



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

TWENTIETH CONGRESS
First Regular Session

House Bill No. 4370



Introduced by **Representative KATRINA REIKO CHUA - TAI**
1st District, Zamboanga City

EXPLANATORY NOTE

Rising inflation and private sector housing costs have made it difficult for many government medical workers to secure adequate and affordable homes. This problem is especially severe for those in lower salary grades. Despite their essential role in public health, these professionals often face financial hardship, poor living conditions, and housing insecurity. These challenges reduce quality of life, lower morale, and contribute to the loss of experienced personnel in the public health sector.

The migration of Filipino healthcare workers abroad remains a persistent and deeply impactful phenomenon. Many leave to seek better-paying jobs, improved working conditions, and more stable career paths. Such opportunities benefit individual workers and generate remittances for the country. However, the long-term consequences include a shrinking domestic workforce and growing disparities in healthcare service delivery, especially in underserved and rural communities.

The Philippines is recognized as the world's largest supplier of nurses. It accounts for roughly 25% of the global overseas nursing workforce. The Organisation for Economic Co-operation and Development (OECD) reports that one in every six foreign-trained nurses in OECD countries comes from the Philippines. By 2021, about 85% of Filipino registered nurses were working abroad. The United States is the most common destination. In 2023, an estimated 13,000 nurses left the country for jobs in places such as Saudi Arabia, the United Kingdom, and Germany. This exodus is largely due to wage gaps and better working conditions overseas. Despite ongoing local training efforts, the country continues to face a critical shortage of healthcare workers. As of 2021, it has only 7.92 physicians per 10,000 people. This is below the World Health Organization's recommended ratio of 10 physicians per 10,000 people.¹

This bill addresses the root causes of government medical workforce attrition. It introduces a comprehensive support system to enhance the quality of life and promote retention. The bill establishes an Affordable Housing Program tailored to the income levels of government healthcare workers. This program ensures their access to safe and dignified housing. The initiative upholds the right to secure living conditions and makes public service more attractive and sustainable.

¹ https://www.statista.com/topics/12946/healthcare-workers-in-the-philippines/?utm_source=chatgpt.com#topicOverview

The bill also mandates the implementation of financial literacy programs. These programs enhance the economic stability and decision-making capabilities of medical professionals. They help public health professionals manage debt and plan for the future. The programs also help them avoid exploitative practices and build wealth. This support encourages retention of skilled personnel.

The bill recognizes the high-risk nature of medical work. This risk is higher during emergencies and in remote areas. The bill introduces Hazard-Compensatory Housing Assistance. This monthly benefit supports medical professionals who face elevated occupational risks. It also helps them access safe, stable housing near their workplaces.

By addressing housing, financial insecurity, and occupational hazards, this measure helps resolve the shortage of experienced government medical professionals. It creates a supportive environment for current staff. The measure also makes public healthcare careers more viable and competitive.

Ultimately, this bill is more than a gesture of gratitude. It is a strategic investment in the well-being, retention, and performance of our government medical workforce. Its passage reaffirms the State's commitment to strengthening the healthcare system. It does this by supporting those who serve at its frontlines.

IN VIEW OF THE FOREGOING, immediate passage of this bill is earnestly sought.



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AN ACT

**PROVIDING AFFORDABLE HOUSING PROGRAMS FOR PUBLIC SCHOOL
TEACHERS, STRENGTHENING THEIR FINANCIAL LITERACY, AND FOR
OTHER PURPOSES**

*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 “**Affordable Housing and
Financial Empowerment Act for Government Medical Workers.**”

SECTION 2. Definition of Terms. - As used in this Act, the following terms shall be
defined as follows:

“**Government Medical Employees**” shall refer to all health professionals employed in
government hospitals, clinics, and health centers, including those under the Department
of Health (DOH), local government units (LGUs), and public universities.

“**Affordable Housing**” shall refer to housing units made available through government
or public-private partnerships, priced within the means of medical workers based on
current wages and cost-of-living.

“**Financial Literacy**” The knowledge and skills to make effective decisions on
managing finances, including budgeting, saving, debt management, and investments.

SECTION 3. Affordable Housing Program. - The government, acting through the
Department of Human Settlements and Urban Development (DHSUD), the National Housing
Authority (NHA), and in coordination with the Department of Health (DOH), shall develop and
implement a Special Housing Program for government medical employees, which shall include
the following components:

- a) Provision of low-interest or subsidized housing loans;
- b) Construction of housing villages for medical workers in proximity to major
government hospitals or health centers;
- c) Priority allocation of government housing units to qualified medical personnel;
- d) Public-private partnership initiatives designed to reduce housing construction
costs and expedite delivery.

SECTION 5. Hazard-Compensatory Housing Assistance. - Eligible government medical employees shall receive a monthly Hazard Housing Pay as housing support due to the occupational hazards they face.

This assistance shall be at least ten percent (10%) of the employee's monthly basic salary and separate from any existing hazard pay or housing allowance.

The Department of Budget and Management (DBM), in coordination with the DOH and DHSUD, shall determine the final rates and modalities based on the risk exposure of various medical positions and prevailing cost-of-living indices.

SECTION 6. Eligibility and Prioritization. - Government medical employees are eligible for the program if they have been continuously employed in a government hospital, clinic, or health center for at least one (1) year immediately preceding their application date. Priority shall be given to:

- a) Employees assigned to remote or underserved areas;
- b) Employees classified as low-income under prevailing government pay scales; and
- c) Medical employees who are single parents.

SECTION 7. Strengthening Financial Literacy. - The Bangko Sentral ng Pilipinas (BSP), in coordination with the Civil Service Commission (CSC), the DOH, and other relevant agencies, shall design and implement mandatory **financial literacy programs** for government medical workers, which may include: a) Seminars or training on personal financial management; b) Guidance on the application for and repayment of housing loans; c) Retirement and insurance planning; and d) Access to digital financial tools.

SECTION 8. Appropriations. - The amount necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act (GAA). Additional funding may be sourced from housing bonds, public-private partnerships, or official development assistance (ODA).

SECTION 9. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the DHSUD, DOH, NHA, and BSP, in coordination with relevant stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 10. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid, the remainder of the Act shall not be affected thereby.

SECTION 11. Repealing Clause. - All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 12. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,