

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

Nineteenth Congress
First Regular Session

HOUSE BILL NO. 3469



**Introduced by Hon. Bryan B. Revilla and
Hon. Ramon "Jolo" Revilla III**

EXPLANATORY NOTE

According to the 2020 Philippine Statistics Authority data there were 12,336,355 or 11.31% of the country's estimated population are aged 60 years old and above.

Based on the Philippine National Health Accounts (PNHA) framework, health expenditures in 2018 for individuals aged 60 and above accounted for 22.0 percent (22%) of the total current health expenditures. While health expenditures for persons aged 65 and above accounted for 13.4 percent of the total health spending on the same period. With the advent of the Coronavirus disease 2019 (COVID-19), our senior citizens are also considered as a vulnerable population.

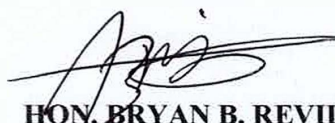
However, only a few of government owned hospital are considered final referral center for older Filipinos. This bill seeks to expand the National Center for Geriatric Health (NCGH), which is currently under the Jose R. Reyes Memorial Medical Center (JRRMMC), by establishing the National Center for Geriatric Health and Research Institute (NCGHRI). NCGHRI is envisioned to become the leading teaching, research and training hospital that shall specialize in geriatric care and serve as an apex hospital for senior citizens.

This bill will provide for the establishment of geriatric specialty centers in the country with hospital bed allocation of not less than 70% of the total bed capacity for non-paying patients. These geriatric specialty centers will be exempted from income tax and customs duty and shall be tax exempted of all donations, endowments, contributions, grants and bequests used actually, directly and exclusively NCGHRI functions and purposes.

The NCGHRI will also serve as the country's premier training facility for professionals, postgraduates, academics and allied healthcare for geriatric medicine specialists. Thereby ensuring that the country will have enough doctors and professionals engaged in geriatric health care.

This bill was approved in the third and final reading of the House of Representatives during the 18th Congress.

In view of the foregoing reasons, the approval of this bill is earnestly sought


HON. BRYAN B. REVILLA
Representative
AGIMAT Partylist


HON. RAMON "JOLO" REVILLA III
Representative
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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 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

3 **Sec. 2. Declaration of Policy.** – It is the policy of the State to protect and promote the right
4 to health of senior citizens all over the country by ensuring that holistic health services are
5 available and accessible to them through the establishment of a specialized hospital and
6 research institute as well as geriatric specialty centers in the Department of Health (DOH) -
7 retained hospitals in every region.
8

9 **Sec. 3. Definition of Terms.** – As used in this Act:
10

11 a. *Acute care* refers to a specialized program that addresses the needs of hospitalized older
12 adults in a multidisciplinary team approach to prevent functional and cognitive decline and
13 to improve outcomes;
14

15 b. *Apex or end-referral hospital* refers to a hospital offering specialized services as
16 determined by DOH, which is contracted as a stand-alone facility by the Philippine Health
17 Insurance Corporation (PhilHealth);
18

19 c. *Geriatric health services* refers to the medical services or interventions provided by a
20 multidisciplinary team to older adult patients;
21

22 d. *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and family
23 medicine that diagnoses and treats a wide range of conditions and diseases that affect
24 people as they age and aims to promote health and treat disabilities of older adults;
25

1 e. *Geriatric palliative care* refers to a specialized medical care that focuses on providing
2 elderly patients relief from pain and other symptoms of a serious illness, regardless of
3 diagnosis or stage of disease, and provided alongside curative and other forms of
4 treatment. It is a field of inter-specialty collaboration to respond to the socio-demographic
5 changes and challenges of older adults with severe and life-limiting conditions;
6

7 f. *Geriatric specialty center* refers to a unit or department in a DOH-retained hospital that
8 offers specialized care to the aging population, particularly to frail older persons,
9 addressing their particular conditions and providing specific procedures and management
10 of cases, requiring specialized training and/or equipment;
11

12 g. *Geriatrician* refers to a medical doctor who has passed the necessary training and
13 specialty licensure examination for the practice of Geriatric Medicine.
14

15 h. *Gerontology* refers to the study of the biological, psychological, spiritual, social,
16 economic, and the aspects of the aging process;
17

18 i. *Home-based healthcare and reablement program* refers to a community-based service
19 which primarily caters to the frail older persons who have lost or are experiencing
20 problems with mobility;
21

22 j. *Integrated delivery of geriatric health services* refers to hospital and community-based
23 medical and psycho-social services provided to senior citizens by a multidisciplinary team;
24

25 k. *Multi-disciplinary team* refers to a team composed of health professionals headed by
26 geriatrician and includes surgeons, organ-system specialists, nurses, clinical pharmacists,
27 rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family
28 members and patients themselves.
29

30 l. *People-centered service* refers to an approach to geriatric care that consciously adopts
31 the perspectives of individuals, families, and communities, and sees them as participants
32 as well as beneficiaries of trusted health systems that respond to their needs and
33 preferences in holistic and humane ways;
34

35 m. *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;
36

37 n. *Sub-acute care* refers to care for patients who no longer require hospitalization, but
38 still need skilled medical care through rehabilitative medicine. Sub-acute rehabilitation is
39 recommended when a patient is not functionally able to return home; and,
40

41 o. *Transitional care* refers to a form of health care in geriatric medicine designed to ensure
42 coordination and continuity of care as patients transfer between different locations or
43 different levels of care, and the safe and effective management of both chronic and acute
44 illness in older adults.
45

46 **Sec. 4. National Center for Health and Research Institute.** – The Center for Geriatric
47 Health (NCGH) is hereby classified as a teaching, research, and training hospital that
48 shall specialize in geriatric care and serve as an apex hospital or end-referral facility for
49 senior citizens in the country. The NCGH shall be renamed as the National Center for
50 Geriatric Health and Research Institute (NCGHRI) and shall be under the direct control
51 and supervision of the DOH.
52

53 The bed capacity, service capabilities, healthcare facilities, expansion, organizational
54 structure and human resource requirements of the NCGHRI shall be based on the hospital
55 and human resource development plan to be prepared by the NCGHRI and approved by
56 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;

- 1
2 b. Community-based services utilizing multidisciplinary team approaches such as
3 homebased healthcare and reablement programs, research and external resource
4 outsourcing for community-based integrated geriatric health services and trainings
5 necessary for the psycho-social functioning of senior citizens and their families, in
6 coordination with LGUs;
7
8 c. Technical assistance and capacity building in the establishment and maintenance of
9 nursing homes and residential care facilities and senior citizens' wards in government
10 hospitals pursuant to Republic Act No. 9994, otherwise known as the "Expanded Senior
11 Citizens Act of 2010";
12
13 d. Technical assistance and capacity building in the establishment of geriatric specialty
14 centers and services to strengthen the network of geriatric care service providers across
15 the country and ensure the delivery of quality health services for senior citizens;
16
17 e. Education programs and scholarships to pursue excellence and the highest level of
18 quality in the practice of the specialized field of geriatrics and other related fields,
19 including postgraduate training and short-term courses for medical doctors and other
20 allied medical health professions, in coordination with the IA-NIH; and
21
22 f. Education programs in geriatrics and gerontology subjects in undergraduate health and
23 allied professions, including training of students, as well as postgraduate medical
24 education of physicians, nurses, allied professionals, pharmacists, dentists, and social
25 workers.
26

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

30 The NCGHRI shall ensure the accessibility of all its programs and services and take
31 into consideration the special needs of senior citizens with disabilities.
32

33 **Sec. 7. Organizational Structure and Staffing Pattern.** – The Secretary of the DOH shall
34 determine the organizational structure and staffing pattern of the NCGHRI in accordance
35 with the revised compensation and position classification system subject to the evaluation
36 and approval of the Department of Budget and Management (DBM) and in compliance
37 with the civil service laws, rules and regulations.
38

39 **Sec. 8. Establishment of Geriatric Specialty Centers.** – Geriatric specialty centers are
40 hereby established in DOH regional hospitals, which shall serve as apex or end-referral
41 hospitals of the health care provider networks and training and research facilities on geriatric
42 specialty care services. Geriatric health services shall be available in all government primary
43 health facilities.
44

45 The level of geriatric services and corresponding facilities in specialty centers and
46 their respective health human resource requirements shall be determined by the DOH, in
47 coordination with NCGHRI and other stakeholders: *Provided*, That the standards to be
48 adopted thereon shall be consistent with the Philippine Health Facility Development Plan
49 and Section 6 of this Act.
50

51 **Sec. 9. Categorization of Patients.** – The DOH shall ensure that the NCGHRI shall adopt
52 and enforce a categorization of paying and non-paying patients. The allocation of beds for
53 non-paying patients shall be not less than seventy percent (70%) of the total number of
54 hospital beds.
55

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

1 augment the funds allocated for its maintenance, other operating expenses and capital
2 outlay requirements, subject to the guidelines set by the DOH and the DBM.
3

4 **Sec. 11. Privilege.** – The NCGHRI may request and receive assistance from the different
5 agencies, bureaus, offices or instrumentalities of the government, including the Philippine
6 Charity Sweepstakes Office and Philippine Amusement and Gaming Corporation, in pursuit
7 of its purposes and objectives.
8

9 **Sec. 12. Tax Exemptions.** – All donations, endowments, contributions, grants and bequests
10 used actually, directly and exclusively for and in accordance with the purposes and functions
11 of the NCGHRI shall be exempt from donor's tax, and the same shall be considered as
12 allowable deductions from gross income for purposes of computing the taxable income of
13 the donor, in accordance with the provisions of the National Internal Revenue Code of 1997,
14 as amended.
15

16 The NCGHRI shall be exempt from income tax and customs duty levied by the
17 government and its political subdivisions, agencies and instrumentalities subject to the
18 provisions of the National Internal Revenue Code of 1997, as amended and Republic Act
19 No. 10863, otherwise known as the "Customs Modernization and Tariff Act."
20

21 The NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal
22 Incentives Review Board (FIRB), subject to the provisions of Title XIII (Tax Incentives) of
23 the National Internal Revenue Code of 1997, as amended, Executive Order No. 93, as
24 amended, and the General Appropriations Act.
25

26 **Sec. 13. Coordination with and Assistance from Other Government Agencies.** – The
27 NCGHRI shall collaborate with the National Commission of Senior Citizens (NCSC) in
28 the development of its programs and services. It may likewise call upon any department,
29 bureau, office, agency, or instrumentality of the government for assistance, in the pursuit
30 of the purposes and objectives of this Act.
31

32 **Sec. 14. Appropriations.** – The amount necessary for the implementation of this Act shall
33 be charged against the current year's appropriation of the DOH. Thereafter, the funding of
34 which shall be included in the annual General Appropriations Act.
35

36 **Sec. 15. Annual Report.** – The NCGHRI shall submit an annual report to the President of
37 the Philippines, the Senate Committee on Health and Demography, the House of
38 Representatives Committee on Health, and the NCSC, on its activities, accomplishments
39 and recommendations to further improve the delivery of geriatric health services.
40

41 **Sec. 16. Transitory Provisions.** – In accomplishing organizational changes and
42 improvements that have to be implemented, the following transitory provisions shall be
43 complied with:
44

- 45 a. The National Center for Geriatric Health (NCGH) currently under the Jose R. Reyes
46 Memorial Medical Center (JRRMMC) shall be absorbed by NCGHRI including its
47 existing personnel regardless of status, and all buildings and equipment, fixtures and
48 furnishings, other assets and liabilities, and current appropriations;
49
- 50 b. The independence of the NCGHRI from the JRRMMC shall be fully realized within a
51 period of two (2) years. The DOH shall ensure that no disruption of service will occur
52 during this transitory period;
53
- 54 c. The existing officials and employees of NCGH shall continue to assume the duties of
55 their positions until new appointments are issued. They shall be placed in the new
56 staffing pattern of the NCGHRI in accordance with R.A. No. 6656, entitled "An Act to
57 Protect the Security of Tenure of Civil Service Officers and Employees in the

1 Implementation of Government Reorganization” and the rules and regulations
2 governing reorganization. Officials and employees, including casual and temporary
3 employees, who shall not be absorbed in the new staffing pattern due to redundancy
4 shall avail of the applicable retirement benefits and separation incentives as provided
5 under existing laws: *Provided*, That officials and employees holding permanent
6 appointment shall also be given the option to be transferred to other units or offices
7 within the DOH without reduction in rank, status, pay and benefits;
8

- 9 d. Research grants acquired by the NCGHRI during the transition shall be utilized solely
10 for their intended purposes and of the affected units or offices; and
11
12 e. Existing contracts and agreements entered into with third parties prior to the enactment
13 of this Act shall remain valid.
14

15 **Sec. 17. Implementing Rules and Regulations.** – The Secretary of Health shall, in
16 consultation with the Secretary of Budget and Management, Secretary of Social Welfare
17 and Development, and the Chairperson of the NCSC, promulgate rules and regulations for
18 the effective implementation of this Act within ninety (90) days after its effectivity.
19

20 **Sec. 18. Separability Clause.** – If any part or provision of this Act is held invalid or
21 unconstitutional, the remaining parts or provisions not affected shall remain in full force and
22 effect.
23

24 **Sec. 19. Repealing Clause.** – All laws, decrees, orders, rules, and regulations, and other
25 issuances or parts thereof, which are contrary to or inconsistent with this Act are hereby
26 repealed, amended, or modified accordingly.
27

28 **Sec. 20. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the
29 *Official Gazette* or in a newspaper of general circulation.
30

31 Approved,