

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4349



Introduced by: Rep. Keith Micah "Atty. Mike" D.L. Tan and
Rep. Iris Marie D. Montes

AN ACT
ESTABLISHING ALLIED HEALTH SCHOLARSHIP AND RETURN SERVICE PROGRAM
FOR DESERVING STUDENTS, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for the diagnosis, evaluation, and treatment of acute and chronic diseases; promote disease prevention and wellness for optimum health; and apply administration and management skills to support health care systems in a variety of settings.¹

According to the World Health Organization, along with the nursing profession, allied health personnel play a central role in health service delivery promotion, prevention, treatment and rehabilitation - in areas of great health need, where they may be the only frontline providers of health. Aside from nursing, it was said that health indicators and mortality and morbidity dynamics are directly linked to medical and other levels of health services.²

Indeed, the importance of allied health professionals in modern healthcare cannot be underestimated. In healthcare systems facing significant shortages of physicians and nurses, hospitals are increasingly turning to allied health professionals to fill critical gaps. "These professionals provide specialized diagnostic, therapeutic, and support services that enhance medical teams and optimize healthcare resources."³

It is said that "Allied healthcare professionals play a crucial role in modern healthcare, supporting patient care across hospitals, clinics, and outpatient settings. Their expertise extends beyond traditional physician and nursing roles,

¹ A Deep Dive into Allied Health Professionals, Sarah Shelley, July 16, 2024 (<https://www.ucumberlands.edu/blog/deep-dive-into-allied-health-professionals>) Accessed on 30 July 2025

² Nursing, midwifery and allied health personnel (<https://www.emro.who.int/entity/nursing/index.html>) Accessed on 30 July 2025

³ The Importance of Allied Healthcare Professionals in Modern Healthcare, ZRG Insights (<https://www.zrgpartners.com/insights/importance-of-allied-health-professionals-in-healthcare/>) Accessed on 30 July 2025

encompassing fields such as respiratory therapy, radiology, laboratory science, surgical technology, rehabilitation therapy, and nutrition."⁴

Currently, however, there is a shortage of healthcare workers in the Philippines such as radiologic technologists, medical technologists, physical therapists, occupational therapists, and pharmacists. It was projected that in the next three to five years, the country will face respective crises in terms of the shortfall of professionals from these medical fields, especially when it comes to the availability of radiologic technologists.⁵

In light of this situation, this bill seeks to provide a scholarship and return service program for deserving students in the field of allied healthcare in line with the policy of adopting an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost (Section 11, Article XIII, 1987 Philippine Constitution).

Hence, approval of this measure is earnestly sought.


KEITH MICAH "ATTY. MIKE" D.L. TAN
4th District, Quezon


IRIS MARIE D. MONTES
Kababaihan Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

⁴ Ibid.

⁵ CHED says these 5 healthcare jobs will face manpower crisis; find out what they are, Dexter Barro II, Manila Bulletin, August 9, 2024 (<https://mb.com.ph/2024/8/9/ch-ed-says-these-5-healthcare-jobs-will-face-manpower-crisis-find-out-what-they-are>)
Accessed on 30 July 2025

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4349

Introduced by: Rep. Keith Micah "Atty. Mike" D.L. Tan and
Rep. Iris Marie D. Montes

AN ACT
ESTABLISHING ALLIED HEALTH SCHOLARSHIP AND RETURN SERVICE PROGRAM
FOR DESERVING STUDENTS, AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. *Short Title.* - This Act shall be known as the "Kaalyadong Propesyonal sa Kalusugan Para sa Bayan Act".

SEC. 2. *Declaration of Policy.* - It is hereby declared the policy of the State to protect and promote the right of health of the people through the formulation and implementation of policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention and reassessment of the health workforce making it more attuned to the needs of the population. It is also the declared policy of the State to promote social justice by expanding access to quality education and creating opportunities for underprivileged individuals.

Towards this end, the State shall establish an allied health scholarship and return service that will help deserving allied health students pursue education and training in the field of health who shall eventually render services in government public health offices or government hospitals in their hometown or in any municipality in their home province or in any underserved municipality in any province, as part of their integration into the public health and medical service system. This shall ensure the availability of allied health professionals who will provide quality basic, promotive, preventive and curative health care services in every municipality in the country, especially the underserved, remote, economically underdeveloped, distressed, conflict-afflicted and geographically disadvantaged areas.

SEC. 3. *Establishment of the Allied Health Scholarship and Return Service Program.* - There shall be established an Allied Health Scholarship and Return Service Program (AHSRS) Program for deserving students in state universities and colleges (SUCs) or in partner private higher education institutions (PHEIs) in regions where there are no SUCs offering any course on allied health. Provided, That the Commission on Higher Education (CHED) may designate more than one (1) partner higher education institutions (HEIs) in the region, including regions where there are existing SUCs offering an allied health program as deemed

necessary, upon consultation with the Department of Health (DOH).

In all cases, qualified applicants from municipalities with a dearth of allied health professionals shall be prioritized in the allocation of scholarship slots to ensure the assignment of allied health professionals for every municipality in the country.

SEC. 4. Coverage. - The AHSRS Program established under this Act shall be made available to deserving Filipino students who want to pursue a degree in any allied health course such as, but not limited to, radiologic technology, medical technology, midwifery, physical therapy, occupational therapy, dental hygiene, dental technology, dentistry, nutrition and dietetics, optometry, respiratory therapy, X-ray technology, and sonography, including nursing and pharmacy.

The student financial assistance for the AHSRS Program shall include the following:

- (a) Free tuition and other school fees;
- (b) Allowance for prescribed books, supplies and equipment;
- (c) Clothing or uniform allowance;
- (d) Allowance for dormitory or boarding house accommodation;
- (e) Transportation allowance;
- (f) Internship fees, including financial assistance during mandatory internship;
- (g) Related learning experience (RLE) fees;
- (h) Board review fees;
- (i) License fees;
- (j) Annual medical insurance; and
- (k) Other education-related miscellaneous subsistence or living allowances.

SEC. 5. Qualification Requirements. - An applicant for the AHSRS Program shall possess the following qualifications:

- (a) Must be a Filipino citizen residing in the Philippines;
- (b) Must be a public high school student who belongs to the top ten (10) bracket of the graduating class; and
- (c) Must have passed the entrance examination and complied with other related requirements for admission into an allied health degree in the SUC or PHEI where the scholar intends to enroll, as well as the other requirements of

the CHED and the DOH.

SEC. 6. *Conditions for the Grant of Scholarship.* - Deserving students accepted to the AHSRS Program shall be subject to the following conditionalities:

(a) Must sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the CHED and the DOH pursuant to the provisions of this Act;

(b) Must carry the full load of subjects prescribed per semester by the SUC or PHEI, and shall not, under any circumstance, drop a course which will result in underloading;

(c) Must finish the entire course within the prescribed time frame of the SUC or the PHEI where the scholar is enrolled in, subject to the retention policies of the SUC or the PHEI: Provided, That the deserving student accepted to the AHSRS Program, before actual enrollment in the first semester as a scholar, may be allowed for valid and justifiable reasons, to defer enrollment or to file a leave of absence: Provided, further, That a scholar who is already enrolled, may be allowed, for valid and justifiable reasons, to file a leave of absence;

(d) Must take the board examination within a maximum period of one (1) year after completion of the course; and

(e) Must render return of service as provided under Section 8 of this Act.

The scholar who fails to pass the licensure examination within one (1) year after graduation and completion of the mandatory internship and other academic requirements shall shoulder all the necessary expenses for the succeeding professional licensure examinations.

SEC. 7. *Disqualifications.* - The scholarship grant shall terminate, and the scholar shall repay the full cost of scholarship and related benefits received, including all the expenses incurred during the participation in the scholarship program in case of the following circumstances:

(a) If the scholar accepts another scholarship from other government or private agency or entity while enjoying the benefits under this Act;

(b) If the scholar fails to meet the academic requirements or to complete the course within the prescribed period without valid cause as may be determined by the SUC or PHEI, or the CHED or DOH through appropriate regulations, such as, but not limited to, absence without notice, willful neglect or other causes within the control of the scholar;

(c) If the scholar fails to obtain a passing grade in board exam within five (5) years from the time the scholar has graduated; and

(d) While being a scholar, the scholar commits gross misconduct in a manner that would bring significant damage to the SUC or PHEI concerned or to the community as a whole.

SEC. 8. *Mandatory Return Service and Integration of the Scholar into the Public Health and Medical Service System.* - Upon passing the board administered by the Professional Regulation Commission (PRC) and conferment by the PRC of the license to practice the profession, the scholar shall be integrated into the public health service system, through the DOH, and shall receive the appropriate civil service rank, salary and related benefits. The scholar shall serve in a government public health office, government hospital, or any accredited government health facility in the scholar's hometown or, in the absence of a need thereat, in any municipality within the scholar's home province, or in any underserved municipality closest to the scholar's hometown determined by the DOH as a priority area, for at least one (1) year for every scholarship year availed of: Provided, That scholars from municipalities with particular allied health professionals shall render the return service work in the scholar's hometown: Provided, further, That the scholar who assumed the slot intended for a resident of another municipality, no resident of which qualified to be a scholar under this Act, shall render the return service work in the same municipality where the slot was originally intended: Provided, finally, That in all cases, the scholar shall only be required to serve in such municipality if no threat to the scholar's life is present.

The scholar shall render the mandatory return service within six (6) years from the time of passing the board: Provided, however, That in times of pandemic or public health emergency, the DOH may require the scholars to serve in any public health office or a government hospital where their services may be needed: Provided, further, That the number of years served by the scholar in the public health service system as part of the return service requirements, if any, of the SUC or PHEI concerned, or health research within the Philippines in a public institution or any international organization accredited by the DOH for work for the underprivileged areas within the Philippines shall be counted in the required number of years of return service under this Act: Provided, finally, That the scholar shall receive appropriate salaries and other benefits for service rendered under the mandatory integration into the public health service.

SEC. 9. *Sanctions.* - Any allied health professional who has availed of the AHSRS Program but fails or refuses to comply with the mandatory return service and integration provided under this Act shall be required to pay two (2) times the full cost of scholarship, including other benefits and expenses incurred by reason of participation in the AHSRS Program.

In case of nonpayment, as provided in the preceding paragraph, the PRC shall deny the renewal of the allied health professional's license: Provided, That the abovementioned penalties shall not apply to allied health professionals who fail to comply with the required return service on account, or by reason of, severe or serious illness.

SEC. 10. *Harmonization of All Nationally-Funded Scholarship Programs for Allied Health.* - Upon the effectivity of this Act, all nationally-funded scholarship programs for allied health courses shall be harmonized, rationalized, and consolidated under the AHSRS Program. The harmonization, rationalization and consolidation of scholarship programs under the AHSRS Program shall be in coordination with the the UniFAST Board created under Republic Act No. 10687

or the "United Student Financial Assistance System for Tertiary Education (UniFAST) Act".

SEC. 11. *Training While Serving the Mandatory Return Service.* - The CHED and DOH shall develop programs for the continuous training of scholars while serving the mandatory return service under this Act.

SEC. 12. *Plantilla Positions.* - The Department of Budget and Management (DBM), DOH, and local government units (LGUs) where applicable, shall ensure that all scholars required to render return service under this Act shall be appointed to appropriate plantilla positions commensurate to their merit and fitness.

SEC. 13. *Role of the CHED.* - The CHED shall perform the following functions in the implementation of the AHSRS Program:

(a) Conduct regular information dissemination of, and recruitment to, the AHSRS Program in SUCs and PHEIs to ensure that there will be an adequate number of allied health professionals in all the municipalities and provinces;

(b) Review, modify and enhance the allied health curriculum standards to prepare graduates to work in community-based health programs and to ensure that allied health programs remain up-to-date and are of comparable quality to health education in other countries;

(c) Together with the DOH, develop programs for the continuous training of scholars while serving the mandatory return service under this Act;

(d) Coordinate with the DOH, SUCs and PHEIs, for the integration of the allied health scholar into the public health service system;

(e) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines and rules and regulations for the effective implementation of the AHSRS Program under this Act;

(f) Develop strategies to improve the quality of the allied health programs and implement a system of quality control for the offering of these programs in SUCs and PHEIs;

(g) Require SUCs and PHEIs to implement and submit a tracking, monitoring, evaluation and assistance system in order to determine the whereabouts of the allied health scholars after graduation from SUCs or PHEIs;

(h) Ensure the timely and adequate release to partner-SUCs and PHEIs of the funds necessary for the implementation of the AHSRS Program, and monitor the timely and adequate release of the same by the partner-SUCs and PHEIs to the scholar-beneficiaries under the AHSRS Program; and

(i) Recommend, in coordination with partner-SUCs and PHEIs, to the DBM the amount necessary for the effective implementation of this Act.

SEC. 14. *Role of the SUCs and PHEIs.* - The SUCs and PHEIs shall perform

the following functions in the implementation of the AHSRS Program:

(a) Monitor the progress of all scholars in their respective educational institutions, identify those who have low or failing grades, and counsel them to improve their academic performance;

(b) Coordinate with the CHED to ensure the timely release and accurate distribution of allowances and other fees to the scholars;

(c) Make an annual report to the CHED on the performance of medical scholars and other necessary or vital information regarding the AHSRS Program;

(d) Assist the CHED in the conduct of regular information dissemination on, and recruitment to, the AHSRS Program;

(e) Review, modify and enhance the allied health education curriculum to prepare the scholars to work in community-based health programs to ensure that allied health education programs remain up to date with recent health developments;

(f) Recommend strategies to CHED and DOH to improve the implementation of the AHSRS Program;

(g) Conduct a tracer study on the whereabouts of their respective allied health scholars after graduation from their institution and submit the results thereof to the CHED;

(h) Recommend to the CHED and the DBM the budget necessary to implement the AHSRS Program in their respective institutions, based on their projected capacity and evaluation of the adequacy of the funding under this Program; and

(i) Perform such other functions as may be deemed necessary for the success of the AHSRS Program.

SEC. 15. *Role of the DOH.* - The DOH shall perform the following functions in the implementation of the AHSRS Program:

(a) In coordination with the CHED, SUCs and PHEIs, determine the initial number and distribution of allied health professionals needed for each municipality or province, which determination shall be made every five (5) years from the effectivity of this Act;

(b) Ensure the integration of scholars into the public health service system, and monitor their performance during the mandatory return service period.

(c) Assist the CHED in the conduct of the regular information dissemination on the AHSRS Program and in the recruitment of scholar-applicants;

(d) Craft a career pathway for allied health professionals who are beneficiaries of the AHSRS Program in the public health service system to

incentivize scholars to continue serving therein;

(f) Coordinate with the LGUs for the mandatory integration of scholars into the public health service system; and

(g) Recommend to the DBM the creation of plantilla positions for scholars with salary grades commensurate to their educational achievement, training and other qualifications.

SEC. 16. *Role of LGUs.* - LGUs are mandated to support the integration of the scholar into the public health service system by performing the following functions:

(a) Create a mechanism or system to provide the necessary support, including support to ensure their safety and protection, for the integration of allied health professionals who will be assigned to the LGU;

(b) Coordinate with the DOH and the allied health professionals to determine the specific health needs or requirements of the community and provide the necessary assistance, including involvement in the research component of the health service system;

(c) As far as practicable and subject to availability of funds, maintain a regular counterpart fund to be used for providing the balance of the scholarship budget for scholars enrolled in SUCs or PHEIs;

(d) Provide other forms of financial assistance, subject to availability of funds, to support the integration program of allied health professionals in the LGUs;

(e) Recommend to the CHED any strategies to improve the implementation of the AHSRS Program;

(f) In coordination with the CHED, SUC or PHEI concerned, conduct an information dissemination campaign on the AHSRS Program within the municipality or province, with the objective of attracting qualified applicants to the said Program;

(g) Execute and enforce laws, ordinances and regulations which may, directly or indirectly, have a positive impact on the AHSRS Program; and

(h) Perform all other acts to assist the scholar to ensure that the scholar finishes the allied health course within the timeframe provided by the school or the CHED.

SEC. 17. *Funding.* - The amount necessary to carry out the implementation of this Act shall be charged against the current year's appropriation of the participating SUC, DOH and CHED.

Thereafter, the amount necessary for the continuous implementation of the allied health scholarship provided under this Act shall be included in the scholarship program of SUCs and CHED in the annual General Appropriations Act.

SEC. 18. *Transitory Provisions.* - Upon the effectivity of this Act, current scholars under the existing allied health scholarship programs of the DOH and CHED shall automatically be eligible to avail the benefits under this Act.

SEC. 19. *Determination of Number and Allocation of Scholars to be Admitted.* - Every five (5) years from the effectivity of this Act, the DOH and CHED shall, upon assessing the shortage of health human resource workforce in the country against the ideal standards and the National Health Human Resources Master Plan created under Section 23 of Republic Act No. 11223 or the "Universal Health Care Act," and upon consultation with participating SUCs and PHEIs, the DBM, and the PRC, determine the number and geographical allocation of scholars to be admitted every school year allocating at least one (1) scholarship slot in municipalities without government adequate allied health professionals: Provided, That in determining the allocation quota of the scholars to be admitted to the Program, utmost priority is given to regions with the low allied health professional-to-population ratios: Provided, finally, That in order to ensure an adequate number of competent human resource for health for the entire country, the DOH shall submit to Congress the National Health Human Resource Master Plan, and any updates thereto, in accordance with the Universal Health Care Law.

SEC. 21. *Implementing Rules and Regulations.* - Within one hundred twenty (120) days from the effectivity of this Act, the CHED and the DOH shall, in coordination with the Philippine Association of State Universities and Colleges, Coordinating Council of Private Educational Associations, League of Municipalities, Association of Municipal Health Officers, Non-Government Community-Based Health Programs, PRC, DBM, SUCs, PHEIs, respective associations of allied health schools and students and other relevant stakeholders, formulate and issue the rules and regulations to fully implement the provisions of this Act: Provided, That the absence of the implementing rules and regulations shall not affect the effectivity of this Act and the grant of benefits provided therein.

SEC. 22. *Separability Clause.* - If any part or provisions of this Act shall held invalid or unconstitutional, the other parts or provisions hereof that are not affected shall remain in full force and effect.

SEC. 23. *Repealing Clause.* - All laws, decrees, or rules inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 24. *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.

Approved,