



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

**NINETEENTH CONGRESS**  
First Regular Session

HOUSE BILL NO. **6481**



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Introduced by Representative **GERALDINE B. ROMAN**

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### **EXPLANATORY NOTE**

Equal opportunity is a state of fairness in which individuals are treated similarly, unhampered by artificial barriers, prejudices, or preferences, except when particular distinctions can be explicitly justified. The intent is that the important jobs in an organization should go to the most qualified people – persons most likely to perform ably in a given task – and not go to persons for reasons deemed arbitrary or irrelevant, such as circumstances of birth, upbringing, having well-connected relatives or friends, religion, sex, ethnicity, race, caste or involuntary personal attributes such as disability, age, gender disability, age, gender identity, or sexual orientation.

According to proponents of the concept, chances for advancement should be open to everybody without regard for wealth, status, or membership in a privileged group. The idea is to remove arbitrariness from the selection process and base it on some "pre-agreed basis of fairness, with the assessment process being related to the type of position" and emphasizing procedural and legal means.

Individuals should succeed or fail based on their efforts and not extraneous circumstances such as having well-connected parents. Equal opportunity is opposed to nepotism and plays a role in whether a social structure is seen as legitimate. The concept is applicable in areas of public life in which benefits are earned and received such as employment and education although it can apply to many other areas as well. Equal opportunity is central to the concept of meritocracy.

There are different types of equal opportunity: formal quality of opportunity, substantive equality of opportunity, equality of fair opportunity, level playing field, and meritocracy. Consequently, people-centered legislation is what is being proposed with this measure.

Health workers are the main objective of this measure. At the community level, they serve as the frontline. At the national level, they are the building blocks of a healthy nation.

COVID-19 revealed the existing gaps in our health service system. We lacked facilities and the healthcare personnel was few and unprepared. According to the Philippine Statistics

Authority, there is one government physician for every 33,000 Filipinos, which is far below the World Health Organization-recommended 1:1,000 doctor-to-population ratio. In 2021, there are 8.03 nurses per 10,000 population.

Data from the Philippine Overseas Employment Administration (POEA) show that, despite a shortage of government health workers, the country has been exporting nurses for decades, exacerbating the health sector's brain drain. DOH alone has more than 2,000 unfilled plantilla positions for nurses, midwives, and dentists. The annual deployment cap on newly hired healthcare workers was raised to 7,000 early this year to ensure we have the supply for domestic needs.

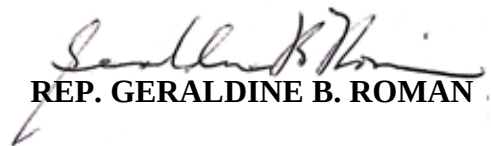
Thus, Health Workers in the barangay units are being utilized increasingly in the delivery of health services, especially during COVID-19. The crucial and heroic role that the latter play makes them deserving of much more than what they are receiving today and continuing upskilling to deliver healthcare services as the first responder of the barangay units is needed.

This proposed measure aims to institutionalize Barangay Healthcare Frontline Services (BHFS) by providing necessary healthcare equipment in each barangay, including a type III ambulance to efficiently answer the needs of the community, as well as professionalize the currently employed health workers in the barangay and subsequent ones, establishing the minimum requirements for hiring by the local government.

This Act aims to provide a reasonable set of incentives to BHFS personnel to compensate them under the Salary Standardization Law of 2019 for the work that they perform in making health services accessible to all.

The passage of this proposed measure will not only grant due recognition to the valuable services of the BHFS personnel but will hopefully encourage more people to serve as BHFS personnel in their localities. Such an increase in the number of BHFS personnel would contribute positively to the goal of the government for more effective delivery of health services and making health care accessible to all.

The passage of this measure is urgently requested.

  
REP. GERALDINE B. ROMAN



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**AN ACT**  
**ESTABLISHING THE BARANGAY HEALTH FRONTLINE MEDICAL SERVICES**  
**(BHFS), TRANSFORMING BARANGAY HEALTH CARE BY PROVIDING FOR**  
**CONTINUING LEARNING TO BARANGAY HEALTH WORKERS, PROVIDING**  
**SALARIES AND BENEFITS THERETO, APPROPRIATING FUNDS THEREFOR**  
**AND FOR OTHER PURPOSES**

*Be it enacted by the Senate and Hoaxe of Representatives of the Philippines in Congress assembled.*

**CHAPTER I**  
**GENERAL PROVISIONS**

**SEC. 1. Title.** - This Act shall be known as the “Barangay Healthcare Frontline Services (BHFS) Act of 2022.”

**SEC. 2. Declaration of Policy.** - The State shall protect and promote the people's right to health, hence, the government shall institutionalize a comprehensive, accessible, integrated, and standardized system of emergency medical services, as well as provide an environment that will maximize the capability and potential of emergency medical services personnel in each barangay unit.

**SEC. 3. Declaration of the Principle of Equal Opportunity.** – The State recognizes that all individuals have the right to equal opportunity to live decently and with dignity. Every individual has the right to participate and be given access to information relating to the decision-making processes that affect their lives and well-being.

The State further declares that the barangay health workers are individuals deserving of decent life and dignity. They should be allowed to live a life of normalcy, living in co-existence with other workers who are living a peaceful and productive life, secured, and protected by law.

The State also affirms that barangay health workers are deemed considered professionals, performing their task of serving the community.

**SEC. 4. – Definition of Terms.** – For purposes of this Act, the following terms shall mean:

(a) **Accredited training and assessment institutions** refer to agencies of the government and organizations accredited to offer training programs, courses, continuing education, and competency-based assessment for barangay health frontline services (BHFS) personnel that meet the standards of this Act.

(b) **Ambulance / Barangay healthcare frontline services vehicle** refers to a vehicle, specifically a Type 3 ambulance, designed and equipped for transporting sick or injured patients to, from, and between places of treatment by land, water, or air, affording safety and comfort to the patients and avoiding the aggravation of illness or injury while being transported.

(c) **Competency-based assessment** refers to the confirmation of a BHFS personnel's capability and capacity to perform the standards set by the DOH on emergency medical services at the community level.

(d) **Barangay Healthcare Frontline Services (BHFS)** shall consist of:

(1) **Frontline care** or the independent delivery of pre-hospital healthcare frontline services by appropriately trained and certified BHFS personnel, usually in a mobile or community setting, in full accordance with the Barangay Healthcare Frontline Services Treatment Protocols established by the Local Health Board.

(2) **Advanced life support** refers to a set of life-saving protocols and skills that extend beyond BLS to further support circulation and provide an advanced airway and adequate ventilation.

(e) **Barangay Healthcare Frontline Services Personnel** are trained, and certified personnel engaged in the provision of healthcare frontline medical services during emergencies.

(f) **Barangay Healthcare Frontline Services (BHFS) System** is the arrangement and coordination of personnel, facilities, and equipment for the effective delivery of community healthcare required in the management of medical emergencies; for the management and prevention of further incidents or accidents and the broad range of healthcare frontline services care from emergency care to transport in an intensive care setting.

(g) **Barangay Healthcare Frontline Services Treatment Protocols** are healthcare frontline procedures outlining approved clinical practices and therapies to be observed by BHFS personnel, per Section 5 hereof.

(h) **Inter-facility Referral and Transport** is to transport a patient with a medical escort, from one referring facility or agency to another receiving facility or agency for definitive care, as the patient requires, in an event that further appropriate services are not available in the referring facility.

(i) **The mandatory Continuing Training Program for BHFS** is a regular training

program on health care service and community-based health program, that would upgrade and develop the skills and competency of BHFS to perform their roles. The training program shall be institutionalized by the DOH, in cooperation with local government units.

**Sec. 5. *Creation of Barangay Healthcare Frontline Services.*** – There shall in every barangay a system to be developed and institutionalized to respond to medical emergencies and non-emergencies as well as ensure the availability of adequate emergency transport vehicles with qualified BHFS personnel. It shall also establish prescribed protocols and guidelines on inter-facility referral and transport by appropriate medical standards set by DOH and concerned local governments.

**Sec. 6. *Provide Frontline Healthcare Services Vehicle.*** – There shall be a Barangay Healthcare Frontline Services Vehicles (Type III) ambulance in every barangay or clustered barangay per municipality.

The Type III ambulance is mandatory in every city or local government unit wherein a system is already set up at the provincial level. A forward servicing unit is placed in every municipality or barangay per the standard set by DOH, in consultation with the concerned province and city.

## **CHAPTER II**

### **BARANGAY HEALTHCARE FRONTLINE SERVICES UNDER THE LOCAL HEALTH BOARDS**

**Sec. 7. *Creation of the Barangay Frontline Healthcare Services under the Local Health Boards.*** –There shall be created a “Barangay Healthcare Frontline Services (BHFS)” in every local health board.

**Sec. 8. *Powers and Functions.*** The BHFS shall,

- (a) Formulate policies on BHFS systems.
- (b) Develop standards of healthcare frontlines services to include, among others, the skills and competencies required for BHFS personnel and the development of treatment protocols to be observed by BHFS personnel and such other entities as it may consider appropriate.
- (c) Develop standards of operation for BHFS personnel.
- (d) Develop standards and protocols for the design, accreditation, construction, maintenance, outfitting, and operations of barangay frontline healthcare services vehicles.
- (e) Ensure the establishment of a system of networking and coordination among all existing government health agencies for the effective implementation of this Act.
- (f) Include in the annual budget of the Local Health Board the BHFS and
- (g) Promulgate rules and regulations to enforce the provision of this Act.

### **CHAPTER III**

#### **BARANGAY HEALTHCARE FRONTLINE SERVICES PERSONNEL**

**SEC. 10. *Creation and Accreditation of BHFS.*** — To further professionalize the health care services rendered at the barangay level, all barangay health workers shall update their skills through a continuing learning program approved by DOH. Currently employed barangay health workers and subsequent ones to be further accredited as BHFS personnel shall conform to the minimum standards set by DOH in consultation with the Local Health Boards of provinces and cities.

The Civil Service Commission (CSC) in consonance with the Department of Health (DOH) shall issue the necessary certificate of accreditation to qualified BHFS personnel to be hired under this Act. To qualify for accreditation, the applicant BHFS personnel must:

- (a) Be registered by Section 4 hereof.
- (b) Completed in the locality at least two (2) years of continuous service and accreditation.
- (c) Enrolled in the Mandatory Continuing Training Program for BHFS personnel.
- (d) Completed the regular training program on health care service and community-based health program within five (5) years from accreditation.

The DOH shall likewise maintain an updated roster of accredited BHFS personnel for use of the public. The provincial BHFS Registry shall be submitted on or before April 30 of every year to the DOH at the regional and national levels for consolidation. The DOH is hereby mandated to maintain a national register of BHFS personnel.

**SEC. 11. *BHFS Registry.*** - To qualify for registration, a barangay healthcare frontline services personnel must:

- (a) Have rendered basic community health care services continuously and satisfactorily for at least six (6) months immediately preceding the date of the filing of an application for registration in the barangay as certified by the Rural Health Midwife (RHM) or public health nurse assigned to the barangay and by the head of the barangay healthcare frontline services personnel.
- (b) Have completed the basic orientation and training for BHFS personnel as prescribed by the DOH and conducted by an accredited government agency or DOH-recognized academic institution or non-government organization (NGO).
- (c) Be at least eighteen (18) years of age at the date of the filing of the application for registration and
- (d) Be physically and mentally fit.

**SEC. 12. *Number and Role of Barangay Healthcare Frontline Services Personnel.*** – Notwithstanding the limitations prescribed under Section 325 (a) of Republic Act No. 7160, as amended, each barangay shall at least have one (1) BHFS personnel for every twenty (20) households.

#### **CHAPTER IV VARIOUS ROLES OF BHF PERSONNEL**

**SEC. 13. *Roles of BHFS at the local level.*** – The DOH and LGUs shall support the BHFS personnel as:

(a) **First Responder** – to provide healthcare frontline services such as frontline care and advanced life support as well as in cases of emergencies as the first responder in each barangay unit.

(b) **Advocate** - to support, promote and champion current health programs, projects, and activities to improve access to quality health services towards the improved health status of the community.

(c) **Educator** - to guide and advise the community on the current DOH and health priorities of LGUs such as the importance of the birth plan and facility-based delivery' in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may lead to mental retardation and even death, among others.

(d) **Disseminator** - to maintain regular communication with local professional health workers on health events and updates and concerns relevant to the community and inform the same community for appropriate action, if necessary.

(e) **Coordinator** - to facilitate access to any group or association of the community with a relevant network of specific health and non-health service providers.

(f) **Record Keeper** - to maintain updated records of health data, health activities, and events in the community, and

(g) **Health Care Service Provider** - to assist and provide basic healthcare services as needed in the community in any health event.

**SEC. 14. *Mandatory Appointment of Barangay Healthcare Frontline Services (BHFS) personnel.*** — There shall be appointed at least one (1) BHFS personnel in every barangay for every twenty (20) households who shall be under the supervision and control of the local government unit. The BHFS personnel shall coordinate with the local government health officer in the implementation of health programs in the locality. As far as practicable, the BHFS personnel to be employed must be a resident of the barangay.

The DOH shall determine the ratio of barangay health workers according to the number of households: *Provided, that* there shall be at least one (1) BHFS personnel for every twenty (20) households: *Provided, further, That* the total number of barangay healthcare frontline services personnel nationwide shall not be less than one percent (1%) of the total population.

## **CHAPTER V**

### **INCENTIVES, BENEFITS, AND ALLOWANCES**

**SEC. 15. *Incentives and Benefits.*** — All existing barangay health workers and BHFS personnel according to this Act shall be covered by RA No. 114661 otherwise known as the *Salary Standardization Law of 2019* and shall receive monthly compensation of salary grade 1 or P12,517 following the third tranche table of the said law. In addition to the following incentives and benefits, both shall receive the following benefits, privileges, and allowances:

(a) Personnel Benefits covering salary increases and step increment incentive; service fees; commutation of vacation and sick leaves; retirement and life insurance premium; compensation insurance; premiums, health insurance premiums, HDMF contributions, and hospitalization and medical benefits.

(b) All accredited BHFS personnel shall be entitled to a twenty percent (20%) discount on all the items enumerated under Section 4(a) of Republic Act No. 9994 otherwise known as the "Expanded Senior Citizens Act of 2010": *Provided, That* the privileges shall not be claimed if the BHFS personnel is eligible for a higher discount that may be granted by the commercial establishment or other existing laws.

The commercial establishment may claim the discount granted under this Section as a tax deduction based on the cost of goods sold or services rendered: *Provided, That* the discount shall be allowed as a deduction from the gross income for the same taxable year that the discount is granted: *Provided, further, That* the total amount of the claimed tax deduction net of value-added tax, if applicable, shall be included in their gross sales receipt for tax purposes subject to proper documentation and the provisions of the National Internal Revenue Code of 1997, as amended.

(c) All accredited BHFS personnel shall be entitled to hazard allowance in an amount to be determined by the local health board concerned, which in no case shall be less than one thousand pesos (P1,000.00) per month, subject to existing laws, rules, and regulations.

All accredited BHFS personnel who render service within the premises of isolated barangay health stations shall be entitled to subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed following prevailing circumstances as determined by the LGU concerned. Such allowance shall, in no case, be less than one hundred pesos (P100.00) per day.

All accredited BHFS personnel in the performance of their official duties shall be entitled to a transportation allowance of not less than one thousand pesos (P1,000.00) per month. subject to auditing rules and regulations.

(d) An accredited BHFS personnel who has continuously and satisfactorily served for at least fifteen (15) years shall be entitled to a one-time retirement cash incentive of not less than ten thousand pesos (P10,000.00) in recognition of their loyalty and dedication, which shall be borne by the municipality or city concerned. The provincial government may aid with this purpose, in the case of component cities.

(e) The DOH shall. in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), and Technical Education and Skills Development

Authority (TESDA) formulate training, education, and career enrichment programs for BHFS personnel. DOH-recognized academic institutions, other concerned agencies, and non-government organizations shall provide information on and opportunities for education and career enrichment for accredited BHFS personnel such as in the following specializations:

(1) Educational programs which credit the years of primary healthcare service of the BHFS personnel towards higher education completion in institutions with stepladder curricula, thus allowing them to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses, or doctors:

(2) Continuing education. study and exposure tours. grants, field immersion, and scholarships, among others.

(3) Scholarship benefits in the form of tuition fees in state colleges to be granted to one (1) child of every barangay health worker who will not be able to take advantage of the programs described in paragraphs (1), (2). and (3) hereof; and,

(4) Special training programs such as traditional medicine, disaster preparedness, and other programs that address emergent community health problems and issues.

**f)** All accredited BHFS personnel shall be entitled to the following health benefits during their employment:

(1) PhilHealth membership as direct contributors.

(2) Free medicines from health centers or other allied government healthcare facilities: *Provided that* they present proof of their current illness/ medicine maintenance)

(3) Free medical care, including surgery and surgical expenses medicines, x-ray, and other laboratory fees, when confined in any public hospital or health institution.

(4) Emergency assistance not exceeding the amount of Five thousand pesos (P5,000.00) chargeable against the fund of the barangay concerned, for expenses incurred in the nearest private hospital or clinic in case of extreme emergency where there is no available public hospital.

(g) The Local Government Unit concerned shall also endeavor to provide other health benefits to accredited BHWs, not otherwise provided by law, such as but not limited to:

(1) Accredited BHFS personnel shall be granted insurance coverage and benefits by the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. For this purpose, the GSIS shall design an insurance benefits package suited to the needs and unique circumstances of the BHFS personnel.

(2) All accredited BHFS personnel shall be entitled to sick, vacation, and maternity leave as may be prescribed in the implementing rules and regulations of this Act: *Provided.* That the BHFS personnel shall continue to receive their monthly honoraria while on leave, for the such period following existing laws and practices.

(h) All accredited BHFS personnel are entitled to a cash gift not less than the

minimum monthly honoraria to be given every December from the general fund of the barangay or such other funds appropriated by the local government for the purpose:

(1) Disability such as injury or falls ill during the performance of their duties shall be entitled to Two thousand pesos (P2,000.00) for every year of service.

(2) Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to a BHFS personnel in cases of coercion, interference, and in other civil and criminal cases filed by or against the BHFS personnel arising out of, or in connection with the performance of their duties.

(3) Within one hundred eighty (180) days after the effectivity of this Act, the DOH shall provide a mechanism for BHFS personnel to access loan services. The agencies providing loan services will set aside one percent (1%) of their loanable funds for organized BHFS personnel groups that have community-based income-generating projects in support of health programs.

## **CHAPTER VII LOCAL HEALTH BOARDS**

**SEC. 16. Review by the Local Health Board (LHB).** Every incentive or benefit for BHFS personnel requiring the expenditure of local funds shall be reviewed and approved by the LHB. Such benefits and incentives may be increased, after considering, among others, the present Consumer Price Index (CPI) as published by the Philippine Statistics Authority (PSA).

**SEC. 17. Discrimination Prohibited.** — Discrimination against any BHFS personnel because of gender, civil status, creed, religious or political beliefs, and ethnic groupings in the exercise of their functions and responsibilities is hereby prohibited.

**SEC. 18. Protection of BHFS personnel.** — The municipal, city, provincial governments, and the Department of the Interior and Local Government (DI LG) shall establish a grievance mechanism as a means of processing complaints made against BHFS personnel on grounds of discrimination and unjust removal from the service. BHFS personnel may appeal their grievances to the DILG.

**SEC. 19. Right to Self-organization.** - A BHFS personnel shall have the right to freely form, join or assist organizations to obtain redress of their grievances through peaceful concerted activities, in a manner not contrary to law, and with utmost regard to service to patients and the continuous operation of barangay health services in the interest of public health and safety.

**SEC. 20. Representation in the Local Health Board and Primary Healthcare Provider Network.** — The president of the municipal or city's association of BHFS personnel shall be a member of the municipal or city local health board. The presidents of the association of BHFS personnel of each component city and municipality association of a province shall elect from among themselves their representative to the provincial health board: *Provided, That,* the BHFS personnel representatives to the health boards shall not be allowed to vote on the registration, accreditation and disciplinary or removal complaints of BHFS personnel.

The BHFS personnel shall also form part of the healthcare provider network and shall participate in the implementation of healthcare services and programs.

## **CHAPTER VIII MANDATORY CONTINUOUS LEARNING**

**SEC. 21. *Continuous Capacity Building for Barangay Healthcare Frontline Services personnel.*** — The DOH shall conduct continuous capacity building for BHFS personnel to enhance and upgrade their knowledge and skills, including training programs conducted online and in major Philippine dialects.

In coordination with TESDA and other concerned agencies, the DOH shall assist the LGUs in the development of education modules or materials that highlight the collective experiences and learnings of BHFS personnel and the use of traditional and complementary medicine.

The LGUs shall endeavor to establish their training centers for their BHFS personnel and other health workers in coordination with TESDA, NGOs, and other agencies concerned. It shall further implement a development program for BHFS personnel that will allow them to benefit from ladderized training as provided under Republic Act No. 10968, otherwise known as the “QPF Act,” and Republic Act No. 10647, otherwise known as the “Ladderized Education Act of 2014,” including academic credits for health-related courses.

## **CHAPTER IX MISCELLANEOUS PROVISIONS**

**SEC. 22. *Penalty Clause.*** — Any local government official who violates any provision of this Act may be administratively and criminally charged following the law.

**SEC. 23. *Appropriations.*** — The amount necessary for the implementation of this Act shall be charged against the National Tax Allotment (NTA) of the LGUs, other local funds and the special health fund under Republic Act No. 11223 otherwise known as the “Universal Health Care Act”.

**SEC. 24. *Implementing Rules and Regulations.*** — The DOH and the DILG shall in consultation with the DepEd, the CSC, the GSIS, and other concerned government agencies and nongovernmental entities, including the various local government leagues, shall promulgate the rules and regulations to implement this Act not later than one hundred eighty (180) days from the effectivity of this Act.

**SEC. 24. *Separability Clause.*** — If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

**SEC. 25. *Repealing Clause.*** — Any provisions of law, orders, agreements, rules, and regulations contrary to or inconsistent with this Act are hereby repealed, or modified accordingly.

**SEC. 26. *Effectivity.*** — this Act shall take effect fifteen (15) days after its publication in

the Official Gazette or a national newspaper of general circulation.

*Approve*