

Republic of the Philippine
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

House Bill No. 6286



INTRODUCED BY REP. ANN K. HOFER

EXPLANATORY NOTE

The 1987 Constitution mandates the State "to protect and promote the right of all citizens to quality education at all levels and to take appropriate steps to make education accessible to all." (Art XIV Sec 1). It is also the policy of the State to protect and promote the right to health of the people and instill health consciousness among them.

Health Secretary Paulyn Rossell-Ubial admitted that the Philippines is in dire need of additional doctors. The ideal ratio, according to the World Health Organization (WHO), is one doctor for every 10,000 persons. She lamented that the country has a ratio of one doctor for every 33,000 persons, a far cry from the health system of Cuba, which has a ratio of one doctor for every 1,075 patients. Thus, at least 15,000 more doctors need to be produced and maintained to address the inadequacy. At present, Philippine medical schools produce around 2,600 doctors annually.

Likewise, the Philippines Health System Review conducted by the World Health Organization noted that attracting and retaining staff in underserved areas of the country is a key challenge. Although the Philippines is a major exporter of health workers, some rural and poor areas still face critical shortages. Inefficiency in service delivery persists as patient referral system and gatekeeping do not work well. While there are many vacant government health sector positions in rural and low-income areas, some doctors find these areas unattractive due to long and irregular working hours, isolation from medical colleagues, and the absence of incentives to stay in these areas. Hence, it is not uncommon for residents in far-flung villages to never have seen a doctor from birth to death.

Meanwhile, the Philippine Medical Association reported that there are 130,000 licensed physicians in the country, but only 70,000 are active in the profession. A good number have actually turned to nursing and work as nurses overseas. Likewise, the Philippine College of Physicians (PCP) estimated that there were only 2.3 healthcare workers per 10,000 population. Majority of Filipino patients also rely on services of public health facilities served by only 4.5 percent of doctors out of the total number of almost 70,000. Former Health Secretary Dr. Enrique Ona referred to this situation as a maldistribution, and not necessarily a shortage, of physicians since most doctors are concentrated in the National Capital Region and work in private hospitals instead of serving in rural communities in the provinces.

In a recent Healthcare Asia Forum in Makati, experts attributed this shortage to migration of healthcare workers, as well as to fewer students going into medical schools. Dr. Jesus Jardin, President of Philippine Hospital Association (PHA) said that a lower medical school enrolment turnout may also be witnessed in the near future because of the currently dwindling number of medical school graduates and passers, thus translating to fewer physicians in practice. He noted that there are 30 medical schools in the country, but only less than 10 are public higher education institutions. Moreover, the cost of education in private medical schools is three times as much as government-funded institutions. Medical school tuition fees, which can range from roughly P20,000.00 to P250,000.00 per semester, not to mention other extra costs like books, kits, etc., are quite steep for a good number of Filipino students. Thus, many students would rather take the practical road with degrees that require lesser fees, fewer number of years of study, and with quicker and more achievable return of investment.

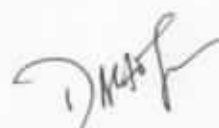
The PHA also stated that graduates from medical schools located outside of Metro Manila would stay behind to work locally while the ones coming from Metro Manila schools would eventually overseas. This reality is bolstered by data from the University of the Philippines College of Medicine, which showed that eighty percent (80%) of its medical graduates leave the country to practice medicine abroad.

During her visit to Cuba in 2016 to observe its health system, Secretary Ubial noted that human resource investments are Cuba's strength and that, unlike in the Philippines, medical education is free in that country. Hence, she stated that the Philippines needs to "change the paradigm in our school system" to attract more aspiring doctors. "Right now, it's very difficult to go into medicine," she said after her Cuba visit.

Since the cost of medical education is high, which prompts medical school graduates and new doctors to join private hospitals which offer higher pay to recoup their investment, this bill provides for free medical education to qualified students to boost our country's human resources. To prevent more brain drain and shortage of physicians, the bill also requires a mandatory integration of the scholars into the public health and medical service system in his or her hometown or any municipality or rural community in the province, once he becomes a medical doctor, for a period of eight years or two years for every scholarship year availed of.

This bill will also enable applicants from different sectors such as indigenous peoples, poor residents from the provinces, and aspiring doctors from far-flung communities to avail themselves of a medical scholarship and other financial assistance to be able to pursue a degree in Medicine and serve in their communities and other underserved areas in the provinces. This will ultimately help address the shortage of physicians and assure the country of a steady supply of human resources even after some of the doctors have finished their integration.

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



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HOUSE BILL NO. 6286

Introduced by: REP. ANN K. HOFER

AN ACT
ESTABLISHING A MEDICAL SCHOLARSHIP PROGRAM FOR QUALIFIED
STUDENTS IN STATE UNIVERSITIES AND COLLEGES

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 "*Medical Scholarship Program in*
2 *SUCs.*"

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4 **SEC. 2. *Declaration of Policy.*** It is the policy of the State to protect and promote the right to
5 health of the people and to to develop its health manpower to meet the medical needs of its citizens and
6 to ensure that the shortage of medical practitioners in the country is addressed.

7
8 Towards this end, the State shall establish a scholarship program that will help deserving medical
9 students pursue medical education and training in the field of medicine and who shall render their
10 services in government hospitals or health offices in their hometown or any municipality in their home
11 province, as part of their integration into the public health and medical service system, to ensure the
12 availability of doctors in the municipalities of the country.

13
14 **SEC. 3. *Establishment of the Medical Scholarship Program in SUCs.*** - There shall be
15 established a Medical Scholarship Program to be implemented in State Universities and Colleges
16 (SUCs) qualified to offer the Medicine course. The scholarship program shall accept at least one
17 beneficiary from every province or municipality in the country: *Provided*, That the applicant has passed
18 the admission and other qualifying requirements of the SUCs. The number of beneficiaries per province
19 shall depend on the number of medical doctors needed for each province, as determined by the
20 Department of Health (DOH).

21
22 **SEC. 4. *Coverage of the Medical Scholarship Program in SUCs.*** The Medical Scholarship
23 Program established in SUCs shall be made available to qualified Filipinos who want to pursue a degree
24 in Doctor of Medicine. The financial assistance for the Medical Scholarship Program shall include the
25 following:

- 26
27 a) Free tuition and other school fees;

- b) Allowance for prescribed books, supplies and equipment;
- c) Clothing or uniform allowance;
- d) Allowance for dormitory or boarding house accommodation;
- e) Transportation allowance;
- f) Other education-related miscellaneous subsistence or living allowances; and
- g) Medical board review.

SEC. 5. *Qualification Requirements.* – Qualified applicants for the Medical Scholarship Program in SUCs shall possess the following:

- a) Must be a Filipino citizen;
- b) Must be a graduating student or a graduate of an appropriate undergraduate program identified as a prerequisite for a Doctor of Medicine degree from any higher education institution recognized by the Commission on Higher Education (CHED);
- c) Must have passed the entrance/admission examinations and related requirements for admission for a Doctor of Medicine course in SUCs where the scholar intends to enroll, as well as the other requirements of the CHED and the DOH;
- d) Must have passed the National Medical Admission Test (NMAT) with a rating of not less than (ninety percent) 90%; and,
- e) Must have family or personal incomes that are not sufficient to finance education in the field of Medicine.

SEC. 6. *Conditions for the Grant of Scholarship.* Scholars accepted to the Medical Scholarship Program shall be subject to the following conditionalities:

- a) Must carry the full load of subjects prescribed per semester by the SUC, and shall, under no circumstance, drop a course which will result in underloading;
- b) Must finish the entire Doctor of Medicine program in the SUC where the scholar is enrolled in, subject to the retention policies of the SUC;
- c) Must sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the CHED and the DOH;
- d) Must undertake post-graduate internship in a government medical institution upon graduation from a Doctor of Medicine degree; and,
- e) Must serve in a government hospital or any local health office in his hometown or any municipality in his home province for at least eight (8) years, which shall be part of the mandatory service and integration into the public health and medical service system: *Provided*, that the medical doctor shall receive salaries for services rendered under the mandatory integration into the public health and medical service: *Provided further*, that such service shall be entitled to salary step increases at least every two (2) years in the service if the scholar obtains a very satisfactory performance rating.

The scholar may be allowed, for valid reasons preventing his enrolment, to defer availing of the scholarship and file a leave of absence for a period not exceeding one (1) school year.

SEC. 7. *Disqualifications.* – The scholar must repay the full cost of scholarship and related benefits received, including all the expenses incurred during the participation in the scholarship program, and the scholarship shall be terminated in case of the following:

- a) If the scholar accepts another scholarship from other government or private agencies or entities while enjoying the benefits of this Act; and,
- b) If the scholar fails to complete the medical course without valid cause as may be determined by the SUC, CHED or the DOH: *Provided*, That, if the terminated medical scholar chooses, instead of repayment of scholarship costs, to render public service and be integrated into the health sector for a period equivalent to the mandatory length of service that should have been rendered as a medical doctor integrated in the public health and medical service system

SEC. 8. *Mandatory Integration of the Scholar into the Public Health and Medical Service System* – Upon passing the Licensure Examination for Physicians, the scholar shall be integrated into the public health and medical service system, through the DOH, with the appropriate rank and salary. The integration to the public health and medical service system under this Act shall be mandatory for a period equivalent to at least eight (8) years or two (2) years for every year of scholarship availed of.

The mandatory integration to the public health and medical service system under this Act shall be separate and distinct from the mandatory post-graduate internship in a public health or medical institution required by the Professional Regulation Commission (PRC) after graduation from medical school as a prerequisite for taking the Licensure Examination for Physicians.

SEC. 9. *Roles of the CHED*. The CHED shall perform the following functions:

- a) Conduct regular information dissemination of and recruitment to the Medical Scholarship Program in SUCs to ensure the continuous supply of medical scholars to all provinces;
- b) Coordinate with the DOH in the integration of the scholar into the public health and medical service system;
- c) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines, and rules and regulations for the effective implementation of the Medical Scholarship Program under this Act;
- d) Develop strategies to improve the quality of the Doctor of Medicine program and implement a system of quality control for the offering of Doctor of Medicine program in SUCs;
- e) Monitor and evaluate existing Doctor of Medicine program in SUCs and effect the continuation or closure of programs in accordance with the provisions of Republic Act No. 7722 or the "Higher Education Act of 1994" and other CHED issuances, as applicable;
- f) Review and approve or disapprove proposals from SUCs for the offering of new Doctor of Medicine programs;
- g) Conduct a tracer study on the whereabouts of the SUCS medical scholars after graduation; and
- h) Recommend to the Department of Budget and Management (DBM) the budget for the Doctor of Medicine program of qualified SUCs based on its monitoring and evaluation results.

SEC. 10. *Roles of the DOH*. The DOH shall perform the following functions:

- a) Determine the number of medical doctors needed for every province, as well as the number of physicians needed in the town or province where the state university or college is situated
- b) Coordinate with the CHED, SUCs, and the PRC to determine the number of graduates of the Doctor of Medicine course and passers of the medical board examination;

- c) Provide for the integration of the scholar into the public health and medical service system, including the necessary number of plantilla positions to accommodate the new doctors in the provincial hospitals;
- d) Assist the CHED in the conduct of the regular information dissemination and recruitment with regard to Medical Scholarship Program in SUCs and the integration of the scholar into the public health and medical service system to ensure the continuous supply of medical scholars to all provinces;
- e) Coordinate with the local government units for the mandatory integration into the public health and medical service system; and
- f) Monitor, supervise and evaluate the performance and length of service of the scholars integrated into the public health and medical service system; and
- g) Recommend to the DBM the budget for the plantilla positions for the doctors to be integrated into the public health and medical service system, including the salary increases.

SEC. 11. Appropriations. – The amount necessary to effectively carry out the initial implementation of this Act shall be sourced from the current budget of the CHED and SUCs for the Medical Scholarship Program, and from the current budget of the DOH for the integration into the public health and medical service system. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the General Appropriations Act.

SEC. 12. Joint Congressional Oversight Committee on Medical Scholarship.– There is hereby created a Joint Congressional Oversight Committee to oversee, monitor and evaluate the implementation of this Act.

The Oversight Committee shall be composed of five (5) members each from the Senate and from the House of Representatives, and shall include the following: Chairperson of the Senate Committee on Education, Arts and Culture; Chairperson of the House Committee on Higher and Technical Education; Chairperson of the Senate Committee on Health; Chairperson of the House Committee on Health; and three (3) members each to be chosen from the membership of the Senate Committee on Education, Arts and Culture and the House Committee on Higher and Technical Education by the Senate President and the House Speaker, respectively, with at least one (1) member each from the minority in the House of Representatives and in the Senate. Funding for the expenses of the Committee shall be taken from the appropriations of both the Senate and the House of Representatives.

SEC. 13. Five-Year Review of the Number of Scholars to be Admitted. - Every five (5) years from the effectivity of this Act, the CHED, the DOH and the SUCs shall determine the number of scholars to be admitted every school year. The number of physicians needed by the town or province where the SUC is situated shall be taken into consideration in determining the number of scholars: *Provided*, that the admitted scholars in any SUC shall not be less than five (5).

SEC. 14. Implementing Rules and Regulations. - Within sixty (60) days from the effectivity of this Act, the CHED and the DOH, in coordination with the Philippine Association of State Universities and Colleges, the DBM, and other relevant stakeholders shall formulate and issue the rules and regulations to fully implement the provisions of this Act.

SEC. 15. Separability Clause. - If any part or provision of this Act shall be held unconstitutional or invalid, the other parts or provisions not affected thereby, shall remain in full force and effect.

1 **SEC 16. *Repealing Clause.*** – All laws, decrees, executive orders, rules and regulations and other
2 issuances or parts thereof, inconsistent with the provisions of this Act, are hereby repealed or modified
3 accordingly.
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5 **SEC. 17. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication in the
6 Official Gazette or in a newspaper of general circulation.
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8 *Approved,*