



HOUSE OF REPRESENTATIVES

H. No. 6571

BY REPRESENTATIVES HOFER, TAN (A.), SANTOS-RECTO, HERRERA-DY, MACAPAGAL-ARROYO, BELARO, VARGAS, NIETO, MACEDA, OLIVAREZ, ALVAREZ (P.), FARIÑAS, SUAREZ, BONDOC, NOGRALES (K.A.), CASTRO (F.L.), RODRIGUEZ (M.), KHO, CORTUNA, ONG (E.), MARQUEZ, UNICO, TINIO, LIMKAICHONG, TUPAS, GARCIA (J.E.), LOBREGAT, ARENAS, TEJADA, BATAOIL, ARCILLAS, CUEVA, BAUTISTA-BANDIGAN, SALCEDA, EVARDONE, NAVA, DALIPE, ESCUDERO, LANETE, SUANSING (E.), GO (M.), LAOGAN, LACSON, ALONTE, GO (A.C.), SALO, TUGNA, VIOLAGO, PRIMICIAS-AGABAS, CHIPECO, DE VENECIA, YAP (A.), SY-ALVARADO, BRAVO (M.), TAMBUNTING, MERCADO, CRISOLOGO, GONZALES (A.D.), NOEL, GULLAS, TY, GONZALES (A.P.), PIMENTEL, MATUGAS, SAVELLANO, LOPEZ (B.), ORTEGA (V.N.), ROA-PUNO, ATIENZA, GARBIN, DE VERA, BRAVO (A.), CAMPOS, ABAYON, DURANO, YU, YAP (V.), DELOSO-MONTALLA, FERNANDO, MANGAOANG, AMATONG, UNGAB AND CERILLES, PER COMMITTEE REPORT NO. 427

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 Representatives of the Philippines in Congress assembled:

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

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

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

19 SEC. 3. *Establishment of the Medical Scholarship and Return*
20 *Service Program.* – There shall be established a Medical Scholarship
21 and Return Service Program for deserving students in state
22 universities and colleges (SUCs) or in private higher education
23 institutions (PHEIs) in regions where there are no SUCs offering
24 medicine: *Provided,* That the scholarship program shall accept at
25 least one (1) scholar from each municipality of the country:
26 *Provided, further,* That only upon determination that there is no
27 qualified applicant from a certain municipality shall another

1 qualified applicant be considered, irrespective of domicile: *Provided*,
 2 *furthermore*, That the applicant has passed the admission and other
 3 qualifying requirements of the SUCs and PHEIs: *Provided, finally*,
 4 That the total number of scholars per province or municipality shall
 5 depend on the number of government physicians needed for each
 6 province or municipality, as determined by the Department of
 7 Health (DOH).

8 SEC. 4. *Coverage of the Medical Scholarship and Return*
 9 *Service Program.* – The Medical Scholarship and Return Service
 10 Program established under this Act shall be made available to
 11 deserving Filipino students who want to pursue a degree in Doctor
 12 of Medicine in SUCs or in PHEIs in regions where there are no
 13 SUCs.

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

- 16 (a) Free tuition and other school fees;
- 17 (b) Allowance for prescribed books, supplies and equipment;
- 18 (c) Clothing or uniform allowance;
- 19 (d) Allowance for dormitory or boarding house
 20 accommodation;
- 21 (e) Transportation allowance;
- 22 (f) Internship fees, including financial assistance during
 23 postgraduate internship;
- 24 (g) Medical board review fees;
- 25 (h) Annual medical insurance; and
- 26 (i) Other education-related miscellaneous subsistence or
 27 living allowances.

1 SEC. 5. *Qualification Requirements.* – An applicant for the
 2 Medical Scholarship and Return Service Program shall possess the
 3 following qualifications:

4 (a) Must be a natural-born or naturalized Filipino citizen
 5 residing in the Philippines;

6 (b) Must be a graduating student or a graduate of an
 7 appropriate undergraduate program identified as a prerequisite
 8 for a Doctor of Medicine degree, from any higher education
 9 institution (HEI) duly recognized by the Commission on
 10 Higher Education (CHED) including the Direct Entrant to the
 11 seven (7)-year Integrated Liberal Arts Medicine Program (or
 12 INTARMED Program) of the University of the Philippines who
 13 satisfactorily completes the first two (2) years of the program:
 14 *Provided*, That deserving incoming second year medical students
 15 and those in the higher year levels of the Doctor of Medicine
 16 program shall also be covered under this Act;

17 (c) Must have passed the entrance examinations and other
 18 related requirements for admission for a Doctor of Medicine degree
 19 in the SUC or PHEI where the scholar intends to enroll, including
 20 the INTARMED Program in the University of the Philippines, as
 21 well as the other requirements of the CHED and the DOH; and

22 (d) Must have obtained a National Medical Admission Test
 23 (NMAT) score mandated by the CHED and the cut-off score
 24 required by the SUC or PHEI where the student intends to
 25 enroll in.

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

4 (a) Must sign an agreement stating the terms and conditions
5 of the scholarship on a form prescribed by the CHED and the DOH;

6 (b) Must carry the full load of subjects prescribed per
7 semester by the SUC or PHEI, and shall, under no circumstance,
8 drop a course which will result in underloading;

9 (c) Must finish the entire Doctor of Medicine program in the
10 prescribed time frame in the SUC or PHEI where the scholar is
11 enrolled in, subject to the retention policies of the SUC or PHEI;

12 (d) Must undertake postgraduate internship in a
13 DOH-accredited public health facility or hospital upon graduation
14 from a four (4)-year Doctor of Medicine program, subject to the
15 Association of Philippine Medical Colleges (APMC) Internship
16 Matching Program: *Provided*, That, the graduate of the four (4)-year
17 Doctor of Medicine program must satisfy all the requirements of the
18 APMC Internship Matching Program: *Provided, further*, That, for a
19 five (5)-year Doctor of Medicine program, the scholar enrolled in the
20 SUC or PHEI must undertake the postgraduate internship in the
21 SUC's or PHEI's base hospital;

22 (e) Must take the board examination within a maximum
23 period of one (1) year after completion of an internship program
24 which may be a postgraduate internship program for scholars under
25 a four (4)-year Doctor of Medicine program or after completion of
26 internship as a fifth-year medical student for scholars under a
27 five (5)-year Doctor of Medicine program; and

1 (f) Must serve in a government public health office or
2 government hospital in the scholar's hometown or, in the absence of
3 a need thereat, in any municipality within the scholar's home
4 province, or in any underserved municipality closest to the scholar's
5 hometown in any province determined by the DOH as a priority
6 area, for at least eight (8) years or two (2) years for every
7 scholarship year availed of, which shall be completed within ten (10)
8 years upon completion of internship for those who have availed of a
9 four (4)-year program, and twelve (12) years for those who have
10 availed of a five (5)-year program, upon passing the licensure
11 examination for physicians, which shall be part of the mandatory
12 return service and integration into the public health and medical
13 service system: *Provided*, That this mandatory return service shall
14 be in addition to the required postgraduate internship after
15 graduating from a four (4)-year Doctor of Medicine program and
16 shall also be in addition to the return service requirement of the
17 SUC or PHEI: *Provided, further*, That residency training shall not
18 be considered as a return service under this provision: *Provided*,
19 *finally*, That the physician shall receive appropriate salaries and
20 other benefits for services rendered under the mandatory
21 integration into the public health and medical service system.

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

26 The scholar who fails to pass the licensure examination within
27 one (1) year after graduation and completion of postgraduate

1 internship and other academic requirements shall shoulder all the
2 necessary expenses for the succeeding professional licensure
3 examinations.

4 SEC. 7. *Disqualifications.* – The scholar shall repay the full
5 cost of scholarship and related benefits received, including all the
6 expenses incurred during the participation in the scholarship
7 program, and the scholarship shall be terminated in case of the
8 following circumstances:

9 (a) If the scholar accepts another scholarship from other
10 government or private agencies or entities while enjoying the
11 benefits under this Act;

12 (b) If the scholar fails in forty percent (40%) of the subjects or
13 fails to meet the academic requirements of the SUCs or PHEIs or to
14 complete the course within the prescribed period without valid
15 cause as may be determined by the SUC or PHEI, the CHED or the
16 DOH such as due to absence without notice, reasons of willful
17 neglect or other causes within the control of the scholar: *Provided,*
18 That, if the terminated scholar chooses, instead of repayment of
19 scholarship costs, to work within the government's public health
20 and medical service system, such as engaging in health-related
21 research work for the government or by teaching health-related
22 subjects in a public educational institution or be integrated into the
23 public health and medical service system for a period equivalent to
24 eight (8) years or the mandatory length of service that should have
25 been rendered as stipulated in this Act: *Provided, further,* That the
26 alternative return service shall exclude residency training;

1 (c) If the scholar fails to pass the licensure examination for
2 physicians for the second time; and

3 (d) If the scholar commits behavioral misconduct in a manner
4 that would bring significant damage to the HEI, government
5 institution concerned, persons, and the community.

6 SEC. 8. *Mandatory Return Service and Integration of the*
7 *Scholar into the Public Health and Medical Service System.* – Upon
8 passing the Physician Licensure Examination (PLE) administered
9 by the Professional Regulation Commission (PRC), the scholar
10 becomes a licensed physician, shall be integrated into the public
11 health and medical service system, through the DOH, with the
12 appropriate rank and salary and related benefits. The mandatory
13 return service upon integration into the public health and medical
14 service system under this Act shall be for a period equivalent to at
15 least eight (8) years within ten (10) years for those who have availed
16 of a four (4)-year program, and twelve (12) years for those who
17 availed of a five (5)-year program, upon passing the licensure
18 examination for physicians, which shall be part of the mandatory
19 service and integration into the public health and medical service
20 system.

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

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

11 In case of nonpayment, as provided in the preceding
 12 paragraph, the PRC shall deny the renewal of the physician's
 13 license: *Provided*, That the abovementioned penalties shall not
 14 apply to physicians who fail to comply with the required return
 15 service on account of, or by reason of, severe or serious illness.

16 SEC. 10. *Roles of the CHED.* – The CHED shall perform the
 17 following functions:

18 (a) Conduct regular information dissemination of and
 19 recruitment to the Medical Scholarship and Return Service
 20 Program in SUCs and PHEIs to ensure that there will be an
 21 adequate number of medical doctors in all the municipalities and
 22 provinces;

23 (b) Review, modify and enhance the medical education
 24 curriculum to prepare graduates to work in community-based
 25 health programs, and to function competently when working with
 26 experienced physicians;

1 (c) Coordinate, together with the SUCs and PHEIs, with the
 2 DOH for the integration of the medical scholar who has passed the
 3 PLE into the public health and medical service system;

4 (d) Formulate, promulgate, disseminate and implement the
 5 necessary policies, standards, guidelines, and rules and regulations
 6 for the effective implementation of the Medical Scholarship and
 7 Return Service Program under this Act;

8 (e) Develop strategies to improve the quality of the Doctor of
 9 Medicine program and implement a system of quality control for the
 10 offering of Doctor of Medicine program in SUCs and PHEIs;

11 (f) Monitor and evaluate existing Doctor of Medicine
 12 programs of SUCs and effect the continuation or closure of
 13 programs in accordance with the provisions of Republic Act No.
 14 7722 or the "Higher Education Act of 1994" and other CHED
 15 issuances, as applicable;

16 (g) Review and approve or disapprove proposals from SUCs
 17 and PHEIs for the offering of new Doctor of Medicine programs;

18 (h) Disseminate information on the required percentile cut-off
 19 score of SUCs and PHEIs to guide the student applicants on which
 20 school to apply to;

21 (i) Require SUCs and PHEIs to submit a tracking,
 22 monitoring and assistance proposal; and to implement and evaluate
 23 the tracking, monitoring and assistance program in order to
 24 determine the whereabouts of the medical scholars after graduation
 25 from SUCs or PHEIs;

1 (j) Ensure that the SUCs and PHEIs provide the timely
2 release and accurate distribution of allowances and other fees to the
3 scholars; and

4 (k) Recommend to the Department of Budget and
5 Management (DBM) the budget for implementation of the Medical
6 Scholarship and Return Service Program in SUCs and PHEIs based
7 on its monitoring and evaluation results.

8 SEC. 11. *Roles of the SUCs and PHEIs.* – The SUCs and
9 PHEIs shall perform the following functions:

10 (a) Monitor the progress of all scholars in their respective
11 educational institutions, identify students who have low or failing
12 grades, and counsel them to improve their academic performance;

13 (b) Ensure the timely release and accurate distribution of
14 allowances and other fees to the scholars;

15 (c) Make an annual report to the CHED on the performance
16 of medical scholars and other necessary or vital information
17 regarding the Medical Scholarship and Return Service Program;

18 (d) Assist the CHED in the conduct of regular information
19 dissemination on, and recruitment to, the Medical Scholarship and
20 Return Service Program;

21 (e) Review, modify and enhance the medical education
22 curriculum to prepare the scholars to work in community-based
23 health programs;

24 (f) Coordinate with the DOH in the conduct of an
25 inventory of its trainable personnel who can be potential
26 beneficiaries of the program;

1 (g) Coordinate with the CHED, DOH, PRC, other concerned
2 agencies, and local government units (LGUs) in the integration of
3 the scholar into the public health and medical service system;

4 (h) Develop strategies to improve the quality of the Doctor of
5 Medicine program and implement a system of review and
6 evaluation for quality control for the offering of Doctor of Medicine
7 program in their respective educational institutions;

8 (i) Conduct a tracer study on the whereabouts of their
9 respective medical scholars after graduation from their respective
10 educational institutions and submit the results of the tracer study
11 to the CHED;

12 (j) Recommend to the CHED and the DBM the budget
13 necessary to implement the Medical Scholarship and Return Service
14 Program in their respective institutions, based on their own
15 monitoring and evaluation of results; and

16 (k) Perform such other functions as the Presidents of the SUC
17 or PHEI may deem necessary for the success of the Medical
18 Scholarship and Return Service Program in their respective
19 educational institutions.

20 SEC. 12. *Roles of the DOH.* – The DOH shall perform the
21 following functions:

22 (a) Determine the number of physicians needed for every
23 municipality or province, as well as the number of physicians
24 needed in the town or province where the SUC is situated;

25 (b) Determine the distribution of scholars per municipality or
26 province;

1 (c) Coordinate with the CHED, SUCs, PHEIs and PRC to
2 determine the number of graduates of the Doctor of Medicine course
3 and passers of the medical board examination;

4 (d) Provide for the integration of the scholar into the public
5 health and medical service system, including the necessary number
6 of plantilla positions to accommodate the new doctors in the
7 provincial hospitals;

8 (e) Assist the CHED in the conduct of the regular information
9 dissemination on the Medical Scholarship and Return Service
10 Program, the recruitment of scholar applicants, and the integration
11 of successful scholars into the public health and medical service
12 system to ensure the continuous deployment of medical doctors to
13 all provinces, especially in the underserved, remote, economically
14 underdeveloped, distressed, conflict-afflicted, and geographically
15 disadvantaged municipalities;

16 (f) Craft a career pathway for public health practitioners in
17 the DOH and at the local level as an incentive to the graduates of
18 medicine to enhance their competencies and skills for career
19 progression;

20 (g) Coordinate with the LGUs for the mandatory integration
21 of doctors/scholars into the public health and medical service
22 system;

23 (h) Conduct an inventory of its trainable personnel who can
24 benefit from the program;

25 (i) Monitor, supervise, and evaluate the performance and
26 length of service of the scholars integrated into the public health
27 and medical service system;

1 (j) Provide funds for the implementation of the integration
2 program under this Act; and

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

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

10 (a) Ensure that there is a mechanism to provide the
11 necessary support to the integration program of physicians who will
12 be assigned to the LGU;

13 (b) Coordinate with the DOH and the physicians to determine
14 the specific health needs or requirements of the community and
15 provide the necessary assistance, including the improvement of the
16 health facilities in the municipality and involvement in the research
17 component of the public health and medical service system;

18 (c) May maintain a regular counterpart fund to be used for
19 providing the balance of the scholarship budget for scholars enrolled
20 in PHEIs, subject to availability of funds;

21 (d) Provide for the board and lodging, travel expenses and
22 other forms of financial assistance enumerated under Section 4 of
23 this Act, subject to availability of funds, for the scholar enrolled in
24 the PHEIs located in the municipality under the concerned LGU;
25 *Provided, That the scholar shall serve in the same LGU upon*
26 *passing the licensure examination. If the municipal government*
27 *cannot afford the said expenses, the provincial government shall*

1 shoulder the same: *Provided, further*, That the said provincial
2 government shall decide in what municipality the scholar shall
3 eventually serve;

4 (e) Provide other forms of financial assistance, subject to
5 availability of funds, to support the integration program of doctors
6 in the LGUs;

7 (f) Ensure the safety and security of the physicians
8 integrated into the public health and medical service program;

9 (g) Recommend to the concerned SUC or PHEI any
10 improvement in the implementation of the Medical Scholarship and
11 Return Service Program;

12 (h) Conduct an information dissemination campaign on the
13 Medical Scholarship and Return Service Program within the
14 municipality or province, with the objective of attracting bright
15 applicants to the said program;

16 (i) Coordinate with the CHED and other government
17 agencies and nongovernmental organizations involved in the
18 Medical Scholarship and Return Service Program;

19 (j) Coordinate with and encourage the active participation of
20 the parents and other family members of the scholars in the Medical
21 Scholarship and Return Service Program;

22 (k) Exercise such other powers and perform all other acts and
23 duties which shall assist the scholar and ascertain the success of the
24 Medical Scholarship and Return Service Program; and

25 (l) Execute and enforce laws, ordinances and regulations
26 which may, directly or indirectly, have a positive impact on the
27 Medical Scholarship and Return Service Program.

1 SEC. 14. *Appropriations.* – The amount necessary to carry out
2 the initial implementation of this Act shall be charged against the
3 current year's appropriations of the SUCs and the DOH.

4 Thereafter, the amount necessary for the continued
5 implementation of the Medical Scholarship and Return Service
6 Program for deserving students shall be included and subsumed
7 into the scholarship program of SUCs and CHED in the annual
8 General Appropriations Act.

9 SEC. 15. *Joint Congressional Oversight Committee on Medical*
10 *Scholarship and Return Service System.* – There is hereby created a
11 Joint Congressional Oversight Committee to oversee, monitor and
12 evaluate the implementation of this Act.

13 The Oversight Committee shall be composed of five (5)
14 members each from the Senate and from the House of
15 Representatives, and shall include the following: Chairperson of the
16 Senate Committee on Education, Arts and Culture; Chairperson of the
17 House Committee on Higher and Technical Education;
18 Chairperson of the Senate Committee on Health; Chairperson of the
19 House Committee on Health; and three (3) members each to be
20 chosen from the membership of the Senate Committee on
21 Education, Arts and Culture and the House Committee on Higher
22 and Technical Education by the Senate President and the House
23 Speaker, respectively: *Provided*, That at least one (1) member from
24 the respective nominees of the House of Representatives and the
25 Senate shall be chosen from the Minority party/bloc.

26 SEC. 16. *Five (5)-Year Review of the Number of Scholars to be*
27 *Admitted.* – Every five (5) years from the effectivity of this Act, the

1 CHED, DOH, SUCs and PHEIs shall determine the number of
2 scholars to be admitted every school year. The number of physicians
3 needed by the municipality or province where the SUC or PHEI is
4 situated shall be taken into consideration in determining the
5 number of scholars.

6 SEC. 17. *Implementing Rules and Regulations.* – Within sixty
7 (60) days from the effectivity of this Act, the CHED and the DOH, in
8 coordination with the Philippine Association of State Universities
9 and Colleges, Coordinating Council of Private Educational
10 Associations, League of Municipalities, Association of Municipal
11 Health Officers of the Philippines (AMHOP), Nongovernment
12 Community-Based Health Programs, PRC, DBM, SUCs, PHEIs,
13 APMC, APMC-Student Network and other relevant stakeholders,
14 shall formulate and issue the rules and regulations to fully
15 implement the provisions of this Act.

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

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

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

Approved,