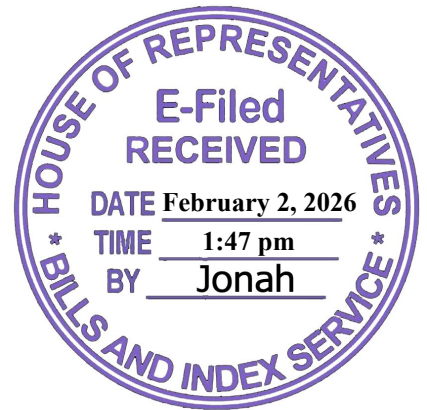


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7532



Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

EXPLANATORY NOTE

(for a bill amending RA 11509/Doktor Para sa Bayan Act)

The persistent shortage and maldistribution of physicians, most acutely felt in underserved, remote, and geographically isolated municipalities, continue to impede the delivery of essential health services. While the State is constitutionally mandated to protect and promote the people’s right to health and to pursue health manpower development responsive to national needs, jurisprudence has consistently recognized that this obligation requires effective and adequately funded implementing mechanisms rather than policy declarations alone.¹

Republic Act No. 11509, or the *Doktor Para sa Bayan Act*, serves as the State’s principal statutory response to this challenge through the establishment of the Medical Scholarship and Return Service Program. The law provides a full scholarship for the Doctor of Medicine degree in exchange for mandatory return service in government health facilities, prioritizing applicants from municipalities without government physicians and directing the periodic allocation of scholarship slots to areas with low doctor to population ratios. The program is intended to ensure that public investment in medical education results in the equitable distribution of physicians across the country.

However, implementation experience reveals gaps that undermine the program’s effectiveness. Scholarship benefits do not always keep pace with the actual cost of medical education and transition to practice expenses, delays between licensure and

¹ *Imbong v. Ochoa* (2014) and *Tondo Medical Center Employees Association v. Court of Appeals* (2007)

deployment postpone the commencement of return service, and deployment is not consistently aligned with available government *plantilla* positions. These conditions create uncertainty in appointment, compensation, and continuity of service, weakening the program's core premise that State supported medical education should lead to sustained physician service in communities with the greatest need.

This bill seeks to strengthen Republic Act No. 11509 by refining benefit delivery standards, institutionalizing *plantilla* based deployment and absorption, and clarifying deployment and return service terms. It reinforces scholarship coverage to include transition to practice and subsistence related costs, establishes a clearer and coordinated deployment and absorption mechanism among concerned agencies and local government units, and recognizes limited creditable service for authorized interim government health work to prevent administrative delays from unfairly extending service obligations. The measure likewise maintains the law's repayment sanctions while requiring clearer due process safeguards in enforcement to improve compliance and reduce disputes.

These amendments are consistent with the principle that substantive program obligations, benefits, and limitations must be established by law rather than left to administrative issuances.² By embedding critical mechanisms within the statute itself, the measure strengthens legality, predictability, and effective implementation. Ultimately, this bill aims to ensure that the Medical Scholarship and Return Service Program fulfills its promise of opening the doors of medical education to deserving Filipinos while delivering physicians to the municipalities that need them most.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte

² Cawad v. Abad (2015)

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Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

AN ACT
AMENDING REPUBLIC ACT NO. 11509, OTHERWISE KNOWN AS THE “DOKTOR PARA SA BAYAN ACT,” TO EXPAND THE COVERAGE AND BENEFITS OF THE MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM, STRENGTHEN DEPLOYMENT AND RETURN-SERVICE MECHANISMS, INSTITUTIONALIZE PLANTILLA-BASED POSITIONS FOR SCHOLAR-PHYSICIANS, 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 “*Doktor Para sa Bayan Act Amendments of 2026*”.

SECTION 2. Section 3 of Republic Act No. 11509 is hereby amended to read as follows:

“SEC. 3. Establishment of the Medical Scholarship and Return Service Program. — There shall be established a Medical Scholarship and Return Service Program (MSRS) 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 a medical course: *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 the Doctor of Medicine program as deemed necessary, upon consultation with the Department of Health (DOH).

In all cases, qualified applicants from municipalities without government physicians shall be prioritized in the allocation of scholarship slots to ensure the assignment of at least one (1) doctor for every municipality in the country.

FOR PURPOSES OF EXPANDING ACCESS TO MEDICAL EDUCATION AND ADDRESSING MUNICIPALITY-LEVEL HEALTH WORKFORCE SHORTAGES, THE CHED AND DOH SHALL ENSURE THAT THE NUMBER OF SCHOLARSHIP SLOTS IS SUFFICIENT TO MEET THE GEOGRAPHICAL ALLOCATION DETERMINED UNDER SECTION 20 OF THIS ACT, SUBJECT TO EXISTING BUDGETARY, ACCOUNTING, AND AUDITING RULES.”

SECTION 3. Section 4 of Republic Act No. 11509 is hereby amended to read as follows:

“SEC. 4. Coverage. — The MSRS Program established under this Act shall be made to deserving Filipino students who want to pursue a degree in Doctor of Medicine.

The student financial assistance for the MSRS 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) Medical board review fees;
- (h) License fees;
- (i) Annual medical insurance; and
- (j) Other education-related miscellaneous subsistence or living allowances.

THE CHED AND DOH SHALL, THROUGH THE IMPLEMENTING RULES AND REGULATIONS (IRR), SET MINIMUM STANDARDS FOR THE TIMELY RELEASE OF BENEFITS AND FOR THE PAYMENT MECHANISMS TO SUCS/PHEIS AND SCHOLAR-BENEFICIARIES: *PROVIDED*, THAT THE IRR SHALL NOT DIMINISH ANY BENEFIT EXPRESSLY GRANTED UNDER THIS SECTION.”

SECTION 4. A new section is hereby inserted after Section 8 of Republic Act No. 11509, to be numbered as Section 8-A, to read as follows:

“SEC. 8-A. Plantilla-Based Deployment and Absorption Mechanism. — TO ENSURE ACTUAL INTEGRATION OF SCHOLARS INTO GOVERNMENT SERVICE, THE DOH, IN COORDINATION WITH THE CHED, DEPARTMENT OF BUDGET AND MANAGEMENT (DBM), CIVIL SERVICE COMMISSION (CSC), AND CONCERNED LOCAL GOVERNMENT UNITS (LGUS), SHALL ESTABLISH A PLANTILLA-BASED DEPLOYMENT AND ABSORPTION MECHANISM FOR SCHOLAR-PHYSICIANS.

(a) The DOH shall identify priority municipalities and facilities for deployment consistent with Section 20 of this Act and shall maintain a rolling list of areas with no government physicians.

(b) The DOH SHALL RECOMMEND TO THE DBM THE CREATION OR FUNDING OF NECESSARY PLANTILLA POSITIONS FOR SCHOLAR-PHYSICIANS WITH SALARY GRADES COMMENSURATE TO THEIR QUALIFICATIONS, AND SHALL COORDINATE WITH LGUS FOR THE FILLING OR CREATION OF LOCAL ITEMS WHEN DEPLOYMENT IS TO LGU-OPERATED FACILITIES.

(c) LGUS and government hospitals SHALL GIVE PRIORITY TO THE APPOINTMENT OR ENGAGEMENT OF SCHOLAR-PHYSICIANS TO AVAILABLE GOVERNMENT PHYSICIAN POSITIONS IN ACCORDANCE WITH THE DOH DEPLOYMENT PLAN, SUBJECT TO CIVIL SERVICE AND PROCUREMENT/APPOINTMENT RULES.

(d) The DOH and CHED shall establish a matching and placement process, including timelines, to avoid gaps between licensure and deployment.”

SECTION 5. Section 8 of Republic Act No. 11509 is hereby amended to read as follows:

“SEC. 8. Mandatory Return Service and Integration of the Scholar into the Public Health and Medical Service System. — Upon passing the PLE administered by the Professional Regulation Commission (PRC) and conferment by the PRC of the license to practice the medical profession, the scholar shall be integrated into the public health and medical 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 no government physicians 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 DOH SHALL ENSURE THAT DEPLOYMENT ORDERS, FACILITY ASSIGNMENTS, AND SERVICE DESCRIPTIONS ARE ISSUED WITHIN A PERIOD TO BE PROVIDED IN THE IRR, TO PREVENT DELAY IN THE COMMENCEMENT OF RETURN SERVICE. TIME SPENT IN GOVERNMENT SERVICE PENDING FINAL PLACEMENT, WHEN UNDER WRITTEN DOH OR LGU AUTHORIZATION AND PERFORMING GOVERNMENT HEALTH FUNCTIONS, SHALL BE CREDITABLE AS RETURN SERVICE, SUBJECT TO IRR GUIDELINES."

SECTION 6. Section 9 of Republic Act No. 11509 is hereby amended to read as follows:

"SEC. 9. Sanctions. — A physician who has availed of the MSRS 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 MSRS Program.

FOR PURPOSES OF DUE IMPLEMENTATION AND FAIR ENFORCEMENT, THE IRR SHALL PROVIDE FOR:

- (a) NOTICE AND OPPORTUNITY TO EXPLAIN PRIOR TO A FINDING OF FAILURE OR REFUSAL TO COMPLY;**
- (b) A REPAYMENT SCHEDULE OR INSTALLMENT PLAN, WHERE APPROPRIATE;**
- (c) CLEAR STANDARDS FOR JUSTIFIABLE CAUSES, INCLUDING FORCE MAJEURE, DISABILITY, OR OTHER GROUNDS COMPARABLE TO SEVERE OR SERIOUS ILLNESS.**

In case of nonpayment, as provided in the preceding paragraph, the PRC shall deny the renewal of the physician's license: *Provided*, That the abovementioned

penalties shall not apply to physicians who fail to comply with the required return service on account, or by reason of, severe or serious illness.”

SECTION 7. Section 15(g) of Republic Act No. 11509 is hereby amended to read as follows:

“SEC. 15. Role of the DOH. — The DOH shall perform the following functions in the implementation of the MSRS Program:

x x x (g) Recommend to the DBM the creation of plantilla positions for scholar-physicians with salary grades commensurate to their educational achievement, training and other qualifications; **AND MONITOR, TOGETHER WITH THE DBM AND CONCERNED LGUS, THE CREATION, FUNDING, AND FILLING OF SUCH POSITIONS IN PRIORITY AREAS CONSISTENT WITH SECTION 8-A OF THIS ACT.”**

SECTION 8. Separability Clause. — If any provision or part of this Act is declared invalid or unconstitutional, the remaining parts or provisions not affected shall remain in force and effect.

SECTION 9. Repealing Clause. — All laws, decrees, executive orders, rules and regulations, or parts thereof contrary to or inconsistent with the provisions of this Act are amended, repealed or modified accordingly.

SECTION 10. 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,