

SEVENTEENTH CONGRESS OF THE REPUBLIC
OF THE PHILIPPINES

Second Regular Session



'17 AUG -7 P5:56

SENATE
S.B. No. 1546

RECEIVED BY: _____

Introduced by Senator Poe

AN ACT
CREATING PRIMARY CARE RETRAINING AND SCHOLARSHIP PROGRAMS
FOR THE RECRUITMENT OF QUALIFIED FILIPINOS WHO WILL SERVE AS
PRIMARY CARE WORKERS IN PRIORITY BARANGAYS, MUNICIPALITIES,
AND CITIES, AND CREATING FOR THAT PURPOSE THE NECESSARY
POSITIONS OF PRIMARY CARE PROVIDERS UNDER THE COMPENSATION
AND POSITION CLASSIFICATION SYSTEM, APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

Explanatory Note

The 1987 Philippine Constitution is replete with provisions on the people's right to health. For instance, Article 2, Section 15 of the Constitution declares it a State policy to "...protect and promote the right to health of the people and instill health consciousness among them."

The abovementioned State policy is reiterated in Article 13, Section 11 of the Constitution, which states:

"The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

Skilled health workers, facilities, and financing, are the three "pillars" needed to maintain an "integrated and comprehensive" health care system. However, this representation firmly believes that skilled health workers are the most important of the three pillars. Simply put, care cannot be provided without those who provide care – the doctors, nurses, and midwives who diagnose and treat the unwell. In the words of the World Health Organization:

“Acting on human resources for health is now in the hands of governments and all interested stakeholders... This requires a contemporary agenda in support of the millions of individual health workers that manage, administer and provide the health and social services that we wish all people – rich and poor – to access and obtain. *The universal truth: no health without a workforce.*”¹

Unfortunately, the State does not appear to accord priority to recruiting more skilled health workers, preferring instead to focus on building hospitals and expanding health care financing. Two examples can be cited:

- Not a single centavo of the incremental revenues collected from “sin taxes” under the Sin Tax Reform Act (Republic Act No. 10351) were earmarked for hiring skilled health workers or raising their benefits. Under R.A. No. 10351, incremental revenues are divided 80-20 between the National Health Insurance Program and the Health Facilities Enhancement Program (HFEP) of the Department of Health, respectively.
- The Department of Health (DOH) was poised to reduce the number of personnel under the Rural Health Program (RHP) from 21,118 to 18,825 under the proposed 2017 National Expenditure Program. Fortunately, the DOH agreed to use its continuing appropriations under the 2016 General Appropriations Act to fund the RHP during plenary deliberations in the Senate.

As a result, our public health sector is experiencing a shortage of skilled health workers. It is estimated that there are only nine skilled health workers – defined as a combination of doctors, midwives and nurses – for every 10,000 population.² This is well below the WHO-recommended threshold of 22.8 skilled health workers per 10,000 persons.³

Our public health system, strained as it is by the shortage of skilled health workers, is further constrained by administrative fragmentation and unplanned specialization:

- On the one hand, Republic Act No. 7160 or the Local Government Code devolved health service delivery to Local Government Units. This has tasked the DOH with the impossibly complex task of coordinating 81 provinces, 1,600 cities and municipalities and 42,000 barangays to provide the same level of health services.

¹ Campbell J, Dussault G, Buchan J, *et.al.* *A universal truth: no health without a workforce.* Forum Report, Third Global Forum on Human Resources for Health, Recife, Brazil. Geneva, Global Health Workforce Alliance and World Health Organization, 2013. *Emphasis Supplied.*

² Based on data from the DOH Health Human Resource Development Bureau. Retrieved from <http://ndhrhis.com/RPA0021.php>

³ Campbel, J., Dussault, G. *et.al.*

- On the other hand, unplanned specialization of skilled workers has produced an imbalance between specialty and general health care. As a result, individuals often have to consult directly with a specialist when it may not be needed. This is unfortunate, as 75 percent to 85 percent of persons require only primary care services in a given year.⁴

The abovementioned issues combined have produced a public health system that is far from the one envisioned in the Constitution. It can be summed up in one tragic statistic: **6 out of every 10 Filipinos die without seeing a doctor.**⁵

This bill proposes a simple solution. We need to transition to a *primary care* system. This measure defines primary care as a system of providing health services in which front-line primary care providers serve as the initial point of care, point of continuing care, and coordinator of necessary specialized services. To this end, the proposed measure seeks to authorize the Department of Budget and Management (DBM), in coordination with the DOH, to create new items to be known as Primary Care Providers I, II, and III.

As the initial point of care, primary care providers shall strive to render general health care services to all persons at the onset of disease to prevent costly treatment on the secondary and tertiary levels of care, which shall include:

- Maternal, Newborn and Child Health Services;
- Family Planning and Reproductive Health;
- Prevention and Control of Communicable Diseases;
- Prevention and Control of Tropical Diseases;
- Prevention and Control of Non-Communicable Diseases; and
- Emergency Care.

As the coordinator of necessary specialized services, primary care providers shall, when necessary, refer patients to secondary or tertiary care providers. They shall serve as the coordinators and navigators of the health care system.

Finally, as the point of continuing care, primary care providers shall act as the coordinator and liaison between the patient and the secondary or tertiary care provider.

In order to fill up the new Primary Care Provider positions, this bill seeks to establish a primary care recruitment program, which shall have two variations, namely the retraining program and the scholarship program. Under the retraining program, willing and qualified doctors, nurses, midwives, and community health workers will be retrained to deliver primary care services. Under the scholarship program, the DOH shall provide a scholarship and

⁴ Shi, L. "The Impact of Primary Care: A Focused Review" *Scientifica* Volume 2012 (2012) Retrieved from <https://www.hindawi.com/journals/scientifica/2012/432892/>

⁵ Coalition for Primary Care. "A Roadmap to Universal Primary Care(The "Abay Kalusugan" Program)"

financial assistance to qualified Filipinos who shall complete a course on primary care and serve as primary care providers in priority *barangays*, municipalities and cities.

This bill is envisioned as part of a set of measures which shall lay the groundwork towards a transition to a primary care system. I am also filing this bill to fulfill my personal commitment to push for primary care.

Immediate approval of this measure is eagerly sought.


GRACE POE

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

ARTICLE I

GENERAL PROVISIONS

SECTION. 1. *Short Title.* – This Act shall be known as the “*Primary Care Provider Recruitment Act of 2017*”.

SEC. 2. *Declaration of Policy.* – The State shall protect and promote the right to health of the people and instill health consciousness among them. The State recognizes the essential role of a sufficient number of primary care providers in promoting and protecting the right to health. To this end, there is a need to create the positions of primary care providers, and retraining and scholarship programs to recruit qualified individuals to serve as primary care providers who will serve as the initial point of care, point of continuing care, and the coordinator of necessary services in the health system.

SEC. 3. *Definition of Terms.* – For the purposes of this Act:

- a) “*Compensation and Position Classification System*” – refers to the unified Compensation and Position Classification System under Republic Act No. 6758, otherwise known as the “*Compensation and Position Classification Act of 1989*”;

- 1 b) *"Primary Care"* – refers to a system of providing health services in which
 2 front-line primary care providers serve as the initial point of care, point of
 3 continuing care, and coordinator of necessary specialized services;
- 4 c) *"Primary Care Provider"*– refers to individuals who are trained under the
 5 programs established under this Act to deliver primary care services;
- 6 d) *"Primary Care Recruitment Program"* – refers to the program created under
 7 this Act which seeks to recruit individuals to serve as Primary Care Providers.
 8 It shall include the Primacy Care Retraining Program and the Primary Care
 9 Scholarship Program;
- 10 e) *"Primary Care Retraining Program"* or *"Retraining Program"* – refers to the
 11 program established under this Act which aims to retrain willing physicians,
 12 nurses and midwives as primary care providers;
- 13 f) *"Primary Care Scholarship Program"* or *"Scholarship Program"* – refers to
 14 the program established under this Act which aims to recruit individuals who
 15 will study to become primary care providers;
- 16 g) *"Technical Committee"* or *"Committee"* – refers to the technical committee
 17 established under this Act to formulate the curriculum of the Primary Care
 18 Retraining Program and its components ;
- 19 h) *"UniFAST Board"* or *"The Board"* – refers to the Board established to
 20 implement the provisions of Republic Act No. 10687, otherwise known as the
 21 "Unified Student Financial Assistance System for Tertiary Education
 22 (UniFAST) Act".

23 **ARTICLE II**

24 **RESPONSIBILITIES AND BENEFITS OF PRIMARY CARE PROVIDERS**

25 **SEC. 4.** *Creation of Items for Primary Care Providers.* – The Department of Budget
 26 and Management (DBM), in coordination with the Department of Health (DOH), is hereby
 27 authorized and directed to create the positions of Primary Care Provider I, Primary Care
 28 Provider II, Primary Care Provider III under the Compensation and Position Classification
 29 System. They shall have the following minimum qualifications, as well as the corresponding
 30 salary grades and qualifications:

Position	Qualification	Salary Grade
Primary Care Provider I	Any individual who completed the Primary Care Scholarship Program;	12

	Any Midwife, Community Health Worker, or Barangay Health Worker who completes the Primary Care Retraining Program	
Primary Care Provider II	Any Nurse who completes the Primary Care Retraining Program; A Primary Care Provider II who is promoted by the Department of Health.	16
Primary Care Provider III	Any Doctor who completes the Primary Care Retraining Program; A Primary Care Provider III who is promoted by the Department of Health.	22

1 The DOH, in coordination with the DBM, shall review the salary scale and benefits of
2 primary care providers every five (5) years from the effectivity of this Act, and provide for
3 reasonable increases when feasible: *Provided*, that such adjustments shall be commensurate
4 to the expanded duties and responsibilities of Primary Care Providers and shall take into
5 account the cost of living in the various regions.

6 The DOH shall also establish a merit promotion plan for Primary Care Providers in
7 coordination with the Civil Service Commission (CSC). Such plans shall include provisions
8 for a definite screening process, which may include tests of fitness, in accordance with
9 standards and guidelines set by the CSC.

10 **SEC. 5. Duties and Responsibilities of Primary Care Providers.** – Primary care
11 providers under this Act shall have the following responsibilities:

12 a) As the initial point of care, they shall strive to render general health care services
13 to all persons at the onset of disease to prevent costly treatment on the secondary
14 and tertiary levels of care, which shall include:

- 15 1) Maternal, Newborn and Child Health Services;
- 16 2) Family Planning and Reproductive Health;
- 17 3) Prevention and Control of Communicable Diseases;
- 18 4) Prevention and Control of Tropical Diseases;

- 1 5) Prevention and Control of Non-Communicable Diseases;
2 6) Emergency Care;

3 b) As the coordinator of necessary specialized services, they shall, when necessary,
4 refer patients to secondary or tertiary care providers. They shall serve as the
5 coordinators and navigators of the health care system; *and*

6 c) As the point of continuing care, they shall act as the coordinator and liaison
7 between the patient and the secondary or tertiary care provider.

8 **ARTICLE III**
9 **THE PRIMARY CARE RECRUITMENT PROGRAM**

10 **SEC. 6.** *Establishment of the Primary Care Recruitment Program.* – There is hereby
11 established the Primary Care Retraining Program to recruit individuals who shall serve as
12 Primary Care Workers. It shall include the Primary Care Retraining Program and the Primary
13 Care Scholarship Program under its components.

14 **SEC. 7.** *The Primary Care Retraining Program.* – A primary care retraining program
15 is hereby established. The program shall be a short-term program in which willing and
16 qualified doctors, nurses, midwives, and community health workers will be retrained to
17 deliver primary care services.

18 **SEC. 8.** *Certificate of Completion.* – Individuals who complete the retraining program
19 shall be issued a certificate of which shall serve as proof that the individual has satisfactorily
20 completed met the requirements to serve as primary care providers under this Act. The
21 certificate shall be valid for two (2) years.

22 **SEC. 9.** *Integration of Primary Care Providers into the Health Care System.* – The
23 individuals who have completed the retraining program shall serve for two (2) years as
24 primary care providers in a *barangay* health center, rural health unit, or city health office as
25 determined by the DOH: *Provided*, that the DOH shall prioritize *barangays*, municipalities,
26 and cities which have an acute shortage of health human resources.

27 **SEC. 10.** *Establishment of the Primary Care Scholarship Program.* – A primary care
28 scholarship program is hereby established. Under this program, the DOH shall provide a
29 scholarship and financial assistance to qualified Filipinos who shall complete a course on
30 primary care and serve as primary care providers in priority *barangays*, municipalities and
31 cities.

32 **SEC. 11.** *Implementation of the Scholarship Program.* – The scholarship program
33 shall be limited to the University of the Philippines-College of Manila (UPCM) in the first
34 two (2) years of this Act's effectivity. Thereafter, the program shall be integrated in the

1 course offerings of other medical schools, in coordination with the Commission on Higher
2 Education (CHED) and the relevant stakeholders.

3 **SEC. 12.** *Scope of the Scholarship Program.* – The scholarship program shall cover
4 expenses such as, but not limited to:

- 5 a) Tuition, laboratory and other school fees;
- 6 b) Required textbooks, supplies and equipment;
- 7 c) Clothing and uniform allowances; *and*
- 8 d) Housing expenses, traveling expenses and subsistence and living allowances;

9 The scholarship program shall be administered by the Department of Health, in
10 coordination with the UniFAST Board established under Republic Act No. 10687, otherwise
11 known as the “Unified Student Financial Assistance System for Tertiary Education
12 (UniFAST) Act”.

13 **SEC. 13.** *Conditions of the Scholarship Program.* – The scholarship program shall
14 have the following conditions:

- 15 a) The scholar shall pass the admission examinations and related requirements of the
16 UPCM in the first two (2) years of this Act’s effectivity, or in any other university
17 that offers the primary care course thereafter;
- 18 b) The scholar shall carry the full load of subjects prescribed per semester under the
19 primary care program;
- 20 c) The scholar shall pay the full amount of the scholarship if he or she fails to
21 complete the course; *and*
- 22 d) The scholar shall, upon completion of the course, serve as a Primary Care
23 Provider I in a *barangay* health center, rural health unit, or city health office as
24 determined by the DOH: *Provided*, that the DOH shall prioritize *barangays*,
25 municipalities, and cities which have an acute shortage of health human resources.

26 **SEC. 14.** *The Technical Committee.* – There is hereby established a technical
27 committee which shall design the curricula of the retraining program and the scholarship
28 program. The Committee shall be composed of the following:

- 29 a) The Secretary of the DOH, or his permanent representative, as Chairperson of the
30 Committee, or his permanent representative;

1 b) The Chairperson of the Commission on Higher Education, or his permanent
2 representative;

3 c) The Dean of the UPCM; *and*

4 d) One (1) representative each from Luzon, Visayas, and Mindanao from other
5 colleges of medicine, who shall be appointed by the President, and who shall each
6 serve a term of one (1) year.

7 The technical committee shall finalize the curriculum of the retraining and scholarship
8 programs within six (6) months from the effectivity of this Act. The curriculum shall
9 include but not be limited to:

10 a) Health System Navigation;

11 b) Diagnostic Services.

12 c) Maternal, Newborn and Child Health;

13 d) Family Planning and Reproductive Health;

14 e) Prevention and Control of Communicable Diseases;

15 f) Prevention and Control of Tropical Diseases;

16 g) Prevention and Control of Non-Communicable Diseases;

17 h) Emergency Care;

18 *Provided*, that the technical committee may recommend to the CHED to rearrange,
19 recluster, integrate or revise the above curriculum at a later date.

20 **ARTICLE IV**
21 **FINAL PROVISIONS**

22 **SEC. 15. Information Dissemination.** – The DOH and the Presidential
23 Communications Operations Office (PCOO) and its attached agencies shall conduct regular
24 information dissemination campaigns on the programs under this Act.

25 **SEC. 16. Implementing Rules and Regulations.** – The members of the technical
26 committee along with the DBM, CHED and the PCOO shall promulgate the implementing
27 rules and regulations of this Act within thirty (30) days from its effectivity.

28 **SEC. 17. Appropriations.** – The amounts necessary for the effective implementation
29 of this Act shall be included under the appropriations of the Department of Health under the
30 annual General Appropriations Act.

31 **SEC. 18. Penalties.** – Any primary care provider who fails to comply with Section 14
32 (d) of this Act shall be, upon conviction, perpetually disqualified from employment and re-
33 employment in the government service and pay a fine of five hundred thousand pesos (Php
34 500,000) to one million pesos (Php 1,000,000), without prejudice to the imposition of

1 administrative sanctions such as the revocation of their certificate of completion or their
2 suspension from providing primary care.

3 **SEC. 19. *Separability Clause.*** – If, for any reason, any part, section or provision of
4 this Act is held invalid or unconstitutional, the remaining provisions not affected thereby
5 shall continue to be in full force and effect.

6 **SEC. 20. *Repealing Clause.*** – All laws, decrees, executive orders, proclamations,
7 rules and regulations, and other issuances, or parts thereof which are inconsistent with the
8 provisions of this Act are hereby repealed, amended or modified accordingly.

9 **SEC. 21. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days after its
10 publication in the Official Gazette or in a newspaper of general circulation.

Approved,