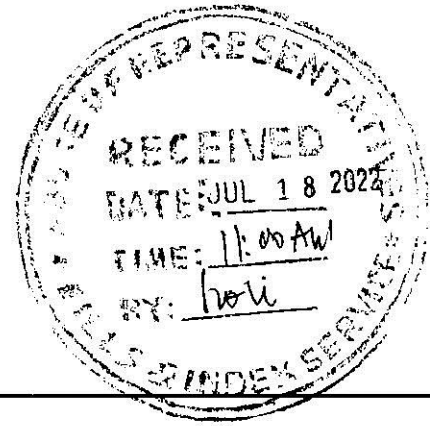


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

NINETEENTH CONGRESS
First Regular Session

House Bill No. **2091**



Introduced by

Senior Citizens Party-List Representative RODOLFO "OMPONG" M. ORDANES

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Philippine Constitution states that the "State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost." Likewise, Article XV, Section 4 further declares that it is the duty of the family to take care of its elderly members while the State may design programs of social security for them.¹⁵

The Philippines has reached what is considered an ageing population. According to the Population Commission, 8.2% of the total population is over 60 years old while 4.7% or a total of 5 million Filipinos is aged 65 and older by the end of 2018. It is projected that the percentage of elderly people (65 and above) in the country will most likely grow by 4.9% by year 2020, 5.6% by year 2025, and 6.3% by year 2030.¹⁶

Part of the emergent trend of an ageing population and the rise of life expectancy is the increase in the incidences of age-related communicable and non-communicable diseases that require cumulative specialized medical attention, and, in relation, proves taxing in state health policies, as shown in the study of the Global Health and Aging study conducted by the World Health Organization (WHO) in 2011.¹⁷

The common chronic age-related communicable diseases identified in the Philippines are hypertension, degenerative osteoarthritis, diabetes mellitus, pulmonary tuberculosis, osteoporosis, cardiovascular disease, and pneumonia. Aside from common diseases, geriatric syndromes or degenerative diseases such as dementia and Alzheimer's disease, hearing impairment, malnutrition, depression, and Chronic Pain Syndrome, were identified in the study conducted by Philippine General Hospital last 2005.

Moreover, the Philippine Statistics Authority reported that 22.1% of the elderly population aged 65 years old and above are disabled or are in need of increased medical attention and care.¹⁸ Nearly a third (31.4%) of older people is living in poverty, which greatly diminishes their access to the highly-specialized field of geriatric medical care.¹⁹

Accessibility of the geriatric wards and specialty services still needs to be improved. Survey conducted by Research and Performance Management of the DOH - Health Facility Development Bureau showed high proportion of

¹⁵ The 1987 Philippine Constitution of the Republic of the Philippines

¹⁶ Commission on Population and Development (POPCOM), 2018

¹⁷ Global Health and Aging, World Health Organization, National Institute on Aging, (2011).

¹⁸ Philippine Statistics Authority, "Persons with Disability in the Philippines (based on 2010 census)", (2013).

¹⁹ Help Age Global Network, "Ageing population in the Philippines". <http://www.ageinasia.org>.

patients are senior citizen and low compliance of the government hospitals to provide geriatric health services (Napulan, De Roxas, et al., 2019).²⁰

Establishing a national hospital specialized in geriatric health will ease the double burden of addressing communicable and degenerative diseases, the rise in life expectancy and the increase in the ageing population, hospital, whether government or private, and community-based health care, should promote active and healthy ageing.

Furthermore, as found in research on specialized geriatric care, it will lower the average length of hospital stay among elderly patients from 7.3 days to 6.7 days, minimize hospital costs to around Fifty Thousand Pesos (PhP 50,000.00) per patient, and improve overall care of our senior citizens.²¹

Finally, a hospital specialized in geriatric care can help bridge the persistent shortage of geriatricians in the Philippines since it can become a training ground for doctors who seek to pursue a specialization in geriatric health. It will also establish geriatric health as a viable field of specialty and incentivize new and upcoming doctors to become geriatricians.

Thus, this bill seeks to make the country's commitment to Universal Health Care more genuinely felt by the elderly population and give our almost ten million senior citizens the quality healthcare they rightfully deserve.

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



RODOLFO "OMPONG" M. ORDANES

Republic of the Philippines

²⁰ "Profile of *Geriatric* Wards and Accessibility of Health Services for Senior Citizens", Napulan, Roderick M., De Roxas, Dianne Melody A., Feliciano, Erickson A., Ople, Camille C., and Reyes, Andy Geo A.

²¹ Barnes, et. al., *Acute Care for Elder Units Produced Shorter Hospital Stays at Lower Cost while Maintaining Patients' Functional Status*, (2012).

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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

Be it enacted by the Senate and the 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 (DOH) - 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. *Apex or end-referral hospital* refers to a hospital offering specialized services as determined by DOH, which is contracted as a stand-alone facility by the Philippine Health Insurance Corporation (PhilHealth);
- c. *Geriatric health services* refer to the medical services or interventions provided by a multidisciplinary team to older adult patients;
- d. *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;
- e. *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;
- f. *Geriatric specialty center* refers to a unit or department in a 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;
- g. *Geriatrician* refers to a medical doctor who has passed the necessary training and specialty licensure examination for the practice of Geriatric Medicine;

- 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 primarily caters to the frail older persons who have lost or are 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 service* 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 an elderly Filipino 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 (NCGH) is hereby classified as a teaching, research, and training hospital that shall specialize in geriatric care and serve as an apex hospital or end-referral facility for senior citizens in the country. The NCGH shall be renamed as the National Center for Geriatric Health and Research Institute (NCGHRI) and shall be under the direct control and supervision of the DOH.

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. Serve 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 publish 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 and participate in 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 Act";
- j. Provide an integrated and effective approach in the delivery of geriatric health services in collaboration with other government agencies, local government units (LGUs) and other stakeholders;
- k. Conduct 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. Establish a standardized 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 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 NCGHRI shall ensure the accessibility of all its programs and services and take into consideration the 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 service laws, rules and regulations.

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

The level of geriatric services and corresponding facilities in specialty 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 of the NCGHRI shall be deposited in an authorized government depository bank and shall be used to augment the funds allocated for its maintenance, other operating expenses and capital outlay requirements, subject to the guidelines set by the DOH and the DBM.

Sec. 11. Privilege. – 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. 12. 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 "Custom Modernization and Tariff Act."

The NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal Incentives Review Board (FIRB), 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. 13. Coordination with and Assistance from Other Government Agencies. – The NCGHRI shall collaborate 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. 14. 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. 15. 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. 16. 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. 17. 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 rules and regulations for the effective implementation of this Act within ninety (90) days after its effectivity.

Sec. 18. 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. 19. 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. 20. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved.