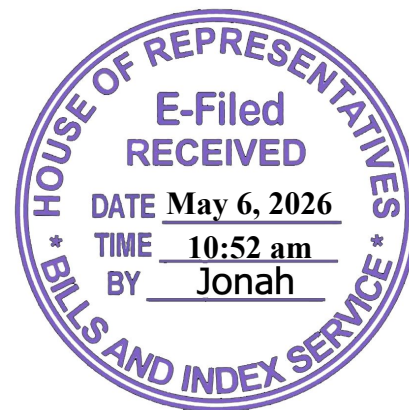




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session



HOUSE BILL NO. 9119

Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
MANDATING THE DEPLOYMENT OF LICENSED ALLIED HEALTH PROFESSIONALS TO GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS (GIDAs) AND UNDERSERVED REGIONS AND PROVIDING INCENTIVES THEREFOR

EXPLANATORY NOTE

Access to quality healthcare remains uneven across the Philippines, with geographically isolated and disadvantaged areas (GIDAs) and underserved regions continuing to face significant shortages in health human resources. While government programs have made strides in deploying physicians and nurses, there remains a critical gap in the availability of allied health professionals—such as medical technologists, pharmacists, physical therapists, and other essential practitioners—who play a vital role in diagnostics, treatment support, rehabilitation, and overall patient care.

This bill seeks to address this gap through the establishment of a National Allied Health Deployment Program (NAHDP) under the Department of Health (DOH). The program aims to ensure the systematic, equitable, and sustained deployment of licensed allied health professionals to communities that need them most. By aligning deployment with local health system needs and strengthening

coordination with local government units and health facilities, the measure intends to improve service delivery and health outcomes in underserved areas.

Furthermore, the bill strengthens partnerships with academic institutions, training hospitals, and professional organizations to build a sustainable pipeline of allied health workers. It integrates community-oriented training, supports research and innovation, and establishes a scholarship and return-service program to encourage students—particularly those from underserved areas—to pursue allied health professions and serve their communities.

By investing in allied health professionals and ensuring their presence in all regions of the country, especially in GIDAs, the State takes a decisive step toward equitable, accessible, and quality healthcare for all Filipinos.

In view of the foregoing, the passage of this bill is earnestly sought.



FERDINAND MARTIN G. ROMUALDEZ



YEDDA MARIE K. ROMUALDEZ



ANDREW JULIAN K. ROMUALDEZ



JUDE A. ACIDRE



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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 “National Allied Health Corps Act.”

SEC. 2. Declaration of Policy. - It is the policy of the State to ensure equitable access to health services across all regions of the country, especially in geographically isolated and disadvantaged areas (GIDAs). To this end, the

government shall deploy a sufficient number of licensed allied health professionals to underserved communities and provide them with appropriate incentives and support.

SEC. 3. Definition of Terms. - For purposes of this Act, the following terms are defined as follows:

- a. Allied Health Professionals refer to licensed practitioners other than physicians and nurses, including but not limited to physical therapists, occupational therapists, medical technologists, radiologic technologists, respiratory therapists, pharmacists, speech-language pathologists, dietitians, and midwives.
- b. GIDAs refer to Geographically Isolated and Disadvantaged Areas as classified by the Department of Health (DOH), which lack access to basic health services due to location, security, or socioeconomic factors.
- c. Underserved Regions refer to Areas with low health human resource density, as determined by the DOH and the Department of Interior and Local Government (DILG).

SEC. 4. Deployment of Allied Health Professionals. - The Department of Health (DOH) shall develop and implement a National Allied Health Deployment Program (NAHDP) that shall:

- a. Deploy licensed allied health professionals to GIDAs and underserved regions on a rotating or long-term basis;
- b. Assign professionals based on local health needs, with a focus on diagnostics, rehabilitation, pharmacy, and support services;
- c. Coordinate with Local Government Units (LGUs), Rural Health Units (RHUs), and DOH regional offices for effective placement and supervision.

SEC. 5. Selection Criteria for Deployment of Allied Health Professionals. – The DOH shall establish a merit-based and needs-responsive system for the selection and recruitment of allied health professionals for deployment to Geographically Isolated and Disadvantaged Areas (GIDAs) and underserved regions. The selection shall be based on, but not limited to, the following criteria:

- a. Professional Qualifications and Competence – Possession of a valid license, relevant certifications, and demonstrated clinical or technical competence;
- b. Relevant Experience – Prior work experience in primary care, public health, community-based practice, or service in underserved or resource-limited settings;
- c. Willingness and Commitment to Serve in GIDAs – Including expressed intent to complete a required deployment period provided under the NAHDP;
- d. Geographic and Cultural Affinity – Preference may be given to applicants originating from, residing in, or with familiarity with the language, culture, or conditions of the target area;

- e. Adaptability and Resilience – Capacity to work in low-resource environments and respond to public health needs;
- f. Equity Considerations – Ensuring fair representation across regions and disciplines, and prioritizing applicants from disadvantaged backgrounds, where appropriate.

The DOH shall develop a transparent scoring and ranking system based on the foregoing criteria. The specific weights, indicators, documentary requirements, and evaluation procedures shall be prescribed in the Implementing Rules and Regulations (IRR).

The selection process shall ensure transparency, fairness, and accountability, including the publication of criteria, establishment of a selection committee, and provision for appeal or reconsideration mechanisms, as may be further defined in the IRR.

The criteria and corresponding weights may be periodically reviewed and adjusted by the DOH through the IRR to respond to evolving health system needs, without diminishing the standards set in this Act.

SEC. 6. Incentives and Support Mechanisms. - To attract, retain, and support allied health professionals deployed under this Act, the following incentives and support mechanisms shall be granted:

- a. Compensation and Allowances. – Deployed allied health professionals shall receive a competitive compensation package, including:

- i. A Hardship Allowance of not less than thirty percent (30%) of the basic salary, without prejudice to the grant of higher rates as may be determined in the Implementing Rules and Regulations (IRR), taking into account the degree of isolation, risk, and cost of living;
 - ii. Such other applicable allowances as may be authorized under existing laws, rules, or regulations.
- b. Housing and Living Support. – Provision of safe and adequate housing, or a commensurate housing allowance, in the place of assignment, including access to basic utilities, as may be further defined in the IRR.
- c. Transportation and Deployment Support. – Coverage of transportation, relocation, and periodic travel expenses, including but not limited to initial deployment, mid-assignment travel where applicable, and return to point of origin upon completion of service.
- d. Professional Development and Career Incentives. –
 - i. Grant of Continuing Professional Development (CPD) credits for services rendered, in coordination with the Professional Regulation Commission and relevant Professional Regulatory Boards;
 - ii. Access to scholarships, training, and specialization programs, subject to existing rules;
 - iii. Priority consideration in hiring, plantilla positions, or career advancement in government health facilities and programs, consistent with civil service laws and regulations.
- e. Insurance and Occupational Protection. – Provision of comprehensive health and life insurance coverage, including disability benefits, for the duration of deployment, in addition to benefits under the Philippine Health Insurance Corporation and other existing programs.

- f. Workplace Support and Safety. – Assurance of adequate working conditions, including necessary equipment, supplies, and personal protective equipment, as well as mechanisms for occupational safety, security, and psychosocial support, especially in high-risk or resource-constrained areas.
- g. Non-Monetary Incentives. – Recognition through service awards, certifications, and eligibility for government service incentives, as may be determined.

The DOH shall ensure a baseline standard of incentives applicable nationwide. The specific amounts, additional benefits, eligibility conditions, and mechanisms for delivery shall be prescribed in the IRR and may be enhanced or adjusted periodically in coordination with relevant agencies and local government units.

SEC. 7. Monitoring, Reporting, and Utilization of Deployed Allied Health Professionals. - The DOH shall establish an evaluation, monitoring and reporting system to ensure the effective utilization, performance, and welfare of allied health professionals deployed under this Act. The reporting system shall be designed to:

- a. Assess service delivery and health outcomes in the assigned areas;
- b. Ensure that deployed personnel are assigned functions aligned with their professional qualifications and scope of practice;
- c. Identify gaps in resources, supervision, or working conditions; and
- d. Inform policy, planning, and program improvements.

The conduct such periodic evaluation shall include consultations with deployed personnel, host facilities, and local government units, to improve deployment strategies and working conditions.

The DOH shall ensure that reporting requirements are streamlined, not duplicative, and facilitated through digital or simplified systems, to avoid undue administrative burden on deployed personnel.

SEC. 8. Partnership with Academic and Professional Institutions. – The DOH shall, in coordination with relevant government agencies and stakeholders, establish and strengthen partnerships with academic institutions, allied health schools, training hospitals, and professional organizations to support the implementation of this Act. Such partnerships shall include, but not be limited to, the following:

- a. **Deployment and Training Pipeline.** – Mobilization of interns, clerks, residents, fellows, and post-graduate trainees, as appropriate, for supervised field exposure and service delivery in GIDAs, consistent with their level of training and scope of practice;
- b. **Capacity Building and Supervision.** – Provision of structured training, mentorship, and clinical supervision to deployed and early-career allied health professionals, including the designation of accredited training and supervising institutions;
- c. **Curriculum Development and Alignment.** – Integration of community-based education, primary care, and rural health competencies into allied health

curricula, in coordination with the Commission on Higher Education and other relevant bodies;

- d. Research and Innovation. – Development of research, extension, and service-learning programs addressing local health system needs, health workforce distribution, and innovative service delivery models in underserved areas; and
- e. Continuing Professional Development. – Support for continuing education and upskilling programs, in coordination with the Professional Regulation Commission and accredited professional organizations.

The DOH may accredit participating institutions and prescribe minimum standards for training quality, supervision, and participant welfare, as may be further defined in the Implementing Rules and Regulations (IRR).

The roles, responsibilities, and cost-sharing arrangements among participating institutions, including national government agencies and local government units, shall be clearly defined in formal agreements, consistent with applicable laws, rules, and regulations.

SEC. 9. Scholarship and Return-Service Program for Allied Health Professionals. - The DOH, in coordination with the Commission on Higher Education, state universities and colleges, and other educational institutions, shall establish and administer a scholarship and financial assistance program to support the education and training of allied health professionals needed in Geographically Isolated and Disadvantaged Areas (GIDAs) and underserved regions. The scholarship program shall prioritize:

- a. Qualified students originating from or residing in GIDAs and underserved areas;
- b. Courses and specializations identified as critical to local health system needs; and
- c. Applicants who demonstrate commitment to public service, particularly in rural or resource-limited settings.

Scholars shall be required to render a return-service obligation equivalent to a period to be determined in the Implementing Rules and Regulations (IRR), in a GIDA or underserved area, under terms and conditions set by the DOH.

SEC. 10. Mandatory Credential Verification. - All applicants to the program shall undergo strict verification of licensure, registration status, and professional standing prior to deployment. The DOH shall coordinate with the Professional Regulation Commission and relevant Professional Regulatory Boards to ensure the authenticity and validity of submitted credentials.

The DOH shall establish a secure and interoperable verification system, which may include digital databases, license validation platforms, and direct coordination with regulatory bodies, to prevent the submission or acceptance of falsified or expired licenses.

SEC. 11. Accountability of Public Officials and Employees. – Any public official or employee who knowingly participates in, facilitates, or negligently allows the deployment of unqualified or unlicensed individuals under this program shall be

subject to administrative, civil, and/or criminal liability in accordance with existing laws, rules, and regulations.

SEC. 12. Liability for Fraud and Misrepresentation. – Any individual who falsifies, misrepresents, or uses fraudulent credentials to qualify for deployment or to receive benefits under this Act shall:

- a. Be immediately disqualified or removed from the program;
- b. Be required to return any compensation, allowances, or benefits improperly received, without prejudice to applicable penalties; and
- c. Be subject to prosecution under applicable laws, including but not limited to those penalizing falsification, *estafa*, and illegal practice of a profession.

SEC. 13. Implementing Rules and Regulations. - The DOH shall, in coordination with the relevant agencies, promulgate the rules and regulations to implement the provisions of this Act within sixty (60) days after its effectivity.

SEC. 14. Separability Clause. - If any part or provision of this Act is held invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SEC. 15. Repealing Clause. - All laws, executive orders, issuances, decrees, rules and regulations inconsistent with or contrary to the provisions of this Act are deemed amended, modified or repealed accordingly.

SEC. 16. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,