


SENATE
S. No. 936

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RECEIVED BY: 

Introduced by Senator Grace Poe

AN ACT
ESTABLISHING THE PHILIPPINE GERIATRIC CENTER – RESEARCH AND
TRAINING INSTITUTE, DEFINING ITS OBJECTIVES, POWERS AND
FUNCTIONS, APPROPRIATING FUNDS THEREOF, AND FOR OTHER
PURPOSES

Explanatory Note

According to the 2010 Census of Population, there are around 6.2 million senior citizens in the country.¹ This is equivalent to 6.8% of the population.² This number of elderly Filipinos is projected to increase to 9,508,800 by 2020- a growth of 4.3% over ten years.³ By that point, the elderly sector will account for 8.6% of the Philippine population.

Senior citizens are an extremely vulnerable group. They encounter many challenges which are difficult to hurdle due to their old age. As such, they require special protection from the State. The drafters of the 1987 Constitution recognized this and included provisions on the protection of the elderly in our fundamental law.

Health status is one of the major issues faced by the elderly. Dr. Clarita Carlos of the University of the Philippines wrote the following in the Philippine Social Sciences Review: "A third issue is the health status of the elderly. As people age, their health status bodies undergo changes which can make them less resistant to chronic, debilitating and disabling conditions. Consequently, the elderly tend to be more at high risk of developing disabilities and contracting diseases."⁴

¹ Philippine Statistics Authority. 2016 *Philippine Statistical Yearbook*.

² *Ibid.*

³ Author's own computation based on 2016 *Philippine Statistical Yearbook*

⁴ Carlos, C.R. "Concerns of the Elderly in the Philippines" *Philippine Social Sciences Review* Vol. 56, No. 1-4: 1999

This bill seeks to improve the health support services for senior citizens by establishing the Philippine Geriatric Center – Research and Training Institute (PGC-RTI). Under this bill, the PGC-RTI shall be mandated to:


- a. Equip, maintain, administer, and operate an integrated medical institution which shall specialize in geriatric health services;
- b. Promote medical and scientific research/database relative to the prevention, diagnosis, treatment, care, rehabilitation and relief of disease of older persons;
- c. Provide education and training of physicians, nurses, officers, social workers, barangay health workers, and other medical and technical personnel in the practice and scientific implementation of health services to older persons; *and*
- d. Coordinate the various efforts and activities of other government agencies and local government units for the purpose of achieving a more effective approach to the delivery of geriatric health.

In view of the foregoing, speedy approval of this measure is eagerly sought.


GRACE POE *acs*

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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 "*Philippine Geriatric*
2 *Center Act*".

3 Sec. 2. *Declaration of Policy.* – It is hereby declared the policy of the State
4 to protect and promote the right of senior citizens to enjoy the highest attainable
5 standard of health. It shall ensure that quality health services are available and
6 accessible to them through the establishment of a specialized hospital that will
7 cater to their medical needs.

8 Sec. 3. *Definition of Terms.* – For the purposes of this Act, the following
9 terms shall be defined as follows:

- 10 a) "*Senior Citizen*" – refers to any Filipino citizen who is at
11 least sixty (60) years old;
12 b) "*Geriatrics*" – refers to the branch of medicine that deals
13 with the biological and physical characteristics of aging, and
14 the diagnosis and treatment of diseases and problems
15 specific to senior citizens;

- 1 c) "*Geriatric Health Services*" – refers to the medical services
2 or intervention provided to senior citizens by a multi-
3 specialty team usually headed by a Geriatrician;
4 d) "*Geriatrician*" – refers to a medical doctor who is specially
5 trained to evaluate and manage the unique healthcare
6 needs and treatment preferences of older people, and has
7 passed the necessary training and examination to specialize
8 in the field geriatrics;
9 e) "*Integrated Delivery of Geriatric Health Services*" – refers to
10 hospital and community-based medical and psychological
11 services provided to senior citizens by a multi-disciplinary
12 team; and
13 f) "*Multi-Disciplinary Team*" – refers to a team composed of
14 health professionals with varied expertise to provide holistic
15 care, which includes a range of interventions to address
16 medical and psycho-social problems of senior citizens. The
17 team is headed by a Geriatrician and includes surgeons,
18 organ-system specialists, nurses, clinical pharmacists,
19 rehabilitation therapists, nutritionists, dentists, social
20 workers, caregivers, family members, and patients
21 themselves.

22 Sec. 4. *Philippine Geriatric Center – Research and Training Institute (PGC-*
23 *RTI)*. The National Center for Geriatric Health (NCGH) located in San Miguel,
24 Manila, is hereby renamed to Philippine Geriatric Center – Research and Training
25 Institute (PGC-RTI) and institutionalized as an independent Level 1, Fifty (50)
26 bed-capacity budgetary hospitals under the direct control and supervision of the
27 Department of Health for the benefit of senior citizens and older persons. The
28 Philippine Geriatric Center – Research and Training Institute (PGC-RTI) shall have
29 a separate line item under the General Appropriations Act (GAA) of the DOH.

30 Sec. 5. *Purposes and Objectives*. – The PGC-RTI shall have the following
31 purposes and objectives:

- e. Equip, maintain, administer, and operate an integrated medical institution which shall specialize in geriatric health services;
- f. Promote medical and scientific research/database relative to the prevention, diagnosis, treatment, care, rehabilitation and relief of disease of older persons;
- g. Provide education and training of physicians, nurses, officers, social workers, barangay health workers, and other medical and technical personnel in the practice and scientific implementation of health services to older persons; *and*
- h. Coordinate the various efforts and activities of other government agencies and local government units for the purpose of achieving a more effective approach to the delivery of geriatric health.

Sec. 6. *Scope of Services.* – Consistent with its purpose and objectives, the PGC-RTI shall provide the following services:

- a. Hospital-based services to ensure the availability of medical facilities and equipment necessary to provide long term and palliative services, with its wards divided into the following: dementia, long-term care, palliative care, respite care, and other units as may be deemed necessary;
- b. Community-based services and programs in partnership with local government units. Research and necessary training shall be conducted for the social functioning of senior citizens and their families, utilizing the multi-disciplinary team approaches, and external outsourcing of resources may be done as needed to implement community based integrated geriatric health services;
- c. Education programs to pursue excellence and the highest level of practice in the specialized field of geriatrics and other related fields, including but not limited to post-graduate training and

1 short-term courses for medical doctors and allied medical
2 professionals; *and*

3 d. Program development and research to develop cutting edge
4 research and programs to combat diseases of old age and to
5 improve health care services for senior citizens.

6 Sec. 7. *Referral System.* – The PGC-RTI shall be the referral center for all
7 Private and Government Facilities for specialized geriatric care.

8 Sec. 8. *Administration.* – The Department of Health through the Health
9 Facilities Development Bureau (HFDB) shall assume oversight of the PGC-RTI, and
10 promulgate the rules and regulations necessary for the effective implementation
11 of this Act.

12 The DOH shall approve the organizational and staffing pattern of the PGC-
13 RTI subject to the evaluation by the Civil Service Commission and of the
14 Organizational Position Classification and Compensation Bureau of the
15 Department of Budget and Management. The DOH may reorganize said structure,
16 modify staffing pattern, and create or abolish divisions, sections or units in the
17 PCG-RTI.

18 Sec. 9. *Appointment and Disciplining Authority of the Secretary of Health.* –
19 The DOH Secretary shall have the authority to appoint, promote, transfer,
20 remove, suspend, or otherwise discipline the officers of the PGC-RTI up to the
21 level of Director, as well as to remove or dismiss all other officials and employees
22 of PGC-RTI, subject to Civil Service laws, rules and regulations.

23 Sec. 10. *Appropriations.* – The budget allocation for PGC-RTI shall be in
24 accordance with its scope of work and mandate as stated herein. The amount of
25 Three Hundred Million (Php 300,000,000) is hereby appropriated for the initial
26 operation and maintenance of the PGC-RTI. Thereafter, the PGC-RTI shall submit
27 its annual budget proposal to the DOH Central Office duly approved by the
28 Secretary of Health as well as by the Department of Budget and Management,
29 which will form part of the budget of the DOH as reflected in the General
30 Appropriations Act.

31 Sec. 11. *Program for Indigents.* – The DOH shall ensure that the PGC-RTI
32 shall adopt and enforce an effective program for indigents. The number of beds

1 allocated for the indigent patients shall not be less than forty percent (40%) of
2 the total number of hospital beds.

3 Sec. 12. *Increase of Bed Capacity.* – The Medical Director may increase the
4 bed capacity of PGC-RTI upon compliance with the guidelines of the Department
5 of Health and Department of Budget and Management concerning bed capacity.

6 Sec. 13. *Income Retention.* – The PGC-RTI shall be authorized to retain its
7 earnings from its operations for the improvement of its service delivery.

8 Sec. 14. *Tax Exemption and Other Privileges.* – The provisions of any
9 general or special law to the contrary notwithstanding, all donations, grants,
10 contributions, gifts, endowments, received by the PGC-RTI pursuant hereto, shall
11 be exempt from income, donor's, and all other kinds of taxes, and shall be further
12 considered as allowable deductions from the gross income of the donor, in
13 accordance with the provisions of the National Internal Revenue Code of 1997, as
14 amended.

15 The PGC-RTI is hereby declared exempt from all income and all other
16 internal revenue taxes, tariffs and customs duties and all other kinds of taxes,
17 fees, charges and assessments levied by the government and its political
18 subdivisions, agencies and instrumentalities.

19 The PGC-RTI may request and receive assistance from the different
20 agencies, bureaus, offices or instrumentalities of the government, including the
21 Philippine Charity Sweepstakes Office and Philippine Amusement and Gaming
22 Corporation in pursuit of its purposes and objectives.

23 Sec. 15. *Annual Report.* – The PGC-RTI shall submit an annual report to
24 the President of the Philippines, the Senate Committee on Health and
25 Demography, and the House Committee on Health, on its activities,
26 accomplishments and recommendations, to better improve the delivery of
27 geriatric health services.

28 Sec. 16. *Implementing Rules and Regulations (IRR).* – Within ninety (90)
29 days from the effectivity of this Act, the Secretary of Health, in coordination with
30 the Secretary of Social Welfare and Development and the Secretary of Budget and
31 Management, shall promulgate rules and regulations necessary for the effective
32 implementation of this Act.

1 Sec. 17. *Transitory Provisions.* – In accomplishing the acts of organization
2 herein prescribed, the following transitory provisions shall be complied with:

3 a. The Medical Director of the PGC-RTI shall be a specialized
4 geriatric practitioner and shall be appointed by the Secretary of
5 Health.

6 b. The existing personnel of the NCGH shall remain in their
7 current positions until such time a revised and/or new
8 organizational and staffing pattern is implemented.

9 c. The Health Facilities Development Bureau of the Department of
10 Health shall ensure that no disruption of service will occur
11 during transition.

12 Sec. 18. *Separability Clause.* – If any provision of this Act is held invalid or
13 unconstitutional, the remainder of the Act or the provision not otherwise affected
14 shall remain valid and subsisting.

15 Sec. 19. *Repealing Clause.* – Any law, presidential decree or issuance,
16 executive order, letter of instruction, administrative rule or regulation contrary to
17 or inconsistent with the provisions of this Act is hereby repealed, modified or
18 amended accordingly.

19 Sec. 20. *Effectivity.* – This Act shall take effect fifteen (15) days upon its
20 publication in at least two (2) national newspapers of general circulation.

21 *Approved,*