

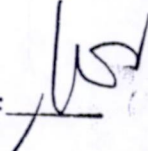
SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



Senate
Office of the Secretary

'16 SEP 19 P3:57

SENATE

RECORDED BY: 

S.B. No. 1156

Introduced by Senator **SONNY ANGARA**

**AN ACT TO
ENHANCE AND SUSTAIN THE UNIVERSAL HEALTH CARE (UHC) BY
ESTABLISHING A MEDICAL RESIDENCY EXPANSION TRAINING PROGRAM,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

According to the Philippine Statistics Authority (PSA), some 58.2 percent of deaths recorded in 2013 were considered “unattended.” That is, close to 3 out of 5 Filipinos who passed away that year did so without seeing a doctor, nurse or any other allied health professional.

This bolsters what groups, such as the Coalition of Primary Care and the Philippine College of Physicians, have said in 2014 about the country “being in a midst of a healthcare crisis,” born out of a lack or a maldistribution of doctors and healthcare professionals. Such a problem is only exacerbated by the lure of better opportunities abroad, leading to a brain drain that hampers the proper dispensation of healthcare services across the country.

Decades ago, the Department of Health (DOH) started implementing the “Doctors to the Barrios” (DTTB) Program, which deploys general medical practitioners—who are looking for alternative venues for their medical residency—to far-flung communities—who, more often than not, are in dire need of healthcare services.

The DTTB program enjoyed some measure of success, particularly in bridging the gaps in healthcare delivery. However, with the perennial problems arising from lack of medical facilities and unattractive compensation packages, there are still several areas where no doctors are available at present.

Contrast this with the healthcare system in Cuba—their *medicina general integral* (MGI) system—where every community is assigned a doctor-nurse team, who live in the community they are meant to treat. Some say this requirement—healthcare professionals actually being neighbors to their patients—is the key innovation of Cuba’s MGI system and the primary factor to its success and effectiveness. For instance,

Cubans reportedly enjoy life expectancies at par with their North American counterparts in the USA, but spend only a fraction (as little as 4 percent by some estimates)¹.

Based on lessons learned from Cuba and other appropriate examples, the foregoing measure seeks to bridge key manpower gaps in the Philippine healthcare system, broaden the delivery of healthcare services to more Filipinos in poor and remote barangays nationwide, and provide residency training and job opportunities to new medical doctors.

The proposed bill seeks to establish a Medical Residency Expansion Training Program where new medical doctors from different medical institutions shall be deployed in DOH indicative hospitals covering catchment areas nationwide. A Medical Residency Training Board (MRTB) shall be created to facilitate the effective implementation of this proposed measure.

Healthcare is vital to the long-term prosperity of the nation, making improvements to our current system all the more critical and urgent. Hence, the swift passage of the foregoing measure is earnestly sought.



SONNY ANGARA

¹ See Fitz, Don. "Why Is Cuba's Health Care System The Best Model For Poor Countries?" Uploaded on July 12, 2012. Accessible via <http://mrzine.monthlyreview.org/2012/fitz071212.html>. [Accessed on September 14, 2016].

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

1 **SECTION 1. Short Title.** – This Act shall be known as the *“Enhanced and Sustained*
2 *Universal Health Care Act of 2016”* or the *“ENSURE Health Act.”*

3
4 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect
5 and promote the right to health of the people and instill health consciousness among
6 them. Towards this end, there is a need to enhance and sustain the Universal Health
7 Care (UHC) by establishing a medical training and service program wherein new
8 medical doctors from different medical institutions shall be deployed nationwide to
9 provide health services while undergoing residency training.

10
11 **SEC. 3. The Medical Residency Expansion Training Program.** – To ensure a
12 continuing supply of trained medical specialists, including primary care specialists, in
13 the countryside and provide training and work opportunities for new physicians, a
14 Medical Residency Expansion Training Program, hereinafter referred to as the
15 “Program” is hereby established.

16
17 **SEC. 4. Creation of Residency Positions.** – To effectively implement the UHC
18 Program of the government and improve the quality and efficiency of the health service
19 providers, there shall be created nine hundred (900) residency positions per year for
20 three (3) consecutive years, until it reaches a total of 2,700 when the program is fully
21 implemented. The positions shall be non-tenured and temporary plantilla positions in

1 forty (40) large referral hospitals in the various Local Government Units (LGUs).

2

3 **SEC. 5. Admission Requirements to the Program.** – Subject to the guidelines and
4 standards as may be provided by the Board, graduates of Philippine medical institutions
5 who had passed the Philippine Physicians Licensure Examination and who are
6 physically and mentally fit may apply to the Program.

7

8 **SEC. 6. The Contract.** – Upon admission to the Program, the trainee shall sign a three-
9 year training and service contract. The contract shall, among others, mandate the
10 trainee who has completed the three-year training under the Program to render one (1)
11 year service for every year of training or a total of three (3) years in any government
12 hospital of his/her choice. Subject to existing law, a trainee who shall fail to complete or
13 finish the three-year training or shall fail to render the three (3) years required services,
14 shall reimburse in favor of the government the total cost of training and salaries and
15 benefits received during the said training.

16

17 **SEC. 7. Incentives for Enrolment to the Program.** – Qualified applicants to the
18 Program shall each receive an annual salary of Six Hundred Thousand Pesos
19 (P600,000) and, upon completion of the Residency Training, they shall be allowed to
20 practice in Department of Health (DOH) hospitals nationwide.

21

22 **SEC. 8. Referral Hospitals for Residency Trainees.** – Qualified resident trainees
23 shall be deployed to the following indicative hospitals with its corresponding catchment
24 areas:

25

Indicative Hospitals	Catchment Area
Ilocos Regional Medical Center	Ilocos and Pangasinan
Region 1 Medical Center (MC)	Pangasinan
Cagayan Valley MC	Cagayan and Northern Isabela
Veteran's Regional MC	Southern Isabela and Nueva Vizcaya
Bataan General Hospital	Bataan and Zambales
Jose Lingad Memorial MC	Pampanga and Tarlac
Paulino Garcia Memorial MC	Nueva Ecija and Aurora
Batangas Regional	Batangas
Laguna Provincial	Laguna
Cavite Provincial	Cavite
Quezon Provincial	Quezon
Ospital ng Palawan	Palawan, Mindoro provinces, Romblon, Marinduque
Bicol Medical Center	Camarines Norte and Camarines Sur
Bicol Regional Hospital	Albay, Sorsogon and Masbate, Catanduanes
West Visayas MC	Panay provinces
Corazon Locsin Memorial MC	Negros Occidental

Negros Oriental Provincial	Negros Oriental
Vicente Sotto MC	Cebu
Gallares Memorial MC	Bohol and Siquijor
Eastern Visayas Regional Hospital	Leyte provinces and Eastern Samar
Samar Provincial Hospital	Northern and Western Samar
Zamboanga MC	Zamboanga City, Zamboanga del Sur, Tawi Tawi, Sulu and Basilan
Zamboanga del Norte Provincial Hospital	Zamboanga del Norte, Zamboanga Sibugay
Bukidnon Hospital System	Bukidnon
Northern Mindanao MC	Misamis provinces, Camiguin
Cotabato Medical MC	Cotabato provinces
CARAGA Regional Hospital	Agusan provinces
Davao Regional Hospital	Davao del Norte, Compostela Valley, Davao Oriental
Davao Medical Center	Davao City and Davao del Sur
Adela Serra Ty Memorial Medical Center	Surigao provinces
Amai Pakpak Memorial Medical	Lanao provinces
Baguio Medical Center	Cordillera provinces
Las Pinas	NCR
Amang Rodriguez	NCR
Rizal Medical	NCR
Quirino	NCR
4 NCR LGU Hospitals	NCR

1 **SEC. 9. Distribution of Resident Trainees to Hospitals and LGUs.** – Out of the total
2 number of resident trainees, forty percent (40%) of which shall serve as primary care
3 doctors, who shall be equally assigned in the hospitals and in the municipalities on
4 rotation basis; the remaining sixty percent (60%) shall be distributed to indicative
5 hospital departments of surgery, internal medicine, obstetrics and gynecology,
6 pediatrics, anesthesia, orthopedics, and other specialties such as cardiology, ENT and
7 ophthalmology. The distribution of residents to the said specialties shall be adjusted
8 every three (3) years based on DOH's survey of needs.

9

10 **SEC. 10. Creation of a Medical Residency Training Board (MRTB).** – To ensure the
11 quality of medical residency training as prescribed in the Program, there shall be
12 created a Medical Residency Training Board herein after referred to as the "Board".

13

14 **SEC. 11. Powers and Functions of the Board.** – The Board shall have the following
15 powers and functions:

- 16 a) Formulate policies and set guidelines and standards for the effective
17 implementation of the Program;
18 b) Evaluate the performance of the medical resident trainees and determine
19 whether they have satisfactorily completed the training;
20 c) Coordinate with the medical associations and societies on various special

1 fields of specialization to provide the necessary assistance to the
2 Program;

3 d) Develop and ensure implementation of policies that will provide
4 competitive compensation and benefits for medical residents;

5 e) Provide a database of medical resident trainees and medical providers
6 enrolled in the Program;

7 f) Monitor the progress of the Medical Residency Program and prescribe
8 remedial measures to address any training deficiencies;

9 g) Provide mechanisms that shall promote the equitable distribution of
10 medical resident trainees to the various parts of the country; and,

11 h) Provide such other related functions as may be necessary to carry out its
12 responsibilities.

13
14 **SEC. 12. *Composition of the Board.*** – The Board shall be headed by the Secretary of
15 the Department of Health, as Chairperson, and the Assistant Secretary of DOH, as Vice
16 Chairperson, and representatives each from the following government agencies and
17 related medical specialty Boards, as members:

18 a) Professional Regulations Commission (PRC);

19 b) Civil Service Commission (CSC);

20 c) Department of Interior and Local Government (DILG);

21 d) Philippine Medical Association (PMA) - Specialty Divisions and Specialty
22 Societies; and,

23 e) Philippine Hospital Association (PHA).

24
25 **SEC. 13. *Appropriations.*** – For the initial implementation of this Act, there is hereby
26 authorized to be created a fund to be derived from the budget of the DOH, not otherwise
27 appropriated. Thereafter, said fund shall be included in the Annual Budget of the DOH.

28
29 **SEC. 14. *Implementing Rules and Regulations.*** – The DOH, in coordination with the
30 CSC, PRC, DILG and the PMA, shall formulate the necessary rules and regulations to
31 effectively implement the provisions of this Act within sixty (60) days from the effectivity
32 of this Act.

33
34 **SEC. 15. *Separability Clause.*** – If any provision of this Act, or any part thereof be
35 declared invalid or unconstitutional, the remaining provisions not affected thereby shall
36 continue in full force and effect.

1 **SEC. 16. *Repealing Clause.*** – All laws, presidential decrees, proclamations, executive
2 orders, rules and regulations or parts thereof inconsistent with the provisions of this Act
3 are hereby repealed, modified or amended accordingly.

4

5 **SEC. 17. *Effectivity.*** – This Act shall take effect after fifteen (15) days following its
6 complete publication in at least two (2) newspapers of general circulation.

Approved,