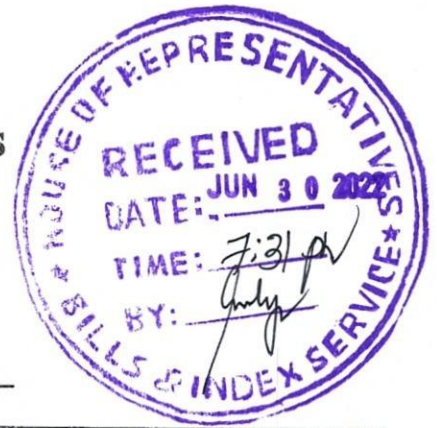


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 601



Introduced by **HON. EDGAR M. CHATTO**
First District, Bohol

EXPLANATORY NOTE

Ageing is a natural process with implications for nearly all sectors of society. According the United Nations, the world's population is ageing: virtually every country in the world is experiencing growth in the number and proportion of older persons in their population.

Data from World Population Prospects: the 2017 Revision shows that the number of older persons — those aged 60 years or over — is expected to more than double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. Globally, population aged 60 or over is growing at a rate of about 3 per cent per year and is growing faster than all younger age groups.

In 2017, people aged 60 or over in the world are estimated to comprise 13 percent of the global population. Globally, the number of persons aged 80 or over is projected to triple by 2050, from 137 million in 2017 to 425 million in 2050. By 2100 it is expected to increase to 909 million, nearly seven times its value in 2017.

These demographic transitions essentially require shifting the global focus to cater to the preventive health-care and medical needs of the elderly population. An ageing population tends to have a higher prevalence of chronic diseases, physical disabilities, mental illnesses and other co-morbidities.

In 1991, the United Nations General Assembly adopted the United Nations Principles for Older Persons, which declares, among others, that "Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values" and that, "Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment".

Prevention and control of health problems of elderly necessitates a multi-faceted approach incorporating active collaboration of health, social welfare, rural/urban development and legal sectors.

The instant bill proposes one answer to the needs of our ageing population through the transformation of the existing National Center for Geriatric Health to the Philippine Center for Geriatrics - Research and Training Institute (PCG-RTI). This involves a substantial increase in the mandates and organizational complement of this proposed specialized medical facility. The addition of a research and database component as well as education gives the needed focus on the geriatric health needs of our society.

The saying that "ageing is a privilege denied to many" is more than a cliché. Hopefully, this bill will also raise the level of awareness among the populace on the special needs and care needed by our elderly as well as prepare our people to this stage of life.

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



EDGAR M. CHATTO

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NINETEENTH CONGRESS
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HOUSE BILL NO. 601

Introduced by **HON. EDGAR M. CHATTO**
First District, Bohol

AN ACT
ESTABLISHING THE NATIONAL CENTER FOR GERIATRIC HEALTH,
DEFINING ITS POWERS AND FUNCTIONS, CREATING RESEARCH
INSTITUTE AND 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."

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

Sec. 3. Definition of Terms. - As used in this Act:

- a. *Acute care* refers to a specialized program that addresses the needs of hospitalized older adults in a multidisciplinary team approach to prevent functional and cognitive decline and to improve outcomes;
- b. *Geriatric health services* refer to the medical services or interventions provided by a multidisciplinary team to older adult patients;
- c. *Geriatric palliative care* refers to a specialized medical care that focuses on providing elderly patients relief from pain and other symptoms of a serious illness, regardless of diagnosis or stage of disease and provided alongside curative and other forms of treatment. It is a field of inter-specialty collaboration to respond to the socio-demographic changes and challenges of older adults with severe and life-limiting conditions;
- d. *Geriatric specialty center* refers to a unit or department in a Department of Health (DOH)-retained hospital that offers specialized care to the aging population, particularly to frail older persons, addressing their particular conditions and providing specific procedures and management of cases, requiring specialized training and/or equipment;
- e. *Geriatric specialty sub-center* refers to the geriatric unit in a government hospital which offers geriatric syndrome services and other geriatric health services;

- f. *Geriatrician* refers to a medical doctor who has passed the necessary training and specialty licensure examination for the practice of Geriatric Medicine, and specializes in the field of Geriatrics;
- g. *Geriatric medicine or Geriatrics* refers to the 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 of older adults;
- h. *Gerontology* refers to the study of the biological, psychological, spiritual, social, economic, and the demographic aspects of the aging process;
- i. *Home-based healthcare and reablement program* refers to a community-based service which is primarily for the frail older person who has lost or is experiencing problems with mobility;
- j. *Integrated delivery of geriatric health services* refers to hospital and community-based medical and psycho-social services provided to senior citizens by a multidisciplinary team;
- k. *Multi-disciplinary team* refers to a team composed of health professionals headed by a geriatrician and includes surgeons, organ-system specialists, nurses, clinical pharmacists, rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family members and patients themselves;
- l. *People-centered services* refers to an approach to geriatric care that consciously adopts the perspectives of individuals, families, and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in holistic and humane ways;
- m. *Senior citizen* refers to a Filipino citizen who is at least sixty (60) years old;
- n. *Sub-acute care* refers to care for patients who no longer require hospitalization, but still need skilled medical care through rehabilitative medicine. Sub-acute rehabilitation is recommended when a patient is not functionally able to return home; and,
- o. *Transitional care* refers to a form of health care in geriatric medicine designed to ensure coordination and continuity of care as patients transfer between different locations or different levels of care, and the safe and effective management of both chronic and acute illness in older adults.

Sec. 4. National Center for Geriatric Health and Research Institute. –

The National Center for Geriatric Health and Research Institute (NCGHRI) located in San Miguel, Manila, is hereby established as a tertiary teaching, training, national geriatric specialty center and research institute which shall serve as the apex or end-referral facility in the country under the direct control and supervision of the DOH for the benefit of senior citizens.

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

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

- a. Serves as an apex hospital or end-referral facility which shall specialize in geriatric health services;
- b. Formulate a hospital development plan which shall be regularly updated to reflect the expansion and future development of the NCGHRI;
- c. Provide and maintain affordable, quality, and timely people-centered hospital care through an efficient health service delivery system for senior citizens;
- d. Provide higher and up-to-date geriatric training for professionals, postgraduates, academics and allied healthcare providers especially from the geriatric specialty centers in the regions and LGUs, and other government hospitals;
- e. Develop and implement cutting edge research studies on diseases related to old age with a view to translating research outcomes into policy and specialized health care solutions, and the publications of research studies that shall serve as a critical information resource for the medical and research community, in coordination with the Philippine Council on Health Research and Development (PCHRD) and the Institute on Aging of the National Institutes of Health (IA-NIH);
- f. Conduct international and local gerontological research activities;
- g. Provide consultancy service and technical assistance in the setting of standards for geriatric wards in every tertiary level hospital, nursing home and residential center catering to the health and functioning needs of senior citizens, in coordination with the PCHRD and the IA-NIH;
- h. Develop and maintain a core information hub on geriatrics and gerontological studies in coordination with the IA-NIH and concerned offices in the DOH and its attached agencies, such as the Disease Prevention and Control Bureau and the Knowledge Management and Information Technology Service;
- i. Extend medical services to senior citizens pursuant to the goals, objectives, and rules of the National Health Insurance Program and in accordance with Republic Act No. 11223, otherwise known as the "Universal Health Care Law";
- j. Lead various activities and efforts to achieve a more effective approach to the delivery of geriatric health services in collaboration with other government agencies, local government units (LGUs) and other stakeholders;
- k. Lead in the establishment of geriatric specialty centers in DOH-retained hospitals by providing specialty training and technical assistance in collaboration with concerned DOH offices and other relevant professional organizations;
- l. Finance, sponsor, hold or participate in congresses, conventions, conferences, seminars, workshops, and training programs on geriatric health services or related fields in the Philippines and abroad; and
- m. Lead in the establishment of a referral system for psychosocial services.

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

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

- b. Community-based services utilizing multidisciplinary team approaches such as home-based healthcare and reablement programs, research and external resource outsourcing for community-based integrated geriatric health services and trainings necessary for the psycho-social functioning of senior citizens and their families, in coordination with LGUs;
- c. Technical assistance and capacity building in the installation or establishment and maintenance of nursing homes and residential care facilities and senior citizens' wards in government hospitals pursuant to Republic Act No. 9994, otherwise known as the "Expanded Senior Citizens Act of 2010";
- d. Technical assistance and capacity building in the establishment of geriatric specialty centers and services to strengthen the network of geriatric care service providers across the country and ensure the delivery of quality health services for senior citizens;
- e. Education programs and scholarships to pursue excellence and the highest level of quality in the practice of the specialized field of geriatrics and other related fields, including postgraduate training and short-term courses for medical doctors and other allied medical health professions, in coordination with the IA-NIH; and
- f. Education programs in geriatrics and gerontology subjects in undergraduate health and allied professions, including training of students, as well as postgraduate medical education of physicians, nurses, allied professionals, pharmacists, dentists, and social workers.

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

The NGHCRI shall, in all of its programs and services, ensure the accessibility and special needs of senior citizens with disabilities.

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

Sec. 8. Establishment of Geriatric Specialty Centers. – Geriatric specialty centers are hereby established in DOH-retained [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. Geriatric health services shall be available in all government primary health facilities.

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

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

Sec. 10. Income Retention. – All income generated from the operations by the NCGHRI shall be deposited in an authorized government depository bank and be used to

augment the hospitals' maintenance and other operating expenses, and capital outlay requirements, subject to the guidelines set by the DOH and the DBM.

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

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

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

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

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

Sec. 13. Appropriations. – The amount necessary for the implementation of this Act shall be charged against the current year's appropriation of the DOH. Thereafter, the funding of which shall be included in the annual General Appropriations Act.

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

Sec. 15. Transitory Provisions. – In accomplishing organizational changes and improvements that have to be implemented, the following transitory provisions shall be complied with:

- a. The National Center for Geriatric Health (NCGH) currently under the Jose R. Reyes Memorial Medical Center (JRRMMC) shall be absorbed by NCGHRI including its existing personnel regardless of status, and all buildings and equipment, fixtures and furnishings, other assets and liabilities, and current appropriations;
- b. The independence of the NCGHRI from the JRRMMC shall be fully realized within a period of two (2) years. The DOH shall ensure that no disruption of service will occur during this transitory period;
- c. The existing officials and employees of NCGH shall continue to assume the duties of their positions until new appointments are issued. They shall be placed in the new staffing pattern of the NCGHRI in accordance with R.A. No. 6656, entitled "An Act to Protect the Security of Tenure of Civil Service Officers and Employees

in the Implementation of Government Reorganization” and the rules and regulations governing reorganization. Officials and employees, including casual and temporary employees, who shall not be absorbed in the new staffing pattern due to redundancy shall avail of the applicable retirement benefits and separation incentives as provided under existing laws; *Provided*, That officials and employees holding permanent appointment shall also be given the option to be transferred to other units or offices within the DOH without reduction in rank, status, pay and benefits;

- d. Research grants acquired by the NCGHRI during the transition shall be utilized solely for their intended purposes and of the affected units or offices; and
- e. Existing contracts and agreements entered into with third parties prior to the enactment of this Act shall remain valid.

Sec. 16. Implementing Rules and Regulations. – The Secretary of Health shall, in consultation with the Secretary of Budget and Management, Secretary of Social Welfare and Development, and the Chairperson of the NCSC, promulgate the necessary rules and regulations within one hundred twenty (120) days from the effectivity of this Act.

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

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

SEC. 19. Effectivity Clause - This Act shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Approved,