

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

SEVENTEENTH (17TH) CONGRESS  
First Regular Session

House Bill No. **3472**

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Introduced by: Rep. BERNADETTE R. HERRERA-DY

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**AN ACT**  
**PROVIDING MEDICAL SCHOLARSHIPS 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

Recent data show that there are only about 70,000 doctors for nearly 100 million Filipinos.<sup>1</sup> It is even worst in those rural areas where there are just about 3 public doctors for every 100,000 population. For instance, in a third class municipality of Busuanga, Palawan, there is only one doctor to provide healthcare for its 20,000 population. One doctor should attend to only 1,000 patients which is the global standard.<sup>2</sup>

The obstacles faced by health care providers and patients in rural areas are vastly different from those in urban areas. People living in the rural areas of the country face a unique combination of factors that create inadequacies in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, and the sheer isolation of living in remote rural areas all conspire to impede the people in their struggle to lead a normal, healthy life.

Medical doctors are more enticed to practice in cities than in rural communities, causing maldistribution of medical doctors and other allied-medical professionals in the country. Hospitals in rural areas, especially in Visayas and Mindanao face crises and even imminent closure because of lack of medical doctors.

Doctors are the drivers of the health care system and if there is a shortage of doctors, the system can fail. The shortage of doctors is attributed to the migration of healthcare professionals to other professions; the high cost of medical studies that is beyond the reach of most Filipino families; the urban migration or the transfer of most doctors to urban areas where technology and money are present; and the exodus of doctors to other countries for further training or experience and for better pay.

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<sup>1</sup> <http://www.philstar.com/headlines/2014/01/31/1285056/pma-warns-worsening-shortage-doctors>

<sup>2</sup> <http://www.rappler.com/nation/50267-health-workforce-crisis>

This bill then provides a solution to address our medical manpower crisis through a state-sponsored scholarship program for those qualified students to become doctors. The bill also seeks to achieve 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, which will eventually help strengthen the public health care system of the country.

The bill is meant to be a counterpart to Senator Ralph G. Recto's S.B. 930 which was filed recently on August 16, 2016.

Under this Act, the Department of Health (DOH) shall be mandated to initiate and implement this program which shall be open to all qualified natural-born 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 their medical studies.

Students who are qualified under this program must strictly fulfill the conditions provided under this bill with respect to passing the admission examinations in the medical schools they choose to enroll in and finish the course without unnecessary delay.

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. Upon passing the medical board examination, the medical scholar will be required to serve for at least four (4) years in a general or regional medical center 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 proposal.

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 of serving in one's hometown for a limited period. This is a program that aims to tap and nurture home grown 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 community service.

In its basic sense, the One Doctor: One Town is a program that harnesses a town's pool of talents by training them to becoming health professionals who shall attend to its health needs. 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 can 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 and use them, respectively.

We are collecting about P142 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. We must bear in mind that 6 out of 10 Filipinos die without seeing a doctor.

Hence, the immediate passage of this bill is earnestly sought.



**BERNADETTE HERRERA-DY**

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*Be it enacted by the Senate and the 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 of 2016.*"

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

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

14  
15       **SEC. 3. One Town: One Doctor Scholarship Program.** – The Department of Health  
16 (DOH) shall establish a *One Town: One Doctor Scholarship Program* that will grant  
17 scholarship and financial assistance to qualified Filipinos who want to pursue a degree in  
18 Doctor of Medicine. The scholarship shall cover expenses for, among others, tuition,  
19 laboratory and miscellaneous fees, and other related school fees; required textbooks, supplies  
20 and equipment; clothing and uniform allowances; traveling expenses and subsistence and  
21 living allowances: *Provided, That* the program shall endeavor to provide a medical  
22 scholarship to an interested and deserving student from each of the municipalities of the  
23 country in order to achieve the goal of One Town: One Doctor as provided in Sec. 6 hereof:

1 *Provided, further,* That should there be no resident from a given municipality who shall  
2 qualify for the program, the allotted slot may be assumed by a scholar coming from another  
3 town in the same province: *Provided, finally,* That the scholar who assumed the slot of  
4 another municipality shall render service in the municipality where the slot was assumed.  
5

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

- 8 a. Must be a bonafide resident of the municipality where the scholar filed an application  
9 for the program; with exception to those who shall assume the slots of municipalities  
10 where no resident qualified for the program;
- 11 b. Must belong to the top thirty per centum (30%) of their respective graduating classes  
12 and must be completing or already completed any of the undergraduate prerequisite  
13 courses for a doctoral degree in medicine;
- 14 c. Family and or personal incomes are not sufficient to finance their education in the  
15 field  
16 of medicine; and
- 17 d. The University concerned may determine such other qualifications as it deems  
18 necessary for the admission of the students.  
19

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

- 22 a. The scholar shall pass the admission examinations and related requirements of the  
23 medical school that the scholar plans to enroll in;
- 24 b. The scholar shall carry the full load of subjects prescribed per semester by the medical  
25 school, and shall, under no circumstance, drop a course which will result in under  
26 loading;
- 27 c. The scholar may be allowed, for valid reasons preventing his enrolment, to defer  
28 availing of the scholarship and file a leave of absence for a period not exceeding one  
29 (1) school year; and
- 30 d. The scholar shall receive and continue to enjoy the benefits of the scholarship until  
31 the  
32 completion of the course.  
33

34 **SEC. 6. *Public Health Service System.*** – The scholar shall be integrated into the  
35 public health and medical service system as a medical doctor, with the appropriate rank and  
36 salary upon passing the medical board examination. The service and integration to the public  
37 service will be for a period of at least four (4) years upon graduation: *Provided,* That  
38 the scholar shall undertake post graduate internship in a public health or medical institution  
39 and such internship with salaries allocated shall be part of the mandatory service and  
40 integration into the public health and medical service system: *Provided, further,* That upon  
41 graduation, the scholar shall be deployed in the scholar's hometown to achieve the program's  
42 goal of having at least one doctor per municipality: *Provided, finally,* That the scholar who  
43 assumed the slot of another municipality where no resident qualified shall be deployed to the  
44 same municipality where the slot was assumed.

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2       **SEC. 7. *Information Dissemination.*** – The DOH shall conduct regular information  
3 dissemination and recruitment with regard to the One Town: One Doctor Scholarship  
4 Program to ensure the continuous supply of medical scholars to all municipalities in the  
5 country.  
6

7       **SEC. 8. *Appropriations.*** – The amounts necessary to effectively carry out the initial  
8 implementation of this Act shall be sourced from the current budget of the DOH. Thereafter,  
9 such sums as may be necessary for the continued implementation of this Act shall be  
10 included in the succeeding General Appropriations Act.  
11

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

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

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

25       **SEC. 12. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication  
26 in at least two (2) newspapers of general circulation or in the Official Gazette.  
27

28       *Approved,*