

SENATE
S. No. 1906

23 FEB 21 P3:22

RECEIVED BY: 

Introduced by Senator MARK A. VILLAR

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

Section 11, Article XIII of the Constitution states that there shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. They are considered the vulnerable sectors of the population and thus needs to be given high priority by the government.

The number of Filipino senior citizens age doubled to 9.2 million in 2020 from 4.5 million 20 years ago. The Commission on Population and Development (Popcom), citing data from the Philippine Statistics Authority (PSA), said the percentage of Filipino elderly population has expanded in the last two decades, rising to 8.5 percent in 2020 from 5.9 percent in 2000.¹ The country is projected to transition to an aging population between 2025 to 2030.

The continuous rise in the number of senior citizens in the country calls for the government to further strengthen existing programs/projects which provides assistance and support for our elderly, especially for their health and well-being.

This bill seeks to establish a specialized hospital and research institute as well as geriatric specialty centers in the Department of Health (DOH)-retained hospitals in every region. The geriatric specialty center will provide specialized care to the aging population, addressing particular conditions and providing specific procedures and management of cases. This bill will ensure that our elderly will be given a holistic health services that is easily accessible in geriatric specialty centers in DOH-regional hospitals.

For this purpose, immediate passage of this bill is earnestly sought.



MARK A. VILLAR


¹ <https://newsinfo.inquirer.net/1646487/opportunity-ph-senior-population-on-the-rise>

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



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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 "*Philippine Geriatric*
2 *Health 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
6 establishment of a specialized hospital and research institute as well as geriatric
7 specialty centers in the Department of Health (DOH)-retained hospitals in every
8 region.

9 *Sec. 3. Definition of Terms.* – For purposes of this Act, the following terms
10 shall mean:

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

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

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

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

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

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

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

1 accordance with Republic Act No. 11223, otherwise known as the
2 "Universal Health Care Act";

- 3 j. Provide an integrated and effective approach in the delivery of geriatric
4 health services in collaboration with other government agencies, local
5 government units (LGUs), and other stakeholders;
- 6 k. Conduct specialty training and technical assistance in collaboration with
7 concerned DOH offices and other relevant professional organizations;
- 8 l. Finance, sponsor, hold, or participate in congresses, conventions,
9 conferences, seminars, workshops, and training programs on geriatric
10 health services or related fields in the Philippines and abroad; and
- 11 m. Establish a standardized referral system for psychosocial services.

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

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

1 courses for medical doctors and other allied medical health professionals,
2 in coordination with the IA-NIH; and

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

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

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

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

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

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

28 *Sec. 9. Categorization of Patients.* – The DOH shall ensure that the NCGHRI
29 shall adopt and enforce a categorization of paying and non-paying patients. The
30 allocation of beds for non-paying patients shall not be less than seventy percent
31 (70%) of the total number of hospital beds.

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

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

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

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

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

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

30 Sec. 14. *Appropriations.* – The amount necessary for the implementation of
31 this Act shall be charged against the current year’s appropriation of the DOH.

1 Thereafter, the funding of which shall be included in the annual General
2 Appropriations Act.

3 Sec. 15. *Annual Report.* – The NCGHRI shall submit an annual report to the
4 President of the Philippines, the Senate Committee on Health and Demography, the
5 House of Representatives Committee on Health, and the NCSC, on its activities,
6 accomplishments, and recommendations to further improve the delivery of geriatric
7 health services.

8 Sec. 16. *Transitory Provisions.* – In accomplishing, organizational change and
9 improvements that have to be implemented, the following transitory provisions shall
10 be complied with:

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

1 d. Research grants acquired by the NCGHRI during the transition shall be
2 utilized solely for their intended purposes and of the affected units or
3 offices; and

4 e. Existing contracts and agreements entered into with third parties prior to
5 the enactment of this Act shall remain valid.

6 *Sec. 17. Implementating Rules and Regulations.* – The Secretary of Health
7 shall, in consultation with the Secretary of Budget and Management, Secretary of
8 Social Welfare and Development, and the Chairperson of the NCSC, promulgate rules
9 and regulations for the effective implementation of this Act within ninety (90) days
10 after its effectivity.

11 *Sec. 18. Separability Clause.* – If any portion or provision of this Act is
12 declared unconstitutional or invalid, the portions or provisions which are not affected
13 shall continue to be in full force and effect.

14 *Sec. 19. Repealing Clause.* – All laws, decrees, orders, issuances, circulars,
15 rules and regulations or parts thereof, which are inconsistent with the provisions of
16 this Act are hereby repealed or modified accordingly.

17 *Sec. 20. Effectivity.* - This Act shall take effect fifteen (15) days after its
18 publication in the Official Gazette or in at least two (2) newspaper of general
19 circulation in the Philippines.

Approved,