

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10212



Introduced by: **REP. TOBIAS “TOBY” M. TIANGCO**

EXPLANATORY NOTE

Article XIII, Section 12 of the 1987 Constitution provides that “the State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health, manpower development, and research, responsive to the country’s health needs and problems.” Crucial in the efficient delivery of the health needs of the country is also the advancement and protection of the health and welfare of public health workers. Thus, on March 26, 1992, the Magna Carta for Public Health Workers (Republic Act No. 7305) was enacted. Unfortunately, for over 33 years now, the law remains as it is without any amendment to keep abreast to the challenges and needs of the present time.

While numerous bills sought to revise or strengthen its provisions from the 16th to the 19th Congress, none have been successfully passed into law. The Magna Carta for Public Health Workers was designed to promote the welfare and well-being of the public health workers by providing various benefits and allowances. However, the monetary values of these benefits have remained unchanged over three decades, failing to keep pace with inflation and evolving economic conditions. Added to these are the growing clamor for more humane conditions of work for health care professionals especially the nurses and doctors.

According to the *Human Resources for Health* by Ateneo de Manila University researchers, the Philippines has a physician-to-population ratio of **7.92 per 10,000 people**, which falls below the international minimum standard of 10 per 10,000. In addition, the country is facing a shortage of at least 127,000 nurses. This shortage is further aggravated by the ongoing “*brain drain*” phenomenon, where many healthcare workers leave the country in search of better pay and working conditions abroad. Almost 4,500 positions in public hospitals across the Philippines remain unfilled, as many licensed Filipino nurses are unwilling to take these jobs due to low salaries, extended working hours, and insufficient benefits as noted by the Asia Pacific Foundation of Canada. Based on the findings of Woo, et.al., burnout symptoms are also widespread among healthcare professionals, leading to serious repercussions such as resignations, career shifts, and eventual migration to other countries in search of better working conditions.

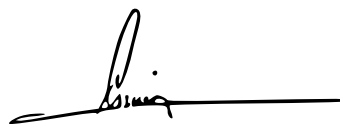
The Filipino Nurses United (FNU) consultations with nurse administrators from various healthcare facilities revealed that nurses are burdened by severe understaffing, often managing between 20 to 50 patients per shift while working 12 to 16 hours without receiving overtime pay. In addition, approximately 36,000 government-employed nurses hold contractual positions under schemes such as the Job Order system or the Nurse Deployment Program (NDP), leaving them with limited job security and benefits. In addition, physicians report long working hours, inadequate compensation, delayed allowances, and job insecurity. Many are also tasked with administrative duties due to lack of support staff, further increasing their workload and stress levels.

It is the declared policy of the State to safeguard and advance the right to health of every Filipino and to foster greater health awareness among the population. Under *Article II, Section 18 of the 1987 Constitution*, the State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare. It is thus become imperative to the State to ensure better, fair, and safe working conditions for public health care workers.

To effectively address the aforementioned challenges and fulfill the mandate of the Constitution, this bill aims to amend certain provisions in the Magna Carta for Public Health Workers by expanding the benefits and allowances of health care workers, regulate working hours to better support their welfare so they can provide a better quality service to our fellow Filipinos. It also seeks to hold government-owned hospitals, administratively liable for willful non-compliance with, or deliberate evasion of, the provision of benefits due to Public Health Workers.

To ensure that the proposed amendments are both responsive and fiscally feasible and sustainable, this bill further incorporates provisions on safe staffing standards, workforce regularization, mental health protection programs, continuing professional development support and rural and geographically isolated area service incentives.

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

A handwritten signature in black ink, appearing to read 'Toby', followed by a horizontal line.

TOBIAS "TOBY" M. TIANGCO
Representative
Lone District, Navotas City

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Introduced by: **REP. TOBIAS “TOBY” M. TIANGCO**

AN ACT
AMENDING CERTAIN PROVISIONS OF REPUBLIC ACT NO. 7305, OTHERWISE
KNOWN AS “THE MAGNA CARTA OF PUBLIC HEALTH WORKERS”, BY
STRENGTHENING SAFE STAFFING, WORKFORCE REGULARIZATION, MENTAL
HEALTH PROTECTION, PROFESSIONAL DEVELOPMENT, RURAL DEPLOYMENT
INCENTIVES, AND RETENTION MECHANISMS

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the “Expanded Magna Carta of Public Health Workers Act of 2025.”

SEC. 2. Section 15 of Republic Act No. 7305 is hereby amended to read as follows:

“SEC. 15. *Normal Hours of Work.* - The normal hours of work of any public health worker shall not exceed eight (8) hours a day or forty (40) hours a week. **IN THE EXIGENCY OF SERVICE, HOWEVER, THE WORKING HOURS MAY BE EXTENDED PROVIDED THAT IT SHALL NOT BE MORE THAN FIFTEEN (15) HOURS A DAY. AN EMPLOYEE REQUIRED TO RENDER SERVICE FOR 15 HOURS SHALL BE GIVEN AN UNINTERRUPTED REST DAY OF ONE DAY WITHIN THE WEEK WHEN SUCH SERVICES WERE RENDERED.**

WHEN EXIGENCY OF SERVICE WOULD REQUIRE PHYSICIANS TO RENDER WORK HOURS BEYOND THE 15 HOURS ALLOWED UNDER THIS ACT, THEY SHALL BE GIVEN A MANDATORY TIME OFF OF ONE DAY IMMEDIATELY AFTER THE SERVICES WERE RENDERED.

PROVIDED, THAT THE FOREGOING LIMITATION ON MAXIMUM DUTY HOURS MAY BE EXCEEDED DURING DECLARED EMERGENCIES, DISASTERS, PUBLIC HEALTH EMERGENCIES, MASS CASUALTY INCIDENTS, OR OTHER CIRCUMSTANCES AS MAY BE AUTHORIZED BY THE DEPARTMENT OF HEALTH, SUBJECT TO APPROPRIATE

COMPENSATION AND MANDATORY REST PERIODS THEREAFTER.

Hours worked shall include: a) all the time during which a public health worker is required to be on active duty or to be at a prescribed workplace; and b) all the time during which a public health worker is suffered or permitted to work: Provided, That, the time when a public health worker is placed on "On Call" status shall not be considered as hours worked but shall entitle the public health worker to an "On Call" pay equivalent to ~~[fifty percent (50%)]~~ **SIXTY PERCENT (60%)** of his/her regular wage. 'On Call' status refers to a condition when public health workers are called upon to respond to urgent or immediate need for health/medical assistance or relief work during emergencies such that he/she cannot devote the time for his/her own use.

SEC. 3. Section 16 of Republic Act No. 7305 is hereby amended to read as follows:

SEC. 16. Overtime Work. - Where the exigencies of the service so require, any public health worker may be required to render service beyond the normal eight (8) hours a day **BUT NOT MORE THAN 15 HOURS A DAY, EXCEPT DURING DECLARED EMERGENCIES, DISASTERS, PUBLIC HEALTH EMERGENCIES, MASS CASUALTY INCIDENTS, OR OTHER CIRCUMSTANCES AS MAY BE AUTHORIZED BY THE DEPARTMENT OF HEALTH.** In such a case, the workers shall be paid an additional compensation [in accordance with existing laws and prevailing practices.] **EQUIVALENT TO THE HEALTH WORKERS' REGULAR WAGE PLUS THIRTY PERCENT (30%) OF IT.**

SEC. 4. Section 18 of Republic Act No. 7305 is hereby amended to read as follows:

SEC. 18. Night-Shift Differential. -

a. Every public health worker shall be paid a night-shift differential of ~~ten percent (10%)~~ **TWENTY PERCENT (20%)** of his/her regular wage for each hour of work performed during the night-shifts customarily adopted by hospitals, **BIRTHING CLINICS AND OTHER HEALTH FACILITIES OPERATING IN A 24/7 SHIFT AND DURING CALAMITIES, DISASTERS AND PUBLIC HEALTH EMERGENCIES.**

b. Every health worker required to work on the period covered after his/her regular schedule shall be entitled to his/her regular wage plus the regular overtime rate and an additional amount of ~~ten percent (10%)~~ **TWENTY PERCENT (20%)** of such overtime rate for each hour of work performed between ten (10) o'clock in the evening to six (6) o'clock in the morning.

SEC. 5. Section 21 of Republic Act No. 7305 is hereby amended to read as

follows:

SEC. 21. Hazard Allowance. –PUBLIC HEALTH WORKERS WHO ARE EXPOSED TO HEALTH HAZARDS AND OCCUPATIONAL RISKS SHALL CONTINUE TO BE ENTITLED TO HAZARD ALLOWANCE COMPUTED UNDER A PERCENTAGE-BASED STRUCTURE, IN NO CASE LOWER THAN THE RATES PROVIDED UNDER EXISTING LAWS, SUBJECT TO A GRADUAL INCREASE OF RATES AS MAY BE PRESCRIBED BY THE DEPARTMENT OF HEALTH (DOH) IN COORDINATION WITH THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM).

THE DEPARTMENT OF HEALTH, IN COORDINATION WITH THE DEPARTMENT OF BUDGET AND MANAGEMENT AND THE CIVIL SERVICE COMMISSION, SHALL PRESCRIBE CLEAR CRITERIA FOR DETERMINING THE DEGREE OF HAZARD EXPOSURE AND SHALL PROVIDE FOR PERIODIC ADJUSTMENTS OF HAZARD ALLOWANCE RATES BASED ON INFLATION, ACTUAL OCCUPATIONAL RISK, AND THE FISCAL CAPACITY OF THE NATIONAL GOVERNMENT AND LOCAL GOVERNMENT UNITS.

SEC. 6. A new Section 21-A is hereby inserted to read as follows:

SEC. 21-A. COMPREHENSIVE HEALTH BENEFITS. —ALL PUBLIC HEALTH WORKERS SHALL BE ENTITLED TO BASIC AND EMERGENCY MEDICAL SERVICES WHICH SHALL INCLUDE, BUT ARE NOT LIMITED TO: SERVICES OF HEALTH CARE PROFESSIONALS, DIAGNOSTIC, LABORATORY, DENTAL, AND OTHER MEDICAL SERVICES, AND PRESCRIPTION DRUGS.

SEC. 7. Section 22 of Republic Act No. 7305 is hereby amended to read as follows:

SEC. 22. Subsistence Allowance. – [~~Public health workers who are required to render service within the premises of hospitals, sanitaria, health infirmaries, main health centers, rural health units and barangay health stations, or clinics, and other health-related establishments in order to make their services available at any and all times, shall be entitled to full subsistence allowance of three (3) meals which may be computed in accordance with prevailing circumstances as determined by the Secretary of Health in consultation with the Management Health Workers' Consultative Councils, as established under Section 33 of this Act: Provided, That representation and travel allowance shall be given to rural health physicians as enjoyed by municipal agriculturists, municipal planning and development officers and budget officers.~~] ALL PUBLIC HEALTH WORKERS SHALL BE ENTITLED TO FULL SUBSISTENCE ALLOWANCE EQUIVALENT TO TWO HUNDRED (PHP 200.00) PER DAY FOR RENDERING ACTUAL SERVICES WITHOUT PREJUDICE TO INCREASE OF THIS AMOUNT AS PRESCRIBED BY THE SECRETARY OF HEALTH.

SEC. 8. Section 28 of Republic Act No. 7305 is hereby amended to read as follows:

SEC. 28. [~~Compensation for Injuries.~~] **LOSS OF EARNINGS BENEFIT**– Public health workers shall be protected against the consequences of employment injuries, **ILLNESS OR QUARANTINE**, in accordance with existing laws. Injuries **OR ILLNESS** incurred while doing overtime work shall be presumed work-connected.

PUBLIC HEALTH WORKERS OR THEIR FAMILIES, AS MAY BE APPLICABLE, SHALL BE ENTITLED TO AN ENHANCED DEATH OR DISABILITY COMPENSATION PACKAGE, INCLUDING A ONE-TIME DISABILITY OR DEATH COMPENSATION PACKAGE, IN CASE OF DEATH, PERMANENT TOTAL DISABILITY, DISMEMBERMENT, PERMANENT LOSS OF SIGHT, HEARING, OR SPEECH, WHEN THE INJURY OR ILLNESS OCCURRED IN THE PERFORMANCE OF THE HEALTH WORKER’S DUTY.

THE AMOUNT, QUALIFYING CONDITIONS, AND PAYMENT MECHANISM SHALL BE DETERMINED BY THE DEPARTMENT OF HEALTH AND THE DEPARTMENT OF BUDGET AND MANAGEMENT, IN COORDINATION WITH THE GOVERNMENT SERVICE INSURANCE SYSTEM, TAKING INTO ACCOUNT FISCAL FEASIBILITY AND SUSTAINABILITY, AND THE EXISTING BENEFITS AVAILABLE UNDER APPLICABLE LAWS.

A NATIONAL PUBLIC HEALTH WORKERS DEATH AND DISABILITY BENEFITS TRUST FUND MAY BE ESTABLISHED TO SUPPORT ENHANCED DEATH AND DISABILITY BENEFITS UNDER THIS SECTION. BENEFITS UNDER THIS SECTION SHALL BE WITHOUT PREJUDICE TO, AND SHALL NOT DIMINISH, BENEFITS DUE UNDER GSIS AND OTHER EXISTING LAWS.

SEC. 9. New Sections 29-A to 29-F are hereby inserted to read as follows:

SEC. 29-A. “Mental Health Leave. —In recognition of the critical importance of mental health and the unique stresses faced by public health workers, all public health workers shall be entitled to a five (5)-day paid mental health leave per year, separate from their existing sick and vacation leaves.

THE MENTAL HEALTH LEAVE MAY BE USED FOR THE PURPOSE OF MENTAL HEALTH RECOVERY, COUNSELING, THERAPY, OR ANY OTHER MENTAL HEALTH-RELATED NEEDS AS CERTIFIED BY A LICENSED MENTAL HEALTH PROFESSIONAL.

THIS LEAVE SHALL NOT BE DEDUCTED FROM THE EXISTING SICK OR VACATION LEAVE CREDITS OF THE HEALTH WORKER AND SHALL BE GRANTED WITHOUT PREJUDICE TO THEIR EMPLOYMENT STATUS OR BENEFITS.”

IN ADDITION TO THE MENTAL HEALTH LEAVE, ALL GOVERNMENT

HOSPITALS, HEALTH CENTERS, RURAL HEALTH UNITS, AND OTHER HEALTH-RELATED ESTABLISHMENTS SHALL INSTITUTIONALIZE MENTAL HEALTH PROTECTION PROGRAMS, INCLUDING ANNUAL MENTAL HEALTH ASSESSMENTS, ACCESS TO FREE PSYCHOLOGICAL AND COUNSELING SERVICES, BURNOUT PREVENTION AND WELLNESS PROGRAMS, AND PEER SUPPORT AND RESILIENCE-BUILDING INITIATIVES.

SEC. 29-B. SAFE STAFFING STANDARDS. —THE DEPARTMENT OF HEALTH SHALL ESTABLISH, PERIODICALLY REVIEW, AND ENFORCE SAFE STAFFING STANDARDS FOR GOVERNMENT HOSPITALS, HEALTH CENTERS, RURAL HEALTH UNITS, AND OTHER HEALTH-RELATED ESTABLISHMENTS. THE STANDARDS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING GUIDELINES: GENERAL WARD: ONE (1) NURSE FOR EVERY TWELVE (12) PATIENTS, MAXIMUM; HIGH-RISK WARD: ONE (1) NURSE FOR EVERY SIX (6) PATIENTS; INTENSIVE CARE UNIT: ONE (1) NURSE FOR EVERY ONE (1) TO TWO (2) PATIENTS; AND EMERGENCY ROOM: STAFFING BASED ON PATIENT VOLUME, ACUITY, AND OTHER PARAMETERS AS MAY BE PRESCRIBED BY THE DEPARTMENT OF HEALTH. IMPLEMENTATION IN HOSPITALS OPERATED AND MANAGED BY LGUS SHALL BE SUBJECT TO THE STAGGERED COMPLIANCE PLAN UNDER SECTION 12 OF THIS ACT, UNTIL SUCH TIME THAT SUFFICIENT FUNDS ARE AVAILABLE FOR FULL COMPLIANCE.

SEC. 29-C. REGULARIZATION OF LONG-TERM CONTRACTUAL PUBLIC HEALTH WORKERS. —PUBLIC HEALTH WORKERS ENGAGED UNDER JOB ORDER, CONTRACT OF SERVICE, NURSE DEPLOYMENT PROGRAM, OR SIMILAR CONTRACTUAL ARRANGEMENTS WHO HAVE RENDERED CONTINUOUS AND SATISFACTORY SERVICE FOR THREE (3) TO FIVE (5) YEARS SHALL BE PRIORITIZED FOR APPOINTMENT TO PLANTILLA POSITIONS, MERIT AND FITNESS REQUIREMENTS, QUALIFICATION STANDARDS, AND APPLICABLE BUDGETARY RULES.

SEC. 29-D. CONTINUING PROFESSIONAL DEVELOPMENT SUPPORT. —PUBLIC HEALTH WORKERS SHALL BE PROVIDED SUPPORT FOR CONTINUING PROFESSIONAL DEVELOPMENT, INCLUDING ANNUAL CPD ALLOWANCE, STUDY LEAVE PRIVILEGES, SCHOLARSHIP AND TRAINING OPPORTUNITIES, SPECIALTY COURSES, CERTIFICATIONS, CONFERENCES, AND CAREER ADVANCEMENT PATHWAYS, BY THE DEPARTMENT OF HEALTH IN COORDINATION WITH THE DEPARTMENT OF BUDGET AND MANAGEMENT AND OTHER CONCERNED AGENCIES.

SEC. 29-E. INCENTIVES FOR RURAL, UNDERSERVED, AND GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS. —TO PROMOTE EQUITABLE DISTRIBUTION OF HEALTHCARE PROFESSIONALS, PUBLIC HEALTH WORKERS ASSIGNED TO RURAL, UNDERSERVED, AND GEOGRAPHICALLY ISOLATED AND

DISADVANTAGED AREAS SHALL BE GRANTED APPROPRIATE INCENTIVES, WHICH MAY INCLUDE RURAL HARDSHIP ALLOWANCE, HOUSING ASSISTANCE, TRANSPORTATION ALLOWANCE, EDUCATIONAL ASSISTANCE FOR DEPENDENTS, AND ADDITIONAL SERVICE INCENTIVES.

SEC. 29-F. RETENTION INCENTIVES. —THE GOVERNMENT SHALL INSTITUTIONALIZE RETENTION INCENTIVES TO ENCOURAGE EXPERIENCED PUBLIC HEALTH WORKERS TO REMAIN IN GOVERNMENT SERVICE. SUCH INCENTIVES MAY INCLUDE A FIVE-YEAR RETENTION BONUS, TEN-YEAR LOYALTY INCENTIVE, ADDITIONAL LEAVE CREDITS, AND ENHANCED RETIREMENT SUPPORT OF THE NATIONAL GOVERNMENT AND LOCAL GOVERNMENT UNITS.

SEC. 10. Section 39 is hereby amended to read as follows:

SEC. 39. Penal Provision. - Any person who shall willfully interfere with, restrain or coerce any public health worker in the exercise of his/her rights or shall in any manner commit any act in violation of any of the provisions of this Act, upon conviction, shall be punished by a fine of not less than Twenty thousand pesos (P20,000.00) but not more than Forty thousand pesos (P40,000.00) or imprisonment of not more than one (1) year or both at the discretion of the court.

If the offender is a public official, the court, in addition to the penalties provided in the preceding paragraph, may impose the additional penalty of disqualification from office.

“ALL HOSPITALS, SANITARIA, HEALTH CENTERS, RURAL HEALTH UNITS AND OTHER HEALTH-RELATED ESTABLISHMENTS OWNED AND OPERATED BY GOVERNMENT OR ITS POLITICAL SUBDIVISIONS WITH ORIGINAL CHARTERS THAT WILLFULLY CIRCUMVENT OR VIOLATE THE LAW TO EVADE PROVISION OF BENEFITS TO PUBLIC HEALTH WORKERS WILL BE HELD LIABLE. THE PERSON DIRECTLY RESPONSIBLE AS WELL AS THE HEAD OF AGENCY WILL BE SANCTIONED UNDER ADMINISTRATIVE LAW AND OTHER APPROPRIATE LAWS.

PROVIDED, THAT HOSPITALS OPERATED AND MANAGED BY LGUS COVERED BY AN APPROVED STAGGERED COMPLIANCE PLAN SHALL NOT BE DEEMED TO HAVE WILLFULLY CIRCUMVENTED OR VIOLATED THIS ACT SOLELY BY REASON OF STAGGERED IMPLEMENTATION.

SEC. 11. Implementing Rules and Regulations. – The Department of Health (DOH) shall, in coordination with the Department of Budget and Management (DBM), Civil Service Commission (CSC), Government Service Insurance System (GSIS), Department of the Interior and Local Government (DILG), both Houses of Congress, local government units, and other concerned agencies, and in consultation with public health worker representatives, promulgate the necessary rules and regulations for the proper

implementation of this Act not later than ninety (90) days from its effectivity. The implementing rules shall include mechanisms for hazard exposure classification, periodic benefit adjustment, safe staffing monitoring, regularization priorities, mental health programs, CPD support, rural and GIDA incentives, retention benefits, and staggered compliance by hospitals operated and managed by LGUs, available-funds safeguards, and fiscal sustainability safeguards.

SEC. 12. STAGGERED COMPLIANCE BY HOSPITALS OPERATED AND MANAGED BY LGUS. – HOSPITALS OPERATED AND MANAGED BY LGUS SHALL BE GIVEN AMPLE TIME TO COMPLY WITH THE REQUIREMENTS OF THIS ACT THROUGH A STAGGERED COMPLIANCE PLAN, TAKING INTO CONSIDERATION THE FISCAL CAPACITY AND AVAILABLE FUNDS OF THE CONCERNED LGU, UNTIL SUCH TIME THAT SUFFICIENT FUNDS ARE AVAILABLE FOR FULL COMPLIANCE.

THE DEPARTMENT OF HEALTH, IN COORDINATION WITH THE DEPARTMENT OF BUDGET AND MANAGEMENT, THE CIVIL SERVICE COMMISSION, THE DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT, BOTH HOUSES OF CONGRESS, AND THE CONCERNED LGUS, SHALL ISSUE THE NECESSARY GUIDELINES FOR THE PROGRESSIVE IMPLEMENTATION OF THIS ACT.

SEC. 13. *Separability Clause.* – If any provision or part of this Act is declared unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 14. *Repealing Clause.* – All laws, executive orders, issuances, rules and regulations, inconsistent with this Act are hereby repealed or modified accordingly.

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

Approved,