

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



22 NOV 28 P5:25

RECEIVED BY:

SENATE

S. B. No. 1555

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

**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

Filipinos are known around the world for taking care of our elderly or senior citizens. Perhaps it is our way of giving thanks to our parents and grandparents who took care of us when we were young. We are known for belonging to extended families and the responsibility of taking care of our ascendants that come with it.

In the Philippines, people aged 60 years old and over are regarded as senior citizens. They made up 8.5 percent (9.22 million) of the household population in 2020, higher than the 7.5 percent (7.53 million) recorded in 2015.¹ Though it is a welcomed development that our people live longer lives in the past few years, our government must ensure that the elderly continue to receive the proper healthcare they deserve.

This bill seeks to establish a National Center for Geriatric Health and Research Institute and creating Regional Geriatric Specialty Centers in Department of Health-Retained Hospitals. More than the facilities to be put up, it is the embodiment of the

¹ <https://psa.gov.ph/population-and-housing/node/167965>

government's commitment to accomplish the goals of the Universal Healthcare Act. A strong and accessible healthcare system knows no age.

Our elderly has done their obligation and paid their dues. They have reared their children well and imparted in them their love and affection. As citizens, they have contributed in building our nation through their taxes.

It is now time for our senior citizens to enjoy their lives and not worry of their health and well-being. Let this bill serve as a message: there is no age that the government will stop caring for its people.

In view of the forgoing, the swift passage of this measure is humbly sought.



JOSEPH VICTOR G. EJERCITO

*22 NOV 28 P5:26

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



SENATE

S. B. No. 1555

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

**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**

*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 “Philippine Geriatric Health
2 Act.”

3 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and
4 promote the right to health of senior citizens all over the country by ensuring that
5 holistic health services are available and accessible to them through the establishment
6 of a specialized hospital and research institute as well as geriatric specialty centers in
7 the Department of Health (DOH) - retained hospitals in every region.

8 Sec. 3. *Definition of Terms.* – As used in this Act:

9 a. *Acute care* refers to a specialized program that addresses the needs of
10 hospitalized older adults in a multidisciplinary team approach to prevent
11 functional and cognitive decline and to improve outcomes;

- 1 b. *Apex or end-referral hospital* refers to a hospital offering specialized services
2 as determined by DOH, which is contracted as a stand-alone facility by the
3 Philippine Health Insurance Corporation (PhilHealth);
- 4 c. *Geriatric health services* refer to the medical services or interventions provided
5 by a multidisciplinary team to older adult patients;
- 6 d. *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and
7 family medicine that diagnoses and treats a wide range of conditions and
8 diseases that affect people as they age and aims to promote health and treat
9 disabilities of older adults;
- 10 e. *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and
11 family medicine that diagnoses and treats a wide range of conditions and
12 diseases that affect people as they age and aims to promote health and treat
13 disabilities of older adults;
- 14 f. *Geriatric palliative care* refers to a specialized medical care that focuses on
15 providing elderly patients relief from pain and other symptoms of a serious
16 illness, regardless of diagnosis or stage of disease, and provided alongside
17 curative and other forms of treatment. It is a field of inter-specialty
18 collaboration to respond to the socio-demographic changes and challenges of
19 older adults with severe and life-limiting conditions;
- 20 g. *Geriatric specialty center* refers to a unit or department in a DOH-retained
21 hospital that offers specialized care to the aging population, particularly to frail
22 older persons, addressing their particular conditions and providing specific
23 procedures and management of cases, requiring specialized training and/or
24 equipment;
- 25 h. *Geriatrician* refers to a medical doctor who has passed the necessary training
26 and specialty licensure examination for the practice of Geriatric Medicine;
- 27 i. *Gerontology* refers to the study of the biological, psychological, spiritual,
28 social, economic, and the demographic aspects of the aging process;
- 29 j. *Home-based healthcare and reablement program* refers to a community-
30 based service which primarily caters to the frail older persons who have lost
31 or are experiencing problems with mobility;

- 1 k. *Integrated delivery of geriatric health services* refers to hospital and
2 community-based medical and psycho-social services provided to senior
3 citizens by a multidisciplinary team;
- 4 l. *Multi-disciplinary team* refers to a team composed of health professionals
5 headed by a geriatrician and includes surgeons, organ-system specialists,
6 nurses, clinical pharmacists, rehabilitation therapists, nutritionists, dentists,
7 social workers, caregivers, family members and patients themselves;
- 8 m. *People-centered service* refers to an approach to geriatric care that
9 consciously adopts the perspectives of individuals, families, and communities,
10 and sees them as participants as well as beneficiaries of trusted health
11 systems that respond to their needs and preferences in holistic and humane
12 ways;
- 13 n. *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;
- 14 o. *Sub-acute care* refers to care for patients who no longer require
15 hospitalization, but still need skilled medical care through rehabilitative
16 medicine. Sub-acute rehabilitation is recommended when a patient is not
17 functionally able to return home; and,
- 18 p. *Transitional care* refers to a form of health care in geriatric medicine designed
19 to ensure coordination and continuity of care as patients transfer between
20 different locations or different levels of care, and the safe and effective
21 management of both chronic and acute illness in older adults.

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

28 The bed capacity, service capabilities, healthcare facilities, expansion,
29 organizational structure and human resource requirements of the NCGHRI shall be
30 based on the hospital and human resource development plan to be prepared by the
31 NCGHRI and approved by the DOH.

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

- 3
- 4 a. Serve as an apex hospital or end-referral facility which shall specialize in
5 geriatric health services;
- 6 b. Formulate a hospital development plan which shall be regularly updated to
7 reflect the expansion and future development of the NCGHRI;
- 8 c. Provide and maintain affordable, quality, and timely people-centered hospital
9 care through an efficient health service delivery system for senior citizens;
- 10 d. Provide higher and up-to-date geriatric training for professionals,
11 postgraduates, academics and allied healthcare providers especially from the
12 geriatric specialty centers in the regions and LGUs, and other government
13 hospitals;
- 14 e. Develop and implement cutting edge research studies on diseases related to
15 old age with a view to translating research outcomes into policy and
16 specialized health care solutions, and publish research studies that shall serve
17 as a critical information resource for the medical and research community, in
18 coordination with the Philippine Council on Health Research and Development
19 (PCHRD) and the Institute on Aging of the National Institutes of Health (IA-
20 NIH);
- 21 f. Conduct and participate in international and local gerontological research
22 activities;
- 23 g. Provide consultancy service and technical assistance in the setting of
24 standards for geriatric wards in every tertiary level hospital, nursing home and
25 residential center catering to the health and functioning needs of senior
26 citizens, in coordination with the PCHRD and the IA-NIH;
- 27 h. Develop and maintain a core information hub on geriatrics and gerontological
28 studies in coordination with the IA-NIH and concerned offices in the DOH
29 and its attached agencies, such as the Disease Prevention and Control
30 Bureau and the Knowledge Management and Information Technology Service;

- 1 i. Extend medical services to senior citizens pursuant to the goals, objectives,
2 and rules of the National Health Insurance Program and in accordance with
3 Republic Act No. 11223, otherwise known as the "Universal Health Care Act";
- 4 j. Provide an integrated and effective approach in the delivery of geriatric health
5 services in collaboration with other government agencies, local government
6 units (LGUs) and other stakeholders;
- 7 k. Conduct specialty training and technical assistance in collaboration with
8 concerned DOH offices and other relevant professional organizations;
- 9 l. Finance, sponsor, hold or participate in congresses, conventions, conferences,
10 seminars, workshops, and training programs on geriatric health services or
11 related fields in the Philippines and abroad; and
- 12 m. Establish a standardized referral system for psychosocial services.

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

- 14 a. Hospital-based services to ensure the availability of medical facilities and
15 equipment for senior citizens needing acute and sub-acute care, geriatric
16 palliative care, transitional and outpatient care services, and such other
17 necessary services;
- 18 b. Community-based services utilizing multidisciplinary team approaches such as
19 homebased healthcare and reablement programs, research and external
20 resource outsourcing for community-based integrated geriatric health services
21 and trainings necessary for the psycho-social functioning of senior citizens and
22 their families, in coordination with LGUs;
- 23 c. Technical assistance and capacity building in the establishment and
24 maintenance of nursing homes and residential care facilities and senior
25 citizens' wards in government hospitals pursuant to Republic Act No. 9994,
26 otherwise known as the "Expanded Senior Citizens Act of 2010";
- 27 d. Technical assistance and capacity building in the establishment of geriatric
28 specialty centers and services to strengthen the network of geriatric care
29 service providers across the country and ensure the delivery of quality health
30 services for senior citizens;
- 31 e. Education programs and scholarships to pursue excellence and the highest
32 level of quality in the practice of the specialized field of geriatrics and other

1 related fields, including postgraduate training and short-term courses for
2 medical doctors and other allied medical health professions, in coordination
3 with the IA-NIH; and

- 4 f. Education programs in geriatrics and gerontology subjects in undergraduate
5 health and allied professions, including training of students, as well as
6 postgraduate medical education of physicians, nurses, allied professionals,
7 pharmacists, dentists, and social workers.

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

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

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

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

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

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

31 *Sec. 10. Income Retention.* – All income generated from the operations of the
32 NCGHRI shall be deposited in an authorized government depository bank and shall be

1 used to augment the funds allocated for its maintenance, other operating expenses
2 and capital outlay requirements, subject to the guidelines set by the DOH and the
3 DBM.

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

8 Sec. 12. *Tax Exemptions.* – All donations, endowments, contributions, grants
9 and bequests used actually, directly and exclusively for and in accordance with the
10 purposes and functions of the NCGHRI shall be exempt from donor's tax, and the
11 same shall be considered as allowable deductions from gross income for purposes of
12 computing the taxable income of the donor, in accordance with the provisions of the
13 National Internal Revenue Code of 1997, as amended.

14 The NCGHRI shall be exempt from income tax and customs duty levied by the
15 government and its political subdivisions, agencies and instrumentalities subject to the
16 provisions of the National Internal Revenue Code of 1997, as amended and Republic
17 Act No. 10863, otherwise known as the "Customs Modernization and Tariff Act."

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

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

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

30 Sec. 15. *Annual Report.* – The NCGHRI shall submit an annual report to the
31 President of the Philippines, the Senate Committee on Health and Demography, the
32 House of Representatives Committee on Health, and the NCSC, on its activities,

1 accomplishments and recommendations to further improve the delivery of geriatric
2 health services.

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

- 6 a. The National Center for Geriatric Health (NCGH) currently under the Jose R.
7 Reyes Memorial Medical Center (JRRMMC) shall be absorbed by NCGHRI
8 including its existing personnel regardless of status, and all buildings and
9 equipment, fixtures and furnishings, other assets and liabilities, and current
10 appropriations.
- 11 b. The independence of the NCGHRI from the JRRMMC shall be fully realized
12 within a period of two (2) years. The DOH shall ensure that no disruption of
13 service will occur during this transitory period.
- 14 c. The existing officials and employees of NCGH shall continue to assume the
15 duties of their positions until new appointments are issued. They shall be
16 placed in the new staffing pattern of the NCGHRI in accordance with R.A. No.
17 6656, entitled "An Act to Protect the Security of Tenure of Civil Service Officers
18 and Employees in the Implementation of Government Reorganization" and the
19 rules and regulations governing reorganization. Officials and employees,
20 including casual and temporary employees, who shall not be absorbed in the
21 new staffing pattern due to redundancy shall avail of the applicable retirement
22 benefits and separation incentives as provided under existing laws: *Provided,*
23 That officials and employees holding permanent appointment shall also be
24 given the option to be transferred to other units or offices within the DOH
25 without reduction in rank, status, pay and benefits;
- 26 d. Research grants acquired by the NCGHRI during the transition shall be utilized
27 solely for their intended purposes and of the affected units or offices; and
- 28 e. Existing contracts and agreements entered into with third parties prior to the
29 enactment of this Act shall remain valid.

30 *Sec. 17. Implementing Rules and Regulations.* – The Secretary of Health shall,
31 in consultation with the Secretary of Budget and Management, Secretary of Social
32 Welfare and Development, and the Chairperson of the NCSC, promulgate rules and

1 regulations for the effective implementation of this Act within ninety (90) days after
2 its effectivity.

3
4 Sec. 18. *Separability Clause.* – If any part or provision of this Act is held invalid
5 or unconstitutional, the remaining parts or provisions not affected shall remain in full
6 force and effect.

7 Sec. 19. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations,
8 and other issuances or parts thereof, which are contrary to or inconsistent with this
9 Act are hereby repealed, amended, or modified accordingly.

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

Approved,