

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



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SENATE
S. No. 1242

RECEIVED BY: _____

Introduced by Senator Loren B. Legarda

**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

The universal plan of action under the 2030 Agenda for Sustainable Development calls for realizing the human rights of all people and achieving sustainable development in a balanced manner. It calls to ensure the attainment of Sustainable Development Goals (SDGs) for all segments of society, particularly the most vulnerable, including older persons.

In view of their being repositories of social traditions, guardians of culture, and sources of historical memory that can vitally complement those of young people, older persons must be acknowledged as active agents of societal development to attain inclusive, transformative, and sustainable development outcomes. Accordingly, their rights and welfare should be sufficiently addressed.

Poor health and lack of access to health care are considered significant threats to the well-being of older persons. The improvement of their health, lower mortality, and greater longevity should be prioritized as these reflect success in human development.

The Philippine Statistics Authority disclosed that as of May 2020, there were 12,336,355 Filipinos aged 60 years old and above, which constitutes 11.31 percent (11.31%) of the country's total population.¹

In a policy brief released by the United Nations (UN) in 2020 on the impact of COVID-19 on older persons, senior citizens are considered to have a significantly higher risk of mortality and severe disease following infection of the virus that causes COVID-19. Furthermore, the Department of Health (DOH) reported that there is a shortage of skilled geriatric providers and the unavailability of geriatric wards in the country.

In this light, this bill seeks to create a National Center for Geriatric Health and Research Institute (NCGHRI) or a specialty hospital that will protect and promote the welfare of the elderly population in view of making quality health care for older people accessible and affordable.

Under the proposed measure, NCGHRI shall allocate beds for non-paying patients, which shall not be less than seventy percent (70%) of the total number of hospital beds to accommodate those with little to no financial means. Furthermore, Geriatric Specialty Centers shall be established in DOH regional hospitals, which shall serve as apex or end-referral hospitals of the health care provider networks and training and research facilities on geriatric specialty care services.

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



LOREN LEGARDA

¹ <https://newsinfo.inquirer.net/1497408/ph-senior-citizens-in-a-time-of-pandemic>

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Be it enacted by the Senate and House of Representatives of the Republic 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 promote
3 the right to health of senior citizens all over the country by ensuring that holistic health
4 services are available and accessible to them through the establishment of a
5 specialized hospital and research institute as well as geriatric specialty centers in the
6 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 services
12 as determined by DOH, which is contracted as a stand-alone facility by the
13 Philippine Health Insurance Corporation (PhilHealth);
- 14 c. *Geriatric health services* refer to the medical services or interventions
15 provided by a multidisciplinary team to older adult patients;

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

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

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

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

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

- 26 a. Serve as an apex hospital or end-referral facility which shall specialize in
27 geriatric health services;
- 28 b. Formulate a hospital development plan which shall be regularly updated to
29 reflect the expansion and future development of the NCGHRI;
- 30 c. Provide and maintain affordable, quality, and timely people-centered hospital
31 care through an efficient health service delivery system for senior citizens;

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

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

- 2 a. Hospital-based services to ensure the availability of medical facilities and
3 equipment for senior citizens needing acute and sub-acute care, geriatric
4 palliative care, transitional and outpatient care services, and such other
5 necessary services;
- 6 b. Community-based services utilizing multidisciplinary team approaches
7 such as home-based healthcare and reablement programs, research and
8 external resource outsourcing for community-based integrated geriatric
9 health services, and training necessary for the psycho-social functioning of
10 senior citizens and their families, in coordination with LGUs;
- 11 c. Technical assistance and capacity building in the establishment and
12 maintenance of nursing homes and residential care facilities and senior
13 citizens' wards in government hospitals pursuant to Republic Act No. 9994,
14 otherwise known as the "Expanded Senior Citizens Act of 2010";
- 15 d. Technical assistance and capacity building in the establishment of geriatric
16 specialty centers and services to strengthen the network of geriatric care
17 service providers across the country and ensure the delivery of quality
18 health services for senior citizens;
- 19 e. Education programs and scholarships to pursue excellence and the highest
20 level of quality in the practice of the specialized field of geriatrics and other
21 related fields, including postgraduate training and short-term courses for
22 medical doctors and other allied medical health professions, in coordination
23 with the IA-NIH; and
- 24 f. Education programs in geriatrics and gerontology subjects in
25 undergraduate health and allied professions, including training of
26 students, as well as postgraduate medical education of physicians, nurses,
27 allied professionals, pharmacists, dentists, and social workers.

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

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

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

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

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

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

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

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

29 Sec. 12. *Tax Exemptions.* – All donations, endowments, contributions, grants,
30 and bequests used actually, directly, and exclusively for and in accordance with the
31 purposes and functions of the NCGHRI shall be exempt from donor's tax, and the
32 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
5 the provisions of the National Internal Revenue Code of 1997, as amended and
6 Republic Act No. 10863, otherwise known as the "Customs Modernization and Tariff
7 Act."

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

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

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

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

25 Sec. 16. *Transitory Provisions.* - In accomplishing organizational changes and
26 improvements that have to be implemented, the following transitory provisions shall
27 be complied with:

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

- 1 b. The independence of the NCGHRI from the JRRMMC shall be fully realized
2 within two (2) years. The DOH shall ensure that no disruption of service will
3 occur during this transitory period;
- 4 c. The existing officials and employees of NCGH shall continue to assume the
5 duties of their positions until new appointments are issued. They shall be
6 placed in the new staffing pattern of the NCGHRI in accordance with R.A. No.
7 6656, entitled "An Act to Protect the Security of Tenure of Civil Service Officers
8 and Employees in the Implementation of Government Reorganization," and
9 the rules and regulations governing reorganization. Officials and employees,
10 including casual and temporary employees, who shall not be absorbed in the
11 new staffing pattern due to redundancy shall avail of the applicable retirement
12 benefits and separation incentives as provided under existing laws: *Provided,*
13 That officials and employees holding permanent appointments shall also be
14 given the option to be transferred to other units or offices within the DOH
15 without reduction in rank, status, pay, and benefits;
- 16 d. Research grants acquired by the NCGHRI during the transition shall be utilized
17 solely for their intended purposes and of the affected units or offices; and
- 18 e. Existing contracts and agreements entered into with third parties prior to the
19 enactment of this Act shall remain valid.

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

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

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

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

Approved,