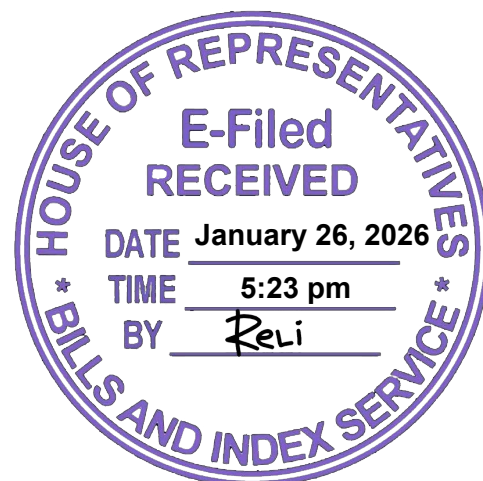


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7355



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

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

EXPLANATORY NOTE

The Philippines is confronted with a critical shortage and unequal distribution of health-care personnel, a challenge which continues to undermine the government's constitutional duty to protect and promote the people's right to health. While discourse often focuses on the scarcity of physicians and nurses, data show that the gap in allied health professions—such as medical technology, midwifery, pharmacy, and those in the mental-health-related fields—is equally pressing yet remains insufficiently addressed. The importance of these professions cannot be understated. A functional public health system cannot operate without them, as their services are essential to emergency response, diagnostics, rehabilitation, and community health.

Recent data emphasize the urgency of these concerns. In 2024, the Commission on Higher Education reported a continuing decline—at an alarming rate—in the manpower of radiologic technologists in the country. Furthermore, the CHED also anticipates an impending shortage of medical technologists, physical therapists, occupational therapists, and pharmacies in the next three to five years.¹

The country is also already facing an alarming shortage of pharmacists: according to the Private Sector Advisory Council (PSAC), the Philippines needs approximately 57,000 pharmacists, yet only 30,000 are currently in practice, leaving a gap of 27,500.² With just about 4,000 board certified pharmacists produced each year,

¹ 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 November 2025

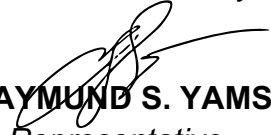
² Alarming shortage of pharmacists, Philippine Daily Inquirer, March 18, 2025 (<https://opinion.inquirer.net/181720/alarming-shortage-of-pharmacists>). Accessed 30 November 2025.

and assuming that the demand remains constant, it would take about seven years to address this deficit. These challenges are further exacerbated by the inequitable geographic distribution of allied-health professionals, as the workforce remains heavily concentrated in urban centers, leaving rural communities understaffed and existing workers overworked.

The proposed measure seeks to address these concerns by creating an Allied Health Professional Scholarship and Return Service program to enable deserving students to pursue higher education and specialized training in the medical field, free from financial burden. While our SUCs offer free tertiary education, many allied health courses still require costly laboratory training, board review programs, and clinical internships. These expenses deter qualified but financially disadvantaged students.

To ensure that the government's investment redounds to public benefit, the bill further provides that scholars, upon passing their respective licensure examinations, shall be integrated into the public health service system and deployed to their localities. In doing so, the measure aims to address both the scarcity and maldistribution of the allied-health workforce, guaranteeing that the program will ultimately strengthen our health systems, beginning with the country's unserved and underserved areas (UUAs), where the gaps are most critical.

In view of the foregoing, the approval of this measure is earnestly sought.



BRIAN RAYMUND S. YAMSUAN

Representative

2nd District, Parañaque City

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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 the scholars.

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 scholar 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 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, 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 scholar;
- c) If the scholar fails to obtain a passing grade in the corresponding licensure examination within five (5) years from the time the scholar has completed the program: *Provided, That*, instead of repaying the full cost of the financial grant, the scholar 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 scholar, 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 scholar 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 scholar 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 scholar 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. – Upon passing the licensure examination administered by the Professional Regulation Commission (PRC) and conferment by the PRC of the license to practice the profession, the qualified 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. 10. Availability of Plantilla Positions. - The Department of Budget and Management (DBM), DOH, and local government units (LGUs) where applicable, in coordination with the CHED, shall ensure the availability of appropriate plantilla positions for qualified scholars required to render return service under this Act.

SEC. 11. Breach of Contract. – Failure to comply with the return service obligation, without just cause, shall require the scholar 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. 12. 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. 13. 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. 14. 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. 15. 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. 16. 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,