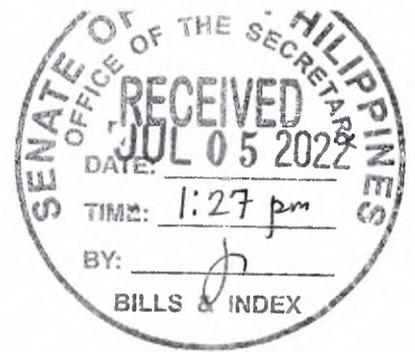


NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

SENATE
S. No. 27



Introduced by SENATOR RAMON BONG REVILLA, JR.

AN ACT
ESTABLISHING THE NATIONAL CENTER FOR GERIATRIC HEALTH AND
RESEARCH INSTITUTE, DEFINING ITS POWERS AND FUNCTIONS,
CREATING REGIONAL GERIATRIC SPECIALTY CENTERS IN THE
DEPARTMENT OF HEALTH-RETAINED HOSPITALS, AND APPROPRIATING
FUNDS THEREFOR

EXPLANATORY NOTE

Article XIII Section 11 of the Constitution provides: "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 underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

In line with this Constitutional provision of giving utmost priority to health services for the elderly, this measure seeks to expand the National Center for Geriatric Health (NCGH) currently under the Jose R. Reyes Memorial Medical Center (JRRMMC) by establishing the National Center for Geriatric Health and Research Institute (NCGHRI). NCGHRI is envisioned to become the leading teaching, research and training hospital that shall specialize in geriatric care and serve as an apex hospital for senior citizens in the country.

Senior citizens are vulnerable sectors of our population who are at high-risk of contracting diseases due to their advanced age, weaker immunity and various comorbidities. As we have seen in the Covid-19 pandemic, health concerns of our

senior citizens require special care and urgent attention. It is important that a special health facility which will focus on their specific medical conditions be created and institutionalized.

This proposed legislation also seeks to build geriatric specialty centers in Department of Health (DOH) regional hospitals, which shall serve as end-referral facilities of the health care provider networks, and training and research facilities on geriatric specialty care services. This aims to ensure that health services catering to their special needs of the elderly will be readily available and accessible across all regions.

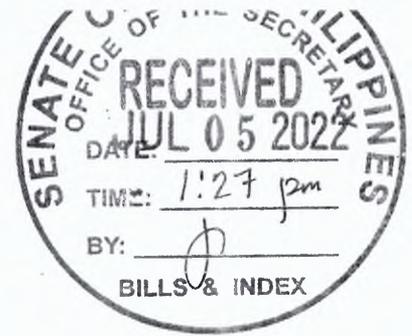
Finally, this measure further reinforces the existing policies, particularly the Mandatory PhilHealth Coverage for All Senior Citizens¹ and the creation of National Commission for Senior Citizens², in promoting the welfare and appreciation for our senior citizens. In this light, the immediate approval of this bill is highly recommended.


RAMON BONG REVILLA, JR.

¹ Republic Act No. 10645

² Republic Act No. 11350

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ESTABLISHING THE NATIONAL CENTER FOR GERIATRIC HEALTH AND
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*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 "*Geriatric Health Act.*"
- 2 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and
- 3 promote the right to health of senior citizens all over the country by ensuring that
- 4 holistic health services are available and accessible to them through the establishment
- 5 of a specialized hospital and research institute as well as geriatric specialty centers in
- 6 the Department of Health (DOH)-retained hospitals in every region.
- 7 Sec. 3. *Definition of Terms.* – As used in this Act:
- 8 a) *Acute care* – refers to a specialized program that addresses the needs of
- 9 hospitalized older adults in a multidisciplinary team approach to prevent
- 10 functional and cognitive decline and to improve outcomes;
- 11 b) *Apex or end-referral hospital* – refers to a hospital offering specialized
- 12 services as determined by DOH, which is contracted as a stand-alone facility
- 13 by the Philippine Health Insurance Corporation (PhilHealth);
- 14 c) *Geriatric health services* – refer to the medical services or interventions
- 15 provided by a multidisciplinary team to older adult patients;

- 1 d) *Geriatric medicine or Geriatrics* – refers to the sub-specialty of internal and
2 family medicine that diagnoses and treats a wide range of conditions and
3 diseases that affect people as they age and aims to promote health and
4 treat disabilities for older adults;
- 5 e) *Geriatric palliative care* – refers to a specialized medical care that focuses
6 on providing elderly patients relief from pain and other symptoms of a
7 serious illness, regardless of diagnosis or stage of disease, and provided
8 alongside curative and other forms of treatment. It is a field of inter-
9 specialty collaboration to respond to the socio-demographic changes and
10 challenges of older adults with severe and life-limiting conditions;
- 11 f) *Geriatric specialty center* – refers to a unit or department in a DOH-retained
12 hospital that offers specialized care to the aging population, particularly of
13 frail older persons, addressing their particular conditions and providing
14 specific procedures and management of cases, requiring specialized training
15 and/or equipment;
- 16 g) *Geriatrician* – refers to a medical doctor who has passed the necessary
17 training and specialty examination for the practice of Geriatric Medicine;
- 18 h) *Gerontology* – refers to the study of the biological, psychological, spiritual,
19 social, economic, and the demographic aspects of the aging process;
- 20 i) *Home-based healthcare and reablement program* – refers to a community-
21 based service which primarily caters to the frail older persons who have lost
22 or are experiencing problems with mobility;
- 23 j) *Integrated delivery of geriatric health services* – refers to hospital and
24 community-based medical and psycho-social services provided to senior
25 citizens by a multidisciplinary team;
- 26 k) *Multi-disciplinary team* – refers to a team composed of health professionals
27 headed by a geriatrician and includes surgeons, organ-system specialists,
28 nurses, clinical pharmacists, rehabilitation therapists, nutritionists, dentists,
29 social workers, caregivers, family members, and patients themselves;
- 30 l) *People-centered service* – refers to an approach to geriatric care that
31 consciously adopts the perspectives of individuals, families and
32 communities, and sees them as participants as well as beneficiaries of

1 trusted health systems that respond to their needs and preferences in
2 holistic and humane ways;

3 m) *Senior citizen* – refers to an elderly Filipino who is at least sixty (60) years
4 old;

5 n) *Sub-acute care* – refers to care for patients who no longer require
6 hospitalization, but still need skilled medical care through rehabilitative
7 medicine. Sub-acute rehabilitation is recommended when a patient is not
8 functionally able to return home; and

9 o) *Transitional care* – refers to a form of health care in geriatric medicine
10 designed to ensure coordination and continuity of care as patients transfer
11 between different locations or different levels of care, and the safe and
12 effective management of both chronic and acute illness in older adults.

13 *Sec. 4. National Center for Geriatric Health and Research Institute.* – The
14 National Center for Geriatric Health (NCGH) is hereby classified as a teaching, research
15 and training hospital that shall specialize in geriatric care and serve as an apex hospital
16 or end-referral facility for senior citizens in the country. The NCGH shall be renamed
17 as the National Center for Geriatric Health and Research Institute (NCGHRI) and shall
18 be under the direct control and supervision of the DOH.

19 The bed capacity, service capabilities, healthcare facilities, expansion,
20 organizational structure and human resource requirements of the NCGHRI shall be
21 based on the hospital and human resource development plan to be prepared by the
22 NCGHRI and approved by the DOH.

23 *Sec. 5. Powers and Functions.* – To carry out the provisions of this Act, the
24 NCGHRI shall have the following powers and functions:

25 a) Serve as an apex hospital or end-referral facility which shall specialize in
26 geriatric health services;

27 b) Formulate a hospital development plan which shall be regularly updated to
28 reflect the expansion and future development of the NCGHRI;

29 c) Provide and maintain affordable, quality, and timely people-centered
30 hospital care through an efficient health service delivery system for senior
31 citizens;

- 1 d) Provide higher and up-to-date geriatric training for professionals,
2 postgraduates, academic, and allied healthcare providers especially from
3 the geriatric specialty centers in the regions and LGUs, and other
4 government hospitals;
- 5 e) Develop and implement cutting-edge research studies on diseases related
6 to old age with a view to translating research outcomes into policy and
7 specialized health care solutions, and publish research studies that shall
8 serve as a critical information resource for the medical and research
9 community, in coordination with the Philippine Council on Health Research
10 and Development (PCHRD) and the Institute on Aging of the National
11 Institutes of Health (IA-NIH);
- 12 f) Conduct and participate in international and local gerontological research
13 activities;
- 14 g) Provide consultancy service and technical assistance in the setting of
15 standards for geriatric wards in every tertiary level hospital, nursing home
16 and residential center catering to the health and functioning needs of senior
17 citizens, in coordination with the PCHRD and the IA-NIH;
- 18 h) Develop and maintain a core information hub on geriatric and gerontological
19 studies in coordination with the IA-NIH and concerned offices in the DOH
20 and its attached agencies, such as the Disease Prevention and Control
21 Bureau and the Knowledge Management and Information Technology
22 Service;
- 23 i) Extend medical services to senior citizens pursuant to the goals, objectives
24 and rules of the National Health Insurance Program and in accordance with
25 Republic Act No. 11223, otherwise known as the "Universal Health Care
26 Act;"
- 27 j) Provide an integrated and effective approach in the delivery of geriatric
28 health services in collaboration with other government agencies, local
29 government agencies, local government units (LGUs) and other
30 stakeholders;
- 31 k) Conduct specialty training and technical assistance in collaboration with
32 concerned DOH offices and other relevant professional organizations;

1 l) Finance, sponsor, hold or participate in congresses, convention,
2 conferences, seminars, workshops, and training programs on geriatric
3 health services or related fields in the Philippines and abroad; and

4 m) Establish a standardized referral system for psycho-social services.

5 Sec. 6. *Scope of Services.* – The NCGHRI shall provide the following services:

6 a) Hospital-based services to ensure the availability of medical facilities and
7 equipment for senior citizens needing acute and sub-acute care, geriatric
8 palliative care, transitional and outpatient care services, and such other
9 necessary services;

10 b) Community-based services utilizing multidisciplinary team approaches such
11 as home-based healthcare and reablement programs, research and external
12 resource outsourcing for community-based integrated geriatric health
13 services and trainings necessary for the psycho-social functioning of senior
14 citizens and their families, in coordination with LGUs;

15 c) Technical assistance and capacity building in the establishment and
16 maintenance of nursing homes and residential care facilities and senior
17 citizens' wards in government hospitals pursuant to Republic Act No. 9994,
18 otherwise known as the "Expanded Senior Citizens Act of 2010";

19 d) Technical assistance and capacity building in the establishment of geriatric
20 specialty centers and services to strengthen the network of geriatric care
21 service providers across the country and ensure the delivery of quality
22 health services for senior citizens;

23 e) Education programs and scholarships to pursue excellence and the highest
24 level of quality in the practice of the specialized field of geriatrics and other
25 related fields, including postgraduate training and short-term courses for
26 medical doctors and other allied medical health professions, in coordination
27 with the IA-NIH; and

28 f) Education programs in geriatrics and gerontology subjects in undergraduate
29 health and allied professions, including training of students, as well as
30 postgraduate medical education of physicians, nurses, allied professionals,
31 pharmacists, dentists and social workers.

1 The Geriatric Specialty Fellowship Training Program of the NCGHRI shall seek
2 and maintain full accreditation status in the Philippine College of Geriatric Medicine.

3 The NCGHRI shall ensure the accessibility of all its programs and services and
4 take into consideration the special needs of senior citizens with disabilities.

5 *Sec. 7. Organizational Structure and Staffing Pattern.* – The Secretary of the
6 DOH shall determine the organizational structure and staffing pattern of the NCGHRI
7 in accordance with the revised compensation and position classification system subject
8 to the evaluation and approval of the Department of Budget and Management (DBM)
9 and in compliance with the civil service laws, rules and regulations.

10 *Sec. 8. Establishment of Geriatric Specialty Centers.* – Geriatric specialty centers
11 are hereby established in DOH regional hospitals, which shall serve as apex or end-
12 referral hospitals of the health care provider networks and training and research
13 facilities on geriatric specialty care services. Geriatric health services shall be available
14 in all government primary health facilities.

15 The level of geriatric services and corresponding facilities in specialty centers
16 and their respective health human resource requirements shall be determined by the
17 DOH, in coordination with NCGHRI and other stakeholders: Provided, That the
18 standards to be adopted thereon shall be consistent with the Philippine Health Facility
19 Development Plan and Section 6 of this Act.

20 *Sec. 9. Categorization of Patients.* – The DOH shall ensure that the NCGHRI
21 shall adopt and enforce a categorization of paying and non-paying patients. The
22 allocation of beds for non-paying patients shall be not less than seventy percent (70%)
23 of the total number of hospital beds.

24 *Sec. 10. Income Retention.* – All income generated from the operations of the
25 NCGHRI shall be deposited in an authorized government depository bank and shall be
26 used to augment the funds allocated for its maintenance, other operating expenses
27 and capital outlay requirements, subject to the guidelines set by the DOH and the
28 DBM.

29 *Sec. 11. Privilege.* – The NCGHRI may request and receive assistance from the
30 different agencies, bureaus, offices or instrumentalities of the government, including
31 the Philippine Charity Sweepstakes Office and Philippine Amusement and Gaming
32 Corporation, in pursuit of its purposes and objectives.

1 Sec. 12. *Tax Exemptions.* – All donations, endowments, contributions, grants
2 and bequests used actually, directly and exclusively for an in accordance with the
3 purposes and functions of the NCGHRI shall be exempt from donor’s tax, and the
4 same shall be considered as allowable deductions from gross income for purposes of
5 computing the taxable income of the donor, in accordance with the provisions of the
6 National Internal Revenue Code of 1997, as amended.

7 The NCGHRI shall be exempt from income tax and customs duty levied by the
8 government and its political subdivisions, agencies and instrumentalities subject to the
9 provisions of the National Internal Revenue Code of 1997, as amended, and Republic
10 Act No. 10863, otherwise known as the “Customs Modernization and Tariff Act.”

11 The NCGHRI shall avail of the tax expenditure subsidy administered by the
12 Fiscal Incentives Review Board (FIRB), subject to the provisions of Title XIII (Tax
13 Incentives) of the National Internal Revenue Code of 1997, as amended, Executive
14 Order No. 93, as amended, and the General Appropriations Act.

15 Sec. 13. *Coordination with and Assistance from Other Government Agencies.* –
16 The NCGHRI shall collaborate with the National Commission of Senior Citizens (NCSC)
17 in the development of its programs and services. It may likewise call upon any
18 department, bureau, office, agency or instrumentality of the government for
19 assistance, in the pursuit of the purposes and objectives of this Act.

20 Sec. 14. *Appropriations.* – The amount necessary for the implementation of this
21 Act shall be charged against the current year’s appropriation of the DOH. Thereafter,
22 the funding of which shall be included in the annual General Appropriations Act.

23 Sec. 15. *Annual Report.* – The NCGHRI shall submit an annual report to the
24 President of the Philippines, the Senate Committee on Health and Demography, the
25 House of Representatives Committee on Health, and the NCSC, on its activities,
26 accomplishments and recommendations to further improve the delivery of geriatric
27 health services.

28 Sec. 16. *Transitory Provisions.* – In accomplishing organizational changes and
29 improvements that have to be implemented, the following transitory provisions shall
30 be complied with:

- 31 a) The National Center for Geriatric Health (NCGH) currently under the Jose R.
32 Reyes Memorial Medical Center (JRRMMC) shall be absorbed by NCGHRI

1 including its existing personnel regardless of status, and all buildings and
2 equipment, fixtures and furnishings, other assets and liabilities, and current
3 appropriations;

4 b) The independence of the NCGHRI from the JRRMMC shall be fully realized
5 within a period of two (2) years. The DOH shall ensure that no disruption
6 of service will occur during this transitory period;

7 c) The existing officials and employees of the NCGH shall continue to assume
8 the duties of their positions until new appointments are issued. They shall
9 be placed in the new staffing pattern of the NCGHRI in accordance with R.A.
10 No. 6656, entitled "An Act to Protect the Security of Tenure of Civil Service
11 Officers and Employees in the Implementation of Government
12 Reorganization" and the rules and regulations governing reorganization.
13 Officials and employees, including casual and temporary employees, who
14 shall not be absorbed in the new staffing pattern due to redundancy shall
15 avail of the applicable retirement benefits and separation incentives as
16 provided under existing laws: Provided, That officials and employees holding
17 permanent appointment shall also be given the option to be transferred to
18 other units or offices within the DOH without a reduction in rank, status,
19 pay and benefits;

20 d) Research grants acquired by the NCGHRI during the transition shall be
21 utilized solely for their intended purposes and of the affected units or
22 offices; and

23 e) Existing contracts and agreements entered into with third parties prior to
24 the enactment of this Ac shall remain valid.

25 *Sec. 17. Implementing Rules and Regulations.* – The Secretary of Health shall,
26 in consultation with the Secretary of Budget and Management, Secretary of Social
27 Welfare and Development, and the Chairperson of the NCSC, promulgate rules and
28 regulations for the effective implementation of this Act within ninety (90) days after
29 its effectivity.

30 *Sec. 18. Separability Clause.* – If any provision or part hereof is held invalid or
31 unconstitutional, the remainder of the law or the provision or part not otherwise
32 affected shall remain valid and subsisting.

1 *Sec. 19. Repealing Clause.* – Any law, presidential decree or issuance, executive
2 order, letter of instruction, administrative order, rule, or regulation contrary to or
3 inconsistent with the provisions of this Act are hereby repealed, modified, or amended
4 accordingly.

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

Approved,