EXPLANATORY NOTE

In the midst of the biggest public health crisis our country has grappled so far, it is our healthcare workers who are at the forefront against COVID-19. They continuously work and fulfill their duty in spite of the increasing number of active cases and while endangering their own safety. Recognizing the health risks and hazards that frontliners are exposed to, Administrative Order (AO) No. 26\(^1\) was signed on March 23, 2020 to grant hazard pay to government personnel, including doctors, nurses and other health care staffs who physically report for work during the period of implementation of an enhanced community quarantine (ECQ).

The COVID-19 hazard pay was only short-lived since the ECQ has already been lifted in many areas starting May 16. Further, it was deemed by some officials that the COVID-19 has become “manageable” and hazard pay is no longer necessary.\(^2\) However, data provided by the Department of Health as of August 5, 2020 showed total cases of 115,980, with additional cases of as high as 3,462 in a single day. This

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only shows that the battle is not over yet, and it may go on for a long time, especially for our medical frontliners. The threat of COVID-19, albeit deemed to be under control, is still present. Therefore, the health risks for our frontliners are still present.

Moreover, AO 26 provides that government personnel who are already receiving hazard pay should choose between the regular hazard pay and the COVID-19 hazard pay. This implies that the COVID-19 hazard pay is not provided on top of the existing pay and benefits they are receiving. Such implementation of provision of hazard pay does not fully recognize the additional health risks and hazards for our healthcare workers during the COVID-19 pandemic.

The provision of hazard pay for healthcare workers is imperative for the fulfilment of their duties. It is the responsibility of the government to protect and ensure the welfare of our healthcare workers. Hence, this bill seeks to grant hazard pay for public and private healthcare workers for the duration of the COVID-19 pandemic. The hazard pay shall be equivalent to at least 30% of the basic salary of the covered workers and shall be compensated until the Department of Health and/or the World Health Organization has officially declared that the COVID-19 pandemic has ended.

In view of the foregoing, the immediate passage of this bill is earnestly sought.

MANUEL DG. CABOCHAN III
Representative
Magdalo Para Sa Pilipino Party-List
AN ACT
GRANTING HAZARD PAY TO PRIVATE AND PUBLIC HEALTHCARE WORKERS DURING THE 2019 CORONAVIRUS DISEASE (COVID-19) PANDEMIC

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

SECTION 1. Short Title.— This Act shall be known as the “COVID-19 Hazard Pay for Healthcare Workers Act of 2020”.

SEC. 2. Declaration of Policy.— It is hereby declared a policy of the State to safeguard healthcare workers against injury, sickness, death, or any hazards in their work environment. Towards this end, the State shall fulfill its policy in protecting the rights of workers and promoting their welfare.

SEC. 3. Coverage.— This Act shall apply to all healthcare workers in the public and private sector. This includes medical practitioners, staff, and aide in hospitals, sanitaria, rural health units, main health centers, health infirmaries, barangay health
stations, clinics, laboratories, and other health-related establishments who are exposed to the 2019 Coronavirus Disease (COVID-19).

SEC. 4. Hazard Pay.— Workers covered by this Act shall be compensated with hazard allowances equivalent to at least thirty percent (30%) of their respective monthly basic salary for the duration of COVID-19 pandemic. This shall be different and separate from the existing hazard allowances granted to the workers covered by this Act.

SEC. 5. Duration of Hazard Pay.— The duration of the hazard allowances granted to workers covered by this Act shall be compensated upon the effectivity of this Act and until the Department of Health and/or the World Health Organization has officially declared that the COVID-19 pandemic has ended.

SEC. 6. Non-Dimination of Benefits.— Nothing in this Act shall be construed to diminish existing benefits under present laws, company policies, and collective bargaining agreements.

Provided, further, That such increase of hazard pay or its equivalent shall not be subject to tax consistent with the very purpose of this grant of incentives to all public and private medical workers assigned exposed to the dangers of COVID-19.

SEC. 7. Implementing Rules and Regulations.— Within sixty (60) days from the effectivity of this Act, the Department of Health (DOH) and Department of Labor and Employment (DOLE), in consultation with appropriate government agencies and other relevant stakeholders, shall formulate the rules and regulations to effectively implement the provision of this Act.

SEC. 8. Separability Clause.— If any portion or provisions of this Act is declared unconstitutional, the remainder of this Act or any provisions not affected thereby shall remain in force and effect.
SEC. 9. Repealing Clause.— Any law, presidential decree or issuance, executive order, letter of instruction, rule or regulation inconsistent with the provisions of this Act is hereby repealed or modified accordingly.

SEC. 10. Effectivity.— This Act shall take effect after fifteen (15) days following its complete publication in the Official Gazette or a newspaper of general circulation.

Approved,