

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 430



Introduced by REP. RODOLFO "OMPONG" M. ORDANES

AN ACT
CONVERTING THE DR. EVA MACARAEG-MACAPAGAL NATIONAL
CENTER FOR GERIATRIC HEALTH UNDER THE JOSE R. REYES MEMORIAL
MEDICAL CENTER AS THE NATIONAL CENTER FOR GERIATRIC HEALTH
AND RESEARCH INSTITUTE, DEFINING ITS POWERS AND FUNCTIONS,
AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

The Filipino elderly population is growing at an unprecedented rate. As life expectancy increases and healthcare improves, more Filipinos enter their senior years. However, this demographic shift brings with it increasing challenges, particularly in ensuring that our health systems are responsive to the specific and often complex needs of senior citizens.

Despite existing laws such as Republic Act No. 9994 or the "Expanded Senior Citizens Act of 2010," there remains a gap in institutionalized and specialized geriatric care. The current healthcare infrastructure lacks the dedicated facilities, trained specialists, and integrated services necessary to address the biological, psychological, and social aspects of the aged population.

As such, this bills seeks to address this critical need by converting the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health into the National Center for Geriatric Health and Research Institute (NCGHRI) under the direct control and

supervision of the Department of Health. This transformation is envisioned to elevate the delivery of geriatric health services in the country through expanded hospital capacity, a multidisciplinary approach to senior health, cutting-edge research, and capacity-building for future geriatric healthcare professionals.

The bill also establishes the NCGHRI as a national apex hospital for geriatric care and empowers it to coordinate with national and local government agencies, research institutions, and medical schools to build a robust and sustainable framework for elderly healthcare.

This landmark measure was approved on Third and Final Reading in the House of Representatives and has been formally transmitted to the Senate in the 19th Congress, which reflects the unwavering commitment to uphold the rights and dignity of Filipino senior citizens through responsive and specialized healthcare interventions.

In view of the urgent need to institutionalize geriatric care and prepare for the aging Filipino society, the immediate enactment of this measure is earnestly sought.

A handwritten signature in black ink, appearing to be 'Rodolfo', written over a large, stylized, handwritten letter 'A'.

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Be it enacted by the Senate and the 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 SEC. 2. *Declaration of Policy.* – The State shall adopt an integrated and
3 comprehensive approach to health development which shall endeavor to make
4 essential goods, health and other social services available to all senior citizens at
5 affordable cost. Priority shall be given to underprivileged sick and disabled senior
6 citizens.

7 To this end, the State shall protect and promote the right to health of senior
8 citizens by ensuring holistic health services through the establishment of a geriatric
9 specialty hospital and research institute.

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

11 (a) *Acute care* refers to a specialized program that addresses the needs of
12 hospitalized senior citizens through a multidisciplinary team approach to
13 prevent functional and cognitive decline;

- 1 (b) *Apex or end-referral hospital* refers to a hospital that offers specialized services
2 as determined by the Department of Health (DOH) which is contracted as a
3 stand-alone facility by the Philippine Health Insurance Corporation;
- 4 (c) *Geriatric health services* refer to the medical services or interventions
5 provided by a multidisciplinary team to senior citizen patients;
- 6 (d) *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and
7 family medicine that promotes the health of senior citizens, and assesses,
8 diagnoses and treats a wide range of conditions, diseases, disabilities, and
9 complexities that affect people as they age;
- 10 (e) *Geriatric palliative care* refers to a specialized medical care that focuses on
11 providing senior citizens relief from pain and other symptoms of a serious
12 illness, regardless of diagnosis or stage of disease provided alongside
13 curative and other forms of treatment. It is a field of inter-specialty
14 collaboration that responds to the socio-demographic changes and
15 challenges of senior citizens with severe and life-limiting conditions;
- 16 (f) *Geriatric specialty center* refers to a unit or department in a DOH hospital that
17 offers specialized care to senior citizens, addressing their particular
18 conditions and providing specific procedures and management of cases
19 requiring specialized training and equipment;
- 20 (g) *Geriatrician* refers to a medical doctor who has passed the necessary training
21 and specialty licensure examination for the practice of Geriatric Medicine;
- 22 (h) *Gerontology* refers to the study of the biological, psychological, spiritual,
23 social, economic, and demographic aspects of the aging process;
- 24 (i) *Multidisciplinary team* refers to a team composed of health professionals
25 headed by a geriatrician and comprised of surgeons, organ-system
26 specialists, nurses, clinical pharmacists, rehabilitation therapists,
27 nutritionists, dentists, social workers, caregivers, family members and
28 patients;
- 29 (j) *People-centered service* refers to a holistic and humane approach to geriatric
30 care that adopts the perspectives of individuals, families, and communities,
31 and regards them as participants and beneficiaries of health systems and
32 services;

1 (k) *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;

2 (l) *Sub-acute care* refers to care for patients who no longer require
3 hospitalization, but still need skilled medical care through rehabilitative
4 medicine; and;

5 (m) *Transitional care* refers to a form of health care in geriatric medicine
6 designed to ensure coordination and continuity of care for the safe and
7 effective management of both chronic and acute illness in senior citizens as
8 they are transferred to different locations or levels of care.

9 **SEC. 4. *National Center for Geriatric Health and Research Institute.*** – The Dr.
10 Eva Macaraeg-Macapagal National Center for Geriatric Health (DEMMNCGH) under
11 the Jose R. Reyes Memorial Medical Center is hereby converted as a national specialty
12 center to be known as the National Center for Geriatric Health and Research Institute
13 (NCGHRI), and shall be under the direct control and supervision of the DOH.

14 The conversion of the DEMMNCGH shall be fully realized within a period of
15 five (5) years from the effectivity of this Act: Provided, That the DOH shall ensure that
16 services shall not be disrupted during the transitory period.

17 **SEC. 5. *Scope of Services.*** – The NCGHRI shall provide the following services:

18 (a) Hospital-based services to ensure the availability of medical facilities
19 and equipment for senior citizens needing acute and sub-acute care,
20 geriatric palliative care, outpatient care and transitional care services;

21 (b) Specialized clinical, public health, and operations research and training
22 programs with a multidisciplinary or multi-center approach;

23 (c) Technical assistance and capacity building in the establishment of
24 geriatric specialty centers in accordance with Republic Act No. 11959,
25 otherwise known as the “Regional Specialty Centers Act,” and in
26 geriatric health services in all government primary health facilities and
27 hospitals under the management of local government units (LGUs); and

28 (d) Programs and services for the special needs of senior citizens with
29 disabilities.

30 **SEC. 6. *Powers and Functions.*** – To carry out the provisions of this Act, the
31 NCGHRI shall have the following powers and functions:

- 1 (a) Serve as an apex hospital or end-referral facility which shall specialize in
2 geriatric health services;
- 3 (b) Increase the bed capacity, service capabilities, healthcare facilities, and human
4 resource requirements of the NCGHRI based on its hospital and human
5 resource development plan subject to the approval of the DOH;
- 6 (c) Provide and maintain people-centered service through an efficient health
7 service delivery system for senior citizens;
- 8 (d) Extend medical services to senior citizens in accordance with the National
9 Health Insurance Program pursuant to Republic Act No. 11223, otherwise
10 known as the "Universal Health Care Act";
- 11 (e) Provide an integrated and effective approach in the delivery of geriatric health
12 service in collaboration with concerned government agencies and stakeholders,
13 and LGUs;
- 14 (f) Finance, sponsor, hold or participate in local and international conventions,
15 conferences, congresses, seminars, workshops, and training programs on
16 geriatric health or related
17 (g) fields;
- 18 (h) Establish a standardized referral system for all geriatric health service;
- 19 (i) Provide higher and up-to-date geriatric training for professionals,
20 postgraduates, academics, and allied healthcare providers especially from the
21 geriatric specialty centers;
- 22 (j) Conduct cutting edge research studies on diseases related to old age for the
23 development of policies, protocols, standards, and solutions for specialized
24 health care;
- 25 (k) Publish research studies that shall serve as information resource for the medical
26 and research community in coordination with concerned government offices
27 and relevant professional organizations;
- 28 (l) Conduct and participate in local and international gerontological research
29 activities;
- 30 (m) Conduct capacity and capability assessment of the services provided by
31 the NCGHRI;

- 1 (n) Provide consultancy service and technical assistance in the setting of standards
2 for geriatric wards in every tertiary level hospital, nursing home, and
3 residential center catering to the health needs of senior citizens, in consultation
4 with the Philippine Council for Health Research and Development of the
5 Department of Science and Technology, the Institute on Aging - National
6 Institutes of Health (IA-NIH) under the University of the Philippines, and other
7 relevant institutions as may be determined by the NCGHRI;
- 8 (o) Provide fellowship training in geriatric medicine;
- 9 (p) Develop and maintain a core information hub on geriatrics and gerontological
10 studies in coordination with the concerned offices of the DOH and its attached
11 agencies, the IA-NIH, and other relevant institutions as may be determined by
12 the NCGHRI;
- 13 (q) Identify and recommend to the DOH possible sites for the relocation of the
14 NCGHRI; and
- 15 (r) Study and recommend, in coordination with the Governance Commission for
16 Government-Owned and -Controlled Corporations, the appropriate steps for
17 the formal establishment and incorporation of the NCGHRI in accordance with
18 Republic Act No. 10149, otherwise known as the "GOCC Governance Act of
19 2011": Provided, That the NCGHRI shall remain under the full control and
20 supervision of the DOH, unless Congress shall provide otherwise.

21 **SEC. 7. *Organizational Structure and Staffing Pattern.*** – The Secretary of the
22 DOH shall determine the organizational structure and staffing pattern of the NCGHRI
23 subject to the evaluation and approval of the Department of Budget and Management
24 (DBM) and in compliance with the civil service and other pertinent laws, rules and
25 regulations.

26 **SEC. 8. *Categorization of Patients.*** – The NCGHRI shall enforce a
27 categorization of paying and non-paying patients and shall ensure the allocation of
28 beds for indigent patients in accordance with existing laws and guidelines.

29 **SEC. 9. *Coordination with and Assistance from Other Government Agencies.*** –
30 The NCGHRI shall coordinate with the National Commission of Senior Citizens
31 (NCSC) in the development of its programs and services. It may likewise call upon
32 any department, bureau, office, agency, or instrumentality of the government such as

1 the Philippine Charity Sweepstakes Office and the Philippine Amusement and
2 Gaming Corporation, for assistance in the pursuit of the purposes and objectives of
3 this Act. The Department of Social Welfare and Development (DSWD) shall, in
4 coordination with the DOH and NCGHRI, provide technical assistance and capacity
5 building in the establishment and maintenance of nursing homes and residential care
6 facilities and senior citizens' wards in government hospitals pursuant to Republic Act
7 No. 9994, otherwise known as the "Expanded Senior Citizens Act of 2010."

8 The Commission on Higher Education (CHED) shall, in coordination with the
9 DOH and NCGHRI, provide education programs and scholarships to pursue
10 excellence and the highest level of quality in the practice of the specialized field of
11 geriatrics and other related fields, including postgraduate training and short-term
12 courses for medical doctors and other allied medical health professions, in
13 coordination with public or private training institutes such as the IA-NIH. The CHED
14 shall also provide education programs in geriatrics, and gerontology subjects in
15 undergraduate health and allied professions, including training of students, as well as
16 postgraduate medical education of physicians, nurses, pharmacists, dentists, social
17 workers, and allied professionals.

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

22 SEC. 11. *Tax Exemptions.* – All donations, endowments, contributions, grants
23 and bequests used actually, directly and exclusively for and in accordance with the
24 purposes and functions of the NCGHRI shall be exempt from donor's tax, and the
25 same shall be considered as allowable deductions from gross income for purposes of
26 computing the taxable income of the donors, in accordance with the provisions of the
27 National Internal Revenue Code of 1997, as amended.

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

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

5 **SEC. 12. *Annual Report.*** – The NCGHRI shall submit an annual report to the
6 President of the Philippines, the Senate Committee on Health and Demography, and
7 the House of Representatives Committee on Health, on its activities,
8 accomplishments, and recommendations.

9 **SEC. 13. *Transitory Provisions.*** – To ensure the smooth transition towards the
10 full implementation of this Act, the following provisions shall apply:

- 11 (a) The buildings and equipment, fixtures and furnishings, other assets and
12 liabilities of the DEMMNCGH may be absorbed by the NCGHRI;
- 13 (b) The current appropriations of the DEMMNCGH may be absorbed by the
14 NCGHRI subject to the rules and regulations of the Commission on Audit;
- 15 (c) The existing officials and employees of DEMMNCGH shall continue to assume
16 the duties of their positions until new appointments are issued. They shall be
17 placed in the new staffing pattern of the NCGHRI in accordance with Republic
18 Act No. 6656, entitled “An Act to Protect the Security of Tenure of Civil Service
19 Officers and Employees in the Implementation of Government
20 Reorganization” and the rules and regulations governing reorganization.
21 Officials and employees, including casual and temporary employees, who may
22 not be absorbed in the new staffing pattern due to redundancy shall avail of
23 the applicable retirement benefits and separation incentives as provided under
24 existing laws: *Provided, That* officials and employees holding permanent
25 appointment shall also be given the option to be transferred to other units or
26 offices within the DOH without reduction in rank, status, pay and benefits;
- 27 (d) Research grants acquired by the NCGHRI during the transition shall be
28 utilized solely for their intended purposes; and
- 29 (e) Existing contracts and agreements entered into with third parties prior to the
30 enactment of this Act shall remain valid.

31 **SEC. 14. *Implementing Rules and Regulations.*** – Within ninety (90) days from
32 the effectivity of this Act, the DOH shall, in consultation with the DSWD, CHED,

1 and the NCSC, and other concerned agencies, promulgate the rules and regulations
2 necessary to carry out the provisions of this Act.

3 SEC. 15. *Appropriations.* – The amount necessary for the implementation of
4 this Act shall be charged against the current year's appropriation of the DOH.
5 Thereafter, the funding of which shall
6 be included in the annual General Appropriations Act.

7 SEC. 16. *Separability Clause.* – If any part or provision of this Act is held
8 invalid or unconstitutional, the remaining parts or provisions not affected shall
9 remain in full force and effect.

10 SEC. 17. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations,
11 and other issuances or parts thereof which are contrary to or inconsistent with this
12 Act are hereby repealed, amended, or modified accordingly.

13 SEC. 18. *Effectivity.* – This Act shall take effect fifteen (15) days after its
14 publication in the *Official Gazette* or in a newspaper of general circulation.

15 *Approved,*