



SENATE  
S. No. 1487

20 MAY -4 / P 3:34

Introduced by Senator Grace Poe

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**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 can range from roughly Php20,000 to Php250,000 per semester.<sup>1</sup> 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

<sup>1</sup> 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/>

school; others opt to stay but upon finishing their studies decide to join private hospital which said to offer higher pays.

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.<sup>2</sup> This is a far cry from the ideal ratio of 1 to 1.5 doctors for every 1,000 population.<sup>3</sup> 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.

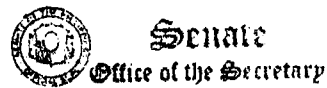


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<sup>2</sup> 2 Cabato, R. (October 13, 2016). DOH Secretary: Philippines lack 15,000 doctors. CNN News. Retrieved from <http://cnnphilippines.com/news/2016/10/13/department-of-health-lack-of-doctors.html>

<sup>3</sup> 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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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

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

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

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

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

Sec. 3. *Establishment of the Medical Scholarship and Return Service Program.*  
– There shall be established a Medical Scholarship and Return Service Program for

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

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

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

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

30       *Sec. 5. Qualification Requirements. –* An applicant for the Medical Scholarship  
31 and Return Service Program shall possess the following qualifications:

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

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

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

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

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

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

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

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

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

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

1 d) If the scholar commits behavioral misconduct in a manner that would  
2 bring significant damage to the HEI, government institution, concerned  
3 persons, and the community.

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

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

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

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

32 Sec. 10. *Roles of CHED.* – The CHED shall perform the following functions:



- a) Conduct regular information dissemination of and recruitment to the Medical Scholarship and Service Program in SUCs and PHEIs to ensure that there will be an adequate number of medical doctors in all the municipalities and provinces;
- b) Review, modify and enhance the medical education curriculum to prepare graduates to work in community-based health programs, and to function competently when working with experienced physicians;
- c) Coordinate, together with the SUCs and PHEIS, with the DOH for the integration of the medical scholar who has passed the PLE into the public health and medical service system;
- d) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines, and rules, and regulations for the effective implementation of the Medical Scholarship Program under this Act;
- e) Develop strategies to improve the quality of the Doctor of Medicine program and implement a system of quality control for the offering of Doctor of Medicine program in SUCs and PHEIS;
- f) Monitor and evaluate existing Doctor of Medicine programs of SUCs and effect the continuation or closure of programs in accordance with the provisions of Republic Act No. 7722 or the "Higher Education Act of 1994" and other CHED issuances, as applicable;
- g) Review and approve or disapprove proposals from SUCs and PHEIs for the offering of new Doctor of Medicine programs;
- h) Disseminate information on the required percentile cut-off score of SUCs and PHEIs to guide the student applicants on which school to apply to;
- i) Require SUCs and PHEIs to submit a tracking, monitoring and assistance proposal; and to implement and evaluate the tracking. Monitoring and assistance program in order to determine the whereabouts of the medical scholars after graduation from SUCs or PHEIS;
- j) Ensure that the SUCs and PHEIs provide the timely release and accurate distribution of allowances and other fees to the scholars; and,

1 k) Recommend to the Department of Budget and Management (DBM) the  
2 budget for implementation of the Medical Scholarship Program in SUCs  
3 and PHEIs based on its monitoring and evaluation results.

4 Sec. 11. *Roles of the Sucs and PHEIS.* – The SUCs and PHEIS shall perform  
5 the following functions:

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

1 k) Perform such other functions as the presidents of the SUCs or PHEI mas  
2 deem necessary for the success of the Medical Scholarship and Service  
3 Program in their respective educational institutions.

4 Sec. 12. *Roles of the DOH.* – The DOH shall perform the following functions:

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

1 j) Provide funds for the implementation of the integration program under  
2 this Act; and,

3 k) Recommend to the DBM the budget for the plantilla positions for the  
4 doctors to be integrated into the public health and medical service system,  
5 including the determination of salaries and salary increases.

6 Sec. 13. *Roles of LGUs.* – LGUs are mandated to support the integration of  
7 the scholar into the public health and medical service system by performing the  
8 following functions:

9 a) Ensure that there is a mechanism to provide the necessary support to the  
10 integration program of physicians who will be assigned to the LGU;

11 b) Coordinate with the DOH and the physicians to determine the specific  
12 health needs or requirements of the community and provide the necessary  
13 assistance, including the improvement of the health facilities in the  
14 municipality and involvement in the research component of the medical  
15 service system;

16 c) May maintain a regular counterpart fund to be used for providing the  
17 balance of the scholarship budget for scholars enrolled in PHEIs, subject  
18 to availability of funds;

19 d) Provide for the board and lodging, travel expenses and other forms of  
20 financial assistance enumerated under Section 4 of this Act, subject to  
21 availability of funds, for the scholar enrolled in the PHEIs located in the  
22 municipality under the concerned LGU: Provided, That the scholar shall  
23 serve in the same LGU upon passing the licensure exam. If the municipal  
24 government cannot afford the said expenses, the provincial government  
25 shall shoulder the same: Provided, That the said provincial government  
26 shall decide in what municipality the scholar shall eventually serve;

27 e) Provide other forms of financial assistance, subject to availability of funds,  
28 to support the integration program of doctors in the LGUs;

29 f) Ensure the safety and security of the physicians integrated into the public  
30 health and medical service program;

31 g) Recommend to the concerned SUC or PHEI any improvement in the  
32 implementation of the Medical Scholarship and Service Program;

- 1 h) Conduct an information dissemination campaign on the Medical  
2 Scholarship and Service Program within the municipality or province, with  
3 the objective of attracting bright applicants to the said program;
- 4 i) Coordinate with the CHED and other government agencies and non-  
5 governmental organizations involved in the Medical Scholarship and  
6 Service Program; and,
- 7 j) Enforce laws, ordinances and regulations which may, directly or indirectly,  
8 have a positive impact on the Medical Scholarship and Service Program.

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

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

16 Sec. 15. *Joint Congressional Oversight Committee on Medical Scholarship and*  
17 *Service System.* – There is hereby created a Joint Congressional Oversight  
18 Committee to oversee, monitor and evaluate the implementation of this Act.

19 The Oversight Committee shall be composed of five (5) members each from  
20 the Senate and from the House of Representatives, and shall include the following:  
21 Chairperson of the Senate Committee on Education, Arts and Culture; Chairperson of  
22 the House Committee on Higher and Technical Education; Chairperson of the Senate  
23 Committee on Health; Chairperson of the House Committee on Health; and three (3)  
24 members each to be chosen from the membership of the Senate Committee on  
25 Education, Arts and Culture and the House Committee on Higher and Technical  
26 Education by the Senate President and the House Speaker, respectively: Provided,  
27 That at least one member from the respective nominees of the House of  
28 Representatives and the Senate shall be chosen from the Minority party/bloc.

29 Sec 16. *Five-Year Review of the Number of the Number of Scholars to be*  
30 *Admitted.* – Every five (5) years from the effectivity of this Act, the CHED, the DOH,  
31 the SUCs and the PHEIS shall determine the number of scholars to be admitted  
32 every school year. The number of physicians needed by the municipality or province

1 where the SUC or PHEI is situated shall be taken into consideration in determining  
2 the number of scholars.

3       Sec. 17. *Implementing Rules and Regulations.* – Within sixty (60) days from  
4 the effectivity of this Act, the CHED and the DOH, in coordination with the Philippine  
5 Association of State Universities and Colleges, Coordinating Council of Private  
6 Educational Associations, League of Municipalities, Association of Municipal Health  
7 Officers (AMHOP), Non-Government Community-Based Health Programs, PRC, DBM,  
8 SUCS, PHEIS, APMC-Student Network and other relevant stakeholders, shall  
9 formulate and issue the rules and regulations to fully implement the provisions of  
10 this Act.

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

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

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

Approved,