

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES
HOUSE BILL No. 6025

INTRODUCED BY HON. RICARDO S. CRUZ, JR.

EXPLANATORY NOTE

The Philippines faces profound and persistent challenges in ensuring access to quality healthcare for all Filipinos. While we take pride in the dedication and excellence of our healthcare professionals—many of whom are globally sought after—our own healthcare system suffers from a growing shortage of skilled workers. As of 2023, the World Health Organization projects a staggering shortage of 127,000 nurses in the Philippines, expected to rise to 250,000 by 2030.¹ This alarming trend is exacerbated by the continuous departure of our healthcare workers. As of December 2021, over 316,000 licensed Filipino nurses have sought opportunities abroad primarily driven by economic disparities and limited local prospects.² The urgency of this crisis is further highlighted by the Department of Health's 2024 assessment, which indicates a nationwide requirement of 190,000³ healthcare workers, including nurses, midwives, pharmacists, physical therapists, dentists, and radiologic and medical technologists, among others.

¹ Eugenio, L. (2024, October 21). From US Reign to Brain Drain: The Mass Emigration of Filipino Nurses to the United States. *Harvard International Law*.
<https://hir.harvard.edu/from-us-reign-to-brain-drain-the-mass-emigration-of-filipino-nurses-to-the-united-states/>

² Beltran, Mi. (2023, July 25). Philippines to lower bar for nurses as low pay drives many abroad. *Aljazeera*.
<https://www.aljazeera.com/economy/2023/7/25/philippines-mulls-unlicensed-nurses-as-low-pay-fuels-brain-drain>

³ Uplifting healthcare's vital professionals. (2025, March 26). *Business World*.
<https://www.bworldonline.com/special-features/2025/03/26/661596/uplifting-healthcares-vital-professionals/>

Beyond these overall figures, the scarcity of allied health professionals presents a significant bottleneck. The Private Sector Advisory Council reported in 2025 that the country has an alarming nationwide shortage of 27,500 pharmacists, with the country only producing around 4,000 board certified pharmacists annually.⁴ Similarly, the Department of Labor and Employment has identified occupational therapists as a profession with shortages, noting there are approximately 6,000 registered professionals serving the country.⁵

In addition, the high cost of tertiary education further restricts students from pursuing health professions. Based on published rates on the websites of various private universities and colleges, annual tuition for nursing in private institutions ranges from PHP 40,000 to PHP 130,000—an insurmountable barrier for many students and a major contributor to the shrinking local workforce. The financial strain extends across various other critical health disciplines: Medical Technology and Pharmacy programs in private universities typically cost PHP 40,000 to PHP 120,000 annually. Radiologic Technology programs can demand PHP 60,000 to PHP 90,000 per year, while Physical Therapy can exceed PHP 100,000 annually. Even for Occupational Therapy and Nutrition and Dietetics, annual private college fees range widely from PHP 26,000 to over PHP 100,000. For aspiring Midwives, private institutions generally charge PHP 20,000 to PHP 70,000 per year.

This proposed measure directly responds to these urgent needs by establishing a comprehensive scholarship and return service program for allied health students. This measure is firmly rooted in the 1987 Philippine Constitution, particularly Article XIV, Section 1, which unequivocally mandates the State to "protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all."⁶ Furthermore, it aligns with Article XIII, Section 11, which calls for an "integrated and

⁴ Alarming shortage of pharmacists (2025, March 19). *Philippine Inquirer*.
<https://opinion.inquirer.net/181720/alarming-shortage-of-pharmacists>

⁵ A life in motion: Lyle's journey as an Occupational Therapist. (2025, March 26). World Health Organization.

<https://www.who.int/news-room/feature-stories/detail/a-life-in-motion-lyle-s-journey-as-an-occupational-therapist>

⁶ Article XIV, Section 1, 1987 Philippine Constitution

comprehensive approach to health development," recognizing that a robust healthcare system is reliant on a sufficient and equitably distributed workforce.

This bill aims to strategically address the shortage of allied health workers in the country by offering comprehensive scholarships to qualified Filipino students who commit to serving our nation upon graduation. By removing financial impediments to education, it empowers a new generation of allied health professionals to pursue their calling. The integral return service component ensures that these scholars will also help address our critical need for healthcare providers, especially in underserved rural and remote communities. By prioritizing our human capital, we are strengthening the health, productivity, and future prosperity of every Filipino family, bridging the gap between aspiration and access to care. It is a concrete step towards building a resilient and accessible healthcare system that truly champions the constitutional right of every Filipino to health and quality education.

In line with the policy adopted by its original proponent Senator Pia S. Cayetano, this bill therefore serves as a counterpart measure. It is for the reasons stated above that the passage of this measure is earnestly sought.


RICARDO S. CRUZ, JR.

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

HOUSE OF REPRESENTATIVES
HOUSE BILL No. 6025

INTRODUCED BY HON. RICARDO S. CRUZ, JR.

AN ACT
PROVIDING A SCHOLARSHIP AND RETURN SERVICE PROGRAM FOR
FUTURE ALLIED HEALTH PROFESSIONALS, AND APPROPRIATING FUNDS
THEREFOR

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 “Allied Health Scholarship and Service Act”.

Sec. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people through the formulation and implementation of policies and strategies for the appropriate generation, recruitment, training, regulation, retention, and reassessment of the health workforce to meet the needs of the population. The State shall also promote social justice by expanding access to quality education and creating opportunities for underprivileged individuals.

Towards this end, the State shall establish a scholarship and return service program that will help eligible college students to pursue education and training in the field of health.

Sec. 3. *Establishment of the Allied Health Professional Scholarship and Return Service Program.* – There shall be established an Allied Health Professional Scholarship and Return Service Program to support qualified college students

pursuing degrees in allied health programs in state universities and colleges (SUCs), local universities and colleges (LUCs), or in partner private higher education institutions (PHEIs) subject to the execution of a memorandum of agreement (MOA) with the Commission on Higher Education (CHED).

The implementation of the Program shall be jointly undertaken by CHED, the Department of Health (DOH), the Unified Student Financial Assistance System for Tertiary Education (UniFAST) Board, and the Professional Regulation Commission (PRC). These agencies shall coordinate in aligning financial grant slots with national health workforce needs, streamlining financial assistance mechanisms, and ensuring the proper regulation and deployment of program beneficiaries.

In all cases, priority shall be given to qualified applicants from areas without adequate government health personnel, particularly those lacking allied health professionals.

Sec. 4. *Coverage.* – The *Allied Health Professionals Subsidy and Return Service (AHPSRS) Program* - shall be established under this Act for qualified Filipino students who wish to pursue a degree in priority allied health professions, to be determined by the Philippine Allied Health Council under Section 7 of this Act.

All qualified students accepted into the AHPSRS Program, whether to be enrolled in SUCs, LUCs, or PHEIs, shall be entitled to a scholarship which shall cover the full cost of education and support services necessary for the completion of their degree: *Provided*, That allied health courses not included in the priority list issued by the Council shall remain eligible for scholarship and subsidy under the Universal Access to Quality Tertiary Education Act (UAQTEA), subject to the requirements and limitations therein.

The financial assistance under this Program may include, but shall not be limited to, 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 for students living in areas far from their higher education institution;
- e) Transportation allowance;

- f) Fees related to clinical internship or practicum, including mandatory internship periods;
- g) Annual medical and health insurance coverage;
- h) Licensure exam subsidies and incentives, which may include the following: application fees, notarial fees, review class fees, insurance premium fees and documentation fees; and
- i) A supplemental subsidy, as may be determined by the Council created under Section 8 of this Act, to cover additional educational or living expenses deemed necessary for the completion of the degree program.

Sec. 5. *Qualification Requirements.* – An applicant for the *AHPSRS Program* shall possess the following qualifications:

- (a) Must be a Filipino citizen residing in the Philippines;
- (b) Must belong to one of the following categories:
 - (i) A graduating senior high school student,
 - (ii) A current college student,
 - (iii) An incoming first-year college student who has been accepted into or is enrolled in a recognized public or private higher education institution (HEI) offering allied health courses included in the program, and
 - (iv) A holder of a bachelor's degree in another field who wishes to pursue a second degree in an allied health course covered by the program.
- (c) Must have passed the entrance examination and complied with other related requirements for admission in the HEI where the student intends to enroll, as well as the other requirements of the CHED; and
- (d) Must have good moral character.

Sec. 6. *Disqualifications.* – The scholarship grant shall be terminated, and the beneficiary shall repay the full cost of the grant and related benefits received, including all the expenses incurred during the participation in the 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 beneficiary 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, LUC, 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 beneficiary;

- c) If the beneficiary fails to obtain a passing grade in the corresponding licensure examination within five (5) years from the time the beneficiary has completed the program: *Provided, That*, instead of repaying the full cost of the financial grant, the beneficiary whose program has been terminated may opt to engage in work within the public health service system, such as engaging in health-related research work for the government or teaching health-related subjects in a public educational institution, or being integrated into the public health service system for a period prorated to the number of years of mandatory return service provided under this Act; and
- d) While being a beneficiary, the student commits gross misconduct in a manner that would bring significant damage to the SUC, LUC, or PHEI concerned or to the community as a whole.

Sec. 7. Creation of the Philippine Allied Health Council. – There is hereby created the Philippine Allied Health Council (PAHC), which shall be responsible for identifying, reviewing, and updating, at least once every five (5) years or as may be necessary, the list of priority allied health programs covered under this Act.

In addition to this, the PAHC shall also be responsible for determining the amount, scope, and prioritization of the financial assistance and benefits provided under Section 4 of this Act to ensure that such subsidies sufficiently supports the completion of the allied health degree programs.

The PAHC shall be headed by the Chairperson of CHED, with the Secretary of the DOH as Co-Chairperson, and the following as members:

- a) Department of Budget and Management (DBM);
- b) Department of Labor and Employment (DOLE);
- c) Philippine Regulatory Commission (PRC);
- d) Philippine Association of State Universities and Colleges (PASUC);
- e) One (1) representative each from the following:
 - i) The Unified Student Financial Assistance System for Tertiary Education (UniFAST) Board;

- ii) Recognized private higher education institutions, as identified by CHED; and
- iii) National associations of local government units.

Each government agency member may designate a permanent representative to the PAHC, with a rank not lower than an Assistant Secretary or its equivalent, and preferably with proven expertise or relevant background in health human resource development, allied health professions, or related fields.

Sec. 8. Powers, Functions, and Duties of the PAHC. – The PAHC shall have the following powers, functions, and duties:

- a) Identify, review, and periodically update the list of priority allied health programs to be covered under this Act, based on national health workforce needs, emerging public health concerns, and other relevant indicators;
- b) Conduct regular information dissemination of, and recruitment to, the AHPSRS Program;
- c) Determine the need for highly-trained specialists in the Allied Health Profession;
- d) Develop career progression and specialization programs, including graduate programs, both locally and internationally;
- e) Coordinate with other concerned agencies, private sector, and civil societies, for the integration of the beneficiary into the medical service system;
- f) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines and rules and regulations for the effective implementation of the AHPSRS Program under this Act;
- g) Develop strategies to improve the quality of the priority allied health programs;
- h) Require SUCs, LUCs, and PHEIs to implement and submit a tracking, monitoring, evaluation and assistance system in order to determine the whereabouts of the beneficiaries after graduation from the institution;
- i) Ensure the timely and adequate release to partner-SUCs, LUCs, and PHEIs of the funds necessary for the implementation of the AHPSRS Program, and monitor the timely and adequate release of the same by the partner-SUCs, LUCs, and PHEIs to the beneficiaries under the AHPSRS Program;

- j) Recommend, in coordination with partner-SUCs, LUCs, and PHEIs, to the DBM the amount necessary for the effective implementation of this Act; and
- k) Perform such other powers and functions as may be necessary, incidental, or beneficial to the effective implementation of this Act.

Sec. 9. *Return Service Obligation.* – A beneficiary of this Program shall serve in a public health facility, local government unit, or any government agency in a health-related capacity for a period equivalent to the years of financial grant received, with a minimum of two (2) years.

The CHED and DOH shall coordinate to determine the deployment of beneficiaries, prioritizing GIDAs, underserved areas and such other areas where their services are needed.

Sec. 10. *Breach of Contract.* – Failure to comply with the return service obligation, without just cause, shall require the beneficiary to refund the full cost of the scholarship with interest as may be prescribed by CHED, unless otherwise excused due to force majeure or health-related reasons.

Sec. 11. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, CHED, in coordination with DOH, DBM, the UniFAST Board, and PRC, shall promulgate the implementing rules and regulations necessary to carry out the provisions of this Act.

Sec. 12. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of CHED. Thereafter, such sums as may be necessary for the continued implementation shall be included in the annual General Appropriations Act.

Sec. 13. *Separability Clause.* – If any portion or provision of this Act is declared unconstitutional, the remainder of this Act or any provisions not affected thereby shall remain in force and effect.

Sec. 14. *Repealing Clause.* – Any law, presidential decree or issuance, executive order, letter of instruction, rule or regulation inconsistent with the provisions of this Act is hereby repealed or modified accordingly.

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

Approved,