

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

3847
HOUSE BILL NO. _____

Introduced by Representative **TYRONE D AGABAS**

EXPLANATORY NOTE

This bill seeks to establish a medical scholarship and return service program for deserving students who will 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. This bill has already been approved by the House of Representatives on its 3rd and final reading in the 17th Congress. It was not however enacted into a law. Considering the significance of this bill in strengthening the delivery of quality healthcare services in government hospitals, at the same time tapping and unlocking the best of potential medical students, it is imperative that this bill be filed.

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 (Section 1, Article XIV, 1987 Philippine Constitution). 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 (Section 1, Article XIV, 1987 Philippine Constitution)

Numerous programs as set in the millennium development goals of the Department of Health have already been initiated, and yet, pervasive health challenges have remained a constant threat. There is a ratio imbalance between the number of doctors per local government unit's population especially in the countryside. This is attributed to the lack of, or shortage of medical doctors who are willing to stay and serve in the government for considerable period of time. This is a lingering problem that has beset the functions of our government. It has reduced our capacity to deliver quality healthcare to our people. Central to this problem is the high cost of medical studies which is beyond the means of Filipino students however bright and



competent they are, not to mention the problem of urban migration and exodus of doctors abroad.

This bill creates a solution to the shortage of medical doctors as it provides an avenue or opportunity for full medical scholarship grant to qualified and deserving students who shall in turn serve the government through its return service program. Hence, the urgent need for its approval.



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Introduced by Representative **TYRONE D. AGABAS**

AN ACT

ESTABLISHING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM FOR DESERVING STUDENTS AND APPROPRIATING FUNDS THEREFOR

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

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

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

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

18 Sec. 3. *Establishment of the Medical Scholarship and Return Service*
19 *Program.* – There shall be established a Medical Scholarship and Return
20 Service Program for deserving students in state universities and colleges
21 (SUCs) or in private higher education institutions (PHEIs) in regions where
22 there are no SUCs offering medicine; *Provided*, that the scholarship program
23 shall accept at least one (1) scholar from each municipality of the country;
24 *Provided, further*, That only upon determination that there is no qualified
25 applicant from certain municipality shall another qualified applicant be
26 considered, irrespective of domicile: *Provided, furthermore*, That the
27 applicant has passed the admission and other qualifying requirements of the
28 SUCs and PHEIs: *Provided, finally*, That the total number of scholars per
29 province or municipality shall depend on the number of government
30 physicians needed for each province or municipality, as determined by the
31 Department of Health (DOH).

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

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

- 39 (a) Free tuition and other school fees;
- 40 (b) Allowance for prescribed books, supplies and equipment;
- 41 (c) Clothing or uniform allowance;
- 42 (d) Allowance for dormitory or boarding house accommodation;
- 43 (e) Transportation allowance;
- 44 (f) Internship fees, including financial assistance during postgraduate
45 internship;
- 46 (g) Medical board review fees;

- (h) Annual medical insurance; and
 - (i) Other education-related miscellaneous subsistence or living allowances.

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

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

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

- 76 (a) Must sign an agreement stating the terms and conditions of the
77 scholarship on a form prescribed by the CHED and the DOH;
78 (b) Must carry the full load of subjects prescribed per semester by the
79 SUC or PHEI, and shall, under no circumstance drop a course which
80 will result in underloading;
81 (c) Must finish the entire Doctor of Medicine program in the prescribed
82 time frame in the SUC or PHEI where the scholar is enrolled in,
83 subject to the retention policies of the SUC or PHEI;
84 (d) Must undertake postgraduate internship in a DOH-accredited public
85 health facility or hospital upon graduation from a four (4)-year Doctor
86 of Medicine program, subject to the Association of Philippine Medical
87 Colleges (APMC) Internship Matching Program: *Provided, further,*
88 That, the graduate of the four (4)-year Doctor of Medicine program
89 must satisfy all the requirements of the APMC Internship Matching
90 Program: *Provided, further, That, for a five (5)-year Doctor of Medicine*
91 program, the scholar enrolled in the SUC or PHEI must undertake the
92 post graduate internship in the SUCs or PHEIs base hospital;
93 (e) Must take the board examination within a maximum period of one (1)
94 year after completion of an internship program which may be a
95 postgraduate internship program for scholars under a four (4)-year
96 Doctor of Medicine program or after completion of internship as a fifth-
97 year medical student for scholars under a five (5)-year Doctor of
98 Medicine Program; and
99 (f) Must serve in a government public health office or government
100 hospital in the scholar's hometown or, in the absence of a need
101 thereat, in any municipality within the scholar's home province, or in
102 any underserved municipality closest to the scholar's hometown in
103 any province determined by the DOH as priority area, for at least eight
104 (8) years or two (2) years for every scholarship year availed of, which
105 shall be completed within ten (10) years upon completion of internship
106 for those who have availed of a four (4)-year program, and twelve (12)

107 years for those who have availed of a five (5)-year program, upon
108 passing the licensure examination for physicians, which shall be part
109 of the mandatory return service and integration into the public health
110 and medical service system: *Provided*, That this mandatory return
111 service shall be in addition to the required postgraduate internship
112 after graduating from a four (4)-year Doctor of Medicine program and
113 shall also be in addition to the return service requirement of the SUC
114 or PHEI: *Provided, further*, That residency training shall not be
115 considered as a return service under this provision: *Provided, finally*,
116 That the physician shall receive appropriate salaries and other
117 benefits for services rendered under the mandatory integration into
118 the public health and medical service system.

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

123 The scholar who fails to pass the licensure examination within
124 one (1) year after graduation and completion of postgraduate
125 internship and other academic requirements shall shoulder all the
126 necessary expenses for the succeeding professional licensure
127 examinations.

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

- 132 (a) If the scholar accepts another scholarship from other government or
133 private agencies or entities while enjoying the benefits under this Act;
134 (b) If the scholar fails in forty percent (40%) of the subjects or fails to meet
135 the academic requirements of the SUCs or PHEIs or to complete the
136 course within the prescribed period without valid cause as may be

137 determined by the SUC or PHEI, the CHED or the DOH such as due
138 to absence without notice, reasons of willful neglect or other causes
139 within the control of the scholar: *Provided*, That, if the terminated
140 scholar chooses, instead of repayment of scholarship costs, to work
141 within the government's public health and medical service system,
142 such as engaging in health-related research work for the government
143 or by teaching health related subject in a public educational institution
144 or be integrated into the public health and medical service system for
145 a period equivalent to eight (8) years or the mandatory length of
146 service that should have been rendered as stipulated in this Act:
147 *Provided, further*, That the alternative return service shall exclude
148 residency training;

- 149 (c) If the scholar fails to pass the licensure examination for physicians for
150 the second time; and
151 (d) If the scholar commits behavioral misconduct in a manner that would
152 bring significant damage to the HEI, government institution
153 concerned, persons, and the community.

154 Sec. 8. *Mandatory Return Service and Integration of the Scholar into the*
155 *Public Health and Medical Service System.* – Upon passing the Physician
156 Licensure Examination (PLE) administered by the Professional Regulation
157 Commission (PRC), the scholar becomes a licensed physician, shall be
158 integrated into the public health and medical service system, through the
159 DOH, with the appropriate rank and salary and related benefits. The
160 mandatory return service upon integration into the public health and medical
161 service system under this Act shall be for a period equivalent to at least eight
162 (8) years within ten (10) years for those who availed of a four (4)-year
163 program, and twelve (12) years for those who availed of a five (5)-year
164 program, upon passing the licensure examination for physicians, which shall
165 be part of the mandatory service and integration into the public health and
166 medical service system.

167 The mandatory return service and integration into the public health and
168 medical service system under this Act shall be separate and distinct from the
169 return service requirement of the SUCs or PHEIs and the mandatory
170 postgraduate internship in a DOH-accredited public health facility or hospital,
171 required by the PRC as a prerequisite for taking PLE.

172 Sec. 9. *Sanctions.* – In the event that a physician who has availed of the
173 Medical Scholarship and Return Service Program fails or refuses to serve in
174 a government hospital or any local health office in the scholar's hometown
175 or in any municipality in the scholar's home province or in any underserved
176 municipality in any province, as provided under Section 6(f) hereof, or fails
177 or refuses to comply with the mandatory integration, as provided in Section
178 8 hereof, the physician shall be required to pay twice the full cost of
179 scholarship including other benefits and expenses incurred by reason of
180 participation in the scholarship program.

181 In case of non-payment, as provided in the preceding paragraph, the
182 PRC shall deny the renewal of the physician's license: *Provided*, That the
183 abovementioned penalties shall not apply to physicians who fail to comply
184 with the required return service on account of, or by reason of, severe or
185 serious illness.

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

- 187 (a) Conduct regular information dissemination of and recruitment to the
188 Medical Scholarship and Return Service Program in SUCs and PHEIs
189 to ensure that there will be an adequate number of medical doctors in
190 all the municipalities and provinces;
- 191 (b) Review, modify and enhance the medical education curriculum to
192 prepare graduates to work in community-based health programs, and
193 to function competently when working with experienced physicians;
- 194 (c) Coordinates, together with the SUCs and PHEIs, with the DOH for the
195 integration of the medical scholar who has passed the PLE into the
196 public health and medical system;

- 197 (d) Formulate, promulgate, disseminate and implement the necessary
198 policies, standards, guidelines, and rules and regulations for the
199 effective implementation of the Medical Scholarship and Return
200 Service Program under this Act;
- 201 (e) Develop strategies to improve the quality of the Doctor of Medicine
202 program and implement a system of quality control for the offering of
203 Doctor of Medicine program in SUCs and PHEIs;
- 204 (f) Monitor and evaluate existing Doctor of Medicine programs of SUCs
205 and effect the continuation or closure of programs in accordance with
206 the provision of Republic Act No. 7722 or the "Higher Education Act
207 of 1994" and other CHED issuances, as applicable;
- 208 (g) Review and approve or disapprove proposals from SUCs and PHEIs
209 for the offering of new Doctor of Medicine programs;
- 210 (h) Disseminate information on the required percentile cut-off score of
211 SUCs and PHEIs to guide the student applicants on which school to
212 apply to;
- 213 (i) Require SUCs and PHEIs to submit a tracking, monitoring and
214 assistance proposal; and to implement and evaluate the tracking,
215 monitoring and assistance program in order to determine the
216 whereabouts of the medical scholars after graduation from SUCs or
217 PHEIs;
- 218 (j) Ensure that the SUCs and PHEIs provide the timely release and
219 accurate distribution of allowances and other fees to the scholars; and
- 220 (k) Recommend to the Department of Budget and Management (DBM)
221 the budget for implementation of the Medical Scholar and Return
222 Service Program in SUCs and PHEIs based on its monitoring and
223 evaluation results.

224 Sec. 11. *Roles of the SUCs and PHEIs.* – The SUCs and PHEIs shall perform
225 the following functions:

- 226 (a) Monitor the progress of all scholars in their respective educational
227 institutions, identify students who have low or failing grades, and
228 counsel them to improve their academic performance;
- 229 (b) Ensure the timely release and accurate distribution of allowances and
230 other fees to the scholars;
- 231 (c) Make an annual report to the CHED on the performance of Medical
232 Scholarship and Return Service Program;
- 233 (d) Assist the CHED in the conduct of regular information dissemination
234 on, and recruitment to, the Medical Scholarship and Return Service
235 Program;
- 236 (e) Review, modify and enhance the medical education curriculum to
237 prepare the scholars to work in community-based health programs;
- 238 (f) Coordinate with the DOH in the conduct of an inventory of its trainable
239 personnel who can be potential beneficiaries of the program;
- 240 (g) Coordinate with the CHED, DOH, PRC, other concerned agencies,
241 and local governments units (LGUs) in the integration of the scholar
242 into the public health and medical service system;
- 243 (h) Develop strategies to improve the quality of the Doctor of Medicine
244 program and implement a system of review and evaluation for quality
245 control for the offering of Doctor of Medicine program in their
246 respective educational institutions;
- 247 (i) Conduct a tracer study on the whereabouts of their respective medical
248 scholars after graduation from their respective educational institutions
249 and submit the results of the tracer study to the CHED;
- 250 (j) Recommend to the CHED and the DBM the budget necessary to
251 implement the Medical Scholarship Return Service Program in their
252 respective institutions, based on their own monitoring and evaluation
253 of results; and
- 254 (k) Perform such other functions as the Presidents of the SUC or PHEI
255 may deem necessary for the success of the Medical Scholarship
256 Return Service Program in their respective educational institutions.

- 257 Sec. 12 *Roles of DOH.* – The DOH shall perform the following functions:
- 258 (a) Determine the number of physicians needed for every municipality or
259 province, as well as the number of physicians needed in the town or
260 province where the SUC is situated;
- 261 (b) Determine the distribution of scholars per municipality or province;
- 262 (c) Coordinate with the CHED, SUCs, PHEIs, and PRC to determine the
263 number of graduates of the Doctor of Medicine course and passers of
264 the medical board examination;
- 265 (d) Provide for the integration of the scholar into the public health and
266 medical service system, including the necessary number of plantilla
267 positions to accommodate the new doctors in the provincial hospitals;
- 268 (e) Assist the CHED in the conduct of the regular information
269 dissemination on the Medical Scholarship and Return Service
270 Program, the recruitment of scholar applicants, and the integration of
271 successful scholars into the public health and medical service system
272 to ensure the continuous deployment of medical doctors to all
273 provinces, especially in the underserved, remote, economically
274 underdeveloped, distressed, conflict-afflicted, and geographically
275 disadvantaged municipalities;
- 276 (f) Craft a career pathway for public health practitioner in DOH and at the
277 local level as an incentive to the graduate of medicine to enhance their
278 competencies and skills for career progression;
- 279 (g) Coordinate with the LGUs for the mandatory integrations of
280 doctors/scholars into the medical service system;
- 281 (h) Conduct an inventory of its trainable personnel who can benefit from
282 the program;
- 283 (i) Monitor, supervise, and evaluate the performance and length of
284 service of the scholars integrated into the public health and medical
285 service system
- 286 (j) Provide funds for the implementation of the integration program under
287 this Act; and

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

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

- (a) Ensure that there is a mechanism to provide the necessary support to the integration program of physicians who will be assigned to the LGU;
 - (b) Coordinate with the DOH and the physicians to determine the specific health needs or requirements of the community and provide the necessary assistance, including the improvement of the health facilitates in the municipality and involvement in the research component of the public health and medical service system;
 - (c) May maintain a regular counterpart fund to be used for providing the balance of the scholarship budget for scholars enrolled in PHEIs, subject to availability of funds;
 - (d) Provide for the board and lodging, travel expenses and other forms of financial assistance enumerated under Section 4 of this Act, subject to availability of funds, for the scholar enrolled in the PHEIs located in the municipality under the concerned LGU; *Provided*, That the scholar shall serve in the same LGU upon passing the licensure examination. If the municipal government cannot afford the said expenses, the provincial government shall shoulder the same: *Provided*, further, That the said provincial government shall decide in what municipality the scholar shall eventually serve;
 - (e) Provide other forms of financial assistance, subject to availability of funds, to support the program of doctors in the LGUs;
 - (f) Ensure the safety and security of the physicians integrated into the public health and medical service program;

- 318 (g) Recommend to the concerned SUC or PHEI any improvement in the
319 implementation of the Medical Scholarship and Return Service
320 Program;
- 321 (h) Conduct an information dissemination campaign on the Medical
322 Scholarship and Return Service Program within the municipality or
323 province, with the objective of attracting bright applicants to the said
324 program;
- 325 (i) Coordinate with the CHED and other government agencies and non-
326 governmental organizations involved in the Medical Scholarship and
327 Return Service Program;
- 328 (j) Coordinate with and encourage the active participation of the parents
329 and other family members of the scholars in the Medical Scholarship
330 and Return Service Program;
- 331 (k) Exercise such other powers and perform all other acts and duties
332 which shall assist the scholar and ascertain the success of the
333 Medical Scholarship and Return Service Program; and
- 334 (l) Execute and enforce laws, ordinances and regulations which may,
335 directly or indirectly, have a positive impact on the Medical
336 Scholarship and Return Service Program.

337 SEC. 14. *Appropriations.* – The amount necessary to carry out the initial
338 implementation of this Act shall be charged against the current year's
339 appropriate of the SUCs and the DOH.

340 Thereafter, the amount necessary for the continued implementation
341 of the Medical Scholarship and Return Service Program for deserving
342 students shall be included and subsumed into the scholarship program of
343 SUCs and CHED in the annual General Appropriations Act.

344 SEC. 15. *Joint Congressional Oversight Committee on Medical Scholarship*
345 *and Return Service System.* – There is hereby created a Joint Congressional
346 Oversight Committee to oversee, monitor and evaluate the implementation
347 of this Act.

348 The Oversight Committee shall be composed of five (5) members
349 each from the Senate and from the House of Representative, and shall
350 include the following; Chairperson of the Senate Committee on Education,
351 Arts and Culture; Chairpersons of the House Committee on Higher and
352 Technical Education; Chairperson of the Senate Committee on Health;
353 Chairperson of the House Committee on Health; and three (3) members
354 each to be chosen from the membership of the Senate Committee on
355 Education, Arts and Culture and the House Committee on Higher and
356 Technical Education by the Senate President and the House Speaker,
357 respectively; Provided, That at least one (1) member from the respective
358 nominees of the House of Representative and the Senate shall be chosen
359 from the Minority party/bloc.

360 SEC. 16. *Five (5)-Year Review of the Number of Scholars to be Admitted.* -
361 Every five (5) years from the effectivity of this Act, the CHED, DOH, SUCs
362 and PHEIs shall determine the number of scholar to be admitted every
363 school year. The number of physicians needed by the municipality or
364 province where the SUC or PHEI is situated shall be taken into consideration
365 in determining the number of scholars.

366 SEC. 17. *Implementing Rules and Regulations.* – Within sixty (60) days from
367 the effectivity of this Act, the CHED and the DOH, in coordination with the
368 Philippine Association of State Universities and Colleges, Coordinating
369 Council of Private Educational Associations, League of Municipalities,
370 Associations of Municipal Health Officers of the Philippines (AMHOP), Non-
371 government Community-Based Health Programs, PRC, DBM, SUCs, PHEIs,
372 APMC, APMC-Student Network and other relevant stakeholders, shall
373 formulate and issue the rules and regulations to fully implement the
374 provisions of this Act.

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

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

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

383 Approved,