



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

TWENTIETH CONGRESS
First Regular Session
4605
House Bill No. _____



Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

The 1987 Philippine Constitution guarantees the right to health for all citizens. The State is mandated to “protect and promote the right to health of the people,”¹ and to adopt “an integrated and comprehensive approach to health development” that ensures access to essential goods, health, and social services, with priority given to the underprivileged, the sick, the elderly, the disabled, women, and children.² In line with this, the Expanded Senior Citizens Act of 2010 directs the establishment of senior citizens’ wards in government hospitals to provide specialized care for the elderly.³ Despite these legal frameworks, the country still lacks a dedicated tertiary specialty hospital focused on geriatric care.

According to a 2018 study by the Philippine Institute for Development Studies (PIDS), the Philippines is on its way to becoming an “ageing society” by 2032, when Filipinos aged 65 years and older will make up 7 percent of the country’s total population. By 2069, this figure is projected to reach 14 percent.⁴ Their per-capita health consumption has also quadrupled, increasing from ₱3,100 in 1995 to ₱12,121 in 2015, largely driven by noncommunicable diseases and functional limitations.⁵ PIDS also documents that multiple morbidities and frequent care needs are common among seniors, highlighting the importance of integrated, senior-focused health services rather than fragmented, general inpatient care.⁶ On the financing side, PIDS reports that PhilHealth’s average “support

¹ 1987 Philippine Constitution, Article II, Section 15.

² 1987 Philippine Constitution, Article XIII, Section 11.

³ Republic Act No. 9994, “An Act Granting Additional Benefits and Privileges to Senior Citizens,” otherwise known as the Expanded Senior Citizens Act of 2010.

⁴ Philippine Institute for Development Studies (PIDS). *Philippines a Slowly Ageing Society – PIDS Study*. (2018). https://www.pids.gov.ph/details/philippines-a-slowly-ageing-society-pids-study-2?utm_source=chatgpt.com

⁵ Philippine Institute for Development Studies (PIDS). *The Philippines’ Elderly Population to Reach 15 Million by 2050*. (2017).

⁶ Reyes, C., Arboneda, A., & Asis, R. (2019). *Silver Linings for the Elderly in the Philippines*. PIDS Discussion Paper Series 2019-09.

value” covers only around 56 percent of hospital costs, with elderly beneficiaries consistently receiving the lowest share of coverage. This leaves them with the highest risk of out-of-pocket spending, particularly when seeking care in private or tertiary hospitals.^{7 8} The fiscal pressure on universal health care is expected to grow even more intense as the population ages. PIDS notes that even just maintaining the 2015 level of health services will require an annual increase of 1.3 to 1.4 percent in public health spending until 2050. This reality strengthens the case for establishing cost-effective, geriatric-optimized models, such as acute care for the elderly (ACE) units, rehabilitation centers, and step-down care facilities, that can prevent expensive and prolonged general inpatient stays while ensuring more appropriate and specialized care for seniors.⁹

This proposed legislation to establish the Philippine Geriatric Center (PGC) addresses the urgent need for specialized healthcare for the elderly by creating a dedicated tertiary specialty hospital under the DOH. As a national referral center for geriatric medicine, the PGC will provide specialized and comprehensive services such as geriatric assessments, memory and cognitive care, fall prevention, frailty management, and palliative care. By centralizing expertise and resources, the PGC will not only improve health outcomes but also serve as a model for other healthcare facilities nationwide. Beyond clinical services, the PGC will also serve as a hub for research and innovation in geriatric care, developing evidence-based practices and policies to improve healthcare delivery for the aging population. Additionally, the institution will contribute to the education and training of healthcare professionals, fostering a workforce equipped to meet the challenges of geriatric care. Finally, the PGC will foster collaboration among healthcare providers, promoting a multidisciplinary approach that integrates medical, psychological, and social services. By doing so, it seeks to enhance the quality of life of senior citizens, ensuring that their unique needs are met with dignity, compassion, and expertise.

The establishment of the Philippine Geriatric Center is a decisive step toward safeguarding the health and dignity of the nation’s elderly. By dedicating a national institution to geriatric care, the government ensures that senior citizens receive the specialized services they deserve while setting a standard of excellence for all healthcare facilities. The PGC will not only uplift the lives of older Filipinos but also strengthen the entire healthcare system to be more responsive, inclusive, and proactive.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


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⁷ Ulep, V., & Dela Cruz, N. (2022). *Is PhilHealth Covering What Matters? Evaluating the Financial Risk Protection of the National Health Insurance Program of the Philippines*. PIDS Discussion Paper Series 2022-42.

⁸ PIDS. *Is PhilHealth Covering What Matters?* (Summary of DP 2022-42).

⁹ Abrigo, M. (2017). *Financing Universal Health Care in an Ageing Philippines*. PIDS Discussion Paper Series.



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Introduced by **Representative GIRLIE E. VELOSO**

**AN ACT ESTABLISHING THE PHILIPPINE GERIATRIC CENTER AS A TERTIARY
SPECIALTY HOSPITAL UNDER THE DEPARTMENT OF HEALTH, DEFINING
ITS MANDATE, FUNCTIONS, STRUCTURE, APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES**

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 “Philippine Geriatric Center
2 Act”.

3 **SECTION 2. Declaration of Policy.** — It is hereby declared the policy of the State to
4 protect and promote the right to health of the people, consistent with Article II, Section 15 and
5 Article XIII, Section 11 of the 1987 Constitution. The State shall adopt an integrated and
6 comprehensive approach to health development that makes essential goods, health, and other social
7 services available to all at affordable cost, giving priority to the needs of the underprivileged, sick,
8 elderly, disabled, women, and children.

9 In recognition of the unique medical, psychological, and social needs of senior citizens, the
10 State hereby commits to ensuring their access to specialized and quality health care. Towards this
11 end, it shall establish a Philippine Geriatric Center as a tertiary specialty hospital under the
12 Department of Health (DOH), dedicated to the prevention, diagnosis, treatment, and rehabilitation
13 of illnesses and conditions associated with aging.

14 **SECTION 3. Establishment of Philippine Geriatric Center.** — There is hereby
15 established a tertiary specialty hospital to be known as the Philippine Geriatric Center (PGC), with a

1 minimum authorized bed capacity of three hundred (300), under the direct control and supervision
2 of the DOH.

3 The PGC shall serve as the national referral, training, and research center for geriatric
4 medicine, with the mandate to provide advanced, comprehensive, and specialized care tailored to the
5 medical, rehabilitative, and palliative needs of the elderly and aging population. Its ultimate goal shall
6 be to enhance the quality of life of senior citizens and ensure dignified aging, in accordance with the
7 standards for tertiary care.

8 **SECTION 4. Hospital Site, Transition, and Relocation.** — Pending the establishment
9 of a permanent site for the PGC, the National Center for Geriatric Health (NCGH) in San Miguel,
10 Manila shall serve as its interim facility. The DOH shall ensure that all existing assets, programs, and
11 personnel of the NCGH are preserved and integrated into the operations of the PGC.

12 The DOH shall, within one (1) year from the effectivity of this Act, conduct a
13 comprehensive assessment of the NCGH site to determine its structural feasibility, compliance with
14 national building codes, and capacity for expansion to meet tertiary specialty hospital standards. The
15 results of the assessment shall guide any decision regarding continued use or relocation.

16 Should the NCGH site be deemed structurally infeasible, unable to meet national building
17 codes, or incapable of expansion to meet the requirements of a tertiary specialty hospital, the
18 Secretary of Health is hereby authorized to designate an alternative location. Any relocation decision
19 must prioritize accessibility, service continuity, and compliance with national tertiary care standards.

20 The DOH shall prepare and implement a comprehensive hospital development plan to guide
21 the phased upgrading, expansion, or relocation of the PGC, with the goal of completing major
22 development activities within five years. The plan shall cover hospital site development, physical
23 facilities, service capacity, and future increases in bed capacity and specialized services, consistent
24 with the developmental goals of the hospital as mandated by this Act.

25 **SECTION 5. Mandate and Functions of the Philippine Geriatric Center.** — The PGC
26 shall serve as the national tertiary referral, training, and research center for geriatric medicine,
27 delivering person-centered, multidisciplinary, holistic, and evidence-based care for older persons
28 across hospital, outpatient, and community settings, with the aim of preserving function, promoting
29 independence, and safeguarding the quality of life and dignity of senior citizens.

30 (a) Core Services. In support of this mandate, the PGC shall provide:

- 31 1. Comprehensive Geriatric Assessment (CGA), led by a multi-disciplinary team,
32 ensuring coordinated care plans, medication reviews, functional and social
33 evaluations, and tailored discharge arrangements;

2. Specialized clinical services such as memory and cognitive care, fall prevention, frailty management, polypharmacy review, palliative care, and peri-operative care suited to older patients' needs;
 3. Geriatric-focused inpatient and outpatient services, including settings adapted for mobility, comfort, and safety;
 4. Community interface programs, including home-based follow-up, coordination with primary care, and caregiver education to ensure continuity and prevent re-admissions.
- (b) Training, Capacity Building, and Standards Setting. — The PGC shall act as the national training and resource center for geriatric medicine, offering fellowships and continuing education for professionals, issuing geriatric service standards for DOH hospitals, and providing technical assistance across regions to strengthen geriatric care delivery.
- (c) Research, Innovation, and Data Systems. — The PGC shall conduct clinical, implementation, and health-systems research on aging, frailty, dementia, multimorbidity, and healthy longevity; develop guidelines and care bundles adapted to the Philippine context; maintain registries and quality dashboards; and promote technology-enabled care. Collaboration with national and international centers of excellence shall be pursued.
- (d) Quality and Safety. — The PGC shall institute hospital-wide programs for delirium prevention, falls reduction, pressure-injury prevention, antimicrobial stewardship, and deprescribing; and adopt outcome, experience, and safety metrics aligned with international service specifications for older adults.
- (e) Integration and Referral Networks. — The PGC shall lead the development of geriatric referral networks across DOH-retained hospitals, LGU facilities, and private providers; formalize care pathways with emergency medical services, primary care, rehabilitation, long-term care, and hospice; and provide technical assistance for setting up geriatric services nationwide.
- (f) Public Health and Preparedness. — The PGC shall support healthy aging initiatives, vaccination and screening programs, elder-abuse prevention, disaster and climate resilience for older persons, and rapid deployment of geriatric expertise during public health emergencies.
- (g) Patient Rights, Dignity, and Quality of Life. — All programs shall uphold autonomy, informed consent, supported decision-making, caregiver inclusion, age-friendly environments, and interventions that preserve function and quality of life as core outcomes of care.

SECTION 6. Organization and Administration. — The PGC shall be headed by a Medical Center Chief, who shall be a licensed physician with proven competence in hospital administration and geriatric medicine, appointed by the Secretary of Health.

The Medical Center Chief shall be assisted by a Deputy Medical Center Chief, who shall likewise be a licensed physician with proven competence in hospital administration and in the field of geriatrics or a related specialty, and who shall perform such functions as may be delegated by the Medical Center Chief.

1 The PGC shall adopt an organizational structure consistent with that prescribed by the DOH
2 for tertiary specialty hospitals. This structure shall include, but not be limited to, the following
3 specialized divisions and offices:

- 4 (a) Medical Services Division, to include departments for Geriatric Medicine, Neurology,
5 Rehabilitation Medicine, and other geriatric-specific specialties;
- 6 (b) Nursing Services Division, with a focus on specialized geriatric and palliative care
7 nursing;
- 8 (c) Allied Medical and Ancillary Services Division, to include services such as Physical and
9 Occupational Therapy, Geriatric Nutrition, Social Work, and Pharmacy, all of which are
10 critical to CGA;
- 11 (d) Training, Research, and Extension Services Division, to lead the hospital's mandate as a
12 national center for education and research; and
- 13 (e) Administrative and Finance Services Division to support the hospital's operations.

14 The DOH is further authorized to create such other divisions or offices as may be necessary
15 for the full implementation of this Act.

16 **SECTION 7. Staff and Personnel.** — The PGC shall employ specialists in geriatric
17 medicine, internal medicine, neurology, cardiology, psychiatry, orthopedics, rehabilitation medicine,
18 palliative care, nursing, social work, nutrition, and other allied medical and ancillary services as may
19 be necessary.

20 For the transition period, the DOH, in coordination with the Department of Budget and
21 Management (DBM) and the Civil Service Commission (CSC), is hereby authorized to create and
22 expand plantilla positions and to contract additional personnel as may be necessary to ensure the
23 immediate and continuous operation of the facility and its conversion into the PGC.

24 Thereafter, the DOH shall create and expand the plantilla positions necessary for the full
25 institutionalization of the Center, consistent with the standards of a two hundred fifty (250)-bed
26 capacity tertiary specialty hospital.

27 **SECTION 8. Tax Exemptions and Incentives.** — All donations, contributions, and
28 bequests to the PGC, a government health institution, shall be exempt from donor's tax and shall
29 constitute allowable deductions from the gross income of the donor under the National Internal
30 Revenue Code of 1997, as amended.

31 The importation of medical equipment, supplies, and medicines for the exclusive use of the
32 Center, when certified by the DOH, shall be exempt from customs duties and value-added tax,
33 subject to compliance with applicable laws, rules, and regulations.

1 **SECTION 9. Implementing Rules and Regulations.** — Within one hundred eighty (180)
2 days from the effectivity of this Act, the DOH, in coordination with the DBM, the CSC, and other
3 concerned government agencies and stakeholders, shall promulgate the necessary rules and
4 regulations for the effective implementation of this Act.

5 **SECTION 10. Appropriations.** — The amount necessary for the initial implementation of
6 this Act, including the upgrading of facilities, acquisition of equipment, and creation of plantilla
7 positions, shall be charged against the current year's appropriations of the DOH. Thereafter, such
8 sums as may be necessary for the continued operation, maintenance, personnel services, further
9 upgrading of facilities, and, when necessary, the relocation and construction of the PGC to a suitable
10 site as may be identified by the DOH, shall be included in the annual General Appropriations Act.

11 **SECTION 11. Repealing Clause.** — All laws, decrees, executive orders, rules and
12 regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or
13 modified accordingly.

14 **SECTION 12. Separability Clause.** — If, for any reason, any section of this Act shall be
15 deemed unconstitutional or invalid, the other sections or provisions shall not be affected and shall
16 remain in force and in effect.

17 **SECTION 13. Effectivity Clause.** — This Act shall take effect after fifteen (15) days from
18 its publication in the Official Gazette or in at least two (2) national newspapers of general
19 circulation, whichever comes earlier.

20 Approved.