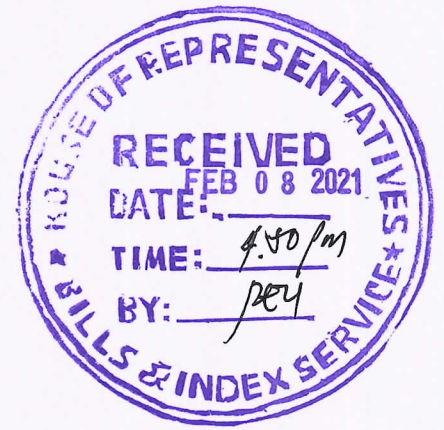


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 8650



Introduced by the Honorable Precious Hipolito Castelo

EXPLANATORY NOTE

Up until now, the Philippines continues to bear the brunt of Coronavirus Disease 2019 (COVID-19). Certainly, one of the most affected sectors is education.

The dangers of the virus had forced all educational institutions throughout the country, from primary to tertiary levels, to abruptly shift to alternative learning modalities such as modular and online instruction. To put it bluntly, the education sector has no other choice but to adapt. The call to suspend classes throughout the country was much louder due to underlying fears that in-classroom learning might potentially be a “super-spreader” situation.

Nonetheless, it cannot be denied that there are aspects of learning that are better absorbed by students when delivered face-to-face. For instance, medical and other allied health sciences subjects cannot be purely taught through distance learning. The medical field largely requires practical and technical skills acquired through face-to-face clinical instruction and experience.

This was the reason why the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases allowed the University of the Philippines’ (UP) College of Medicine to resume its face-to-face clinical internship at the Philippine General Hospital (PGH) just last year.

Most recently, President Rodrigo Roa Duterte, in coordination with the Commission on Higher Education (CHED), approved the resumption of limited face-to-face classes for medical and allied health programs in institutions located at general community quarantine (GCQ) and modified GCQ areas.¹ According to CHED Chairman Prospero De Vera, face-to-face classes for medical and allied health programs is optional. Schools and universities must submit their applications and they will only be allowed to conduct face-to-face classes once they pass rigorous inspections from the agency.

While guidelines for this are still being prepared, it is important to take into consideration that no foolproof plan can guarantee 100% safety of these teachers and students who would have to eventually attend in-person classes.

Thus, this proposal seeks to classify students and teachers of medical and allied health courses as frontline health workers, provided that, they belong to schools and universities allowed by CHED to conduct limited face-to-face classes. The intent of this bill is to include them among those prioritized groups for COVID-19 vaccination.

¹ Aguilar, Krissy. “Duterte OKs limited face-to-face classes in medical, allied health programs”. *Inquirer.net*. January 26, 2021. <https://newsinfo.inquirer.net/1388435/duterte-oks-limited-face-to-face-classes-in-medical-allied-health-programs#ixzz6kieBt7Jh>

Undeniably, the choice to remain in the medical and health sciences field is admirable and commendable. These aspiring health workers who are courageous enough to confront the uncertainties of the medical field shall be given particular and special attention by the government.

As such, the immediate passage of this bill is earnestly sought.


PRECIOUS HIPOLITO CASTELO

Republic of the Philippines
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House Bill No. 8650

Introduced by the Honorable Precious Hipolito Castelo

AN ACT

CLASSIFYING STUDENTS AND TEACHERS OF MEDICINE AND ALLIED HEALTH SCIENCES COURSES WHO ATTEND FACE-TO-FACE CLASSES AS FRONTLINE HEALTH WORKERS THEREBY INCLUDING THEM AMONG THOSE PRIORITIZED GROUPS FOR CORONAVIRUS DISEASE 2019 (COVID-19) VACCINATION

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

SECTION 1. *Short Title.* – This Act shall be referred to as the “Classifying Students and Teachers of Medicine and Allied Health Sciences as Frontliners Act”.

SEC 2. *Declaration of Policy.* – The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It is also the policy of the State to adopt an integrated and comprehensive approach to health development.

Towards this end, it is vital for the State to invest on health workers in order to ensure better access to and enhanced quality of health services in the country.

SEC. 3. *Students and Teachers of Medicine and Allied Health Sciences as Frontline Health Workers.* – The Department of Health (DOH) shall classify students and teachers of medicine and allied health sciences who are required to attend face-to-face classes in schools and universities and/or who are fulfilling their internship requirements in hospitals, clinics and other health-related establishments as frontline health workers.

SEC. 4. *Priority in COVID-19 Vaccination.* – Being classified as frontline health workers, these students and teachers shall then be included among those prioritized groups for COVID-19 vaccination.

SEC. 5. *Limitation.* – The benefit given by this Act shall be limited to those students and teachers belonging to schools and universities allowed by the Commission on Higher Education (CHED) to conduct limited face-to-face classes. CHED shall conduct regular inspections in such schools and universities in order to ensure that health protocols are being followed.

SEC. 6. *Implementing Rules and Regulations.* – Within sixty (60) days from its approval, the DOH, in coordination with the CHED, shall formulate and promulgate the necessary rules and regulations to implement the provisions of this Act.

SEC. 7. *Separability Clause.* – If, for any reason, any part, section or provision of this Act is held invalid or unconstitutional, the remaining provisions not affected thereby shall continue to be in force and effect.

SEC. 8. *Repealing Clause.* – All laws, decrees, executive orders, proclamations, rules and regulations and other issuances, or part or parts thereof, which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 9. *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, whichever comes earlier.

Approved,