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

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 7717

Introduced by ANG PROBINSYANO
Party-List Representative Alfred Delos Santos

EXPLANATORY NOTE

The State, under Article II, Section 18 of the 1987 Constitution, “affirms labor as a primary social economic force,” thus pledging to “protect the rights of workers and promote their welfare.” This is reiterated in Article XIII, Section 3, where the State promises “full protection to labor,” which, under the same provision, includes “entitlement to...humane conditions of work, and a living wage.”

As a result, Administrative Order No. 26 was enacted:¹

SECTION 1. Grant of the COVID-19 Hazard Pay. – National government agencies (NGAs), including state universities and colleges (SUCs) and government-owned or controlled corporations (GOCCs), are authorized to grant COVID-19 Hazard Pay to personnel who physically report for work during the implementation of an Enhanced Community Quarantine in their respective work stations, in an amount not exceeding P500 per day per person. [emphasis in the original]

This was followed by Administrative Order No. 28:²

SECTION 1. Grant of COVID-19 Special Risk Allowance (SRA). – National government agencies (NGAs), government-owned or controlled corporations (GOCCs) and LGUs are authorized to grant a one-time COVID-10 SRA, equivalent to a maximum of 25% of monthly basic salary/pay, to Public Health Workers (PHWs) who have great exposure to health risks and physical hardships in the line of duty, in light of the COVID-19 pandemic.

For purposes of this Order, “PHWs” shall refer to medical, allied medical, and other necessary personnel assigned in hospitals and healthcare facilities and who are directly catering to or in contact with COVID-19 patients, persons under investigation or persons under monitoring.

However, the medical personnel’s enjoyment of their hazard pay has been plagued by controversies. First, the Alliance of Health Workers (AHW) spoke out against A.O. No. 26:3

In a statement dated June 5, the Alliance of Health Workers (AHW) said the hazard pay provided by the administrative order is not an added benefit to health workers who regularly receive the same benefit.

The group noted a portion of the order in Section 1 which reads: “personnel who are already entitled to a hazard pay, hazardous duty pay, hazard allowance or other similar benefits under existing laws, issuances, rules, and regulations, such as public health workers, public social workers, science and technology personnel and military and uniformed personnel, shall continue to be entitled to such benefits or the COVID-19 hazard pay, whichever is higher.”

The AHW said this means a health worker will have to choose between the Magna Carta of Public Health Workers hazard pay or COVID-19 hazard pay, depending on which is higher in amount between the two benefits on computation.

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The group also pointed out that the administrative order...is divisive since, in actual computation, the amount of hazard pay received by a nurse on duty for 12 hours per shift for four days a week at the COVID-19 ward is smaller compared to office personnel who report for eight hours a day for five days a week.

Under the order, COVID-19 hazard pay is computed based on the number of days not by the number of hours a health worker reports for work.

Furthermore, AHW said the source of funds for the hazard pay will be charged from the hospital’s share of the General Appropriations Act (GAA) of 2020 or the approved budget for 2020 and not an additional fund. But since government hospitals suffered from annual budget cuts, the promised COVID-19 hazard pay amounting to P500.00 per day might not be given to the intended recipients.

Should government agencies have insufficient allotments to fully cover the COVID-19 hazard pay at a rate of P500 per person per day, the order allows a lower but uniform rate that may be granted for all qualified personnel, the group also noted.

“This government deceives health workers because the funds for COVID-19 hazard pay shall be taken from the Personal Services (PS) and MOOE (Maintenance and Other Operating Expenses) of GAA 2020. In fact, there is almost nothing to heave from those funds,” said Mendoza.

While other benefits and previously accepted benefits will be affected because the fund is also taken from the PS and MOOE. Better yet, if the government derives funds for COVID-19 hazard pay from the billions of COVID-19 response fund in order that such benefit could be realized,” he added.

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He also called on the government to grant the hazard pay with equal amounts to all public health workers regardless of salary grades, and to continue to grant the benefit to all health workers and other frontliners even during GCQ and until the pandemic is gone.

"We call on our fellow health workers to unite, expose and denounce the COVID-19 hazard pay and let us call for an equal and significant amount of hazard pay for all health workers both in public and private hospitals and other health facilities," urged Mendoza.

Then there was the news about deductions being made on the hazard pay received by health workers:4

The daughter of a nurse who died from COVID-19 was to get her mother’s hazard pay and expecting it would amount to P30,000 — computed based on the P500 per day per government worker pronouncement of health officials.

To her surprise, however, she found out that her mother’s ancillary payment for toiling under dangerous conditions — at the forefront of the battle against the coronavirus pandemic — was: P7,000.

According to Joie Cruz, daughter of Maria Theresa Cruz, a Cainta public hospital nurse who succumbed to the coronavirus last July, her mother has anticipated using the hazard pay to purchase equipment needed for her younger sibling’s online classes.

However, when she went to the hospital last Monday, it was revealed that her hazard pay was only P150 a day, and after several deductions, a meager P64 a day.

"My mom was eager to receive her hazard pay because she said she was going to use it for Maxene’s Grolier Home Learning Materials. She and her coworkers were expecting about PHP 30,000+ for their COVID hazard pay, based on the DOH announcement of PHP 500 per day for frontliners," Joie said in her Facebook post.

"My mom died before she even got her hazard pay," she also noted. "Yesterday, I went to her workplace to process some of her docs and to claim her benefits. I was told that her COVID hazard pay is already available. Instead of the expected PHP 30,000+, what I received was PHP 7,000+.”

The younger Cruz said that the issue does not stem from financial needs, but the penchant of the government to say things that it would not fulfill or things that it may eventually circumvent.

Previously, the Alliance of Health Workers (AHW), a group vocal about the health workers’ plight amid the ongoing pandemic, claimed that the hazard pay for health workers is deceptive and divisive.

According to AHW, health workers are made to choose which hazard pay is better — the one indicated by the Magna Carta of Public Health Workers or the COVID-19 hazard pay.

This reported case caused other complaints to come to light:5

Three months after she was assigned at the Research Institute for Tropical Medicine (RITM) in Muntinlupa City, a health worker on the frontline in the fight against coronavirus disease (COVID-19) has yet to receive her hazard pay.

Dianne (not her real name) already resigned as volunteer or contract of service (COS) employee but “no action has been taken” with regard to her hazard pay.

x x x Her colleagues also share the same problem of stalled hazard pay and call on government to give them their due.

"Pag tawagan na ang RITM hindi sila macontakt, laging ganon (Whenever we would call RITM, they could not be reached. It’s always like that)," she told Manila Bulletin in an interview.

Under Section 21 of R.A. 7305 (The Magna Carta of Public Health Workers), health workers “in areas declared under state of calamity or emergency for the duration thereof...shall be compensated hazard allowance equivalent to at least 25 percent of the monthly basic salary of health workers receiving salary grade 19 and below, and five percent for health workers with salary grade 20 and above.”

As salary grade 15, Diane said her contract stipulates that she would receive “a premium benefit equivalent to 20 percent of the monthly salary, inclusive of taxes, PAG-IBIG and PhilHealth contributions” on top of her basic salary. But the Human Resource Department (HRD) of RITM reportedly told them it could only give five percent as their “head has not yet signed the 20 percent.”

"Ang question naman namin, bakit nila kami bibigyan ng 5 percent kung di naman kami, kung di naman nakalagay sa contract namin, which is ang nakalagay sa’min is 20 percent (Why give us only 5 percent when our job contract says we are entitled to a premium benefit equivalent to 20 percent),” she said.

Administrative Order No. 26...provides the “grant of hazard pay to government personnel who physically report for work during the period of an enhanced community quarantine (ECQ) relative to the COVID-19 outbreak.”

The amount, according to the AO should not exceed P500 a day per person.

Dianne said she and her other colleagues neither received both.

Even their contract signing was delayed. Dianne claimed they signed their contract only in July after the ECQ was lifted, two months after they

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were hired reportedly so they would “no longer be qualified for hazard
pay.”

“So ang ginawa nila, dinelay nila yung contract signing namin para di
kami makapasok doon sa ECQ, yung benefit ng hazard pay (They delayed
the contract signing so we would not qualify for hazard pay under ECQ),”
she claimed.

“Ang nilalaban namin is kaht wala [yun sa] contract, as long as nagstart
kami ng ECQ kaht papano meron [dapat] kaming hazard pay doon sa
week na pinasok namin [although it’s not in the contract, by the mere fact
that we started working during ECQ we are entitled to hazard pay. That
is what we are fighting for]," she added.

They also raised concern about their contracts, which, she said, have not
yet been signed by the hospital’s management and returned to them.

Dianne said they need a copy of their contract for filing before the Bureau
of Internal Revenue (BIR) in order for them to reimburse their taxes.

“Sabi nila, pag di namin na-file [within] one month yung sa tax namin, sa
BIR namin, di rin namin mababawi yung tax na kinakaltas nina samin (We
were told that if we could not file it with the BIR, we could not get back
our taxes),” she said.

“Noong fina-follow up na namin yung contract, medyo naiinis pa sila
samin kasi bakit daw kami nagmamadali sa contract (When we called to
follow-up our contracts, RITM appeared annoyed at our insistence for
them to release our contracts),” she added.

This bill is offered as a solution to this growing problem. This Bill aims
to: 1) guarantee the hazard pay of all essential workers; and 2) secure the
hazard pay from inexplicable deductions.

It is for the foregoing premises that the approval of this Bill is earnestly
sought.

ALFRED C. DELOS SANTOS
Representative, Ang Probinsyano Party-List
AN ACT
PROVIDING HAZARD DUTY PAY TO FRONTLINERS AND OTHER ESSENTIAL WORKERS DURING PANDEMICS, EPIDEMICS, OUTBREAKS, AND OTHER PUBLIC HEALTH EMERGENCIES

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

SECTION 1. Declaration of Policy. – It is hereby declared the policy of the State to constantly strengthen the support to frontliners and other essential workers of the country during public health emergencies by providing them with additional pay to ensure financial security.

SECTION 2. Scope. – The coverage of this Act shall include all frontline regular, contractual, and/or job order employees who do not receive hazard pay, of the following essential industries in public and private sectors:

a) Medical and health facilities, laboratories, and other related establishments;
b) Pharmacies, drugstores, medical laboratories, and other firms that produce and deliver medicine and other health products;
c) Mortuaries, crematoriums, and other establishments that offer funeral services;
d) Grocery and convenience stores, wet and dry markets, restaurants, and other businesses related to food, non-alcoholic beverages, and other basic consumer goods;
e) Law enforcement and security agencies;
f) Public utility companies;
g) Telecommunications companies;
h) Television, newspaper, radio, and other mass media companies that help disseminate information to the public;
i) Waste management and sanitation companies;
jj) Banks and financial institutions providing money transfer services;
k) Mass public transportation and delivery companies;
l) Gas stations and car service centers; and
m) Other companies that provide essential services to the general public, and/or establishments that require their staff to report for duty during the occurrence of a public health emergency.

SECTION 4. Prohibition against Elimination or Diminution of Benefits. – This additional remuneration shall not affect or reduce any of the existing benefits under the current policies of the state and all concerned agencies.

SECTION 5. Implementing Rules and Regulations (IRR). – The Department of Budget and Management and the Civil Service Commission shall develop the implementing rules and regulations of this Act 30 days after its effectivity.

SECTION 6. Separability Clause. – If any provision of this Act shall be declared unconstitutional or invalid, such declaration shall not invalidate other parts thereof which shall remain in full force and effect.

SECTION 7. Repealing Clause. – All laws, executive orders, presidential decrees or issuances, letters of instruction, administrative orders, rules, and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 8. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,