



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH (20TH) CONGRESS
First Regular Session

HOUSE BILL NO. **2645**



Introduced by KAMANGGAGAWA Partylist
Representative **ELIJAH R. SAN FERNANDO**

EXPLANATORY NOTE

Healthcare workers are at the forefront of safeguarding public health, where they are regularly exposed to risks and hazards on a daily basis. This becomes more evident in times of public health emergencies and national crises, where healthcare workers are more vulnerable to contagious diseases, hazardous substances, and stressful working conditions.

None other than the highest law of the land stipulates the importance of the labor sector and the provision of safety nets for our workers — it is the State's duty to uphold the rights of workers to working conditions that ensure their well-being and protection, as enshrined in Article II, Section 18 of the 1987 Constitution:

"The State affirms labor as a primary socioeconomic force. It shall protect the rights of workers and promote their welfare."

The State honors the indispensable service of our workers and upholds the need to safeguard their well-being and security. Although current laws and policies provide some protection, there is an imperative to institutionalize a hazard pay system that adequately compensates them for the dangers they take on.

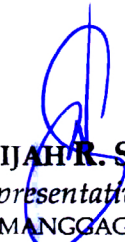
Hazard allowance is a compensation to public health workers in hospitals and other health-related establishments located in difficult areas, strife-torn or embattled areas, distressed or isolated stations, among others, as defined in Republic Act No. 7305 or the Magna Carta for Public Health Workers. An example of this is the COVID-

19 active hazard duty pay (AHDP) and special risk allowance (SRA), which draw their legal basis from the Bayanihan Act 1 and 2.

Despite the provisions outlined in existing laws and regulations, a comprehensive and responsive hazard pay scheme remains lacking. This proposed bill aims to establish a hazard pay system for all healthcare workers, regardless of their employment status, to provide equitable and adequate compensation for the inherent risks associated with their profession. It particularly defines health facilities as public and private healthcare institutions that offer healthcare services, and includes all medical, allied medical, administrative, technical, and support staff under the umbrella of healthcare workers. The amounts of hazard pay are then determined based on risk level, ranging from ₱3,000 for low-risk areas to ₱6,000 for medium-risk areas and ₱9,000 for high-risk areas.

This vital measure recognizes the material conditions faced by healthcare workers and honors their indispensable role in our country. Through the provision of an equitable and adequate hazard pay, we seek to enhance the quality of our healthcare services and ultimately safeguard the welfare of the entire Filipino people.

In solidarity with the working class, the passage of this bill is earnestly sought.



ELIJAH R. SAN FERNANDO
Representative
KAMANGCAGAWA PARTYLIST



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**AN ACT
GRANTING MANDATORY HAZARD PAY TO PRIVATE HOSPITAL
WORKERS**

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

SECTION 1. *Short Title.* This Act shall be known as the "Hazard Pay for Private Health Care Workers Act of 2025".

SECTION 2. *Declaration Of Policy.* It is the policy of the State, in accordance with the principles enshrined in Article XIII, Section 3 of the 1987 Philippine Constitution, to uphold the dignity and rights of labor, promote the rights of workers, and ensure the provision of just and humane working conditions. This includes recognizing and compensating the significant risks and hazards faced by health workers in public and private sectors in the performance of their duties, particularly during and beyond times of national emergencies and public health crises.

The State shall further adhere to the provisions of the Labor Code of the Philippines, particularly Article 4, which emphasizes the protection and promotion of the welfare of employees. This Act aims to ensure the well-being and protection of health workers by providing them with appropriate hazard pay, thereby promoting the delivery of quality healthcare services and safeguarding the health of the Filipino people.

SECTION 3. *Definition Of Terms.* For the purpose of this Act, the following terms shall be defined as follows:

(a) Health Facilities shall refer to any public or private institution with health care as their core service, function, or business. Health care pertains to the maintenance or improvement of the health of individuals, or populations through the prevention, diagnosis, treatment, rehabilitation, and chronic management of disease, illness, injury and other physical and mental ailments or impairments.

1. **Primary Health Facilities** – are typically the first place individuals go when they need medical attention, whether it's for routine checkup, a minor illness, or an injury. They play a role in preventive care, offering vaccinations and health screenings. Primary health facilities can include district hospitals, rural or community hospitals that provide general medical care, or as specifically defined by their DOH permit
2. **Secondary Health Facilities** – provide specialized medical care and are typically referral centers for patients who have been initially treated at primary care facilities. They offer a range of services including specialist clinics, rehabilitation services, and planned operations, often involving doctors and other health professionals with expertise in specific areas. They play a crucial role in the healthcare system by providing a higher level of specialized care for patients with more complex or severe conditions. They often have more advanced equipment such as X-ray machines, ultrasound and specialized surgical equipment. They may include cardiologist, oncologists, and dermatologists; or as specifically defined by their DOH permit
3. **Tertiary Health Facilities** – provides specialized and highly advanced medical care and is typically a large, well equipped facility that provides services not available in smaller hospitals. Often involved in teaching and research activities, with accredited residency training programs. May include facilities for major operations, consultations with sub-specialties, intensive care, and specialized care like hemodialysis; or as specifically defined by their DOH permit.

(b) Health care and non-health care workers shall refer to public and private medical, allied medical, administrative, technical, support and other necessary personnel employed by, and assigned in hospitals, health facilities, laboratories, medical or temporary treatment and monitoring facilities, or vaccination sites.

(c) Risk Exposure Categorization shall refer to the following levels of exposure:

1. **Low Risk Exposure** – health workers performing administrative duties in non-public areas of health facilities, away from other staff members or away from patients, otherwise known as “clean areas”;
2. **Medium Risk Exposure** – health workers within a health facility who provide direct physical care to the general public exhibiting symptoms of contagious diseases or within hazardous substances. This includes those working in busy staff areas within the health facility.
3. **High Risk Exposure** – health workers who enter the rooms of patients with contagious diseases or handle hazardous substances in order to provide direct care. This includes procedures that generate aerosols, such as intubation, cough induction procedures, bronchoscopies, dental procedures and examinations, and invasive specimen collection. It also encompasses those involved in collecting or handling specimens from patients known or suspected to be contagious/hazardous. Provided, That for purposes of future public health emergencies, the DOH may formulate a new risk exposure categorization.

SECTION 4. Coverage. This Act shall apply to all private health care and non-health care workers, regardless of employment status, who are directly involved in the diagnosis, treatment, and care of patients and are regularly exposed to hazardous or dangerous conditions in the course of their employment.

SECTION 5. Entitlement To Hazard Pay. All private health workers in healthcare facilities, including hospitals, health centers, and other healthcare institutions under the supervision of government agencies, shall be entitled to hazard pay, in addition to their regular compensation, as determined by the appropriate government agency or governing body.

SECTION 6. Grant of Hazard Pay. The principal shall grant the following benefits to covered individuals under Section 4 hereof:

(a) **Hazard Pay** for every month of service based on the risk exposure categorization as defined in this Act, as follows:

1. Primary Health Facilities

- 1.1 Those deployed in “**Low Risk Areas**” shall be paid not less than One thousand pesos (₱1,000.00);
- 1.2 Those deployed in “**Medium Risk Areas**” shall be paid not less than Two thousand pesos (₱2,000.00);
- 1.3 Those deployed in “**High Risk Areas**” shall be paid not less than three thousand pesos (₱3,000.00).

2. Secondary Health Facilities

- 2.1 Those deployed in “**Low Risk Areas**” shall be paid not less than Two thousand pesos (₱2,000.00);
- 2.2 Those deployed in “**Medium Risk Areas**” shall be paid not less than Four thousand pesos (₱ 4,000.00);
- 2.3 Those deployed in “**High Risk Areas**” shall be paid not less than Six thousand pesos (₱6,000.00).

3. Tertiary Health Facilities

- 3.1 Those deployed in “**Low Risk Areas**” shall be paid not less than Three thousand pesos (₱3,000.00); or 15% of their basic salary, whichever is higher.
- 3.2 Those deployed in “**Medium Risk Areas**” shall be paid not less than Six thousand pesos (₱ 6,000.00); or 20% of their basic salary, whichever is higher.
- 3.3 Those deployed in “**High Risk Areas**” shall be paid not less than Nine thousand pesos (₱9,000.00); or 25% of their basic salary, whichever is higher. (Emergency Room, Operating Room, ICU, Infectious Ward, Chemotherapy Unit, Laboratory, Radiology, Pulmonary Technicians).

Provided, That the Hazard Pay shall be given monthly in addition to the existing benefits that the private health care and non-health care workers receive, including benefits already stipulated in their executed collective bargaining agreements (CBAs):
Provided, further, That the Hazard Pay shall be released in full if a public and private health worker or non-health care worker physically renders services with no absences in a given payday; otherwise, the benefit shall be prorated.

SECTION 7. Funding.

- (a) The necessary funds for the hazard pay provided under this Act shall be sourced from the appropriate budget allocations of the private healthcare facilities, as the case may be.
- (b) The national government, through the DBM, shall provide additional funding support, especially during national emergencies and public health crises, to ensure the sustainability of hazard pay for health workers.
- (c) The Department of Health (DOH) and Department of Labor and Employment (DOLE) shall jointly oversee the funding and implementation of hazard pay.

SECTION 8. Penalty Clause. Any employer found to be in violation of this Act, including the failure to provide hazard pay to eligible health workers, shall be subject to penalties as prescribed by existing labor laws and regulations.

SECTION 9. *Implementing Rules And Regulations.* The Department of Health (DOH), DOLE, DBM, and the Department of Finance (DOF), in coordination with relevant government agencies and stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act within ninety (90) days from its effectivity. That the non-promulgation of the rules and regulations shall not prevent the immediate implementation of this Act upon effectivity.

SECTION 10. *Separability Clause.* If any provision of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall remain in full force and effect.

SECTION 11. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,