

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

3847
HOUSE BILL NO. _____



Introduced by Representative **TYRONE D AGABAS**

EXPLANATORY NOTE

This bill seeks to establish a medical scholarship and return service program for deserving students who will pursue medical education and training in the field of health and medicine who shall eventually render services in government public health offices or government hospitals. This bill has already been approved by the House of Representatives on its 3rd and final reading in the 17th Congress. It was not however enacted into a law. Considering the significance of this bill in strengthening the delivery of quality healthcare services in government hospitals, at the same time tapping and unlocking the best of potential medical students, it is imperative that this bill be filed.

The State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all (Section 1, Article XIV, 1987 Philippine Constitution). The State shall establish and maintain a system of scholarship grants, student loan programs, subsidies, and other incentives which shall be available to deserving students in both public and private schools, especially to the underprivileged (Section 1, Article XIV, 1987 Philippine Constitution)

Numerous programs as set in the millennium development goals of the Department of Health have already been initiated, and yet, pervasive health challenges have remained a constant threat. There is a ratio imbalance between the number of doctors per local government unit's population especially in the countryside. This is attributed to the lack of, or shortage of medical doctors who are willing to stay and serve in the government for considerable period of time. This is a lingering problem that has beset the functions of our government. It has reduced our capacity to deliver quality healthcare to our people. Central to this problem is the high cost of medical studies which is beyond the means of Filipino students however bright and

competent they are, not to mention the problem of urban migration and exodus of doctors abroad.

This bill creates a solution to the shortage of medical doctors as it provides an avenue or opportunity for full medical scholarship grant to qualified and deserving students who shall in turn serve the government through its return service program. Hence, the urgent need for its approval.



ATTY. TYRONE D. AGABAS
Representative
6th District, Pangasinan

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Introduced by Representative **TYRONE D. AGABAS**

AN ACT
ESTABLISHING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM
FOR DESERVING STUDENTS AND APPROPRIATING FUNDS THEREFOR

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

1 Section 1. *Short Title.* – This Act shall be known as the “Medical Scholarship
2 and Return Service Program Act”.

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

7 Towards this end, the State shall establish a Medical Scholarship and
8 Return Service Program that will help deserving medical students pursue
9 medical education and training in the field of health and medicine who shall
10 eventually render services in government public health offices or government
11 hospitals in their hometown or in any municipality in their home province or in
12 any underserved municipality in any province, as part of their integration into
13 the public health and medical service system. This shall ensure the
14 availability of doctors who will provide quality basic, promotive, preventive
15 and curative health care services in every municipality in the country,
16 especially the underserved, remote, economically underdeveloped,
17 distressed, conflict-afflicted, and geographically disadvantaged areas.

18 *Sec. 3. Establishment of the Medical Scholarship and Return Service*
19 *Program.* – There shall be established a Medical Scholarship and Return
20 Service Program for deserving students in state universities and colleges
21 (SUCs) or in private higher education institutions (PHEIs) in regions where
22 there are no SUCs offering medicine; *Provided*, that the scholarship program
23 shall accept at least one (1) scholar from each municipality of the country;
24 *Provided, further*, That only upon determination that there is no qualified
25 applicant from certain municipality shall another qualified applicant be
26 considered, irrespective of domicile: *Provided, furthermore*, That the
27 applicant has passed the admission and other qualifying requirements of the
28 SUCs and PHEIs: *Provided, finally*, That the total number of scholars per
29 province or municipality shall depend on the number of government
30 physicians needed for each province or municipality, as determined by the
31 Department of Health (DOH).

32 *Sec. 4. Coverage of the Medical Scholarship and Return Service Program.*
33 – The Medical Scholarship and Return Service Program established under
34 this Act shall be made available to deserving Filipino students who want to
35 pursue a degree in Doctor of Medicine in SUCs or in PHEIs in regions where
36 there are no SUCs.

37 The student financial assistance for the Medical Scholarship and Return
38 Service Program shall include the following:

- 39 (a) Free tuition and other school fees;
- 40 (b) Allowance for prescribed books, supplies and equipment;
- 41 (c) Clothing or uniform allowance;
- 42 (d) Allowance for dormitory or boarding house accommodation;
- 43 (e) Transportation allowance;
- 44 (f) Internship fees, including financial assistance during postgraduate
45 internship;
- 46 (g) Medical board review fees;

47 (h) Annual medical insurance; and

48 (i) Other education-related miscellaneous subsistence or living
49 allowances.

50 Sec. 5. *Qualification Requirements.* – An applicant for the Medical
51 Scholarship and Return Service Program shall possess the following
52 qualifications:

53 (a) Must be a natural-born or naturalized Filipino citizen residing in
54 the Philippines;

55 (b) Must be a graduating student or a graduate of an appropriate
56 undergraduate program identified as a prerequisite for a Doctor of
57 Medicine degree, from any higher education institution (HEI) duly
58 recognized by the Commission on Higher Education (CHED) including
59 the Direct Entrant to the seven (7)-year Integrated Liberal Arts
60 Medicine Program (or INTARMED Program) of the University of the
61 Philippines who satisfactorily completes the first two (2) years of the
62 program; *Provided, That* deserving incoming second year medical
63 students and those in the higher year levels of the Doctor of Medicine
64 program shall also be covered under this Act;

65 (c) Must have passed the entrance examinations and other related
66 requirements for admission for a Doctor of Medicine degree in the
67 SUC or PHEI where the scholar intends to enroll, including the
68 INTARMED Program in the University of the Philippines, as well as
69 the other requirements of the CHED and the DOH; and

70 (d) Must have obtained a National Medical Admission Test (NMAT) score
71 mandated by the CHED and the cut-off score required by the SUC or
72 PHEI where the student intends to enroll in.

73 Sec. 6. *Conditions for the Grant of Scholarship.* – Deserving students
74 accepted to the Medical Scholarship and Return Service Program shall be
75 subject to the following conditionalities:

- 76 (a) Must sign an agreement stating the terms and conditions of the
77 scholarship on a form prescribed by the CHED and the DOH;
- 78 (b) Must carry the full load of subjects prescribed per semester by the
79 SUC or PHEI, and shall, under no circumstance drop a course which
80 will result in underloading;
- 81 (c) Must finish the entire Doctor of Medicine program in the prescribed
82 time frame in the SUC or PHEI where the scholar is enrolled in,
83 subject to the retention policies of the SUC or PHEI;
- 84 (d) Must undertake postgraduate internship in a DOH-accredited public
85 health facility or hospital upon graduation from a four (4)-year Doctor
86 of Medicine program, subject to the Association of Philippine Medical
87 Colleges (APMC) Internship Matching Program: *Provided, further,*
88 *That, the graduate of the four (4)-year Doctor of Medicine program*
89 *must satisfy all the requirements of the APMC Internship Matching*
90 *Program: Provided, further, That, for a five (5)-year Doctor of Medicine*
91 *program, the scholar enrolled in the SUC or PHEI must undertake the*
92 *post graduate internship in the SUCs or PHEIs base hospital;*
- 93 (e) Must take the board examination within a maximum period of one (1)
94 year after completion of an internship program which may be a
95 postgraduate internship program for scholars under a four (4)-year
96 Doctor of Medicine program or after completion of internship as a fifth-
97 year medical student for scholars under a five (5)-year Doctor of
98 Medicine Program; and
- 99 (f) Must serve in a government public health office or government
100 hospital in the scholar's hometown or, in the absence of a need
101 thereat, in any municipality within the scholar's home province, or in
102 any underserved municipality closest to the scholar's hometown in
103 any province determined by the DOH as priority area, for at least eight
104 (8) years or two (2) years for every scholarship year availed of, which
105 shall be completed within ten (10) years upon completion of internship
106 for those who have availed of a four (4)-year program, and twelve (12)

years for those who have availed of a five (5)-year program, upon passing the licensure examination for physicians, which shall be part of the mandatory return service and integration into the public health and medical service system: *Provided*, That this mandatory return service shall be in addition to the required postgraduate internship after graduating from a four (4)-year Doctor of Medicine program and shall also be in addition to the return service requirement of the SUC or PHEI: *Provided, further*, That residency training shall not be considered as a return service under this provision: *Provided, finally*, That the physician shall receive appropriate salaries and other benefits for services rendered under the mandatory integration into the public health and medical service system.

The scholar may be allowed, for valid reasons preventing the enrollment, to defer availing of the scholarship and file a leave of absence for a period not exceeding one (1) school year, subject to the guidelines and policies of the concerned SUC and PHEI.

The scholar who fails to pass the licensure examination within one (1) year after graduation and completion of postgraduate internship and other academic requirements shall shoulder all the necessary expenses for the succeeding professional licensure examinations.

Sec. 7. Disqualifications. – The scholar shall 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 circumstances:

- (a) If the scholar accepts another scholarship from other government or private agencies or entities while enjoying the benefits under this Act;
- (b) If the scholar fails in forty percent (40%) of the subjects or fails to meet the academic requirements of the SUCs or PHEIs or to complete the course within the prescribed period without valid cause as may be

determined by the SUC or PHEI, the CHED or the DOH such as due to absence without notice, reasons of willful neglect or other causes within the control of the scholar: *Provided, That*, if the terminated scholar chooses, instead of repayment of scholarship costs, to work within the government's public health and medical service system, such as engaging in health-related research work for the government or by teaching health related subject in a public educational institution or be integrated into the public health and medical service system for a period equivalent to eight (8) years or the mandatory length of service that should have been rendered as stipulated in this Act: *Provided, further*, That the alternative return service shall exclude residency training;

(c) If the scholar fails to pass the licensure examination for physicians for the second time; and

(d) If the scholar commits behavioral misconduct in a manner that would bring significant damage to the HEI, government institution concerned, persons, and the community.

Sec. 8. Mandatory Return Service and Integration of the Scholar into the Public Health and Medical Service System. – Upon passing the Physician Licensure Examination (PLE) administered by the Professional Regulation Commission (PRC), the scholar becomes a licensed physician, shall be integrated into the public health and medical service system, through the DOH, with the appropriate rank and salary and related benefits. The mandatory return service upon integration into the public health and medical service system under this Act shall be for a period equivalent to at least eight (8) years within ten (10) years for those who availed of a four (4)-year program, and twelve (12) years for those who availed of a five (5)-year program, upon passing the licensure examination for physicians, which shall be part of the mandatory service and integration into the public health and medical service system.

167 The mandatory return service and integration into the public health and
168 medical service system under this Act shall be separate and distinct from the
169 return service requirement of the SUCs or PHEIs and the mandatory
170 postgraduate internship in a DOH-accredited public health facility or hospital,
171 required by the PRC as a prerequisite for taking PLE.

172 Sec. 9. *Sanctions.* – In the event that a physician who has availed of the
173 Medical Scholarship and Return Service Program fails or refuses to serve in
174 a government hospital or any local health office in the scholar's hometown
175 or in any municipality in the scholar's home province or in any underserved
176 municipality in any province, as provided under Section 6(f) hereof, or fails
177 or refuses to comply with the mandatory integration, as provided in Section
178 8 hereof, the physician shall be required to pay twice the full cost of
179 scholarship including other benefits and expenses incurred by reason of
180 participation in the scholarship program.

181 In case of non-payment, as provided in the preceding paragraph, the
182 PRC shall deny the renewal of the physician's license: *Provided*, That the
183 abovementioned penalties shall not apply to physicians who fail to comply
184 with the required return service on account of, or by reason of, severe or
185 serious illness.

186 Sec. 10. *Roles of CHED.* – The CHED shall perform the following functions:

- 187 (a) Conduct regular information dissemination of and recruitment to the
188 Medical Scholarship and Return Service Program in SUCs and PHEIs
189 to ensure that there will be an adequate number of medical doctors in
190 all the municipalities and provinces;
- 191 (b) Review, modify and enhance the medical education curriculum to
192 prepare graduates to work in community-based health programs, and
193 to function competently when working with experienced physicians;
- 194 (c) Coordinates, together with the SUCs and PHEIs, with the DOH for the
195 integration of the medical scholar who has passed the PLE into the
196 public health and medical system;

- (d) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines, and rules and regulations for the effective implementation of the Medical Scholarship and Return Service Program under this Act;
- (e) 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 and PHEIs;
- (f) Monitor and evaluate existing Doctor of Medicine programs of SUCs and effect the continuation or closure of programs in accordance with the provision of Republic Act No. 7722 or the "Higher Education Act of 1994" and other CHED issuances, as applicable;
- (g) Review and approve or disapprove proposals from SUCs and PHEIs for the offering of new Doctor of Medicine programs;
- (h) Disseminate information on the required percentile cut-off score of SUCs and PHEIs to guide the student applicants on which school to apply to;
- (i) Require SUCs and PHEIs to submit a tracking, monitoring and assistance proposal; and to implement and evaluate the tracking, monitoring and assistance program in order to determine the whereabouts of the medical scholars after graduation from SUCs or PHEIs;
- (j) Ensure that the SUCs and PHEIs provide the timely release and accurate distribution of allowances and other fees to the scholars; and
- (k) Recommend to the Department of Budget and Management (DBM) the budget for implementation of the Medical Scholar and Return Service Program in SUCs and PHEIs based on its monitoring and evaluation results.

Sec. 11. *Roles of the SUCs and PHEIs.* – The SUCs and PHEIs shall perform the following functions:

- 226 (a) Monitor the progress of all scholars in their respective educational
227 institutions, identify students who have low or failing grades, and
228 counsel them to improve their academic performance;
- 229 (b) Ensure the timely release and accurate distribution of allowances and
230 other fees to the scholars;
- 231 (c) Make an annual report to the CHED on the performance of Medical
232 Scholarship and Return Service Program;
- 233 (d) Assist the CHED in the conduct of regular information dissemination
234 on, and recruitment to, the Medical Scholarship and Return Service
235 Program;
- 236 (e) Review, modify and enhance the medical education curriculum to
237 prepare the scholars to work in community-based health programs;
- 238 (f) Coordinate with the DOH in the conduct of an inventory of its trainable
239 personnel who can be potential beneficiaries of the program;
- 240 (g) Coordinate with the CHED, DOH, PRC, other concerned agencies,
241 and local governments units (LGUs) in the integration of the scholar
242 into the public health and medical service system;
- 243 (h) Develop strategies to improve the quality of the Doctor of Medicine
244 program and implement a system of review and evaluation for quality
245 control for the offering of Doctor of Medicine program in their
246 respective educational institutions;
- 247 (i) Conduct a tracer study on the whereabouts of their respective medical
248 scholars after graduation from their respective educational institutions
249 and submit the results of the tracer study to the CHED;
- 250 (j) Recommend to the CHED and the DBM the budget necessary to
251 implement the Medical Scholarship Return Service Program in their
252 respective institutions, based on their own monitoring and evaluation
253 of results; and
- 254 (k) Perform such other functions as the Presidents of the SUC or PHEI
255 may deem necessary for the success of the Medical Scholarship
256 Return Service Program in their respective educational institutions.

257 Sec. 12 *Roles of DOH.* – The DOH shall perform the following functions:

- 258 (a) Determine the number of physicians needed for every municipality or
- 259 province, as well as the number of physicians needed in the town or
- 260 province where the SUC is situated;
- 261 (b) Determine the distribution of scholars per municipality or province;
- 262 (c) Coordinate with the CHED, SUCs, PHEIs, and PRC to determine the
- 263 number of graduates of the Doctor of Medicine course and passers of
- 264 the medical board examination;
- 265 (d) Provide for the integration of the scholar into the public health and
- 266 medical service system, including the necessary number of plantilla
- 267 positions to accommodate the new doctors in the provincial hospitals;
- 268 (e) Assist the CHED in the conduct of the regular information
- 269 dissemination on the Medical Scholarship and Return Service
- 270 Program, the recruitment of scholar applicants, and the integration of
- 271 successful scholars into the public health and medical service system
- 272 to ensure the continuous deployment of medical doctors to all
- 273 provinces, especially in the underserved, remote, economically
- 274 underdeveloped, distressed, conflict-afflicted, and geographically
- 275 disadvantaged municipalities;
- 276 (f) Craft a career pathway for public health practitioner in DOH and at the
- 277 local level as an incentive to the graduate of medicine to enhance their
- 278 competencies and skills for career progression;
- 279 (g) Coordinate with the LGUs for the mandatory integrations of
- 280 doctors/scholars into the medical service system;
- 281 (h) Conduct an inventory of its trainable personnel who can benefit from
- 282 the program;
- 283 (i) Monitor, supervise, and evaluate the performance and length of
- 284 service of the scholars integrated into the public health and medical
- 285 service system
- 286 (j) Provide funds for the implementation of the integration program under
- 287 this Act; and

- (k) 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 determination of salaries and salary increases.

SEC. 13. *Roles of LGUs.* –LGUs are mandated to support the integration of the scholar into the public health and medical service system by performing the following functions:

- (a) Ensure that there is a mechanism to provide the necessary support to the integration program of physicians who will be assigned to the LGU;
- (b) Coordinate with the DOH and the physicians to determine the specific health needs or requirements of the community and provide the necessary assistance, including the improvement of the health facilities in the municipality and involvement in the research component of the public health and medical service system;
- (c) May maintain a regular counterpart fund to be used for providing the balance of the scholarship budget for scholars enrolled in PHEIs, subject to availability of funds;
- (d) Provide for the board and lodging, travel expenses and other forms of financial assistance enumerated under Section 4 of this Act, subject to availability of funds, for the scholar enrolled in the PHEIs located in the municipality under the concerned LGU; *Provided, That* the scholar shall serve in the same LGU upon passing the licensure examination. If the municipal government cannot afford the said expenses, the provincial government shall shoulder the same: *Provided, further, That* the said provincial government shall decide in what municipality the scholar shall eventually serve;
- (e) Provide other forms of financial assistance, subject to availability of funds, to support the program of doctors in the LGUs;
- (f) Ensure the safety and security of the physicians integrated into the public health and medical service program;

- (g) Recommend to the concerned SUC or PHEI any improvement in the implementation of the Medical Scholarship and Return Service Program;
- (h) Conduct an information dissemination campaign on the Medical Scholarship and Return Service Program within the municipality or province, with the objective of attracting bright applicants to the said program;
- (i) Coordinate with the CHED and other government agencies and non-governmental organizations involved in the Medical Scholarship and Return Service Program;
- (j) Coordinate with and encourage the active participation of the parents and other family members of the scholars in the Medical Scholarship and Return Service Program;
- (k) Exercise such other powers and perform all other acts and duties which shall assist the scholar and ascertain the success of the Medical Scholarship and Return Service Program; and
- (l) Execute and enforce laws, ordinances and regulations which may, directly or indirectly, have a positive impact on the Medical Scholarship and Return Service Program.

SEC. 14. *Appropriations.* – The amount necessary to carry out the initial implementation of this Act shall be charged against the current year's appropriate of the SUCs and the DOH.

Thereafter, the amount necessary for the continued implementation of the Medical Scholarship and Return Service Program for deserving students shall be included and subsumed into the scholarship program of SUCs and CHED in the annual General Appropriations Act.

SEC. 15. *Joint Congressional Oversight Committee on Medical Scholarship and Return Service System.* – 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 Representative, and shall include the following; Chairperson of the Senate Committee on Education, Arts and Culture; Chairpersons 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; Provided, That at least one (1) member from the respective nominees of the House of Representative and the Senate shall be chosen from the Minority party/bloc.

SEC. 16. *Five (5)-Year Review of the Number of Scholars to be Admitted.* - Every five (5) years from the effectivity of this Act, the CHED, DOH, SUCs and PHEIs shall determine the number of scholar to be admitted every school year. The number of physicians needed by the municipality or province where the SUC or PHEI is situated shall be taken into consideration in determining the number of scholars.

SEC. 17. *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, Coordinating Council of Private Educational Associations, League of Municipalities, Associations of Municipal Health Officers of the Philippines (AMHOP), Non-government Community-Based Health Programs, PRC, DBM, SUCs, PHEIs, APMC, APMC-Student Network and other relevant stakeholders, shall formulate and issue the rules and regulations to fully implement the provisions of this Act.

375 Sec 18. *Separability Clause.* – If any part or provision of this Act shall be held
376 unconstitutional or invalid, the other parts or provisions not affected thereby
377 shall remain in full force and effect.

378 SEC. 19. *Repealing Clause.* – All laws, decrees, executive orders, rules and
379 regulations and other issuances or parts thereof inconsistent with the
380 provisions of this Act are hereby repealed or modified accordingly.

381 SEC. 20. *Effectivity.* – This Act shall take effect fifteen (15) days after its
382 publication in the Official Gazette or in a newspaper of general circulation.

383 Approved,