

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

SIXTEENTH CONGRESS
Second Regular Session

House Bill Number **5725**



Introduced by Representative ROLANDO G. ANDAYA, JR.

EXPLANATORY NOTE

The Philippines suffer from a maldistribution of health workforce. According to the study, "Assessment of factors influencing retention in the Philippine National Rural Physician Deployment Program", only 10% of health professionals in the country are found in the rural areas where more than half of the population resides. Most physicians and other health workers prefer to stay in urbanized areas where they can be given better compensation.

When the Doctors to the Barrios Program (DTBP) was launched by then Health Secretary Juan Flavio Velasco in 1993, it was geared to respond to the perceived shortage of health personnel in remote areas. As a stop-gap measure to address the lack of doctors in some local government units (LGUs), the program encouraged medical graduates to spend a couple of years of their professional practice in some of the country's poorest communities where healthcare services are most needed. After a prescribed period of two years, the physicians are given the option to be absorbed by the LGU. Very few however chose to remain in the rural communities due to lack of attractive financial incentive and because of poorly resourced facilities.

The DOH also observed that after more than twenty years since its implementation, recipient LGUs have failed to hire their own doctors and relied on the program for the provision of community physicians. The DOH proposed that there is a need for policy reforms in order for LGUs to attract physicians to stay in the community.

With most LGUs unable to match the compensation package offered by the DOH, very few DTBP doctors decide to stay with the community. To illustrate, a doctor deployed by the DOH under DTBP gets a monthly salary of ₱54,000. Most LGUs however can only afford to offer ₱20,000 to ₱25,000 as compensation. This significant drop in the doctor's salary will surely discourage the doctor to stay.

This measure aims to address the problem of attracting, recruiting and retaining rural physicians across the country. In order to ensure that health services are delivered to the country's poorest, there is a need to make serving as a healthcare professional in the rural areas attractive and motivating.

Approval of this bill is earnestly sought.



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**AN ACT GRANTING INCENTIVES AND OTHER BENEFITS
TO RURAL DOCTORS AND FOR OTHER PURPOSES**

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 "Rural Doctors Incentives and other Benefits Act of 2015."

SEC. 2. Declaration of Policy. – The State shall protect and promote the right to health of people and instill health consciousness among them by giving each individual unimpaired access to health information and services. Towards this end, this Act shall attract physicians to work in rural areas by providing competitive incentives and other benefits.

SEC. 3. Definition. – The term "Rural Doctor" shall refer to a licensed physician employed by a local government unit and is assigned to actively or regularly perform official duties in rural areas or remote communities.

SEC. 4. Incentives and Benefits. – In recognition of their services, Rural Doctors shall, in addition to other incentives granted under existing laws, be entitled to the following:

- a) Hazard allowance in an amount to be determined by the local health board of the local government unit concerned;
- b) Subsistence allowance equivalent to the meals they take in the course of their duty which shall be computed in accordance with prevailing circumstances as determined by the local government unit concerned;

- c) Rural Relocation Incentive for doctors who are not original residents of the rural area or remote community which they serve, in an amount to be determined by the local health board;
- d) Continuing medical education in the form of tuition fee subsidy and stipends.
- e) Isolation travel assistance for visiting physicians to provide medical services in eligible rural and isolated communities to be determined by the local health board.

SEC. 5. Repealing Clause. – All laws, executive orders, issuances, rules and regulations inconsistent with this Act are hereby amended, repealed or modified accordingly.

SEC. 5. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in any newspaper of general circulation.

Approved,