

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

Office of the Secretary

SENATE
S. No. 751

2024 P12:00

Introduced by Senator Grace Poe



**AN ACT
CREATING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM
FOR THE RECRUITMENT OF QUALIFIED FILIPINOS WHO WILL SERVE AS
PRIMARY CARE WORKERS IN PRIORITY BARANGAYS, MUNICIPALITIES,
AND CITIES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

Explanatory Note

The 1987 Philippine Constitution is replete with provisions on the people's right to health. For instance, Article 2, Section 15 of the Constitution declares it a State policy to "...protect and promote the right to health of the people and instill health consciousness among them." This is reiterated in Article 13, Section 11, which states:

"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. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

Skilled health workers, facilities, and financing, are the three "pillars" needed to maintain an "integrated and comprehensive" health care system. However, this representation firmly believes that skilled health workers are the most important of the three pillars. Simply put, care cannot be provided without those who provide care – the doctors, nurses, and midwives who diagnose and treat the unwell. In the words of the World Health Organization:

"Acting on human resources for health is now in the hands of governments and all interested stakeholders... This requires a contemporary agenda in support of the millions of individual health workers that manage, administer and provide the health and social

services that we wish all people – rich and poor – to access and obtain.
The universal truth: no health without a workforce."¹

At present, our public health sector is experiencing a shortage of skilled health workers. It is estimated that there are only nine skilled health workers – defined as a combination of doctors, midwives and nurses – for every 10,000 population.² This is well below the WHO-recommended threshold of 22.8 skilled health workers per 10,000 persons.³

Our public health system, strained as it is by the shortage of skilled health workers, is further constrained by administrative fragmentation and unplanned specialization:

- On the one hand, Republic Act No. 7160 or the Local Government Code devolved health service delivery to Local Government Units. This has tasked the DOH with the impossibly complex task of coordinating 81 provinces, 1,600 cities and municipalities and 42,000 barangays to provide the same level of health services.
- On the other hand, unplanned specialization of skilled workers has produced an imbalance between specialty and general health care. As a result, individuals often have to consult directly with a specialist when it may not be needed. This is unfortunate, as 75 percent to 85 percent of persons require only primary care services in a given year.⁴

The abovementioned issues combined have produced a public health system that is far from the one envisioned in the Constitution. It can be summed up in one tragic statistic: **6 out of every 10 Filipinos die without seeing a doctor.**⁵

This bill proposes a simple solution. We need to transition to a *primary care* system. This measure defines primary care as a system of providing health services in which front-line primary care providers serve as the initial point of care, point of continuing care, and coordinator of necessary specialized services.

As the initial point of care, primary care providers shall strive to render general health care services to all persons at the onset of disease to prevent costly treatment on the secondary and tertiary levels of care, which shall include:

- Maternal, Newborn and Child Health Services;

¹ Campbell J, Dussault G, Buchan J, *et.al.* *A universal truth: no health without a workforce.* Forum Report, Third Global Forum on Human Resources for Health, Recife, Brazil. Geneva, Global Health Workforce Alliance and World Health Organization, 2013. *Emphasis Supplied.*

² Based on data from the DOH Health Human Resource Development Bureau. Retrieved from <http://ndhrhis.com/RPA0021.php>

³ Campbell, J., Dussault, G. *et.al.*

⁴ Shi, L. "The Impact of Primary Care: A Focused Review" *Scientifica* Volume 2012 (2012) Retrieved from <https://www.hindawi.com/journals/scientifica/2012/432892/>

⁵ Coalition for Primary Care. "A Roadmap to Universal Primary Care(The "Abay Kalusugan" Program)"

- Family Planning and Reproductive Health;
- Prevention and Control of Communicable Diseases;
- Prevention and Control of Tropical Diseases;
- Prevention and Control of Non-Communicable Diseases; and
- Emergency Care.

As the coordinator of necessary specialized services, primary care providers shall, when necessary, refer patients to secondary or tertiary care providers. They shall serve as the coordinators and navigators of the health care system.

Finally, as the point of continuing care, primary care providers shall act as the coordinator and liaison between the patient and the secondary or tertiary care provider.

In order to fill up the new Primary Care Provider positions, this bill seeks to establish a medical scholarship and return program which will recruit qualified Filipinos who will serve as primary care providers. Under the program, the DOH shall provide a scholarship and financial assistance to qualified Filipinos who shall complete a course on primary care and serve as primary care providers in priority *barangays*, municipalities and cities for at least five (5) years.

Immediate approval of this measure is eagerly sought.




GRACE POE



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19 JUL 24 P12:00

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CREATING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM
FOR THE RECRUITMENT OF QUALIFIED FILIPINOS WHO WILL SERVE AS
PRIMARY CARE WORKERS IN PRIORITY BARANGAYS, MUNICIPALITIES,
AND CITIES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER
PURPOSES

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

1 **ARTICLE I**
2 **GENERAL PROVISIONS**

3 Section 1. *Short Title.* – This Act shall be known as the "*Medical Scholarship*
4 *and Return Service for Primary Care Act of 2019*".

5 Sec. 2. *Declaration of Policy.* – The State shall protect and promote the right
6 to health of the people and instill health consciousness among them. The State
7 recognizes the essential role of a sufficient number of primary care providers in
8 promoting and protecting the right to health. To this end, there is a need to create
9 the positions of primary care providers, and retraining and scholarship programs to
10 recruit qualified individuals to serve as primary care providers who will serve as the
11 initial point of care, point of continuing care, and the coordinator of necessary
12 services in the health system.

13 Sec. 3. *Definition of Terms.* – For the purposes of this Act:
14 (a) *Primary Care* – refers to a system of providing health services in which
15 front-line primary care providers serve as the initial point of care, point
16 of continuing care, and coordinator of necessary specialized services.

1 (b) *Primary Care Provider* – refers to individuals who are provide primary
2 care services, which shall include the following:

- 3 1. Maternal, Newborn and Child Health Services;
- 4 2. Family Planning and Reproductive Health;
- 5 3. Prevention and Control of Communicable Diseases;
- 6 4. Prevention and Control of Tropical Diseases;
- 7 5. Prevention and Control of Non-Communicable Diseases; and
- 8 6. Emergency Care.

9 (c) *Primary Care Scholarship and Return Service Program* – refers to the
10 program created under this Act which seeks to recruit individuals to
11 serve as Primary Care Providers in priority cities, municipalities, and
12 *barangays*.

13 Sec. 4. *Establishment of the Primary Care Scholarship and Return Service*
14 *Program.* – A primary care scholarship and return program is hereby established
15 under the Department of Health (DOH). Under this program, the DOH shall provide
16 a scholarship and financial assistance to qualified Filipinos who shall complete a
17 course on primary care on the condition that they shall serve as primary care
18 providers in priority *barangays*, municipalities and cities.

19 Sec. 5. *Scope of the Scholarship Program.* – The scholarship program shall
20 cover expenses such as, but not limited to:

- 21 (a) Tuition, laboratory and other school fees;
- 22 (b) Required textbooks, supplies and equipment;
- 23 (c) Clothing and uniform allowances; *and*
- 24 (d) Housing expenses, traveling expenses and subsistence and living
25 allowances;

26 Sec. 6. *Conditions of the Scholarship Program.* – The scholarship program
27 shall have the following conditions:

- 28 (a) The scholar shall pass the admission examinations and related
29 requirements of the UPCM in the first two (2) years of this Act's effectivity,
30 or in any other university that offers the primary care course thereafter;
- 31 (b) The scholar shall carry the full load of subjects prescribed per semester
32 under the primary care program;

(c) The scholar shall pay the full amount of the scholarship if he or she fails to complete the course; *and*

(d) The scholar shall, upon completion of the course, serve as a Primary Care for at least five (5) years in a *barangay* health center, rural health unit, or city health office as determined by the DOH: *Provided*, that the DOH shall prioritize *barangays*, municipalities, and cities which have an acute shortage of health human resources.

Sec. 7. *Duties and Responsibilities of Primary Care Providers.* – Primary care providers under this Act shall have the following responsibilities:

(a) As the initial point of care, they shall strive to render general health care services to all persons at the onset of disease to prevent costly treatment on the secondary and tertiary levels of care, which shall include:

1. Maternal, Newborn and Child Health Services;
2. Family Planning and Reproductive Health;
3. Prevention and Control of Communicable Diseases;
4. Prevention and Control of Tropical Diseases;
5. Prevention and Control of Non-Communicable Diseases;
6. Emergency Care;

(b) As the coordinator of necessary specialized services, they shall, when necessary, refer patients to secondary or tertiary care providers. They shall serve as the coordinators and navigators of the health care system; *and*

(c) As the point of continuing care, they shall act as the coordinator and liaison between the patient and the secondary or tertiary care provider.

Sec. 8. *Information Dissemination.* – The DOH and the Presidential Communications Operations Office (PCOO) and its attached agencies shall conduct regular information dissemination campaigns on the programs under this Act.

Sec. 9. *Implementing Rules and Regulations.* – The members of the technical committee along with the DBM, CHED and the PCOO shall promulgate the implementing rules and regulations of this Act within thirty (30) days from its effectivity.

1 Sec. 10. *Appropriations.* – The amounts necessary for the effective
2 implementation of this Act shall be included under the appropriations of the
3 Department of Health under the annual General Appropriations Act.

4 Sec. 11 *Penalties.* – Any primary care provider who fails to comply with
5 Section 14 (d) of this Act shall be, upon conviction, perpetually disqualified from
6 employment and re-employment in the government service and pay a fine of five
7 hundred thousand pesos (Php 500,000) to one million pesos (Php 1,000,000),
8 without prejudice to the imposition of administrative sanctions such as the
9 revocation of their certificate of completion or their suspension from providing
10 primary care.

11 Sec. 12. *Separability Clause.* – If, for any reason, any part, section or
12 provision of this Act is held invalid or unconstitutional, the remaining provisions not
13 affected thereby shall continue to be in full force and effect.

14 Sec. 13. *Repealing Clause.* – All laws, decrees, executive orders,
15 proclamations, rules and regulations, and other issuances, or parts thereof which are
16 inconsistent with the provisions of this Act are hereby repealed, amended or
17 modified accordingly.

18 Sec. 14. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after
19 its publication in the Official Gazette or in a newspaper of general circulation

Approved,