no internet access, the health care worker who works day to day to ensure continuity of health services. Truly, the impact of COVID-19 has impacted the general welfare, our economy, people's access to education, health services and our mental health.

Our economy has declined by almost 11.5 percent, year on year in the third quarter of 2020. In October 2020, it is estimated that at least 3.8 million individuals have lost their jobs. Price of goods continue to increase, with February 2021 inflation at 4.7%.

While our economy is expected to show a positive growth rebound, this is dampened by the sharply rising wave of new COVID-19 cases since midMarch of 2021. As of 21 April 2021, our total COVID 19 cases has reached 962,30f7.

COVID-19 is real and it has come closer to home.

It has touched all of us, where every one of us has a parent, sibling, relative, friend, co-worker who has been infected by this deadly virus.

There is no way to know how COVID-19 will affect a person. A person can only have mild symptoms of cough and fever or none at all but to the unfortunate one, it can be serious and life threatening.

It is estimated that the average direct medical cost is at least Four Hundred Thousand (Php400,00.00) for a 4 day stay in the hospital by a patient suffering mild COVID-19. Unfortunately, this financial cost is nowhere near the total harm caused by the pandemic.

A great number of us are fearful of getting infected. We are subjected to restrictions on mobility, social distancing, masking, basic COVID-19 protocols but we all know that these measures are not enough.

Vaccination is an important key to stop this pandemic.

It has been widely accepted that vaccines train our immune systems to create proteins that fight disease, known as “antibodies”. Vaccinated people are protected from getting the disease in question and passing on the pathogen, breaking any chains of transmission.

A COVID-19 vaccine will keep us from getting COVID 19 or at the very least helps keep us from getting seriously ill if we do get COVID-19. Thus, a person who is fully vaccinated, can start doing more things that he stopped doing because of the pandemic.

Several studies have been conducted and found that there is a significant decrease in the rates of infection and the severity of symptoms among vaccinated populations.

In the United Kingdom, Sarah Walker, Professor of Medical Statistics and Epidemiology at Oxford and Chief Investigator on the Office for National Statistics Covid-19 Infection Survey, said that Britain had ‘moved from a pandemic to an endemic situation’ where the virus is circulating at a low, largely controllable level in the community.

The UK scenario is the first large real-world study of the impact of vaccination on the general population, researchers found that the rollout is having a major impact on cutting both symptomatic and asymptomatic cases.

The new research, based on throat swabs from 373,402 people between December 1 last year and April 3, found three weeks after one dose of either the Pfizer or AstraZeneca jab, symptomatic infections fell by 74 per cent and infections without symptoms by 57 per cent. By two doses, asymptomatic infections were down 70 per cent and symptomatic by 90 per cent.

It comes as infections continue to fall in Britain, dropping seven per cent in a week, despite the reopening of schools and shops, infections continue to decrease in the UK. Deaths have also fallen by 26 per cent and admissions by 19 per cent over the last seven days.

In terms of international travel, our fully vaccinated citizens will now be allowed to countries that are open to travelers who became fully vaccinated.

Although World Health Organization's position is that "national authorities and conveyance operators should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry, given that there are still critical unknowns regarding the efficacy of vaccination in reducing transmission. In addition, considering that there is limited availability of vaccines, preferential vaccination of travelers could result in inadequate supplies of vaccines for priority populations considered at high risk of severe COVID-19 disease. WHO also recommends that people who are vaccinated should not be exempt from complying with other travel risk-reduction measures.", this may change soon.

Unfortunately, we have observed the hesitancy to accept a COVID-19 vaccine. The Octa Research Group showed that in a survey that it conducted from January 26 to February 1, 2021, if a safe and effective vaccine were available during during the polling period, the greatest number of respondents at 46% said, "I will not have myself vaccinated." The survey released on February 24, also found that only 19% of respondents said they would have themselves vaccinated, while 35% said "can't say" if they will have themselves vaccinated.

Little do we realize that getting vaccinated protects us and the people around us, particularly people who are at an increased risk for severe illness from COVID-19.

Consequently, a mandatory mass wide COVID-19 Vaccination Program is imperative to solve the present COVID-19 pandemic and achieve "herd immunity" or "population immunity". The World Health Organization supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population that would result in unnecessary cases and deaths.

In order to safely achieve herd immunity against COVID-19, a substantial proportion of a population would need to be vaccinated. This would lower the overall amount of virus able to spread in the whole population. One of the aims with working towards herd immunity is to keep vulnerable groups who

cannot get vaccinated especially those who due to health conditions become safe and protected from the COVID-19 virus.

Unfortunately, there is still no science or data available as to the percentage of people who need to be immune in order to achieve herd immunity against COVID-19.

In parts of United States particularly in New York, New Jersey, Massachusetts and Connecticut, there appears to be a progression towards herd immunity. Despite reopening and rise of more contagious variants, COVID-19 cases are beginning to plummet.

According to Dr. Kavita Patel, a Brookings Institution health scholar, "I do think this pattern is significant, and the leading factor is the combination of natural immunity from infection and vaccine-induced immunity. Between the two, you're starting to cover the majority of the population in these states. We're progressing toward herd immunity kind of by hook or crook."

Thus, a mass COVID-19 vaccination program in the Philippines, to as much percentage of the population is needed.

This can only be achieved by enacting legislation to mandate and promote COVID-19 vaccination, address vaccine hesitancy and instill public confidence in the personal, family and community benefits of immunization. It will be tragic if we have safe and effective vaccines available but people refuse to take them.

The present Republic Act No. 11525 otherwise known as "An Act Establishing the Coronavirus Disease 2019 (COVID-19) Vaccination Program Expediting the Vaccine Procurement and Administration Process, Providing Funds Therefor, And For Other Purposes" should be made mandatory to persons who are eligible to get the COVID-19 vaccination as determined by the DOH.

The present bill entitled, "AN ACT MANDATING THE ADMINISTERING OF COVID -19 VACCINE" is consistent with the provisions of our Constitution.

Section 15, Article II, Constitution provides, to wit:

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

While Section 5, Article I, Constitution, provides, to wit:

"The maintenance of peace and order, the protection of life, liberty, and property, and promotion of the general welfare are essential for the enjoyment by all the people of the blessings of democracy."

A vaccination law is nothing new and has been around ever since vaccines were invented to eradicate a disease. A smallpox law was enacted in England, Wales and the United States of America to eradicate smallpox. In the United States, all states, the District of Columbia, and territories have vaccination requirements for children attending childcare facilities and schools. While in California, the state permits employer-mandated COVID-19 vaccination policies and they intend to require COVID-19 vaccinations for all students, faculty and staff on University of California and California State University campuses this fall. Students or staff who fail to comply with the mandate "will be barred from in-person access" to campus programs and facilities, including campus housing, the system said. Other U.S. colleges and universities have said they plan to make vaccination mandatory. In universities including Rutgers, Brown, Cornell and Northeastern recently told students they must get vaccinated before returning to campus next fall. They hope to achieve herd immunity on campus, which they say would allow them to loosen spacing restrictions in classrooms and dorms. Although, some universities are apprehensive in making vaccination mandatory, Northeastern and other colleges requiring shots believe they're on solid legal ground. It's not unusual for colleges to require students to be vaccinated for other types of diseases, and a California court last year upheld a flu shot requirement at the University of California system.

In the US landmark case of *Jacobson v. Massachusetts*, Justice John Marshall Harlan acknowledged the fundamental importance of personal freedom, but also recognized that "the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand."

The *Jacobson* decision established what became known as the "reasonableness" test where the government had the authority to pass laws that restricted individual liberty, if those restrictions—including the punishment for violating them—were found by the Court to be a reasonable means for achieving a public good.

Thus, it cannot be denied that the present "AN ACT MANDATING THE ADMINISTERING OF COVID -19 VACCINE" has established a real and substantial connection with a legitimate purpose, public health, safety and welfare.

At present, we also have our own vaccination law, Republic Act No. 10152 otherwise known as "An Act Providing for Mandatory Basic Immunization Services for Infants and Children, Repealing for the Purpose Presidential Decree No. 996, As Amended."

Corollary to the passing of the present bill, we also need to increase vaccine confidence and improve the public's understanding of how it can help control the spread of COVID-19 in their families and communities through a mass information campaign using print, radio, TV and social media.

As legislators we have a legal responsibility to pass a law to further prevent the introduction, transmission, and spread of COVID-19 and address our present crisis. Mass vaccination has the power to end the crisis of the COVID-19 pandemic, reduce the virus to a manageable risk and let normal life resume.

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

Done this 22nd ay of April 2021 at Quezon City, Philippines.

A handwritten signature in black ink, appearing to be 'E. Barzaga, Jr.', written in a cursive style.

**HON. ELPIDIO F. BARZAGA, JR.**  
**Representative**  
**Lone District of the City of Dasmariñas, Cavite**

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Quezon City, Metro Manila

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AMENDING REPUBLIC ACT NO. 11525 OTHERWISE KNOWN AS “COVID-19  
VACCINATION PROGRAM ACT OF 2021”**

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 “Mandatory COVID-19 Immunization Act of 2021.”

**SECTION 2. Declaration of Policy.** – In accordance with Article II, Section 15 of the Constitution, “the State shall protect and promote the right to health of the people” and hereby declares to be the policy of the State to take a positive role in the eradication of COVID-19 in the Philippines. Hence, a comprehensive, mandatory and sustainable immunization program for COVID-19 for all persons as may be determined by the Department of Health (DOH).

**SECTION 3. Coverage.** – The COVID-19 Vaccination Program Act of 2021 shall be mandatory for persons as may be determined by the DOH and shall be given for free at any government hospital or health center, and as provided in Republic Act No. 11525, PROVIDED, That inoculation must, at all times, be science and evidence based.

No persons who are covered by this Act, as determined by the DOH, shall be allowed to enter, convene or occupy public places, whether or not government or privately owned.

**SECTION 4. Exemptions.** – Persons with medical conditions as provided in the Implementing Rules and Regulations, as determined by the DOH or by a

licensed medical doctor shall be exempted from the inoculation of COVID-1 vaccine.

Medical doctors shall have the discretion, subject to disciplinary action by the Philippine Medical Association, to determine whether a person should get a medical exemption and shall issue a medical certificate which shall be attached to the Vaccine Card: PROVIDED, That the medical basis for the exemption shall be clearly indicated and must be consistent with the standard of medical care for that indication: PROVIDED FURTHER, That the medical exemption may be reviewed by the DOH to ensure that they are being provided consistent with the standard of medical care for a particular medical condition.

**SECTION 5. Amendment to COVID-19 Vaccine Card provision. –**

Section 12 of Republic Act No. 11525 shall be amended to read as follows, to wit:

“Section 12. *COVID-19 Vaccine Card.* – Subject to the provisions of Republic Act No. 10173 or the “Data Privacy Act of 2012”, the DOH shall issue a vaccine card to all persons vaccinated. To fast track the process, the DOH may delegate the processing and issuance of vaccine cards to LGUs and private entities, subject to guidelines to be promulgated by the DOH. The vaccine card shall contain the following:

- (a) Basic personal information such as full name, present and/or permanent address, and birthdate;
- (b) Manufacturer, brand name, and batch number or other identifier of the COVID-19 vaccine;
- (c) Date of vaccination;
- (d) Name of the hospital, health center, or health facility where the vaccine was received;
- (e) Name, signature and license number of the duly licensed physician, nurse or other health worker administering the vaccine;
- (f) Date of the last RT-PCR testing and the name of the laboratory that conducted the last RT-PCR testing, if applicable;
- (g) Persons who are exempted from this Act because of medical reasons shall be recorded herein, signed by a licensed medical doctor and the corresponding medical certificate attached;



- (h) Such other information which may be determined as necessary by the Secretary of Health or the IATF-EID in line with the declared policy of this Act.

The issuance of a vaccine card is intended to be digital but shall remain accessible through other means such as printed cards. The DOH, through the Department of Information and Communications Technology, shall develop the LGU-based digital systems and applications that will meet the objectives of the COVID-19 Vaccination Program while maintaining quality, safety, ease of use, and accessibility for all Filipinos: Provided, That the DOH shall maintain a central database of vaccinations, and mandate a uniform format for the vaccine card, the contents of which shall be updated accordingly to always conform with globally accepted standards: Provided, further, That the vaccine cards shall be considered as an additional mandatory requirement for educational, employment and other similar government transaction purposes.

Individuals vaccinated against COVID-19 as indicated in the vaccine card shall not be considered immune from COVID-19, unless otherwise declared by the DOH based on reliable scientific evidence and consensus.

No fees shall be collected for the issuance, amendment or replacement of a vaccine card. The amount needed for the initial implementation shall be charged against available funds for the purpose. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

The falsification of a vaccine card shall be punishable under Act No. 3185, as amended, otherwise known as "The Revised Penal Code".

**SECTION 6. Education and Information Campaign.** – There shall be a nationwide print, radio, television and social media campaign as well as person-to-person counselling that aim to educate the general public on the importance of giving COVID-19 immunization as well as any possible effects of immunization.

The DOH, other government agencies, non-government organization, professional and academic societies, and local government units shall make available appropriate information materials and shall have a system of its distribution to the public.

**SECTION 7. Continuing Education and Training of Health Personnel.** – The DOH, with the assistance of local government units, academe, professional societies and nongovernmental organizations, shall undertake continuing information, education and training programs for all health personnel on the

rationale and benefits of as well as modern procedures for COVID-19 immunization.

**SECTION 8. Implementing Rules and Regulations.** – The DOH, DOLE, DepEd, CHED and other relevant government institutions shall issue the appropriate implementing rules and regulations or the necessary amendments within five (5) days after the approval of this Act.

**SECTION 9. Penal Provision.** - Any person who violates any provision of this Act, or any of its rules and regulations or without permission of the quarantine officer in charge, shall be punished by a fine of not more than Fifty Thousand Pesos, or by imprisonment for not more than one year, or both.

**SECTION 10. Separability Clause.** – If, for any reason, any part or provision of this Act shall be declared unconstitutional or invalid, the remaining provisions hereof which are not affected thereby shall continue to be in full force and effect.

**SECTION 11. Repealing Clause.** – All laws, decrees, executive orders, rules and regulations or parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

**SECTION 12. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Done this 22<sup>nd</sup> day of April 2021.