



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

TWENTIETH CONGRESS
First Regular Session



House Bill No. **533**

Introduced by **Representative EDUARDO R. RAMA JR.**

EXPLANATORY NOTE

With the daunting presence of the COVID-19 virus for the last two years, dealing with seemingly endless and unforeseen struggles has taken a toll on majority, if not all, Filipinos. Aside from economic and social sentiments, the people's clamor for better health care services from both public and private health care institutions is at its highest.

What most fail to realize, however, is that health care institutions are only as good as the health workers comprising them. Health workers play a vital role in setting the standard and quality of health care for the general population. In fact, the 59th World Health Assembly recognized the "centrality of human resources for health for the effective operation of country health systems" and called for the use of innovative strategies to maximize health professionals' contributions.

The Philippine government has taken strides to instill the importance of health workers' roles in effectively carrying out health programs and projects through laws and issuances such as the Magna Carta of Public Health Workers. In July 2020, the Department of Budget and Management issued Budget Circular 2020-4, increasing the salary of entry-level nurses from about PhP22,310 - PhP24,591 to PhP32,053 - PhP34,801. While commendable, this has unduly created a disparity of benefits and privileges between public health workers and private health workers. More so, these are but meager amounts compared to the salaries received by their ASEAN counterparts.

This Bill, the "Magna Carta of Private Health Workers", strives to level the playing field between public and private health workers, and aims to afford them with the benefits and safeguards they deserve. While it will substantially mirror the Magna Carta of Public Health Workers, this Bill seeks to implement a minimum wage rate for nurses and other health workers, subject to the increases deemed appropriate by a tripartite body.

This Bill will not only serve as a concrete legal foundation for private health workers' financial security, but also as a memento signifying a nod to the warriors positioned at the frontlines of this global pandemic.

Support for the enactment of this measure is earnestly sought.

REP. EDUARDO R. RAMA, JR.
2nd District, City of Cebu



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**AN ACT CREATING MAGNA CARTA FOR PRIVATE HEALTH WORKERS
AND PROVIDING FUNDS THEREFOR**

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

1 **SECTION. 1. Title.** This Act shall be known as the “**Magna Carta of Private Health Workers.**”

2
3 **SECTION. 2. Declaration of the Policy.** The State shall instill health consciousness among our people
4 to effectively carry out the health programs and projects to the government essential for the growth and
5 health of the nation. Towards this end, this Act aims:

- 6
7 (a) to promote and improve the social and economic well-being of the health workers, their
8 living and working conditions and terms of employment;
9
10 (b) to develop their skills and capabilities in order that they will be more responsive and better
11 equipped to deliver health goods, services and programs.
12

13 **SECTION. 3. Definition.** For purposes of this Act, “**private health workers**” shall mean all persons
14 who are engaged in health and health-related work, and all persons employed in private health care
15 institutions such as hospitals, health infirmaries, health centers, clinics and other health-related
16 establishments, regardless of their employment status.
17

18 **SECTION. 4. Recruitment and Qualification.** Recruitment policy and minimum requirements with
19 respect to the selection and appointment of a private health worker shall be developed by the concerned
20 employer in accordance with policies and standards of the Department of Labor and Employment
21 (DOLE); Provided, that in the absence of appropriate eligible and it becomes necessary for the public
22 interest to fill a vacancy, a probationary period of three (3) months shall be issued to the person who
23 meets the partial requirement for the position which he/she is being engaged.
24

25 **SECTION. 5. Transfer or Geographical Reassignment of Private Health Workers.**

- 26
27 (a) a “transfer” is a movement from one position to another which is of
28 equivalent rank, level or salary without break in service;
29
30 (b) a “geographical reassignment”, hereinafter referred to as “reassignment,” is a movement
31 from one geographical location to another; and

(c) a private health worker shall not be transferred and/or reassigned, except when made in the interest of public service, in which case, the employee concerned shall be informed of the reasons therefore in writing.

If the private health worker believes that there is no justification for the transfer and/or reassignment, he/she may appeal his/her case to the DOLE, which shall cause his/her reassignment to be held in abeyance; Provided, further, that the necessary expenses of the transfer and/or reassignment and that his/her immediate family shall be paid for the employer

SECTION. 6. Married Health Workers. To an extent that is reasonable with the prevailing working conditions of the private health care institution, the proper authorities shall take steps to enable married couples, both of whom are private health workers, to be employed or assigned in the same unit, section, department, or division of the private health care institution. Provided, that the same shall take primordial consideration to employment status and the non-disruption of health care services.

SECTION. 7. Right to Security of Tenure. All private health workers shall enjoy security of tenure in their employment as provided by law. Their services shall not be terminated except for just or authorized causes pursuant to the provisions of the Labor Code, as renumbered, and subject to the requirements of due process; Provided, that if a private health worker is found by the DOLE to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and his/her back wages, with twelve percent (12%) interest, from the time his/her compensation was withheld up to time of actual reinstatement.

SECTION. 8. Nature of Employment. When the employer contracts or subcontracts the performance of a work that is necessary or desirable to the hospital or health facility, the worker or workers supplied by a third person or party under this paragraph shall be considered regular employees or employees of the principal employer.

Project-based employees are considered regular employees for the duration of the project. For this purpose, Project-based employment refers to employment in an existing project or undertaking, the nature of which is temporary and the completion or termination has been determined and made known to the employee at the time of the engagement.

SECTION. 9. Discrimination Prohibited. A private health worker shall not be discriminated against with regard to age, gender, gender identity, civil status, qualified person with disability, creed, religious or political beliefs and ethnic groupings in the exercise of his/her profession.

SECTION. 10. No Understaffing/Overloading of Health Staff. There shall be no understaffing or overloading of private health workers. The ratio of health staff to patient load shall be such as to reasonably effect a sustained delivery of quality health care at all times without overworking the private health worker and over extending his/her duty and service. Health students, trainees and apprentices shall be allowed only for purposes of training and education and shall not be allowed to perform the tasks beyond their academic and practical curriculum.

In line with the above policy, substitute officers or employees shall be provided in place of officers or employees who are on leave for over three (3) months.

The DOLE, upon consultation and in coordination with the Department of Health (DOH) as well as professional and health workers' organizations or unions, shall define the parameters determinative of the existence of understaffing/overloading through the implementing rules and regulations of this Act.

SECTION. 11. Administrative Charges. Insofar as consistent with the provisions of the Labor Code, administrative charges against a private health worker are encouraged to be heard by a committee

1 composed of an Ethics and/or Grievance Committee, union representative where the private health
2 worker belongs, a representative of any existing employees' association or union and/or representative
3 of a national or provincial health workers' organization. The committee shall submit its findings and
4 recommendations to the concerned administrative body within thirty (30) days from the termination of
5 the hearings.

6
7 **SECTION. 12. Duties and Obligations.** The private health workers shall:

- 8
9 (a) discharge his/her duty humanely with conscience and dignity;
10
11 (b) perform his/her duty with utmost respect for life, race, gender, religion, nationality, party
12 policies, social standing or capacity to pay.
13

14 **SECTION. 13. Code of Conduct.** Within six (6) months from the approval of this Act, the Secretary
15 of Labor and Employment, upon consultation with other appropriate agencies, professional and health
16 workers' organization, shall formulate and prepare a Code of Conduct for Private Health Workers, which
17 shall be disseminated in the Official Gazette, in all private health care institutions, and as well as all
18 private and public medical programs.
19

20 **SECTION. 14. Regular Hours of Work.** The regular hours of work of any private health worker shall
21 not exceed eight (8) hours a day, for five (5) days a week, or a total of forty (40) hours a week, exclusive
22 of time for meals. Hours worked shall include:

- 23
24 (a) all the time during which a private health worker is required to be on active duty or to be
25 at a prescribed workplace;
26
27 (b) all the time during which a private health worker is suffered or permitted to work;
28
29 (c) all the time during which a private health worker is suffered or permitted to work;
30 Provided, that the time when the private health worker is placed on "On Call" status shall
31 not be considered as hours worked but shall entitle the private health worker to an "On
32 Call" pay equivalent to one hundred percent (100%) of his/her regular wage
33

34 "On Call" status refers to a condition when private health workers are called upon to respond to urgent
35 or immediate need for health or medical assistance or relief work during emergencies such that he/she
36 cannot devote the time for his/her own purpose.
37

38 **SECTION. 15. Overtime Work.** Where the exigencies of the service so require (such as force majeure,
39 national threat or loss of life), any private health worker may be required to render service beyond the
40 normal eight (8) hours a day, or on a rest day. In such a case, the workers shall be paid an additional
41 compensation in accordance with existing laws and relevant issuances. .
42

43 **SECTION. 16. Work During Rest Day.**

- 44
45 (a) Where a private health worker is made to work on his/her schedule rest day, he/she shall
46 be paid an additional compensation in accordance with existing laws; and
47
48 (b) Where a private health worker is made to work on any special holiday, he/she shall be paid
49 an additional compensation in accordance with existing laws. Where such holiday work
50 falls on the workers' scheduled rest day, he/she shall be entitled to an additional
51 compensation as may be provided by existing laws.

52 **SECTION. 17. Minimum Wages.** A minimum wage to be established under this Act for private health
53 workers shall be that which is as adequate as is economically feasible to maintain the minimum standard

1 of living necessary for the health, efficiency, effectiveness and general well-being of health workers in
2 private health institutions, and must also take into consideration the particular circumstances of their
3 government counterparts.

4
5 Thus, without prejudice to existing benefits and provisions of compensation under applicable governing
6 laws and issuances, the wages of private health workers for all actual work hours and days shall not be
7 lower than thirty-five thousand pesos (PhP35,000.00) entry salary for nurses and Eight Hundred Fifty
8 Pesos (PhP850.00) per day for other health workers multiplied by twenty-two (22) days for a monthly
9 salary.

10
11 Wages shall be paid at least once every two (2) weeks or twice a month at intervals not exceeding sixteen
12 (16) days. Additionally, private health workers who are receiving salaries higher than the minimum wage
13 herein set forth, shall be adjusted and increased accordingly.

14
15 The minimum wages of private health workers shall be increased in increments deemed appropriate by
16 the Regional Tripartite Wages and Productivity Board (RTWPB) and pursuant to the rules and
17 regulations implementing this Act.

18
19 **SECTION. 18. Benefits.** Private health workers shall be entitled to all the benefits provided under the
20 Labor Code, Magna Carta of Public Health Workers or Republic Act No. 7305, and other relevant laws,
21 government announcements, rules, or regulations, including, but not limited to, overtime pay, night-shift
22 differential, on-call pay, hazard pay, longevity pay, subsistence allowance, special risk allowance, housing
23 allowance, laundry allowance, tax holidays, remote assistance allowance, cash gifts, free annual physical
24 examination, and free hospitalization.

25
26 **SECTION. 19. Hazard Pay.** All private health care institutions shall grant hazard pay to personnel
27 who physically report for work during the implementation of a community quarantine, regardless of alert
28 level, or those who, by nature of their work, are subjected to health hazards or occupational risks,
29 regardless of their degree of exposure to the same.

30
31 Private health workers shall be entitled to a monthly hazard pay of at least Ten Thousand Pesos
32 (PhP10,000.00), without prejudice to an increase of such amount depending on existing exigencies or
33 nature of work.

34
35 **SECTION. 20. Right to Self-Organization.** All private health workers have the basic right to self-
36 organize or form an employees' union. Private health workers shall have the right to freely form, join or
37 organize all forms of actions including the right to strike and other peaceful concerted activities in order
38 to defend and protect their basic rights and welfare, and to obtain redress of their grievances.

39
40 **SECTION. 21. Freedom from Interference or Coercion.** It shall be unlawful for any person to
41 commit any of the following acts of interference or coercion:

- 42
- 43 (a) to require as a condition of employment that a private health worker shall not join a health
44 workers' organization or union or shall relinquish membership therein;
 - 45 (b) to discriminate in regard to hiring or tenure of employment or any item or condition of
46 employment in order to encourage or discourage membership in any health workers'
47 organization or union;
 - 48 (c) to prevent a health worker from carrying out duties laid upon him/her by his/her position
49 in the organization or union, or to penalize him/her for the action undertaken in such
50 capacity;
 - 51
 - 52

- (d) to harness or interfere with the discharge of the functions of the health worker when these are calculated to intimidate or to prevent the performance of his/her duties and responsibilities; and
- (e) to require membership to any professional association as a mandatory requirement for employment;
- (f) to otherwise interfere in the establishment, functioning, or administration of health workers organization or unions through acts designed to place such organization or union under the control of government authority;
- (g) to harass or bully a health worker at the workplace at any time and circumstance.

SECTION. 22. Consultation With Health Worker's Organization. In the formulation of national policies governing the social security of private health workers, professional and health workers, organizations or unions as well as other appropriate government agencies concerned shall be consulted by the Secretary of Labor and Employment. For this purpose, a Tripartite Council for national, regional, and other appropriate levels shall be established and operationalized.

SECTION. 23. Health Human Resource Development or Management Study. The Department of Labor and Employment shall conduct a periodic health human resource development or management study into, among others, the following areas:

- (a) adequacy of facilities and supplies to render quality health care to patients and other client population;
- (b) opportunity for health workers to grow and develop their potentials and experience a sense of worth and dignity in their work.

The employer must ensure career opportunity for health workers to grow and develop their potentials and experience a sense of worth and dignity in their work. Private health workers who undertake post-graduate studies in a degree course shall be entitled to an upgrading in their position or raise in pay: Provided, that it shall not be more than every two (2) years;

- (c) free legal assistance to health workers who have work-related legal case and provision for mechanisms for democratic consultation in private health institutions;
- (d) staffing patterns and standard or health care to ensure that the people receive quality care. Existing recommendations on staffing and standards of health care shall be immediately and strictly enforced;
- (e) ways and means of enabling the rank-and-file workers to avail of education opportunities for personal growth and development;
- (f) Upgrading of working conditions, reclassification positions and salaries of private health workers to correct disparity vis-a-vis other professions such that positions requiring longer study to upgrade and given corresponding pay scale; and
- (g) assessment of the national policy on exportation of skilled health human resource to focus on how these resources could instead be utilized productively for the country's needs.

SECTION. 24. Rules and Regulations. The Secretary of Labor and Employment after consultation with appropriate agencies of the Government as well as professional and health workers' organizations

or unions, shall formulate and prepare the necessary rules and regulations to implement the provisions of this Act. Rules and regulations issued pursuant to this section shall take effect thirty (30) days after publication in a newspaper of general circulation.

SECTION. 25. Prohibition Against Double Recovery of Benefits. Whenever other laws provide for the same benefits covered by this Act, the private health worker shall have the option to choose which benefits will be paid to him or her.

SECTION. 26. Prohibition Against Elimination and/or Diminution. Nothing in this law shall be construed to eliminate or in any way diminish benefits being enjoyed by private health workers at the time of the effectivity of this Act.

SECTION. 27. Prohibition Against Retaliation. No private health care institution shall discharge, terminate a employment with, reduce compensation to, or otherwise discriminate against or take adverse action against any private health worker for opposing any provision proscribed by this Act, for participating in proceedings related to this Act, for seeking to enforce rights under this Act by any lawful means, or for otherwise asserting rights under this Act.

SECTION. 28. No Waiver of Rights. Any waiver by a private health worker of any or all of the provisions of this Act, or of rights or protections afforded under the authority of this Act shall be deemed contrary to public policy and shall be void and unenforceable.

SECTION. 29. Budgetary Estimates. The Secretary of Labor and Employment shall submit annually the necessary budgetary estimates to implement the provisions of this Act in staggered basis of implementation of the proposed benefits.

SECTION. 30. Penal Provision. Any person or private health institution who shall willfully interfere with, restrain or coerce any private health worker in the exercise of his/her rights or shall in any manner act in violation of any of the provisions of this Act, shall pay a fine of not less than One Hundred Thousand Pesos (PhP100,000.00) and not more than One Million Pesos (PhP1,000,000.00) for each violation.

If the offender is a public official, the court, in addition to the penalties provided in the preceding paragraph, may impose the additional penalty of disqualification from office.

Any private health worker who is a victim of a violation of this Act shall be entitled to back wages and full payment of unpaid benefits, as well as to the refund of attorney's fees that may have been incurred in enforcing the concerned private health worker's claim under this Act.

SECTION. 31. Coexistence with Other Available Reliefs. The provisions of this Act shall not be construed as limiting any private health worker's right to obtain relief to which he/she may be entitled at law or in equity.

SECTION. 32. Separability Clause. If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

SECTION. 33. Repealing Clause. All laws, presidential decrees, executive orders and their implementing rules, inconsistent with the provisions of this act are hereby repealed, amended or modified accordingly.

SECTION. 34. Effectivity. This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved,