

Republic of the Philippines  
House of Representatives  
Quezon City

Seventeenth Congress  
First Regular Session

HOUSE BILL NO. 4161



---

**Introduced by Representative Rogelio J. Espina**

---

#### EXPLANATORY NOTE

Section 11, Article XIII of the 1987 Constitution of the Republic of the Philippines declares that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.

In 2014, the Philippine College of Physicians declared that there is an existence of doctor and health specialists' workforce crisis that threatens the lives of millions of Filipinos, especially the poor. As per record, infectious diseases and non-communicable diseases are killing thousands of Filipinos, but most disturbingly, 47.6% of deaths among Filipinos are unattended by a medical doctor or allied health provider. Only 3,000 out of 66,000 physicians in the country are working in a public facility.

It is a fact that Universal healthcare is not just about equipment and facilities, or funds to pay for services. Universal healthcare is about getting people to care for other people. This means delivery of primary care. Without primary care, universal healthcare is just an elusive dream.

Apparently, the shortage of healthcare workers affects not just the supply of doctors, nurses, and midwives, but also the supply of dentists, pharmacists, occupational therapists, physical therapists, speech pathologists, medical technologists, and other allied medical professionals, including partners in healthcare. While the so-called brain drain started when the US opened its doors to migrant doctors, the problem continues because healthcare workers still seek "greener pastures."


According to PCP, the shortage is due to two relevant points. There is urban migration, wherein students who study medicine remain in Metro Manila and they don't go back to the provinces to serve. Around 50% of our current workforce is in Manila.

There is also the option of going abroad. The Philippines is also the largest exporter of physicians next to India.

The bill mandates a six-month medical service in local health facilities in the Philippines for post-graduate physicians and new medical specialists. Thus, newly board passer physician would render six-month service to our indigent patients in public hospitals or rural health facilities before his residency training and another six months after been taken up his 3-4 years residency.

Therefore, this Bill proposes not only to promote competence among physicians but also an essential remedy to resolve dearth of physicians in local health facilities like municipal, provincial and district hospitals. Furthermore, imparting an advocacy to serve the destitute and impoverished Filipino patients in our country is one of the objectives of the bill.

Hence, the immediate passage of the Bill is earnestly sought.



HON. ROGELIO J. ESPINA, MD, FPOA  
Representative  
Lone District of Biliran

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City, Metro Manila

Seventeenth Congress  
First Regular Session

HOUSE BILL NO. **4161**

---

**Introduced by Representative Rogelio J. Espina**

---

**AN ACT**  
**MANDATING SIX (6) MONTHS MEDICAL SERVICE IN LOCAL HEALTH**  
**FACILITIES FOR POST-GRADUATE PHYSICIANS AND NEW MEDICAL**  
**SPECIALISTS**

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

**ARTICLE I**  
**GENERAL PROVISIONS**

**SECTION 1. Short Title** - This Act shall be known as the "Physicians' Local Health Facilities Service of 2016"

**SEC. 2. Declaration of Policy** - The State recognizes the vital role of physicians in the preservation, maintenance, safeguard, cure and enhancement of the life, health and general welfare of the citizenry. Physicians' professional service shall, therefore, be promoted and extended not only to the rich and can afford patients in a private hospital but also to the disadvantage citizenry of our country.

**SEC. 3. Objectives** - This Act provides for and shall govern the:

- (a) Standardization, regulation and augmentation of medical service of residency training of every newly board passer physician and foreign medical practitioner in the Philippines.
- (b) Integration of the medical profession to resolve shortage of medical doctors in local health facilities.
- (c) Promotion of competence, moral values and professional attitude of physicians through an integrated and accredited professional organization.
- (d) Promote public service among post-graduate physicians to attend to the underserved patients in the local health facilities such as municipal, provincial or district hospitals.

**SEC. 4. Enforcement** - For the purpose of implementing the provisions of this Act there shall be created a council composed of Medical Practitioners from Government and private institutions, hereinafter referred to as the Council.

## ARTICLE II THE COUNCIL

**SEC. 5. Creation of Council of Medical Resident/Specialist for Rural Health Service.** There will be a creation of a Council of Medical Residents/Specialists for rural health service, they shall be composed of the following:

- a) The Chairperson of the Council is the Secretary of the Department of Health (DOH) or his duly representative as Chairperson;
- b) Secretary, Interior and Local Government or his duly representative as member;
- c) The President of the Professional Regulatory Board of Medicine or his duly representative as member;
- d) The President of the Integrated Philippine Medical Association accredited by the Professional Regulation Commission or his duly authorized representative as member;
- e) The President of the Philippine Hospital Association (PHA) or his duly authorized representative as member.

The Chairperson and members of the Council shall hold office during their incumbency in the respective institutions that they represent.

**SEC. 6. Powers and Duties.** The Council shall be vested with the following specific powers, functions, duties and responsibilities.

- (a) Determine and evaluate qualifications of the applicants for residency with physician licensure or special permits for our foreign doctors who will take their residency training in the Philippines.
- (b) Promulgate rules and regulations, administrative policies, orders and issuances, in coordination with the Integrated Philippine Medical Association accredited by the Professional Regulation Commission, to carry out the provisions of this Act;
- (c) Investigate violation of this Act, rules and regulations, administrative policies, order and issuances promulgated by the Council.
- (d) Set the standards and guidelines for the issuance of residency certificate;
- (e) Issue subpoena and *testificandum* or subpoena *duces tecum* to secure attendance of respondents or witnesses as well as the production of documents relative to the investigation conducted by the Council: Provided, That failure of the party to whom a subpoena has been issued to comply therewith shall be punishable by way of indirect contempt. For this purpose, the Council is hereby vested the power to cite any party for contempt which may be exercised pursuant to the applicable provisions of Rule 71 of the Rules of Court.
- (f) Perform such other functions and duties as may be necessary to efficiently and effectively implement the provisions of this Act.

The policies, resolutions, rules and regulations, orders or decisions issued or promulgated by the council shall be subject to the review, revision and approval by the Professional Regulation Commission. However, the Council's final decisions, resolutions or orders rendered in an administrative case shall be immediately executory.

**SEC. 7. Term of Office.** The members of the Council shall hold from the date of their appointment for a term of three (3) years or until their successors shall have been appointed and qualified. They may, however, be reappointed for another term but not for a third term.

### **ARTICLE III RESIDENCY TRAINEE FOR POST-GRADUATE MEDICAL DOCTORS**

**SEC 8.** Acts of regulating the residency training for post-graduate medical doctors. A person shall be accepted as a residency trainee upon submission of the following:

- a) Licensure from the Professional Regulatory Commission as a Medical Doctor;
- b) Certificate from Chief of Hospital/Municipal Health Chief Officer/Medical Chief Officer that the applicant has atleast six (6) months volunteer in a local health facilities of his choice, but not limited to accept incentives from the jurisdiction of the Local Government Unit. Provided, That the trainee medical doctor is under the direct supervision and control of the Municipal Health Officer/Provincial Medical Director of the rural health facilities;

### **ARTICLE IV POST-GRADUATE RESIDENT MEDICAL SPECIALISTS**

**SEC 9.** Acts of regulating acceptance of a post-graduate resident medical specialist. A medical specialist shall be accepted as medical practitioner or physician in any medical institution private or public hospital in the Philippines, upon completion and submission of the following:

- a) Certificate from Chief of Hospital/Medical Chief Officer, That upon residency or after atleast 3-4 years of training, the resident medical doctor or specialist rendered volunteer service to any Local Health Facilities of his choice for another six (6) months, but not limited to accept incentives from the jurisdiction of the Local Government Unit. Provided, That the applicant physician is under the direct supervision and control of the Chief of Hospital/Municipal Health Officer.

### **ARTICLE V FINAL PROVISIONS**

**Sec. 10. Enforcement.** – The Council shall be the enforcement agency to implement the provisions of this Act, enforce its implementing rules and regulations as adopted, assist in the investigation of complaints against violators of this Act, its rules and regulations, and other policies.

The Council shall call upon or request any department, instrumentality, office, bureau, institution, other agency of the government including local government units (LGUs) to render such assistance as it may require, or to coordinate or cooperate in

order to carry out, enforce or implement the professional regulatory policies of the government or any program or activity it may undertake.

**Sec. 11. Appropriations** – The amount necessary for the implementation of this Act shall be charged to the current appropriations for the Department of Health, Professional Regulatory Commission, and Department of Interior and Local Government. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

**Sec. 12. Implementing Rules and Regulations** – Within ninety (90) days from the effectivity of this Act, the Secretary of Health shall, in coordination with the Secretary of the Interior and Local Government and Professional Regulatory Commission promulgate rules and regulations necessary for the effective implementation of this Act.

**Sec. 13. Separability Clause.** – If any clause, provision, paragraph or part hereof be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impair any other part hereof, but such judgment shall be merely confined to the clause, provision, paragraph or part directly involved in the controversy in which such judgment has been rendered.

**Sec. 14. Repealing Clause.** – All laws, decrees, executive orders, administrative orders or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

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

Approved,