

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



'22 AUG -8 P1 :25

SENATE

RECEIVED BY:

S. No. 1079

Introduced by Senator Jinggoy Ejercito Estrada

**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

Filipino culture ingrains respect to the elderly that promoted extended families since time immemorial. It is lamenting to know, however, that Filipino elderly are neglected in various aspects. The study conducted by Ibon Foundation, "The Filipino elderly are left behind" published on May 13, 2021 discussed the various concerns of Filipino senior citizens including poverty, employment, retirement and health. It states that the elderly Filipinos have poor health status and fail to consult a physician mainly because of financial reasons. According to the study, "More than half (58%) of older Filipinos have at least one of COVID-19's known co-morbidities, such as high blood pressure (45.5%), diabetes (12.6%), heart disease (12.2%), and renal failure (11.8%). However, healthcare utilization among the elderly is low."

According to the American Geriatrics Society, geriatrics is the specialty focused of high-quality, person-centered care as a person ages, which aims to improve health, independence, and quality of life for elder people.¹ Undeniably, as

¹ [About Geriatrics | American Geriatrics Society](#)

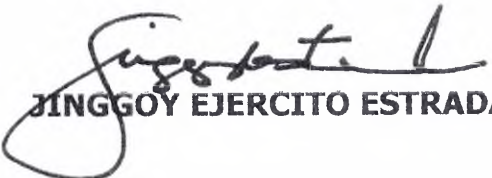
people advance in age, they need special care particularly in terms of health and psychological support.

The "*Geriatric Health Act*" defines Geriatric Medicine or Geriatrics as "sub-specialty of internal and family medicine that diagnoses and treats a wide range of conditions and diseases that affect people as they age and aims to promote health and treat disabilities for older adults." The measure aims to provide accessible and holistic health services to senior citizens through the classification of the National Center for Geriatric Health and Research Institute (NCGH), which shall be renamed as National Center for Geriatric Health and Research Institute (NCGHRI). NCGHRI will be a specialized hospital for geriatric care and at the same time, a teaching, research and training institute in that field. At the same time, it will serve as an apex hospital or end-referral facility for senior citizens in the country. To ensure the sustainability of operations of the NCHGRI, provisions for its income retention, privilege and tax exemptions are included in the bill.

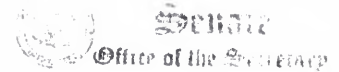
In line with the objectives and mission of NCHGRI, the NCGH that is currently under the Jose R. Reyes Memorial Medical Center (JRRMMC) will be absorbed by the NCGHRI and its independence from JRRMMC shall be fully realized within a period of two (2) years.

The measure also seeks to establish geriatric specialty centers in DOH regional hospitals and make geriatric health services available in all government primary health services.

In view of the foregoing, the swift passage of this measure is earnestly sought.


JINGGOY EJERCITO ESTRADA

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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
- 5 establishment of a specialized hospital and research institute as well as geriatric
- 6 specialty centers in the Department of Health (DOH)-retained hospitals in every
- 7 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;
- 12 b) *Apex or end-referral hospital* – refers to a hospital offering specialized
- 13 services as determined by DOH, which is contracted as a stand-alone
- 14 facility by the Philippine Health Insurance Corporation (PhilHealth);

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

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

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

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

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

- 28 a) Serve as an apex hospital or end-referral facility which shall specialize in
29 geriatric health services;
- 30 b) Formulate a hospital development plan which shall be regularly updated to
31 reflect the expansion and future development of the NCGHRI;

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

1 government agencies, local government units (LGUs) and other
2 stakeholders;

3 k) Conduct specialty training and technical assistance in collaboration with
4 concerned DOH offices and other relevant professional organizations;

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

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

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

10 a) Hospital-based services to ensure the availability of medical facilities and
11 equipment for senior citizens needing acute and sub-acute care, geriatric
12 palliative care, transitional and outpatient care services, and such other
13 necessary services;

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

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

23 d) Technical assistance and capacity building in the establishment of geriatric
24 specialty centers and services to strengthen the network of geriatric care
25 service providers across the country and ensure the delivery of quality
26 health services for senior citizens;

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

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

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

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

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

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

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

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

29 *Sec. 10. Income Retention.* – All income generated from the operations of the
30 NCGHRI shall be deposited in an authorized government depository bank and shall
31 be used to augment the funds allocated for its maintenance, other operating

1 expenses and capital outlay requirements, subject to the guidelines set by the DOH
2 and the DBM.

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

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

13 The NCGHRI shall be exempt from income tax and customs duty levied by the
14 government and its political subdivisions, agencies and instrumentalities subject to
15 the provisions of the National Internal Revenue Code of 1997, as amended, and
16 Republic Act No. 10863, otherwise known as the “Customs Modernization and Tariff
17 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
24 (NCSC) in the development of its programs and services. It may likewise call upon
25 any 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
28 this Act shall be charged against the current year’s appropriation of the DOH.
29 Thereafter, the funding of which shall be included in the annual General
30 Appropriations Act.

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

1 House of Representatives Committee on Health, and the NCSC, on its activities,
2 accomplishments and recommendations to further improve the delivery of geriatric
3 health services.

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

7 a) The National Center for Geriatric Health (NCGH) currently under the Jose
8 R. Reyes Memorial Medical Center (JRRMMC) shall be absorbed by
9 NCGHRI including its existing personnel regardless of status, and all
10 buildings and equipment, fixtures and furnishings, other assets and
11 liabilities, and current appropriations;

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

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

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

31 e) Existing contracts and agreement entered into with third parties prior to
32 the enactment of this Ac shall remain valid.

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

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

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

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

Approved,