



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



TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 2290

Introduced by **Representative MA. VICTORIA CO-PILAR**

EXPLANATORY NOTE

The Philippine Constitution explicitly recognizes the duty of the State to promote and protect the right to health of every Filipino, with particular emphasis on vulnerable sectors, including senior citizens. Article XIII, Section 11 provides that the State shall adopt an integrated and comprehensive approach to health development and prioritize the needs of the underprivileged, sick, elderly, and disabled. In line with this constitutional mandate, there is an urgent need to strengthen the country’s healthcare system to adequately serve the aging population.

The Philippines is experiencing a demographic shift. As of the latest data from the Philippine Statistics Authority, senior citizens—defined as individuals aged sixty years old and above—comprise an increasingly significant portion of the population. Projections suggest that by 2030, one in every five Filipinos will be a senior citizen. With longer life expectancies come complex medical, psychological, and social needs. Unlike younger adults, elderly patients often suffer from multiple chronic conditions, experience frailty, cognitive decline, and have distinct responses to treatment. However, the existing public health infrastructure remains largely ill-equipped to meet these age-specific needs.

Currently, the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health (DEMMNCGH) under the Jose R. Reyes Memorial Medical Center is the only government facility dedicated solely to geriatric health. Despite its importance, the center remains limited in scope, resources, and capacity. It lacks the comprehensive mandate, funding, and institutional independence to serve as a national leader in geriatric healthcare and research. Inadequate staffing, insufficient facilities, and limited outreach and training programs have prevented it from fulfilling its potential as a model for elder care.

This bill addresses that gap by proposing the conversion of the DEMMNCGH into the National Center for Geriatric Health and Research Institute (NCGHRI). Under this proposal, the NCGHRI will be placed under the direct supervision of the Department of Health (DOH), and its

functions will be expanded to encompass not only hospital-based care but also clinical research, professional training, technical assistance, and nationwide coordination of geriatric health services. As an apex hospital, it will serve as the highest referral center for elderly patients requiring complex or specialized treatment, while also training geriatricians and allied health professionals in state-of-the-art practices.

This measure is a forward-looking and compassionate response to the evolving needs of our senior citizens. It is not only about improving healthcare facilities—it is about reaffirming the dignity, value, and rights of the elderly. Through the establishment of the NCGHRI, the government affirms its commitment to ensure that Filipino senior citizens age with health, care, and respect.

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

A handwritten signature in black ink, appearing to be "S. Garcia", located in the lower right quadrant of the page.

- 1
- 2 (c) *Geriatric health services* refer to the medical services or interventions provided
- 3 by a multidisciplinary team to senior citizen patients;
- 4
- 5 (d) *Geriatric medicine* or *Geriatrics* refers to the sub-specialty of internal and family
- 6 medicine that promotes the health of senior citizens, and assesses, diagnoses
- 7 and treats a wide range of conditions, diseases, disabilities, and complexities
- 8 that affect people as they age;
- 9
- 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 curative
- 13 and other forms of treatment. It is a field of inter-specialty collaboration that
- 14 responds to the socio-demographic changes and challenges of senior citizens
- 15 with severe and life-limiting conditions;
- 16
- 17 (f) *Geriatric specialty center* refers to a unit or department in a DOH hospital that
- 18 offers specialized care to senior citizens, addressing their particular conditions
- 19 and providing specific procedures and management of cases requiring
- 20 specialized training and equipment;
- 21
- 22 (g) *Geriatrician* refers to a medical doctor who has passed the necessary training
- 23 and specialty licensure examination for the practice of Geriatric Medicine;
- 24
- 25 (h) *Gerontology* refers to the study of the biological, psychological, spiritual, social,
- 26 economic, and demographic aspects of the aging process;
- 27
- 28 (i) *Multidisciplinary team* refers to a team composed of health professionals headed
- 29 by a geriatrician and comprised of surgeons, organ-system specialists, nurses,
- 30 clinical pharmacists, rehabilitation therapists, nutritionists, dentists, social
- 31 workers, caregivers, family members and patients;
- 32
- 33 (j) *People-centered service* refers to a holistic and humane approach to geriatric care
- 34 that adopts the perspectives of individuals, families, and communities, and
- 35 regards them as participants and beneficiaries of health systems and services;
- 36
- 37 (k) *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;
- 38
- 39 (l) *Sub-acute care* refers to care for patients who no longer require hospitalization,
- 40 but still need skilled medical care through rehabilitative medicine; and
- 41
- 42 (m) *Transitional care* refers to a form of health care in geriatric medicine designed to
- 43 ensure coordination and continuity of care for the safe and effective
- 44 management of both chronic and acute illness in senior citizens as they are
- 45 transferred to different locations or levels of care.
- 46

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

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

SEC. 5. *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, outpatient care and transitional care services;
- (b) Specialized clinical, public health, and operations research and training programs with a multidisciplinary or multi-center approach;
- (c) Technical assistance and capacity building in the establishment of geriatric specialty centers in accordance with Republic Act No. 11959, otherwise known as the “Regional Specialty Centers Act,” and in geriatric health services in all government primary health facilities and hospitals under the management of local government units (LGUs); and
- (d) Programs and services for the special needs of senior citizens with disabilities.

SEC. 6. *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) Increase the bed capacity, service capabilities, healthcare facilities, and human resource requirements of the NCGHRI based on its hospital and human resource development plan subject to the approval of the DOH;
- (c) Provide and maintain people-centered service through an efficient health service delivery system for senior citizens;
- (d) Extend medical services to senior citizens in accordance with the National Health Insurance Program pursuant to Republic Act No. 11223, otherwise known as the “Universal Health Care Act”;
- (e) Provide an integrated and effective approach in the delivery of geriatric health service in collaboration with concerned government agencies and stakeholders, and LGUs;
- (f) Finance, sponsor, hold or participate in local and international conventions, conferences, congresses, seminars, workshops, and training programs on geriatric health or related fields;
- (g) Establish a standardized referral system for all geriatric health service;

- 1 (h) Provide higher and up-to-date geriatric training for professionals,
2 postgraduates, academics, and allied healthcare providers especially from the
3 geriatric specialty centers;
- 4 (i) Conduct cutting edge research studies on diseases related to old age for the
5 development of policies, protocols, standards, and solutions for specialized
6 health care;
- 7 (j) Publish research studies that shall serve as information resource for the medical
8 and research community in coordination with concerned government offices
9 and relevant professional organizations;
- 10 (k) Conduct and participate in local and international gerontological research
11 activities;
- 12 (l) Conduct capacity and capability assessment of the services provided by the
13 NCGHRI;
- 14 (m) Provide consultancy service and technical assistance in the setting of standards
15 for geriatric wards in every tertiary level hospital, nursing home, and
16 residential center catering to the health needs of senior citizens, in consultation
17 with the Philippine Council for Health Research and Development of the
18 Department of Science and Technology, the Institute on Aging - National
19 Institutes of Health (IA-NIH) under the University of the Philippines, and other
20 relevant institutions as may be determined by the NCGHRI;
- 21 (n) Provide fellowship training in geriatric medicine;
- 22
- 23 (o) Develop and maintain a core information hub on geriatrics and gerontological
24 studies in coordination with the concerned offices of the DOH and its attached
25 agencies, the IA-NIH, and other relevant institutions as may be determined by
26 the NCGHRI;
- 27 (p) Identify and recommend to the DOH possible sites for the relocation of the
28 NCGHRI; and
- 29 (q) Study and recommend, in coordination with the Governance Commission for
30 Government-Owned and -Controlled Corporations, the appropriate steps for
31 the formal establishment and incorporation of the NCGHRI in accordance with
32 Republic Act No. 10149, otherwise known as the "GOCC Governance Act of
33 2011": *Provided, That the NCGHRI shall remain under the full control and*
34 *supervision of the DOH, unless Congress shall provide otherwise.*
- 35

36 **SEC. 7. *Organizational Structure and Staffing Pattern.*** - The Secretary of the DOH shall
37 determine the organizational structure and staffing pattern of the NCGHRI subject to the
38 evaluation and approval of the Department of Budget and Management (DBM) and in
39 compliance with the civil service and other pertinent laws, rules and regulations.

40

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

44

45 **SEC. 9. *Coordination with and Assistance from Other Government Agencies.*** - The
46 NCGHRI shall coordinate with the National Commission of Senior Citizens (NCSC) in

1 the development of its programs and services. It may likewise call upon any department,
2 bureau, office, agency, or instrumentality of the government such as the Philippine
3 Charity Sweepstakes Office and the Philippine Amusement and Gaming Corporation,
4 for assistance in the pursuit of the purposes and objectives of this Act.
5

6 The Department of Social Welfare and Development (DSWD) shall, in coordination with
7 the DOH and NCGHRI, provide technical assistance and capacity building in the
8 establishment and maintenance of nursing homes and residential care facilities and
9 senior citizens' wards in government hospitals pursuant to Republic Act No. 9994,
10 otherwise known as the "Expanded Senior Citizens Act of 2010." The Commission on
11 Higher Education (CHED) shall, in coordination with the DOH and NCGHRI, provide
12 education programs and scholarships to pursue excellence and the highest level of
13 quality in the practice of the specialized field of geriatrics and other related fields,
14 including postgraduate training and short-term courses for medical doctors and other
15 allied medical health professions, in coordination with public or private training
16 institutes such as the IA-NIH. The CHED shall also provide education programs in
17 geriatrics, and gerontology subjects in undergraduate health and allied professions,
18 including training of students, as well as postgraduate medical education of physicians,
19 nurses, pharmacists, dentists, social workers, and allied professionals.
20

21 **SEC. 10. *Use of Income.*** - All income generated from the operations of the NCGHRI shall
22 be deposited in an authorized government depository bank and shall be used to augment
23 the funds for its maintenance, other operating expenses, and capital outlay requirements,
24 subject to the guidelines set by the DOH and the DBM.
25

26 **SEC. 11. *Tax Exemptions.*** - All donations, endowments, contributions, grants and
27 bequests used actually, directly and exclusively for and in accordance with the purposes
28 and functions of the NCGHRI shall be exempt from donor's tax, and the same shall be
29 considered as allowable deductions from gross income for purposes of computing the
30 taxable income of the donors, in accordance with the provisions of the National Internal
31 Revenue Code of 1997, as amended.
32

33 The NCGHRI shall be exempt from income tax and customs duty levied by the
34 government and its political subdivisions, agencies and instrumentalities subject to the
35 provisions of the National Internal Revenue Code of 1997, as amended and Republic Act
36 No. 10863, otherwise known as the "Customs Modernization and Tariff Act."
37

38 The NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal
39 Incentives Review Board, subject to the provisions of Title XIII (Tax Incentives) of the
40 National Internal Revenue Code of 1997, as amended, Executive Order No. 93, as
41 amended, and the General Appropriations Act.
42

43 **SEC. 12. *Annual Report.*** - The NCGHRI shall submit an annual report to the President
44 of the Philippines, the Senate Committee on Health and Demography, and the House of
45 Representatives Committee on Health, on its activities, accomplishments, and
46 recommendations.

1
2 **SEC. 13. *Transitory Provisions.*** – To ensure the smooth transition towards the full
3 implementation of this Act, the following provisions shall apply:
4

- 5 (a) The buildings and equipment, fixtures and furnishings, other assets and
6 liabilities of the DEMMNCGH may be absorbed by the NCGHRI;
7
8 (b) The current appropriations of the DEMMNCGH may be absorbed by the
9 NCGHRI subject to the rules and regulations of the Commission on Audit;
10 (c) The existing officials and employees of DEMMNCGH shall continue to assume
11 the duties of their positions until new appointments are issued. They shall be
12 placed in the new staffing pattern of the NCGHRI in accordance with Republic
13 Act No. 6656, entitled “An Act to Protect the Security of Tenure of Civil Service
14 Officers and Employees in the Implementation of Government Reorganization”
15 and the rules and regulations governing reorganization. Officials and
16 employees, including casual and temporary employees, who may not be
17 absorbed in the new staffing pattern due to redundancy shall avail of the
18 applicable retirement benefits and separation incentives as provided under
19 existing laws: *Provided, That* officials and employees holding permanent
20 appointment shall also be given the option to be transferred to other units or
21 offices within the DOH without reduction in rank, status, pay and benefits;
22 (d) Research grants acquired by the NCGHRI during the transition shall be utilized
23 solely for their intended purposes; and
24 (e) Existing contracts and agreements entered into with third parties prior to the
25 enactment of this Act shall remain valid.
26

27 **SEC. 14. *Implementing Rules and Regulations.*** – Within ninety (90) days from the
28 effectivity of this Act, the DOH shall, in consultation with the DSWD, CHED, and the
29 NCSC, and other concerned agencies, promulgate the rules and regulations necessary
30 to carry out the provisions of this Act.
31

32 **SEC. 15. *Appropriations.*** – The amount necessary for the implementation of this Act
33 shall be charged against the current year’s appropriation of the DOH. Thereafter, the
34 funding of which shall be included in the annual General Appropriations Act.
35

36 **SEC. 16. *Separability Clause.*** – If any part or provision of this Act is held invalid or
37 unconstitutional, the remaining parts or provisions not affected shall remain in full force
38 and effect.
39

40 **SEC. 17. *Repealing Clause.*** – All laws, decrees, orders, rules, and regulations, and other
41 issuances or parts thereof which are contrary to or inconsistent with this Act are hereby
42 repealed, amended, or modified accordingly.
43

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

1

2 Approved,