

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



HOUSE OF REPRESENTATIVES

H. B. No. 3445

Introduced by Representative **Vilma Santos-Recto**  
6<sup>th</sup> District of Batangas

AN ACT  
PROVIDING MEDICAL SCHOLARSHIP TO QUALIFIED STUDENTS IN ALL  
MUNICIPALITIES ESTABLISHING FOR THIS PURPOSE THE ONE TOWN: ONE  
DOCTOR SCHOLARSHIP PROGRAM, APPROPRIATING FUNDS THEREFOR  
AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The Philippine Medical Association data show that there are about 130,000 licensed doctors in the country but only about 70,000 of them are actively practicing the profession.<sup>1</sup> They cater to nearly 109 million Filipinos, thus, the 1:33,000 current doctor-population ratio. It is even worst in rural areas where there are only about 3 public doctors for every 100,000 population. For instance, in the third class municipality of Busuanga, Palawan, there is only one doctor to provide healthcare for its 20,000 population. Global standards recommend a 1:1,000 doctor-to-population ratio.<sup>2</sup>

Various reasons have been cited as contributory to the perennial shortage of doctors serving the country. The prohibitive cost of becoming a doctor serves as the biggest challenge. There are only thirty medical schools in the country, of which, only five are public and government-funded. Doing a quick math would show that if a Filipino aspires to be a doctor, the costs to be shouldered by the student's family will range from five hundred thousand (P500,000.00) to two million pesos (P2,000,000.00), net of incidentals, laboratory fees, miscellaneous and other related costs, depending on whether it will be in a public or private medical school.<sup>3</sup> The amount is difficult to raise especially for a typical middle-class Filipino family.

The maldistribution of medical doctors and other allied-medical professionals also contributes to the shortage. Many doctors are more enticed to practice in cities than in rural communities because it is easier to recover their investments in their study and training while working in urban areas where more and bigger health facilities are available and providing better compensation. Because of this reality, hospitals in rural areas, especially in Visayas and Mindanao face crisis and even imminent closure because of lack of medical doctors.

<sup>1</sup> Philippine Medical Association, 2016, <https://today.mims.com/doctor-shortage-in-the-philippines--an-analysis>.

<sup>2</sup> Where are the health workers? <http://www.rappler.com/nation/50267-health-workforce-crisis>

<sup>3</sup> Cost approximation based on Tution Fees of University of Santo Tomas (SY 2018-2019), UST Faculty of Medicine and Surgery and University of the Philippines Manila College of Medicine admission brochure.

Other factors aggravating the shortage of doctors include the relatively lower salary in public health facilities vis-à-vis the workload and the limitation for the doctors to practice outside their government service.

The Universal Health Care (UHC) Act which is considered as landmark legislation on health care reforms during the 17<sup>th</sup> Congress aims to address the aforesaid shortage of medical doctors in the country. It provides the guiding framework for the massive recruitment of doctors and other allied-medical professionals to fill the gaps in the current public health system and eventually the additional demand in line with the full implementation of the UHC law. The Department of Health (DOH) has already announced its plan to recruit thousands of medical professionals that will deliver the health care services envisioned under the UHC law.

It is therefore imperative to ensure that there will be a steady and sustainable supply of medical doctors to fill in the present gaps as well as address the anticipated increased demand in the years to come.

This bill then provides the necessary intervention through a state-sponsored scholarship program for those qualified students to become doctors. This bill also seeks to address the maldistribution by envisioning the presence of at least one (1) doctor per town to be able to provide dependable healthcare services to all Filipinos especially those living in rural areas.

The DOH shall be mandated to initiate and implement this program which shall be open to all qualified Filipino citizens who are not more than 25 years of age and belonging to the top 30% of their graduating class but financially incapable to pursue medical studies.

Students who are qualified under this program must strictly fulfill the conditions provided under this bill with respect to passing the admission examination of the medical school they choose and finish the course within the prescribed period.

The passage of this bill will provide an institutional mechanism for the envisioned sustained human resource development for the public health care system. Providing a scholarship program for medical students is an opportunity for them to achieve their dream to become a doctor and serve the community. Upon passing the medical board examination, the medical scholar will be required to serve for at least four (4) years in public hospitals or rural health units and shall accordingly be given the appropriate rank and salary. They shall also be deployed in their respective hometowns to achieve the objective of this bill.

The DOH shall ensure that each municipality in the country shall have one medical scholar for every cycle of the program to provide a continuous deployment of one doctor in every town. The idea behind this measure is for every municipality to supply one scholar who shall be supported by the state to become a doctor in exchange for serving in one's hometown for a limited period. This is a program that aims to tap and nurture homegrown talents in serving the health needs of a community. The town doctor will come from the community, and tuition repayment will be in the form of return service to the community.

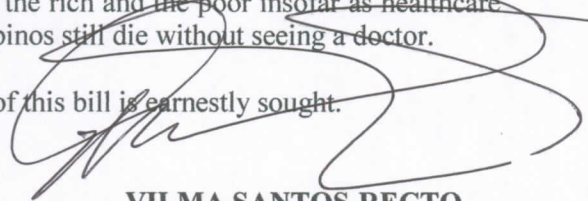
In its basic sense, the One Town: One Doctor is a program that harnesses a town's pool of talents by training them to becoming health professionals who shall attend to the health needs of the community. In the long run, this program is deemed to yield higher returns for the government as this will benefit more Filipinos through the medical services that the scholar-doctors will provide after they graduate.



In previous years, government health spending could hardly make any impact to improve the quality of public health services in the rural areas. Instead of spending to produce or hire more doctors, the DOH invested in medical supplies and equipment which become useless for lack of doctors to dispense them.

In 2018, we collected about P200 Billion in sin taxes, which should have been devoted to mitigate the social and economic inequalities between the rich and the poor insofar as healthcare is concerned. But according to reports, 6 out of 10 Filipinos still die without seeing a doctor.

It is in this regard, that the immediate passage of this bill is earnestly sought.

A large, stylized handwritten signature in black ink, likely belonging to Vilma Santos-Recto, is written over the text of the third paragraph.

**VILMA SANTOS-RECTO**

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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 “*One Town: One Doctor*  
2     *Act*”.

3       **SEC. 2.** *Declaration of Policy.* – It is hereby declared as the policy of the State to  
4     provide priority measures that can help reduce social and economic inequalities. It is also the  
5     policy of the State to undertake health manpower development responsive to the country’s  
6     health service needs.

7       For this purpose, the government shall institutionalize scholarship programs for  
8     deserving and qualified individuals that will establish access for them to pursue education  
9     and train in the field of medicine, and shall formulate and implement such policies and  
10    programs to systematically integrate these individuals, upon qualifying as doctors of  
11    medicine, into the public health care system.

12       **SEC. 3.** *One Town: One Doctor Scholarship Program.* - The Department of Health  
13    (DOH) shall establish a *One Town: One Doctor* Scholarship Program that will grant  
14    scholarship and financial assistance to qualified Filipinos who want to pursue a degree in  
15    Doctor of Medicine. The scholarship shall cover expenses for, among others, tuition,  
16    laboratory and miscellaneous fees, and other related school fees; required textbooks, supplies  
17    and equipment; clothing and uniform allowances; traveling expenses and subsistence and  
18    living allowances: *Provided*, That the program shall endeavor to provide a medical  
19    scholarship to an interested and deserving student from each of the municipalities of the

country in order to achieve the goal of One Town: One Doctor as provided in Sec. 6 hereof: *Provided, further,* That should there be no resident from a given municipality who shall qualify for the program, the allotted slot may be assumed by a scholar coming from another town in the same province: *Provided, finally,* That the scholar who assumed the slot of another municipality shall render service in the municipality where the slot was originally intended.

**SEC. 4. *Qualifications of Candidates.*** – All qualified scholars shall possess the following qualifications:

a. Must be a bonafide resident of the municipality where the scholar intends to serve after the scholarship program; with exception to those who shall assume the slots of municipalities where no resident qualified for the program;

b. Must belong to the top thirty per centum (30%) of their respective graduating class and must be completing or already completed any of the undergraduate prerequisite courses for a doctoral degree in medicine;

c. Family and or personal incomes are not sufficient to finance their education in the field of medicine; and

d. The University concerned may determine such other qualifications as it deems necessary for the admission of the students.

**SEC. 5. *Conditions of the Scholarship Grant.*** – The *One Town: One Doctor* Scholarship Program shall have the following conditionalities:

a. The scholar shall pass the admission examinations and related requirements of the medical school that the scholar plans to enroll in;

b. The scholar shall carry the full load of subjects prescribed per semester by the medical school, and shall, under no circumstance, drop a course which will result in under-loading;

c. The scholar may be allowed, for valid reasons preventing his enrolment, to defer availment of the scholarship and file a leave of absence for a period not exceeding one (1) school year; and

d. The scholar shall receive and continue to enjoy the benefits of the scholarship until the completion of the course.

**SEC. 6. *Public Health Service System.*** – The scholar shall be integrated into the public health and medical service system as a medical doctor, with the appropriate rank and salary upon passing the medical board examination. The service and integration to the public service will be for a period of at least four (4) years upon graduation: *Provided,* That the scholar shall



1 undertake post graduate internship in a public health or medical institution and such  
2 internship with allowances shall be part of the mandatory service and integration into the  
3 public health and medical service system: *Provided, further*, That upon passing the medical  
4 board examination, the scholar shall be deployed in the scholar's hometown to achieve the  
5 program's goal of having at least one doctor per municipality: *Provided, finally*, That the  
6 scholar who assumed the slot of another municipality where no resident qualified shall be  
7 deployed to the same municipality where the slot was originally intended.

8       **SEC. 7. Information Dissemination.** – The DOH shall conduct regular information  
9 dissemination and recruitment with regard to the *One Town: One Doctor* Scholarship  
10 Program to ensure the continuous supply of medical scholars to all municipalities in the  
11 country.

12       **SEC. 8. Appropriations.** - The amount necessary for the effective implementation of  
13 this Act shall be included in the succeeding General Appropriations Act.

14       **SEC. 9. Implementing Rules and Regulations.** - Within ninety days (90) after the  
15 effectivity of this Act, the Commission on Higher Education, the DOH and the Department of  
16 Budget and Management shall promulgate the necessary rules and regulations for the proper  
17 implementation of this Act.

18       **SEC. 10. Separability Clause.** - If, for any reason, any provision of this Act or any  
19 part thereof shall be held unconstitutional and invalid, the other parts or provisions of this  
20 Act, which are not affected thereby, shall remain in full force and effect.

21       **SEC. 11. Repealing Clause.** – All laws, decrees, resolutions, orders or ordinances or  
22 parts thereof inconsistent with this Act, are hereby repealed, amended or modified  
23 accordingly.

24       **SEC. 12. Effectivity.** - This Act shall take effect fifteen (15) days after its publication  
25 in at least two (2) newspapers of general circulation or in the Official Gazette.

Approved,