



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

'18 APR 17 P2:55

SENATE
S. No. 1780

RECEIVED BY

Introduced by Senator Grace Poe

AN ACT
ORDAINING A SYSTEM TO ENSURE AVAILABLE DOCTORS AND HEALTH CARE
IN UNDERSERVED AND GEOGRAPHICALLY DISADVANTAGED AREAS BY
CREATING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM FOR
DESERVING STUDENTS, AND APPROPRIATING FUNDS THEREFOR

Explanatory Note

The 1987 Philippine Constitution enshrined the following fundamental guarantees:

- "The State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all." (Article XIV, Sec. 1)
- "The State shall establish and maintain a system of scholarship grants, student loan programs, subsidies, and other incentives which shall be available to deserving students in both public and private schools, especially to the underprivileged." (Article XIV, Sec. 2)

Medical education is one of the most expensive courses in the Philippines. Medical school tuition fees is skyrocketing high, it can range from roughly Php20,000 to Php250,000 per semester.¹ This is not to mention other expenses such as miscellaneous fees, textbooks, medical equipment, board, lodging, transportation, and other related expenses. There are simply too many families that could not afford this costly medical education. This condition forces a number of students to leave medical school; others opt to stay but upon finishing their studies decide to join private hospital which said to offer higher pays.

¹ Healthcare Asia. (February 21, 2017). Shortage of health professionals in the Philippines, a growing concern. Retrieved from <http://www.healthcareasia.org/2017/shortage-of-health-professionals-in-the-philippines-a-growing-concern/>

The Philippines only produces 2,600 doctors per year. This is short of 15,000 doctors to meet the health needs of Filipinos each year. The Philippines has a ratio of one doctor for every 33,000 persons.² This is a far cry from the ideal ratio of 1 to 1.5 doctors for every 1,000 population.³ The problem is further compounded by the lack of volunteer doctors who are willing to go to rural areas.

The bill aims to address the shortage of doctors. This bill mandates the establishment of a medical scholarship and return service program for deserving students who wish to pursue education and training in the field of health and medicine. The scholarship shall include the following:

- a) Free tuition and other school fees;
- b) Allowance for prescribed books, supplies and equipment;
- c) Clothing or uniform allowance;
- d) Allowance for dormitory or boarding house accommodation;
- e) Transportation allowance;
- f) Internship fees, including financial assistance during post-graduate internship;
- g) Medical board review fees;
- h) Annual medical insurance; and
- i) Other education-related miscellaneous subsistence or living allowance.

Immediate approval of this bill is eagerly sought.


GRACE POE

² Cabato, R. (October 13, 2016). DOH Secretary: Philippines lack 15,000 doctors. CNN News. Retrieved from <http://cnnphilippines.com/news/2016/10/13/departments-of-health-lack-of-doctors.html>

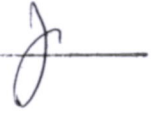
³ Geronimo, J. (February 13, 2014). Where are the health workers. Rappler. Retrieved from <https://www.rappler.com/nation/50267-health-workforce-crisis>

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STUDENTS, AND APPROPRIATING FUNDS THEREFOR

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

1 Section 1. *Short Title.* - This Act shall be known as the "Medical Scholarship and Return
2 Service Program Act."

3 Sec. 2. *Declaration of Policy.* - It is the policy of the State to protect and promote the
4 right to health of the people, and to develop its health human resources to meet the health
5 needs of its citizens and to ensure that the shortage of medical practitioners in the country is
6 addressed.

7 Towards this end, the State shall establish a medical scholarship and return service
8 program that will help deserving medical students pursue medical education and training in
9 the field of health and medicine who shall eventually render services in government public
10 health offices or government hospitals in their hometown or in any municipality in their home
11 province or in any underserved municipality in any province, as part of their integration into
12 the public health and medical service system. This shall ensure the availability of doctors who
13 will provide quality basic, promotive, preventive, and curative health care services in every
14 municipality in the country, especially the underserved, remote, economically underdeveloped,
15 distressed, conflict-afflicted, and geographically disadvantaged areas.

1 *Sec. 3. Establishment of the Medical Scholarship and Return Service Program.* - There
2 shall be established a Medical Scholarship and Return Service Program for deserving students
3 in State Universities and Colleges (SUCs) or in private higher education institutions (PHEIs) in
4 regions where there are no SUCs offering medicine: *Provided,* That the scholarship program
5 shall accept at least one scholar from each municipality of the country: *Provided, further,* That
6 priority shall be accorded to an applicant that hails from a municipality that is considered
7 underserved, remote, economically-challenged or underdeveloped, distressed, conflict-
8 afflicted, or geographically-disadvantaged areas, *Provided, further,* That only upon
9 determination that there is no qualified applicant from a certain municipality shall another
10 qualified applicant be considered, irrespective of domicile: *Provided, further,* That the applicant
11 has passed the admission and other qualifying requirements of the SUCs and PHEIs: *Provided,*
12 *finally,* That the total number of scholars per province or municipality shall depend on the
13 number of government physicians needed for each province or municipality, as determined by
14 the Department of Health (DOH).

15 *Sec. 4. Coverage of the Medical Scholarship and Return Service Program.* - The Medical
16 Scholarship and Return Service Program established under this Act shall be made available to
17 deserving Filipino students who want to pursue a degree in Doctor of Medicine in SUCs or in
18 PHEIs in regions where there are no SUCs.

19 The student financial assistance for the Medical Scholarship and Return Service Program
20 shall include the following:

- 21 a) Free tuition and other school fees;
- 22 b) Allowance for prescribed books, supplies and equipment;
- 23 c) Clothing or uniform allowance;
- 24 d) Allowance for dormitory or boarding house accommodation;
- 25 e) Transportation allowance;
- 26 f) Internship fees, including financial assistance during post-graduate internship;
- 27 g) Medical board review fees;
- 28 h) Annual medical insurance; and
- 29 i) Other education-related miscellaneous subsistence or living allowance.

1 Sec. 5. *Qualification Requirements.* - An applicant for the Medical Scholarship and
2 Return Service Program shall possess the following qualifications:

- 3 a) Must be a natural-born or naturalized Filipino citizen residing in the Philippines;
- 4 b) Must be a graduating student or a graduate of an appropriate undergraduate
5 program identified as a requisite for a Doctor of Medicine degree, from any higher
6 education institution (HEI) duly recognized by the Commission of Higher Education
7 (CHED) including the Direct Entrant to the seven-year Integrated Liberal Arts
8 Medicine Program (or INTARMED Program) of the University of the Philippines who
9 satisfactorily completes the first two years of the program: *Provided,* That
10 deserving incoming second year medical students and those in the higher year
11 levels of the Doctor of Medicine program shall also be covered under this Act;
- 12 c) Must have passed the entrance examinations and other related requirements for
13 admission for a Doctor of Medicine degree in the SUC or PHEI where the scholar
14 intends to enroll, including the Intarmed Program in the University of the
15 Philippines, as well as the other requirement of the CHED and the DOH; and
- 16 d) Must have obtained a National Medical Admission Test (NMAT) score mandated by
17 the CHED and the cut-off score required by the SUC or PHEI where the student
18 intends to enroll in.

19 Sec. 6. *Conditions for the Grant of Scholarship.* - Deserving students accepted to the
20 Medical Scholarship and Return Service Program shall be subject to the following
21 conditionalities:

- 22 a) Must sign an agreement stating the terms and conditions of the scholarship on a
23 form prescribed by the CHED and the DOH;
- 24 b) Must carry the full load of subjects prescribed per semester by the SUC or PHEI,
25 and shall, under no circumstance, drop a course which will result in underloading;
- 26 c) Must finish the entire Doctor of Medicine program in the prescribed time frame in
27 the SUC or PHEI where the scholar is enrolled in, subject to the retention policies
28 of the SUC or PHEI;
- 29 d) Must undertake post-graduate internship in a DOH-accredited public health facility
30 or hospital upon graduation from a four-year Doctor of Medicine Program, subject

1 to the Association of Philippine Medical Colleges (APMC) Intern Matching Program:
2 *Provided, That,* the graduate of the four-year Doctor of Medicine program must
3 satisfy all the requirements of the Association of Philippine Medical Colleges
4 Internship Matching Program: *Provided, further,* That, for a five-year Doctor of
5 Medicine Program, the scholar enrolled in the SUC or PHEI must undertake the
6 post-graduate internship in the SUC's or PHEI's base hospital;

7 e) Must take the board examination within a maximum period of one (1) year after
8 completion of an internship program which may be a post-graduate internship
9 program for scholars under a four-year Doctor of Medicine program or after
10 completion of internship as a fifth-year medical student for scholars under a five-
11 year Doctor of Medicine program; and

12 f) Must serve in a government public health office or government hospital in the
13 scholar's hometown or, in the absence of a need thereat, in any municipality
14 within the scholar's home province, or in any underserved municipality closest to
15 the scholar's hometown in any province determined by the DOH as a priority area,
16 for at least eight (8) years or two years for every scholarship year availed of,
17 which shall be completed within ten (10) years upon completion of internship for
18 those who have availed of a four-year program, and twelve (12) years for those
19 who have availed of a five-year program, upon passing the licensure examination
20 for physicians, which shall be part of the mandatory return service and integration
21 into the public health and medical service system: *Provided, That* this mandatory
22 return service shall be in addition to the required post-graduate internship after
23 graduating from a four-year Doctor of Medicine program and shall also be in
24 addition to the return service requirement of the SUC or PHEI: *Provided, further,*
25 That residency training shall not be considered as a return service under this
26 provision: *Provided, finally,* That the physician shall receive appropriate salaries
27 and other benefits for services rendered under the mandatory integration into the
28 public health and medical service.

1 The scholar may be allowed, for valid reasons preventing the enrollment, to defer
2 availing of the scholarship and file a leave of absence for a period not exceeding one (1)
3 school year, subject to the guidelines and policies of the concerned SUC and PHEI.

4 The scholar who fails to pass the licensure examination within one (1) year after
5 graduation and completion of post-graduate internship and other academic requirements shall
6 shoulder all the necessary expenses for the succeeding professional licensure examinations.

7 *Sec. 7. Disqualifications.* - The scholar shall repay the full cost of scholarship and
8 related benefits received, including all the expenses incurred during the participation in the
9 scholarship program, and the scholarship shall be terminated in case of the following
10 circumstances:

- 11 a) If the scholar accepts another scholarship from other government or private
12 agencies or entities while enjoying the benefits under this Act;
- 13 b) If the scholar fails in forty (40) percent of the subjects or fails to meet the
14 academic requirements of the SUCs or PHEIs or to complete the course within the
15 prescribed period without valid cause as may be determined by the SUC or PHEI,
16 CHED or the DOH such as due to absence without notice, reasons of willful neglect
17 or other causes within the control of the scholar: *Provided, That, if the terminated*
18 *scholar chooses, instead of repayment of scholarship costs, to work within the*
19 *government's public health service system, such as engaging in health-related*
20 *research work for the government or by teaching health-related subjects in a*
21 *public educational institution or be integrated into the public health service system*
22 *for a period equivalent to eight (8) years or the mandatory length of service that*
23 *should have been rendered as stipulated in this Act: *Provided, further, That the**
24 *alternative return service shall exclude residency training;*
- 25 c) If the scholar fails to pass the licensure examination for physicians for the second
26 time; and
- 27 d) If the scholar commits behavioral misconduct in a manner that would bring
28 significant damage to the HEI, government institution concerned, persons, and the
29 community.

1 Sec. 8. *Mandatory Return Service and Integration of the Scholar into the Public Health*
2 *and Medical Service System.* - Upon passing the Physician Licensure Examination (PLE)
3 administered by the Philippine Regulatory Commission (PRC), the scholar becomes a licensed
4 physician, shall be integrated into the public health and medical service system, through the
5 DOH, with the appropriate rank and salary and related benefits. The mandatory return service
6 upon integration into the public health and medical service system under this Act shall be for a
7 period equivalent to at least eight (8) years within ten (10) years for those who have availed
8 of a four-year program, and twelve (12) years for those who availed of a five-year program,
9 upon passing the licensure examination for physicians, which shall be part of the mandatory
10 service and integration into the public health and medical service system.

11 The mandatory return service and integration into the public health and medical service
12 system under this Act shall be separate and distinct from the return service requirement of the
13 SUCs or PHEIs and the mandatory post-graduate internship in a DOH-accredited public health
14 facility or hospital, required by the PRC as a prerequisite for taking the Licensure Examination
15 for Physicians.

16 Sec. 9. *Sanctions.* - In the event that a physician who has availed of the Medical
17 Scholarship and Return Service Program fails or refuses to serve in a government hospital or
18 any local health office in the scholar's hometown or in any municipality in the scholar's home
19 province or in any undeserved municipality in any province, as provided under Section 6 (f)
20 hereof, or fails or refuses to comply with the mandatory integration, as provided in Section 8
21 hereof, shall be required to pay twice the full cost of scholarship including other benefits and
22 expenses incurred by reason of participation in the scholarship program.

23 In case of non-payment, as provided in the preceding paragraph, the PRC shall deny
24 the renewal of the physician's license: *Provided,* That the abovementioned penalties shall not
25 apply to physicians who fail to comply with the required return service amount of, or by
26 reason of, severe or serious illness.

27 Sec. 10. *Roles of CHED.* - The CHED shall perform the following functions:

- 28 a.) Conduct regular information dissemination of and recruitment to the Medical
29 Scholarship and Service Program in SUCs and PHEIs to ensure that there will be
30 an adequate number of medical doctors in all the municipalities and provinces;

- 1 b.) Review, modify and enhance the medical education curriculum to prepare
2 graduates to work in community-based health programs, and to function
3 competently when working with experienced physicians;
- 4 c.) Coordinate, together with the SUCs and PHEIs, with the DOH for the integration of
5 the medical scholar who has passed the PLE into the public health and medical
6 service system;
- 7 d.) Formulate, promulgate, disseminate and implement the necessary policies,
8 standards, guidelines, and rules, and regulations for the effective implementation
9 of the Medical Scholarship Program under this Act;
- 10 e.) Develop strategies to improve the quality of the Doctor of Medicine program and
11 implement a system of quality control for the offering of Doctor of Medicine
12 program in SUCs and PHEIs;
- 13 f.) Monitor and evaluate existing Doctor of Medicine programs of SUCs and effect the
14 continuation or closure of programs in accordance with the provisions of Republic
15 Act No. 7722 or the "Higher Education Act of 1994" and other CHED issuances, as
16 applicable;
- 17 g.) Review and approve or disapprove proposals from SUCs and PHEIs for the offering
18 of new Doctor of Medicine programs;
- 19 h.) Disseminate information on the required percentile cut-off score of SUCs and
20 PHEIs to guide the student applicants on which school to apply to;
- 21 i.) Require SUCs and PHEIs to submit a tracking, monitoring and assistance proposal;
22 and to implement and evaluate the tracking. Monitoring and assistance program in
23 order to determine the whereabouts of the medical scholars after graduation from
24 SUCs or PHEIs;
- 25 j.) Ensure that the SUCs and PHEIs provide the timely release and accurate
26 distribution of allowances and other fees to the scholars; and
- 27 k.) Recommend to the Department of Budget and Management (DBM) the budget for
28 implementation of the Medical Scholarship Program in SUCs and PHEIs based on
29 its monitoring and evaluation results.
- 30

1 Sec. 11. *Roles of the SUCs and PHEIs.* - The SUCs and PHEIs shall perform the
2 following functions:

- 3 a.) Monitor the progress of all scholars in their respective educational institutions,
4 identity students who have low or failing grades, and counsel them to improve
5 their academic performance;
- 6 b.) Ensure the timely release and accurate distribution of allowances and other fees to
7 the scholars;
- 8 c.) Make an annual report to the CHED on the performance of medical scholars and
9 other necessary or vital information regarding the Medical Scholarship and Service
10 Program;
- 11 d.) Assist the CHED in the conduct of regular information dissemination on, and
12 recruitment to, the Medical Scholarship and Return Service Program;
- 13 e.) Review, modify and enhance the medical education curriculum to prepare the
14 scholars to work in community-based health programs;
- 15 f.) Coordinate with the DOH in the conduct of an inventory of its trainable personnel
16 who can be potential beneficiaries of the program;
- 17 g.) Coordinate with the CHEED, DOH, PRC, other concerned agencies, and LGUs in
18 the integration of the scholar into the public health and medical service system;
- 19 h.) Develop strategies to improve the quality control for the offering of Doctor of
20 Medicine program and implement a system of review and evaluation for quality of
21 the Doctor of Medicine program in their respective educational institutions;
- 22 i.) Conduct a tracer study on the whereabouts of their respective medical scholars
23 after graduation from their respective educational institutions and submit the
24 results of the tracer study to CHED;
- 25 j.) Recommend to the CHED and the DBM the budget necessary to implement the
26 Medical Scholarship Program in their respective institutions, based on their own
27 monitoring and evaluation of results; and
- 28 k.) Perform such other functions as the presidents of the SUCs or PHEI mas deem
29 necessary for the success of the Medical Scholarship and Service Program in their
30 respective educational institutions.

1 Sec. 12. *Roles of the DOH.* - The DOH shall perform the following functions:

- 2 a.) Determine the number of physicians needed for every municipality or province, as
3 well as the number of physicians needed in the town or province where the state
4 university or college is situated;
- 5 b.) Determine the distribution of scholars per municipality/province;
- 6 c.) Coordinate with the CHED, SUCs, PHEIs and PRC to determine the number of
7 graduates of the Doctor of Medicine course and passers of the medical board
8 examination;
- 9 d.) Provide for the integration of the scholar into the public health and medical service
10 system, including the necessary number of plantilla positions to accommodate the
11 new doctors in the provincial hospitals;
- 12 e.) Assist the CHED in the conduct of the regular information dissemination on the
13 Medical Scholarship and Return Service Program, the recruitment of scholar
14 applicants, and the integration of successful scholars into the public health and
15 medical service system to ensure the continuous deployment of medical doctors to
16 all provinces, especially in the undeserved, remote, economically underdeveloped,
17 distressed, conflict-afflicted, and geographically disadvantaged municipalities;
- 18 f.) Craft a career pathway for public health practitioners in the DOH and at the local
19 level as an incentive to the graduates of medicine to enhance their competencies
20 and skills for career progression;
- 21 g.) Coordinate with the local government units (LGUs) for the mandatory integration
22 of doctors/scholars into the public health and medical service system;
- 23 h.) Conduct an inventory of its trainable personnel who can benefit from the program;
- 24 i.) Monitor, supervise, and evaluate the performance and length of service of the
25 scholars integrated into the public health and medical service system;
- 26 j.) Provide funds for the implementation of the integration program under this Act;
27 and
- 28 k.) Recommend to the DBM the budget for the plantilla positions for the doctors to be
29 integrated into the public health and medical service system, including the
30 determination of salaries and salary increases.

1 Sec. 13. *Roles of LGUs.* - LGUs are mandated to support the integration of the scholar
2 into the public health and medical service system by performing the following functions:

- 3 a.) Ensure that there is a mechanism to provide the necessary support to the
4 integration program of physicians who will be assigned to the LGU;
- 5 b.) Coordinate with the DOH and the physicians to determine the specific health needs
6 or requirements of the community and provide the necessary assistance, including
7 the improvement of the health facilities in the municipality and involvement in the
8 research component of the medical service system;
- 9 c.) May maintain a regular counterpart fund to be used for providing the balance of
10 the scholarship budget for scholars enrolled in PHEIs, subject to availability of
11 funds;
- 12 d.) Provide for the board and lodging, travel expenses and other forms of financial
13 assistance enumerated under Section 4 of this Act, subject to availability of funds,
14 for the scholar enrolled in the PHEIs located in the municipality under the
15 concerned LGU: *Provided,* That the scholar shall serve in the same LGU upon
16 passing the licensure exam. If the municipal government cannot afford the said
17 expenses, the provincial government shall shoulder the same: *Provided,* That the
18 said provincial government shall decide in what municipality the scholar shall
19 eventually serve;
- 20 e.) Provide other forms of financial assistance, subject to availability of funds, to
21 support the integration program of doctors in the LGUs;
- 22 f.) Ensure the safety and security of the physicians integrated into the public health
23 and medical service program;
- 24 g.) Recommend to the concerned SUC or PHEI any improvement in the
25 implementation of the Medical Scholarship and Service Program;
- 26 h.) Conduct an information dissemination campaign on the Medical Scholarship and
27 Service Program within the municipality or province, with the objective of
28 attracting bright applicants to the said program;
- 29 i.) Coordinate with the CHED and other government agencies and non-governmental
30 organizations involved in the Medical Scholarship and Service Program;

1 j.) z and enforce laws, ordinances and regulations which may, directly or indirectly,
2 have a positive impact on the Medical Scholarship and Service Program.

3 Sec. 14. *Appropriations.* - The amount necessary to carry out the initial implementation
4 of this Act shall be charged against the current year's appropriations of SUCs and DOH.

5 Thereafter, the amount necessary for the continued implementation of the medical
6 scholarship and return service program for deserving students shall be included and subsumed
7 into the scholarship program of SUCs and CHED in the Annual General Appropriations Act.

8 Sec. 15. *Joint Congressional Oversight Committee on Medical Scholarship and Service*
9 *System.* - There is hereby created a Joint Congressional Oversight Committee to oversee,
10 monitor and evaluate the implementation of this Act.

11 The Oversight Committee shall be composed of five (5) members each from the Senate
12 and from the House of Representatives, and shall include the following: Chairperson of the
13 Senate Committee on Education, Arts and Culture; Chairperson of the House Committee on
14 Higher and Technical Education; Chairperson of the Senate Committee on Health; Chairperson
15 of the House Committee on Health; and three (3) members each to be chosen from the
16 membership of the Senate Committee on Education, Arts and Culture and the House
17 Committee on Higher and Technical Education by the Senate President and the House
18 Speaker, respectively: *Provided,* That at least one member from the respective nominees of
19 the House of Representatives and the Senate shall be chosen from the Minority party/bloc.

20 Sec 16. *Five-Year Review of the Number of the Number of Scholars to be Admitted -*
21 Every five (5) years from the effectivity of this Act, the CHED, the DOH, the SUCs and the
22 PHEIs shall determine the number of scholars to be admitted every school year. The number
23 of physicians needed by the municipality or province where the SUC or PHEI is situated shall
24 be taken into consideration in determining the number of scholars.

25 Sec. 17. *Implementing Rules and Regulations.* - Within sixty (60) days from the
26 effectivity of this Act, the CHED and the DOH, in coordination with the Philippine Association of
27 State Universities and Colleges, Coordinating Council of Private Educational Associations,
28 League of Municipalities, Association of Municipal Health Officers (AMHOP), Non-Government
29 Community-Based Health Programs, PRC, DBM, SUCs, PHEIs, APMC-Student Network and

1 other relevant stakeholders, shall formulate and issue the rules and regulations to fully
2 implement the provisions of this Act.

3 Sec. 18. *Separability Clause.* - If any part or provision of this Act shall be held
4 unconstitutional or invalid, the other parts or provisions not affected thereby, shall remain in
5 full force and effect.

6 Sec. 19. *Repealing Clause.* - All laws, decrees, executive orders, rules and regulations
7 and other issuances or parts thereof, inconsistent with the provisions of this Act, are hereby
8 repealed or modified accordingly.

9 Sec. 20. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in
10 the Official Gazette or in a newspaper of general circulation.

11 *Approved.*