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HOUSE OF REPRESENTATIVES

H. No. 6756

BY REPRESENTATIVES TAN (A.), SANTOS-RECTO, RODRIGUEZ, CASTELO, SY-ALVARADO, HOFER, AGABAS, ALMARO, VARGAS, HERRERA-DY, ESPINO, VILLAFUERTE, OLIVAREZ, NIETO, NOEL, LARA, DUTERTE, GO (M.), JIMENEZ, TAMBUANTING, MARIANO-HERNANDEZ, REVILLA, CAMINERO, ABUEG-ZALDIVAR, CUEVA, BABAISA, ACOSTA, CHATTO, CALDERON, TY (D.), SALCEDA, CUA, TEJADA, VIOLAGO, GASATAYA, JALOSJOS, GARCIA (J.E.), MACAPAGAL ARROYO, DALIFE, GO (E.C.), ZAMORA (W.K.), BRAVO, LABADLABAD, SACDALAN, BENITEZ, DALOG, GUICO, SINGSON-MEHIAN, DIMAPORO (A.), BALINDONG, BORDADO, QUIMBO, AMATONG, DEFENSOR (L.), DELOS SANTOS, OAITE, VERGARA, VILLARICA, ERIGUEL, TIANGCO, SAVELLANO, LAZATIN, UNGAB, YAP (E.), CAYETANO (M.L.), RIVERA, VILLANUEVA (E.), DAZA, SANGCO, NATIVIDAD-NAGAÑO, LOYOLA, ALONTE AND FARIÑAS (R.C.), PER COMMITTEE REPORT NO. 309

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:

SECTION 1. Short Title. — This Act shall be known as the “Medical Scholarship and Return Service (MSRS) Program Act.”

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

Towards this end, the State shall establish a medical scholarship and return service program that will help deserving medical students pursue medical education and training in the field of health and medicine who shall eventually render services in government public health offices or government hospitals in their hometown or in any municipality in their home province or in any underserved municipality in any province, as part of their integration into the public health and medical service system. This shall ensure the availability of doctors who will provide quality basic, preventive, preventative and curative health care services in every municipality in the country, especially the underserved, remote, economically undeveloped, distressed, conflict-afflicted, and geographically disadvantaged areas.

SEC. 3. Establishment of the Medical Scholarship and Return Service (MSRS) Program. — There shall be established a Medical Scholarship and Return Service (MSRS) Program for deserving students in state universities and colleges (SUCs) or in private higher education institutions (PHEIs) in regions where there are no SUCs offering a medical course: Provided, That the scholarship program shall accept at least one (1) scholar from each municipality of the country: Provided, further, That only upon determination that there is no qualified applicant from a certain municipality shall another qualified applicant be considered, irrespective of domicile: Provided, further, That the applicant has
passed the admission and other qualifying requirements of the SUCs and PHEIs: Provided, finally, That the total number of scholars per province or municipality shall depend on the number of government physicians needed for each province or municipality, as determined by the Department of Health (DOH).

SEC. 4. Coverage. — The MSRS Program established under this Act shall be made available to deserving Filipino students who want to pursue a degree in Doctor of Medicine in regions where there are no SUCs offering a degree program in Medicine.

The student financial assistance for the MSRS Program shall include the following:
(a) Free tuition and other school fees;
(b) Allowance for prescribed books, supplies and equipment;
(c) Clothing or uniform allowance;
(d) Allowance for dormitory or boarding house accommodation;
(e) Transportation allowance;
(f) Internship fees, including financial assistance during post-graduate internship;
(g) Medical board review fees;
(h) Annual medical insurance; and
(i) Other education-related miscellaneous subsistence or living allowances.

SEC. 5. Qualification Requirements. — An applicant for the MSRS Program shall possess the following qualifications:
(a) Must be a natural-born or naturalized Filipino citizen residing in the Philippines;
(b) Must be a graduating student or a graduate of an appropriate undergraduate program identified as a prerequisite for a Doctor of Medicine degree, from any higher education institution (HEI) duly recognized by the Commission on Higher Education (CHED), including a direct entrant to the Medicine Program who satisfactorily completes the first two (2) years of the program: Provided, That deserving incoming second year medical students and those in the higher year levels of the Doctor of Medicine program shall also be covered under this Act;
(c) Must have passed the entrance examinations and complied with other related requirements for admission into a Doctor of Medicine degree in the SUC or PHEI where the scholar intends to enroll, including the INTARMED Program of the U.P., as well as the other requirements of the CHED and the DOH; and
(d) Must have obtained a National Medical Admission Test (NMAT) score mandated by the CHED and the cut-off score required by the SUC or PHEI where the student intends to enroll in.

SEC. 6. Conditions for the Grant of Scholarship. — Deserving students accepted to the MSRS Program shall be subject to the following conditionalities:
(a) Must sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the CHED and the DOH;
(b) Must carry the full load of subjects prescribed per semester by the SUC or PHEI, and shall not, under any circumstance, drop a course which will result in underloading;
(c) Must finish the entire Doctor of Medicine program within the prescribed time frame in the SUC or PHEI where the scholar is enrolled in, subject to the retention policies of the SUC or PHEI;

(d) Must undertake post-graduate internship in a DOH-accredited public health facility or hospital upon graduation from the Doctor of Medicine program and after satisfying all the requirements of an association which credits an internship program: Provided, That the scholar enrolled in the SUC or PHEI must undertake the post-graduate internship in the SUC’s or PHEI’s base hospital;

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

(f) Must serve in a government public health office or government hospital in the scholar’s hometown or, in the absence of a need thereat, in any municipality within the scholar’s home province, or in any underserved municipality closest to the scholar’s hometown in any province determined by the DOH as a priority area, upon passing the licensure examination for physicians and integration into the public health and medical service system: Provided, however, That in times of pandemic or public health emergency, the DOH may require them to serve in public health office or government hospital where their services may be needed. The mandatory return service shall be carried out for at least four (4) years or one (1) year for every scholarship year availed of, which shall be completed within six (6) years upon completion of internship for those who have availed of a four (4)-year program, and seven (7) years for those who have availed of a five (5)-year program: Provided, That this mandatory return service shall be in addition to the post-graduate internship requirement of the Doctor of Medicine program and shall also be in addition to the return service requirement of the SUC or PHEI: Provided, further, That residency training shall not be considered as return service under this provision: Provided, finally, That the physician shall receive appropriate salaries and other benefits for service rendered under the mandatory integration into the public health and medical service.

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

The scholar who fails to pass the licensure examination within one (1) year after graduation and completion of post-graduate internship and other academic requirements shall shoulder all the necessary expenses for the succeeding professional licensure examinations.

SEC. 7. Disqualifications. — The scholar shall repay the full cost of scholarship and related benefits received, including all the expenses incurred during participation in the scholarship program, and the scholarship grant shall be terminated, in case of the following circumstances:
(a) If the scholar accepts another scholarship from other
government or private agency or entity while enjoying the benefits
under this Act;

(b) If the scholar fails in forty percent (40%) of the subjects or
fails to meet the academic requirements or to complete the course
within the prescribed period without valid cause as may be
determined by the SUC or PHEI, CHED or the DOH such as due to
absence without notice, willful neglect or other causes within the
control of the scholar: Provided, That, a scholar whose scholarship
status has been terminated may opt to work within the
government’s public health service system, such as engaging in
health-related research work for the government or by teaching
health-related subjects in a public educational institution, or be
integrated into the public health service system for a period
equivalent to eight (8) years or the mandatory length of service that
should have been rendered as stipulated in this Act, instead of
repaying the cost of the scholarship grant received: Provided,
further, That the alternative return service shall exclude residency
training;

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

(d) If the scholar is found guilty of behavioral misconduct in a
manner that would bring significant damage to certain persons, the
HEI, government institution concerned, and the community.

SEC. 8. Mandatory Return Service and Integration of the
Scholar into the Public Health and Medical Service System. — Upon
passing the Physician Licensure Examination (PLE) administered
by the Philippine Regulatory Commission (PRC) and conferment by
the PRC of the license to practice the medical profession, the scholar
shall be integrated into the public health and medical service
system, through the DOH, and shall receive the appropriate civil
service rank, salary and related benefits. Upon integration into the
public health and medical service system under this Act, the scholar
shall render the mandatory return service for a period equivalent to
at least four (4) years within six (6) years for those who have availed
of a four (4)-year program, and seven (7) years for those who have
availed of a five (5)-year program.

The mandatory return service and integration into the public
health and medical service system under this Act shall be separate
and distinct from the return service rendered to an SUC or PHEI
by a scholar in lieu of refunding the cost of a terminated
scholarship grant pursuant to Section 7 hereof, and the mandatory
postgraduate internship in a DOH-accredited public health facility
or hospital which is a prerequisite for taking the licensure
examination for physicians.

SEC. 9. Sanctions. — A physician who has availed of the
MSRS Program but fails or refuses to serve in a government hospital
or any local health office in the scholar's hometown, or in any
municipality in the scholar's home province, or in any underserved
municipality in any province, as provided under Section 6(6) hereof,
or fails or refuses to comply with the mandatory return service and
integration requirement, as provided in Section 8 hereof, shall be
required to pay twice the full cost of scholarship, including other
benefits and expenses incurred by reason of participation in the scholarship program.

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

SEC. 10. Role of the CHED. — The CHED shall perform the following functions in the implementation of the MSRS Program:

(a) Conduct regular information dissemination of and recruitment to the MSRS Program in SUCs and PHEIs to ensure that there will be an adequate number of medical doctors in all the municipalities and provinces;

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

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

(d) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines, and rules and regulations for the effective implementation of the MSRS Program under this Act;

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

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

(g) Review and approve or disapprove applications of SUCs and PHEIs for the offering of new Doctor of Medicine programs;

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

(i) Require SUCs and PHEIs to implement and submit a tracking, monitoring, evaluation and assistance system in order to determine the whereabouts of the medical scholars after graduation from SUCs or PHEIs;

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

(k) Recommend to the Department of Budget and Management (DBM) the prerequisite appropriation for the implementation of the MSRS Program in SUCs and PHEIs based on the result of its monitoring and evaluation.

SEC. 11. Role of the SUCs and PHEIs. — The SUCs and PHEIs shall perform the following functions in the implementation of the MSRS Program:

(a) Monitor the progress of all scholars in their respective educational institutions, identify those who have low or failing grades, and counsel them to improve their academic performance;
(b) Ensure the timely release and accurate distribution of allowances and other fees to the scholars;

(c) Make an annual report to the CHED on the performance of medical scholars and other necessary or vital information regarding the MSRS Program;

(d) Assist the CHED in the conduct of regular information dissemination on, and recruitment to, the MSRS Program;

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

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

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

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

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

(j) Recommend to the CHED and the DBM the budget necessary to implement the MSRS Program in their respective institutions, based on their own monitoring and evaluation of results; and

(k) Perform such other functions as the presidents of the SUC or PHEIs may deem necessary for the success of the MSRS Program in their respective educational institutions.

SEC. 12. Role of the DOH. — The DOH shall perform the following functions in the implementation of the MSRS Program:

(a) In coordination with the CHED, SUCs and PHEIs, determine the number of physicians needed for every municipality or province, and pursuant to Section 16 of this Act, every five (5) years from its effectivity, to be used as basis for calculating the number of scholars to be admitted every school year to the MSRS Program;

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

(c) Coordinate with the CHED, SUCs, PHEIs and the PRC to determine the number of graduates of the Doctor of Medicine degree program and passers of the PLE;

(d) Manage the integration of scholars into the public health and medical service system, and propose for the creation of plantilla positions, as necessary, to accommodate the new doctors to be placed in the provincial hospitals;

(e) Assist the CHED in the conduct of the regular information dissemination on the MSRS Program, the recruitment of scholar applicants, and the integration of successful scholars into the public health and medical service system to ensure the continuous deployment of medical doctors to all provinces, especially in the
underserved, remote, economically underdeveloped, distressed, conflict-afflicted, and geographically disadvantaged municipalities;

(f) Craft a career pathway for physicians who are beneficiaries of the MSRS Program in the DOH and at the local level as an incentive to continually upgrade their competencies and skills for career progression;

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

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

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

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

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

SEC. 13. Role of LGUs. — LGUs are mandated to support the integration of the scholar into the public health and medical service system by performing the following functions:

(a) Create a mechanism or system to provide the necessary support, including ensuring safety and protection, for the integration of physicians who will be assigned to the LGU;

(b) Coordinate with the DOH and the physicians to determine the specific health needs or requirements of the community and provide the necessary assistance, including involvement in the research component of the medical service system;

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

(d) Provide for the board and lodging, travel expenses and other forms of financial assistance enumerated under Section 4 of this Act, subject to availability of funds, for the scholar enrolled in the PHEIs located in the municipality under the concerned LGU: Provided, That the scholar shall serve in the same LGU upon passing the licensure examination. If the municipal government cannot afford the said expenses, the provincial government shall shoulder the same: Provided, further, That the said provincial government shall decide the municipality where the scholar shall eventually serve;

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

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

(g) Recommend to the concerned SUC or PHEI any improvement in the implementation of the MSRS Program;

(h) Conduct an information dissemination campaign on the MSRS program within the municipality or province, with the objective of attracting bright applicants to the said Program;
(i) Coordinate with the CHED, other government agencies and nongovernmental organizations (NGOs) involved in the MSRS Program;

(j) Coordinate with and encourage the active participation of the parents and other family members of the scholars in the MSRS Program;

(k) Exercise such other powers and perform all other acts and duties which shall assist the scholar and ascertain the success of the MSRS Program; and

(l) Execute and enforce laws, ordinances and regulations which may, directly or indirectly, have a positive impact on the MSRS Program.

SEC. 14. Appropriations. — The amount necessary to carry out the initial implementation of this Act shall be charged against the current year’s appropriations of the SUCs and the DOH.

Thereafter, the amount necessary for the continued implementation of the MSRS Program under this Act shall be included and subsumed into the scholarship program of the SUCs and the CHED in the annual General Appropriations Act.

SEC. 15. Joint Congressional Oversight Committee on MSRS System. — There is hereby created a Joint Congressional Oversight Committee to oversee, monitor and evaluate the implementation of this Act.

The Oversight Committee shall be composed of five (5) members each from the Senate and from the House of Representatives, and shall include the following: Chairperson of the Senate Committee on Higher, Technical and Vocational Education; Chairperson of the House Committee on Higher and Technical Education; Chairperson of the Senate Committee on Health and Demography; Chairperson of the House Committee on Health; and three (3) members each to be chosen from the membership of the Senate Committee on Higher, Technical and Vocational Education, and the House Committee on Higher and Technical Education by the Senate President and the House Speaker, respectively: Provided, That at least one (1) member from the respective nominees of the House of Representatives and the Senate shall be chosen from the Minority party/bloc.

SEC. 16. Five (5)-Year Review of the Number of Scholars to be Admitted. — Every five (5) years from the effectivity of this Act, the CHED, DOH, SUCs and the PHEIs shall determine the number of scholars to be admitted every school year. The number of physicians needed by the municipality or province where the SUC or PHEI is situated shall be taken into consideration in determining the number of scholars.

SEC. 17. Implementing Rules and Regulations. — Within sixty (60) days from the effectivity of this Act, the CHED and the DOH shall, in coordination with the Philippine Association of State Universities and Colleges, Coordinating Council of Private Educational Associations, League of Municipalities, Association of Municipal Health Officers, Non-Government Community-Based Health Programs, PRC, DBM, SUCs, PHEIs, associations of medical schools and medical students and other relevant stakeholders, shall formulate and issue the rules and regulations to fully implement the provisions of this Act.
SEC. 18. Separability Clause. - If any part or provision
of this Act shall be held unconstitutional or invalid, the other parts
or provisions not affected thereby, shall remain in full force and
effect.

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

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

Approved,