

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

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **10456**



Introduced by **Representative ERIC G. YAP**

EXPLANATORY NOTE

This bill seeks to establish a Rural Health Service Incentive Allowance for physicians and nurses assigned to Rural Health Units (RHUs). It aims to strengthen the recruitment and retention of healthcare professionals in rural, remote, underserved, and geographically isolated communities and recognizes the critical role of frontline healthcare workers in delivering essential health services and provides additional support to encourage qualified professionals to continue serving communities where healthcare needs are greatest.

Access to quality healthcare remains a continuing challenge for many Filipinos living outside major urban centers. Rural communities often face difficulties in attracting and retaining physicians and nurses due to limited resources, challenging working environments, professional isolation, and the demands of providing comprehensive health services with constrained facilities and personnel. These challenges affect the capacity of RHUs to deliver preventive, promotive, curative, rehabilitative, and public health programs that serve as the foundation of the country's primary healthcare system.

The Department of Health has consistently recognized the need to address healthcare workforce shortages and improve the distribution of health professionals, particularly in geographically isolated and disadvantaged areas. The implementation of Republic Act No. 11223, otherwise known as the "*Universal Health Care Act*", highlights the importance of strengthening primary care networks and making sure the availability of capable healthcare providers at the community level. However, financial and professional incentives remain necessary to sustain the deployment of physicians and nurses in areas where healthcare services are difficult to deliver.

Despite their vital contributions, many physicians and nurses assigned to RHUs perform demanding responsibilities under conditions that differ significantly from those experienced in better-resourced healthcare facilities. They serve as the first point of contact for communities, respond to public health emergencies, manage a wide range of medical concerns, and provide continuous healthcare services despite geographic and operational challenges. Providing a dedicated incentive

allowance recognizes their commitment and addresses the factors that contribute to workforce attrition in rural areas.

The proposed measure aims to address policy gaps in rural healthcare workforce development through a dedicated incentive mechanism that responds to the challenges of recruiting and retaining physicians and nurses in underserved communities. It provides a uniform and institutionalized support system for healthcare professionals assigned to Rural Health Units, recognizing that existing benefits do not fully address the unique demands of rural service. It also establishes clear implementation, monitoring, and accountability mechanisms to ensure that the intended beneficiaries receive the benefit in accordance with existing budgeting, accounting, and auditing rules. Through these interventions, the measure strengthens the sustainability of rural healthcare delivery and ensures that communities, regardless of location, continue to receive essential health services from adequately supported healthcare professionals.

Investing in rural healthcare workers means investing in the lives and well-being of millions of Filipinos who depend on community-based healthcare services. Physicians and nurses assigned to rural areas stand at the frontlines of public health, bringing medical care to communities where distance, limited resources, and difficult working conditions often stand between patients and the services they need. Their commitment ensures that even the most remote communities are not left behind in the pursuit of universal healthcare. Providing them with meaningful support is not merely an additional benefit but a necessary recognition of their sacrifices and a strategic investment in a stronger, more equitable, and more responsive healthcare system for every Filipino.

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



HON. ERIC G. YAP

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AN ACT
GRANTING A RURAL HEALTH SERVICE INCENTIVE ALLOWANCE TO
LICENSED PHYSICIANS AND NURSES ASSIGNED TO RURAL HEALTH
UNITS, 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 referred to as the “*Rural Health Service Incentive Allowance Act*”.

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health by ensuring that every Filipino, particularly those residing in rural, underserved, and geographically isolated communities, has access to competent and quality primary healthcare services.

The State recognizes the indispensable role of physicians and nurses assigned to Rural Health Units (RHUs) in delivering preventive, promotive, curative, rehabilitative, and public health services. It likewise recognizes the continuing difficulty in recruiting and retaining healthcare professionals in rural areas due to professional isolation, limited resources, and more demanding working conditions.

Towards this end, the State shall establish a Rural Health Service Incentive Allowance to encourage qualified physicians and nurses to serve and remain in rural healthcare facilities.

SEC. 3. *Coverage.* – This Act shall apply to all licensed physicians and registered nurses assigned to RHUs operated by the national government or local government units (LGUs), regardless of employment status, whether permanent, temporary, contractual, casual, or part-time: *Provided*, That they render actual service in the RHU for at least fifteen (15) days within a month. Personnel receiving similar allowances under existing laws shall continue to receive such benefits; *Provided, further* That the Rural Health Service Incentive Allowance shall not diminish or replace existing benefits.

SEC. 4. *Grant of Rural Health Service Incentive Allowance.* – Eligible beneficiaries shall receive a monthly Rural Health Service Incentive Allowance amounting to Three thousand pesos (Php 3,000.00) for physicians and Two thousand pesos (Php 2,000.00) for nurses. The allowance shall:

- a. be paid monthly;
- b. be separate and distinct from salaries, hazard pay, Magna Carta benefits, subsistence allowance, longevity pay, or any other benefit authorized by law;
- c. not be subject to diminution or discontinuance except as provided by law; and
- d. not be considered part of the basic salary for purposes of retirement computation unless otherwise provided by law.

SEC. 5. *Non-Diminution of Benefits.* – Nothing in this Act shall be construed to diminish or reduce salaries, hazard pay, Magna Carta benefits, honoraria, incentives, or other allowances presently enjoyed by qualified physicians and nurses. No employer shall reduce existing benefits to offset the Rural Health Service Incentive Allowance granted under this Act.

SEC. 6. *Compliance Monitoring.* – The Department of Health (DOH), in coordination with the Department of the Interior and Local Government (DILG), shall monitor compliance with this Act. The DILG shall assist in ensuring compliance among LGUs. All LGUs operating Rural Health Units shall submit annual reports to the DOH, in accordance with its prescribed guidelines, on the implementation of this Act, including the number of beneficiaries and the amount of allowances released.

SEC. 7. *Administrative Liability.* – Any public official or responsible officer who willfully refuses or unjustifiably fails to implement the grant of the Rural Health Service Incentive Allowance shall be subject to administrative, civil, or criminal liability under existing laws.

SEC. 8. *Review of the Allowance.* – The DOH, in coordination with the Department of Budget and Management (DBM) and the DILG, shall review the amount of the Rural Health Service Incentive Allowance every three (3) years, taking into account inflation, the purchasing power of the peso, labor market conditions, and the need to strengthen the recruitment and retention of healthcare professionals in rural communities.

SEC. 9. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with the DBM, the DILG, and other concerned agencies, shall promulgate the implementing rules and regulations necessary for the effective implementation of this Act.

SEC. 10. *Funding.* – The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act. Funds intended for qualified beneficiaries in local government units shall be released through appropriate mechanisms determined by the DBM and the DOH.

SEC. 11. *Separability Clause.* – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

SEC. 12. *Repealing Clause.* – All laws, presidential decrees, executive orders, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SEC. 13. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a national newspaper of general circulation.

Approved,