

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **2925**



Introduced by **Rep. FERDINAND ALEXANDER A. MARCOS**
1stDistrict, Ilocos Norte

EXPLANATORY NOTE

In our pursuit of achieving universal health care coverage and ensuring national health security, the government seeks to address the long running shortage of nurses in our country. Corollary to this problem is the short supply of nurse educators—the ones who "facilitate the transference of competencies to new nursing generations and contribute to maintaining and enhancing the quality of health services" (WHO, 2016).

The twin problem of the scarcity of nurses and nurse educators is not a simple matter of short supply. In terms of absolute figures, we have a good number of nurses and educators. The real problem lies on the fact that only about half of them are active or practicing their profession. Hence, part of the solution lies in coming up with attractive recruitment and retention benefit packages.

In the case of nurse educators, the issue of benefits becomes somewhat complicated. Under the law, they are not considered public health care workers and therefore are not covered by institutionalized risk benefits provided for by the Magna Carta for Public Health Care Workers. This is obviously an anomalous situation where nurse educators who are responsible for producing our country's corps of nurses are deemed less deserving of benefits than the nurses who are mere products of their efforts. Shouldn't trainers be given at least equal recognition as the trainees?

The inequitable situation becomes more apparent when we realize that the activities of nurse educators are not always confined to the classroom. When working in a hospital or community environment, they are exposed to almost the same hazards as nurses in the field (who are deemed entitled to risk benefits since they are officially considered public health care workers). Clinical education setting (as opposed to classroom environment) exposes nurse educators to a wide variety of physical, chemical, biological and psychosocial hazards. In other words, nurse educators as preceptors perform the same functions as nurses in hospitals and communities. Their regular duties usually last for 6-8 hours a day and they are evidently at risk of exposure to danger, perils of life, and physical hardships in the hospital and community settings.

This bill therefore institutionalizes reforms in our healthcare and in our educational system by granting risk welfare benefits to our nurse educators.

For the foregoing reasons, the early approval of this bill is earnestly sought.


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AN ACT
GRANTING RISK WELFARE BENEFITS TO NURSE EDUCATORS IN THE
PUBLIC AND PRIVATE SECTORS, AND APPROPRIATING FUNDS
THEREFOR

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

SECTION 1. Declaration of Policy. – The State affirms the vital importance of achieving universal health coverage for our people and in this regard seeks to address the shortage of nurses and nurse educators. In pursuit of national health security, the State recognizes the lack of commensurate and mandatory benefits for nurse educators. Towards this end, it shall institutionalize the grant of risk welfare benefits as part of the recruitment and retention packages for the said educators.

SEC. 2. Definition of Terms. – As used in this Act,

(a) **Nurse educator** refers to a registered nurse who assesses, plans, implements and evaluates nursing education and professional development programs. A nurse educator [1] must be a registered nurse in the Philippines with a current/valid Professional Regulations Commission (PRC) Identification (I.D.) Card; [2] has attained a Master's degree in Nursing from a duly recognized college or university by the Commission on Higher Education; [3] has a minimum of at least three (3) years of clinical experience, and [4] a member of accredited professional nursing organization of good standing and of a specialty nursing organization.

(b) **Risk** refers to actual and potential risks common in hospitals, laboratories and communities which include but are not limited to the following:

- 1) infectious / contagious diseases and bloodborne pathogens;
- 2) biological hazard (needle-stick and sharp injury);
- 3) exposure to radiation and chemical materials;
- 4) exposure to smoke and navigating animals in communities;
- 5) vertical and horizontal violence; and
- 6) job-related pain from slips, trips, falls, awkward positions, and
- 7) prolonged standing / walking.

(c) **Risk welfare** refers to a financial benefit for nurse educators performing preceptorship in intensive nursing practice or Related Learning Experience [RLEs]. It is a payment to cover actual or potential threats or dangers associated with carrying out RLE activities. Proposed rates for the benefit may depend on the area and number of delays of actual exposure; however, hospital settings may be considered at greater risk, warranting higher payment.

SEC. 3. Grant of Risk Welfare Benefits. – Schools or health facilities which employ nurse educators shall grant them risk welfare benefits for every month of service depending on the period of time of exposure on the basis of the following rates:

Rates of Risk Welfare Benefits:

Level of Exposure	1 st semester	2 nd semester
96 hours or more	25% of monthly basic salary	14% of monthly basic salary
48 hours – 95 hours	14% of monthly basic salary	8% of monthly basic salary
Less than 48 hours	7% of monthly basic salary	5% of monthly basic salary

Provided, That the risk welfare benefit shall be released monthly in addition to the existing benefits that the nurse educators receive: *Provided, further*, That the welfare benefit shall be released in full if a nurse educator physically renders services for at least ninety-six (96) hours in a month; otherwise, the benefit shall be prorated.

In the event that the area of exposure of the nurse educator entails increased risk, the school or health facility which employs the nurse educator may increase the amount of the risk welfare benefit. There is increased risk when any of the following conditions is present:

(a) the nurse educator works in a hospital setting or community environment;

(b) the establishment where the nurse educator works is located in difficult areas, strife-torn or embattled areas, distressed or isolated stations, disease-infested areas or in areas declared under state of calamity or emergency for the duration thereof which expose them to great danger, contagion, radiation, volcanic activity/eruption, occupational risks or perils to life as determined by the head of the school or health facility;

(c) assignments in remote areas or isolated stations, which for reasons of far distance or hard accessibility, such positions had not been filled for the last two (2) years.

SEC. 4. Compensation for Injuries. – Nurse educators shall be protected against the consequences of injuries suffered in the course of employment in accordance with existing laws. Injuries incurred while doing overtime work shall be presumed work-connected.

SEC. 5. *Non-Diminution of Benefits.* – Nothing in this Act shall be construed to reduce any allowance and benefit under existing laws, decrees, issuances, executive orders, and contracts or agreements between nurse educators and their employers.

SEC. 6. *Establishment of a Grievance Mechanism.* – The Department of Health (DOH) shall issue guidelines on the creation of an *ad hoc* grievance board which shall be composed of three (3) members that will receive, investigate, adjudicate, and recommend actions to arrive at settlement of complaints related to the failure of granting the benefits.

The grievance board shall be composed of the following:

- (a) One (1) grievance officer appointed by the DOH;
- (b) One (1) representative from the health professional organizations; and
- (c) One (1) arbitration officer from the Department of Labor and Employment (DOLE) exercising jurisdiction where the school, hospital or community concerned is located.

The DOH shall also create regional *ad hoc* grievance boards in the DOH regional offices.

SEC. 7. *Appropriations.* – The initial funding of this Act shall be charged against the current year's appropriations or from any available savings of the DOH. Thereafter, such amount as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 8. *Penal Provision.* – Any person who shall in any manner commit any act in violation of any of the provisions of this Act, upon conviction, shall be punished by a fine of not less than Twenty thousand pesos (P20,000.00) but not more than Forty thousand pesos (P40,000.00) or imprisonment of not more than one (1) year or both at the discretion of the court.

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.

SEC. 9. *Implementing Rules and Regulations.* – Within sixty (60) days after the effectivity of this Act, the DOH shall, in consultation with the DOLE, promulgate the implementing rules and regulations to carry out the provisions of this Act: *Provided*, That the non-promulgation of the rules and regulations shall not prevent the immediate implementation of this Act upon effectivity.

SEC. 10. *Separability Clause.* – If any part or parts of this Act shall be declared unconstitutional or invalid, other sections or provisions hereof not affected thereby shall continue to be in full force and effect.

SEC. 11. *Repealing Clause.* – All laws, presidential decrees, executive orders, resolutions, rules and regulations, other issuances, and parts thereof, which are

inconsistent with the provisions of this Act, are hereby repealed or modified accordingly.

SEC. 12. *Effectivity.* – his Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in any newspaper of general circulation.

Approved,