



HOUSE OF REPRESENTATIVES

H. No. 10697

BY REPRESENTATIVES ABANTE, DELOSO-MONTALLA, ACOP, SALO, RODRIGUEZ, VARGAS, REYES, VELASCO, ROMUALDEZ (F.M.), DUTERTE, MARCOLETA, YAP (E.), ORDANES, ROMERO, TAN (A.), ROBES, ARENAS, FARIÑAS (R.C.), ESCUDERO, VILLARICA, LOYOLA, TAMBUNTING, ESTINA, BORDADO, LAZATIN, SAVELLANO, AGABAS, BELMONTE, BARBA, DALIPE, MARIANO-HERNANDEZ, BAÑAS-NOGRALES, ERIGUEL, DUJALI, SAULOG, SUANSING (E.), SANCHEZ, EBCAS, CHATTO, BARONDA, GATO, NAVA, VIOLAGO, ALBANO (A.), ARROYO, NATIVIDAD-NAGAÑO, CUEVA, ECLEO, TUTOR, BOLILIA, ABUEG-ZALDIVAR, ACOSTA, ELAGO, TIANGCO, DY (F.M.C.), LEGARDA, SALIMBANGON, REVILLA, SUANSING (H.), CELESTE, TY (D.), HOFER, VARGAS ALFONSO, OUANO-DIZON, SALCEDA, DAGOOC, VILLA, ENVERGA, GO (M.), GARCIA (P.J.), CRISOLOGO, NOGRALES (J.J.), GAHIN (S.), GERON, TEJADA, LACSON, ABU, SINGSON-MEEHAN, YU, ESPINO, NOLASCO, FUENTEBELLA, TAN (A.S.), KHO (W.), SUAREZ (A.), ALONTE, GORRICETA, CHIPECO, LAGON, FORTUN, GATCHALIAN, BAUTISTA-BANDIGAN, ATIENZA, NIETO, QUIMBO, ZARATE, ERMITA-BUHAIN, DAZA, FARIÑAS I (R.C.), GO (E.C.), HARESCO, LIMKAICHONG, MATUGAS, SAGARBARRIA, ABUNDA, BASCUG, BENITEZ, CARI, CO (A.N.) MACEDA, ONG (J.), ORTEGA, VERGARA, VILLANUEVA (N.), AGLIPAY, CABOCHAN, ERICE, GAITE AND ROMULO, PER COMMITTEE REPORT NO. 1426

**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:

Section 1. Short Title. — This Act shall be known as the “Geriatric Health Act.”

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

6 **Sec. 3. Definition of Terms.** – As used in this Act.
7

- 8 a. *Acute care* refers to a specialized program that addresses the needs of hospitalized older
9 adults in a multidisciplinary team approach to prevent functional and cognitive decline and
10 to improve outcomes;
11
- 12 b. *Apex or end-referral hospital* refers to a hospital offering specialized services as determined
13 by DOH, which is contracted as a stand-alone facility by the Philippine Health Insurance
14 Corporation (PhilHealth);
15
- 16 c. *Geriatric health services* refer to the medical services or interventions provided by a
17 multidisciplinary team to older adult patients;
- 18 d. *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and family medicine
19 that diagnoses and treats a wide range of conditions and diseases that affect people as they
20 age and aims to promote health and treat disabilities of older adults;
21
- 22 e. *Geriatric palliative care* refers to a specialized medical care that focuses on providing
23 elderly patients relief from pain and other symptoms of a serious illness, regardless of
24 diagnosis or stage of disease, and provided alongside curative and other forms of treatment.
25 It is a field of inter-specialty collaboration to respond to the socio-demographic changes
26 and challenges of older adults with severe and life-limiting conditions;
27
- 28 f. *Geriatric specialty center* refers to a unit or department in a DOH-retained hospital that
29 offers specialized care to the aging population, particularly to frail older persons, addressing
30 their particular conditions and providing specific procedures and management of cases,
31 requiring specialized training and/or equipment;
32
- 33 g. *Geriatrician* refers to a medical doctor who has passed the necessary training and specialty
34 licensure examination for the practice of Geriatric Medicine;
35
- 36 h. *Gerontology* refers to the study of the biological, psychological, spiritual, social, economic,
37 and the demographic aspects of the aging process;
38
- 39 i. *Home-based healthcare and reablement program* refers to a community-based service
40 which primarily caters to the frail older persons who have lost or are experiencing problems
41 with mobility;
42
- 43 j. *Integrated delivery of geriatric health services* refers to hospital and community-based
44 medical and psycho-social services provided to senior citizens by a multidisciplinary team;
- 45 k. *Multi-disciplinary team* refers to a team composed of health professionals headed by a
46 geriatrician and includes surgeons, organ-system specialists, nurses, clinical pharmacists,
47 rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family members
48 and patients themselves;

- 1 1. *People-centered service* refers to an approach to geriatric care that consciously adopts the
2 perspectives of individuals, families, and communities, and sees them as participants as
3 well as beneficiaries of trusted health systems that respond to their needs and preferences
4 in holistic and humane ways;
5
6 m. *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old,
7
8 n. *Sub-acute care* refers to care for patients who no longer require hospitalization, but still
9 need skilled medical care through rehabilitative medicine. Sub-acute rehabilitation is
10 recommended when a patient is not functionally able to return home; and,
11
12 o. *Transitional care* refers to a form of health care in geriatric medicine designed to ensure
13 coordination and continuity of care as patients transfer between different locations or
14 different levels of care, and the safe and effective management of both chronic and acute
15 illness in older adults.
16

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

23 The bed capacity, service capabilities, healthcare facilities, expansion, organizational
24 structure and human resource requirements of the NCGHRI shall be based on the hospital and human
25 resource development plan to be prepared by the NCGHRI and approved by the DOH.
26

27 **Sec. 5. Powers and Functions.** – To carry out the provisions of this Act, the NCGHRI shall have
28 the following powers and functions:
29

- 30 a. Serve as an apex hospital or end-referral facility which shall specialize in geriatric health
31 services;
32
33 b. Formulate a hospital development plan which shall be regularly updated to reflect the
34 expansion and future development of the NCGHRI;
35
36 c. Provide and maintain affordable, quality, and timely people-centered hospital care
37 through an efficient health service delivery system for senior citizens;
38
39 d. Provide higher and up-to-date geriatric training for professionals, postgraduates,
40 academics and allied healthcare providers especially from the geriatric specialty centers
41 in the regions and LGUs, and other government hospitals;
42
43 e. Develop and implement cutting edge research studies on diseases related to old age with
44 a view to translating research outcomes into policy and specialized health care solutions,
45 and publish research studies that shall serve as a critical information resource for the
46 medical and research community, in coordination with the Philippine Council on Health
47 Research and Development (PCHRD) and the Institute on Aging of the National Institutes
48 of Health (IA-NIH);
49
f. Conduct and participate in international and local gerontological research activities;

- 1 g. Provide consultancy service and technical assistance in the setting of standards for
2 geriatric wards in every tertiary level hospital, nursing home and residential center
3 catering to the health and functioning needs of senior citizens, in coordination with the
4 PCHRD and the IA-NIH;
5
6 h. Develop and maintain a core information hub on geriatrics and gerontological studies in
7 coordination with the IA-NIH and concerned offices in the DOH and its attached agencies,
8 such as the Disease Prevention and Control Bureau and the Knowledge Management and
9 Information Technology Service;
10
11 i. Extend medical services to senior citizens pursuant to the goals, objectives, and rules of
12 the National Health Insurance Program and in accordance with Republic Act No. 11223,
13 otherwise known as the "Universal Health Care Act";
14
15 j. Provide an integrated and effective approach in the delivery of geriatric health services in
16 collaboration with other government agencies, local government units (LGUs) and other
17 stakeholders;
18
19 k. Conduct specialty training and technical assistance in collaboration with concerned DOH
20 offices and other relevant professional organizations;
21
22 l. Finance, sponsor, hold or participate in congresses, conventions, conferences, seminars,
23 workshops, and training programs on geriatric health services or related fields in the
24 Philippines and abroad; and
25
26 m. Establish a standardized referral system for psychosocial services.

27 **Sec. 6. Scope of Services.** – The NCGHRI shall provide the following services:
28

- 29 a. Hospital-based services to ensure the availability of medical facilities and equipment for
30 senior citizens needing acute and sub-acute care, geriatric palliative care, transitional and
31 outpatient care services, and such other necessary services;
32
33 b. Community-based services utilizing multidisciplinary team approaches such as home-
34 based healthcare and reablement programs, research and external resource outsourcing for
35 community-based integrated geriatric health services and trainings necessary for the
36 psycho-social functioning of senior citizens and their families, in coordination with LGUs;
37
38 c. Technical assistance and capacity building in the establishment and maintenance of nursing
39 homes and residential care facilities and senior citizens' wards in government hospitals
40 pursuant to Republic Act No. 9994, otherwise known as the "Expanded Senior Citizens Act
41 of 2010";
42
43 d. Technical assistance and capacity building in the establishment of geriatric specialty centers
44 and services to strengthen the network of geriatric care service providers across the country
45 and ensure the delivery of quality health services for senior citizens;
46
47 e. Education programs and scholarships to pursue excellence and the highest level of quality
48 in the practice of the specialized field of geriatrics and other related fields, including
49 postgraduate training and short-term courses for medical doctors and other allied medical
50 health professions, in coordination with the IA-NIH; and

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

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

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

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

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

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

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

31 **Sec. 10. Income Retention.** – All income generated from the operations of the NCGHRI shall be
32 deposited in an authorized government depository bank and shall be used to augment the funds
33 allocated for its maintenance, other operating expenses and capital outlay requirements, subject to
34 the guidelines set by the DOH and the DBM.
35

36 **Sec. 11. Privilege.** – The NCGHRI may request and receive assistance from the different agencies,
37 bureaus, offices or instrumentalities of the government, including the Philippine Charity Sweepstakes
38 Office and Philippine Amusement and Gaming Corporation, in pursuit of its purposes and objectives.
39

40 **Sec. 12. Tax Exemptions.** – All donations, endowments, contributions, grants and bequests used
41 actually, directly and exclusively for and in accordance with the purposes and functions of the
42 NCGHRI shall be exempt from donor's tax, and the same shall be considered as allowable deductions
43 from gross income for purposes of computing the taxable income of the donor, in accordance with
44 the provisions of the National Internal Revenue Code of 1997, as amended.
45

46 The NCGHRI shall be exempt from income tax and customs duty levied by the government and its
47 political subdivisions, agencies and instrumentalities subject to the provisions of the National Internal
48 Revenue Code of 1997, as amended and Republic Act No. 10863, otherwise known as the "Customs
49 Modernization and Tariff Act."
50

51 The NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal Incentives Review
52 Board (FIRB), subject to the provisions of Title XIII (Tax Incentives) of the National Internal

1 Revenue Code of 1997, as amended, Executive Order No. 93, as amended, and the General
2 Appropriations Act.

3
4 **Sec. 13. Coordination with and Assistance from Other Government Agencies.** – The NCGHRI
5 shall collaborate with the National Commission of Senior Citizens (NCSC) in the development of
6 its programs and services. It may likewise call upon any department, bureau, office, agency, or
7 instrumentality of the government for assistance, in the pursuit of the purposes and objectives of this
8 Act.

9
10 **Sec. 14. Appropriations.** – The amount necessary for the implementation of this Act shall be charged
11 against the current year's appropriation of the DOH. Thereafter, the funding of which shall be
12 included in the annual General Appropriations Act.

13
14 **Sec. 15. Annual Report.** – The NCGHRI shall submit an annual report to the President of the
15 Philippines, the Senate Committee on Health and Demography, the House of Representatives
16 Committee on Health, and the NCSC, on its activities, accomplishments and recommendations to
17 further improve the delivery of geriatric health services.

18
19 **Sec. 16. Transitory Provisions.** – In accomplishing organizational changes and improvements that
20 have to be implemented, the following transitory provisions shall be complied with:

- 21 a. The National Center for Geriatric Health (NCGH) currently under the Jose R. Reyes
22 Memorial Medical Center (JRRMMC) shall be absorbed by NCGHRI including its existing
23 personnel regardless of status, and all buildings and equipment, fixtures and furnishings,
24 other assets and liabilities, and current appropriations;
- 25
26 b. The independence of the NCGHRI from the JRRMMC shall be fully realized within a
27 period of two (2) years. The DOH shall ensure that no disruption of service will occur
28 during this transitory period;
- 29
30 c. The existing officials and employees of NCGH shall continue to assume the duties of their
31 positions until new appointments are issued. They shall be placed in the new staffing
32 pattern of the NCGHRI in accordance with R.A. No. 6656, entitled "An Act to Protect the
33 Security of Tenure of Civil Service Officers and Employees in the Implementation of
34 Government Reorganization" and the rules and regulations governing reorganization.
35 Officials and employees, including casual and temporary employees, who shall not be
36 absorbed in the new staffing pattern due to redundancy shall avail of the applicable
37 retirement benefits and separation incentives as provided under existing laws. *Provided,*
38 That officials and employees holding permanent appointment shall also be given the option
39 to be transferred to other units or offices within the DOH without reduction in rank, status,
40 pay and benefits;
- 41
42 d. Research grants acquired by the NCGHRI during the transition shall be utilized solely for
43 their intended purposes and of the affected units or offices; and
- 44
45 e. Existing contracts and agreements entered into with third parties prior to the enactment of
46 this Act shall remain valid.
- 47

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

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

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

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

Approved,