

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



23 MAY 15 P3:25

SENATE

S. No. 2191

RECEIVED BY: 

Introduced by **SENATOR CYNTHIA 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

Article XIII, Section 11 of the 1987 Philippine Constitution enshrines the State's responsibility to adopt an integrated and comprehensive approach to health development, striving to make essential goods, health, and other social services accessible to all citizens at affordable costs. Furthermore, Article XV, Section 4 emphasizes the family's duty to care for its elderly members, with the State potentially designing social security programs to support them.

The Philippines is currently confronting the challenges of a rapidly aging population. Data from the Philippine Statistics Authority (PSA) reveals an increase in the number of Filipinos aged 60 years and above, which surged to 9.22 million in 2020 from a mere 4.6 million in 2000. This burgeoning elderly population underscores the urgency of addressing their unique healthcare needs and ensuring their well-being in the years to come.

This significant demographic shift, accompanied by rising life expectancy, is fueling a substantial increase in age-related communicable and non-communicable

diseases. These health concerns necessitate specialized medical care, placing considerable pressure on public health systems and government healthcare strategies.

The World Health Organization's 2018 study, "Ageing and Health: A Health Promotion Approach for Older People," highlights the growing importance of adopting a comprehensive health promotion approach to address the diverse healthcare needs of the elderly population. It highlights the value of preventive and curative measures, mental and physical well-being, fostering social engagement, and promoting a healthy lifestyle in managing the evolving healthcare requirements of our aging society. Furthermore, it calls for the development of age-friendly environments, the empowerment of older people, and the integration of age-specific considerations into public health policies. Thus, I see wisdom in the creation of dedicated Geriatric Health Centers that can provide specialized care tailored to the unique needs of our aging population.

By establishing regional geriatric specialty centers nationwide, we can ensure that innovative solutions and dedicated resources are in place to cater to the unique needs of our elderly citizens. These centers will not only provide the necessary medical expertise but also create an environment that promotes a holistic approach to geriatric care, encompassing physical, mental, and social well-being. By recognizing and addressing these challenges, we can significantly improve the quality of life for older individuals and contribute to a healthier, more inclusive society for all generations.


Furthermore, geriatric care facilities can help address the Philippines' persistent shortage of geriatricians by serving as an exemplary training ground for doctors pursuing a geriatric health specialization. This initiative will elevate geriatric health as a viable specialty, attracting new and upcoming doctors to the field and fostering a robust community of geriatricians.

In view of the foregoing, I recommend the approval of this bill.


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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
13 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
5 and diseases that affect people as they age and aims to promote health
6 and treat disabilities of 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 to 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 licensure examination for the practice of Geriatric
20 Medicine;
- 21 h) *Gerontology* refers to the study of the biological, psychological, spiritual,
22 social, economic, and the demographic aspects of the aging process;
- 23 i) *Home-based healthcare and reablement program* refers to a community-
24 based service which primarily caters to the frail older persons who have
25 lost or are experiencing problems with mobility;
- 26 j) *Integrated delivery of geriatric health services* refers to hospital and
27 community-based medical and psycho-social services provided to senior
28 citizens by a multidisciplinary team;

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

22

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

1 The bed capacity, service capabilities, healthcare facilities, expansion,
2 organizational structure and human resource requirements of the NCGHRI shall be
3 based on the hospital and human resource development plan to be prepared by the
4 NCGHRI and approved by the DOH.

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

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

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

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

14 d) Provide higher and up-to-date geriatric training for professionals,
15 postgraduates, academics and allied healthcare providers especially
16 from the geriatric specialty centers in the regions and LGUs, and other
17 government hospitals;

18 e) Develop and implement cutting edge research studies on diseases
19 related to old age with a view to translating research outcomes into
20 policy and specialized health care solutions, and publish research studies
21 that shall serve as a critical information resource for the medical and
22 research community, in coordination with the Philippine Council on
23 Health Research and Development (PCHRD) and the Institute on Aging
24 of the National Institutes of Health (IA-NIH);

25 f) Conduct and participate in international and local gerontological
26 research activities;

27 g) Provide consultancy service and technical assistance in the setting of
28 standards for geriatric wards in every tertiary level hospital, nursing

1 home and residential center catering to the health and functioning needs
2 of senior citizens, in coordination with the PCHRD and the IA-NIH;

3 h) Develop and maintain a core information hub on geriatrics and
4 gerontological studies in coordination with the IA-NIH and concerned
5 offices in the DOH and its attached agencies, such as the Disease
6 Prevention and Control Bureau and the Knowledge Management and
7 Information Technology Service;

8 i) Extend medical services to senior citizens pursuant to the goals,
9 objectives, and rules of the National Health Insurance Program and in
10 accordance with Republic Act No. 11223, otherwise known as the
11 "Universal Health Care Act";

12 j) Provide an integrated and effective approach in the delivery of geriatric
13 health services in collaboration with other government agencies, local
14 government units (LGUs) and other stakeholders;

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

17 l) Finance, sponsor, hold or participate in congresses, conventions,
18 conferences, seminars, workshops, and training programs on geriatric
19 health services or related fields in the Philippines and abroad; and

20 m) Establish a standardized referral system for psychosocial services.

21 *Sec. 6. Scope of Services.* - The NCGHRI shall provide the following services:

22 a) Hospital-based services to ensure the availability of medical facilities
23 and equipment for senior citizens needing acute and sub-acute care,
24 geriatric palliative care, transitional and outpatient care services, and
25 such other necessary services;

26 b) Community-based services utilizing multidisciplinary team approaches
27 such as home-based healthcare and reablement programs, research

1 and external resource outsourcing for community-based integrated
2 geriatric health services and trainings necessary for the psycho-social
3 functioning of senior citizens and their families, in coordination with
4 LGUs;

5 c) Technical assistance and capacity building in the establishment and
6 maintenance of nursing homes and residential care facilities and senior
7 citizens' wards in government hospitals pursuant to Republic Act No.
8 9994, otherwise known as the "Expanded Senior Citizens Act of 2010";

9 d) Technical assistance and capacity building in the establishment of
10 geriatric specialty centers and services to strengthen the network of
11 geriatric care service providers across the country and ensure the
12 delivery of quality health services for senior citizens;

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

18 f) Education programs in geriatrics and gerontology subjects in
19 undergraduate health and allied professions, including training of
20 students, as well as postgraduate medical education of physicians,
21 nurses, allied professionals, pharmacists, dentists, and social workers.

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

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

26 *Sec. 7. Organizational Structure and Staffing Pattern.* - The Secretary of the
27 DOH shall determine the organizational structure and staffing pattern of the NCGHRI
28 in accordance with the revised compensation and position classification system subject

1 to the evaluation and approval of the Department of Budget and Management (DBM)
2 and in compliance with the civil service laws, rules and regulations.

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

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

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

17 *Sec. 10. Income Retention.* - All income generated from the operations of the
18 NCGHRI shall be deposited in an authorized government depository bank and shall be
19 used to augment the funds allocated for its maintenance, other operating expenses
20 and capital outlay requirements, subject to the guidelines set by the DOH and the
21 DBM.

22 *Sec. 11. Privilege.* - The NCGHRI may request and receive assistance from the
23 different agencies, bureaus, offices or instrumentalities of the government, including
24 the Philippine Charity Sweepstakes Office and Philippine Amusement and Gaming
25 Corporation, in pursuit of its purposes and objectives.

26 *Sec. 12. Tax Exemptions.* - All donations, endowments, contributions, grants
27 and bequests used actually, directly and exclusively for and in accordance with the
28 purposes and functions of the NCGHRI shall be exempt from donor's tax, and the
29 same shall be considered as allowable deductions from gross income for purposes of

1 computing the taxable income of the donor, in accordance with the provisions of the
2 National Internal Revenue Code of 1997, as amended.

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

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

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

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

19 *Sec. 15. Annual Report.* - The NCGHRI shall submit an annual report to the
20 President of the Philippines, the Senate Committee on Health and Demography, the
21 House of Representatives Committee on Health, and the NCSC, on its activities,
22 accomplishments and recommendations to further improve the delivery of geriatric
23 health services.

24 *Sec. 16. Implementing Rules and Regulations.* - The Secretary of Health shall,
25 in consultation with the Secretary of Budget and Management, Secretary of Social
26 Welfare and Development, and the Chairperson of the NCSC, promulgate rules and
27 regulations for the effective implementation of this Act within ninety (90) days after
28 its effectivity.

1 *Sec. 17. Separability Clause.* - If any part or provision of this Act is held invalid
2 or unconstitutional, the remaining parts or provisions not affected shall remain in full
3 force and effect.

4 *Sec. 18. Repealing Clause.* - All laws, decrees, orders, rules, and regulations,
5 and other issuances or parts thereof, which are contrary to or inconsistent with this
6 Act are hereby repealed, amended, or modified accordingly.

7 *Sec. 19. Effectivity.* - This Act shall take effect fifteen (15) days after its
8 publication in the Official Gazette or in a newspaper of general circulation.

Approved,