

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5230



Introduced by **Representative AGATHA PAULA "AGAY" A. CRUZ**

EXPLANATORY NOTE

The Philippines is often described as a young nation, but the numbers tell us another story: the nation is quietly, steadily, and irreversibly growing old. According to the Philippine Statistics Authority, 9.3 million Filipinos were aged 60 and above in 2020, or 8.5 percent of the total population.¹ That number is projected to increase to about 19.6 percent of the population by midyear 2055.² The country is aging, and unlike fine wine, aging without preparation and proper care can be a bitter experience.

Noncommunicable diseases such as heart disease, stroke, diabetes, and chronic kidney disease now dominate the health burden of our elderly, alongside geriatric syndromes such as dementia, frailty, and falls. Despite this, specialized geriatric facilities remain scarce, trained professionals are few, and health information systems are not equipped to capture and monitor the full picture of aging in the country. Our health system remains largely designed for acute and infectious disease care, not for the complex and long-term needs of older persons.

The National Center for Geriatric Health (NCGH) in Manila is the lone government facility dedicated to geriatric services, but its reach and capacity are far too limited for a nationwide demographic wave. Most older Filipinos live outside the capital, in communities where geriatric care is often nonexistent.

This measure transforms the NCGH into the Philippine Geriatric Center (PGC), a tertiary specialty hospital, national end-referral center, and training hub for geriatric medicine. It mandates the establishment of regional geriatric specialty centers so that care is not a privilege of geography. It provides for scholarships and training programs to develop a workforce fluent in the science and compassion of geriatric care. It establishes a National Geriatric Health Registry and integrates geriatric services into the Universal

¹ POPCOM: Filipino children's population declined in last 20 years while seniors comprise 8.5% of PHL population as of 2020, COMMISSION ON POPULATION AND DEVELOPMENT – REGION X, 2022, available at <https://region10.cpd.gov.ph/popcom-filipino-childrens-population-declined-in-last-20-years-while-seniors-comprise-8-5-of-phl-population-as-of-2020/>

² Philippine Population is Projected to be around 138.67 Million by 2055 under Scenario 2, PHILIPPINE STATISTICS AUTHORITY, 2024, available at <https://psa.gov.ph/content/philippine-population-projected-be-around-13867-million-2055-under-scenario-2>

Health Care framework, including PhilHealth coverage for long-term and preventive care.

More than a new acronym or additional funding, this bill is about building a future where aging is not a burden, but a dignified stage of life. Our elders have carried the weight of our nation on their shoulders. It is time we carried them with care, foresight, and compassion.

For these reasons, the immediate passage of this bill is earnestly sought.


AGATHA PAULA "AGAY" AGUILAR CRUZ
Representative, Fifth Legislative District of Bulacan



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AN ACT
ESTABLISHING THE PHILIPPINE GERIATRIC CENTER UNDER THE
DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS THEREFOR

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 “Philippine Geriatric Center
2 (PGC) Act.”
3

4 **Section 2. Declaration of Policy.** – It is hereby declared the policy of the State to
5 protect and promote the right to health of older persons and the aging population by
6 ensuring accessible, affordable, and quality health services responsive to their unique
7 medical, psychological, and social needs. Towards this end, the State shall adopt an
8 integrated and comprehensive approach to geriatric health development, and ensure that
9 specialized services are integrated within the Universal Health Care (UHC) Framework.
10

11 **Section 3. Philippine Geriatric Center.** – The National Center for Geriatric Health–
12 Jose R. Reyes Memorial Medical Center (NCGH-JRRMMC), located in San Miguel,
13 Manila, is hereby renamed as the Philippine Geriatric Center (PGC) and established as a
14 tertiary specialty hospital under the direct control and supervision of the Department of
15 Health (DOH) to ensure the healthcare and quality of life of older persons and aging
16 population: *Provided*, That the existing hospital development plan, current bed capacity,
17 and service capabilities, including organizational structure and staffing requirements,
18 shall be updated and upgraded consistent with the expanded mandate under this Act:
19 *Provided, further*, That the DOH shall formulate a National Geriatric Health Service
20 Delivery Plan, which shall include the establishment and upgrading of at least one (1)
21 regional geriatric specialty center per region within five (5) years from the effectivity of
22 this Act to ensure equitable access to geriatric care, in coordination with local government
23 units (LGUs) and existing DOH Hospitals.
24

25 **Section 4. Purposes and Objectives.** – The PGC shall have the following purposes

and objectives:

- (a) Equip, maintain, administer, and operate an integrated medical institution which shall specialize in geriatric health services;
- (b) Promote medical services to the elderly and scientific research relative to the prevention, diagnosis, treatment, care, rehabilitation, and relief of diseases of older people and the aging population,
- (c) Establish and maintain a National Geriatric Health Registry, which shall collect and update data on the health status, care needs, and service utilization of the elderly population;
- (d) Provide education and training for physicians, nurses, social workers, barangay health workers, and other allied medical and technical personnel in the practice and scientific implementation of health services to older people and the aging population;
- (e) Coordinate the various efforts and activities of other government agencies and LGUs towards a comprehensive and integrated approach to geriatric health and healthcare service delivery;
- (f) Develop and implement a Geriatric Human Resource Development Program that will provide scholarships, incentives, and continuing professional development for healthcare workers specializing in geriatrics, in coordination with the Commission on Higher Education (CHED) and the Professional Regulation Commission (PRC), including bonding requirements or service commitments as may be necessary;
- (g) Ensure the integration of geriatric services within the UHC framework, including PhilHealth coverage for age-related conditions, long-term care, and preventive health services; and
- (h) Coordinate with the National Commission of Senior Citizens (NCSC) to align geriatric health programs with social protection, welfare, and community-based support services for older persons.

Section 5. Referral System. – The PGC shall be the National End-Referral and Training Center for complicated geriatric cases and shall provide technical assistance to regional and local hospitals in developing geriatric health services.

Section 6. Appropriations. – An initial amount of Five Hundred Million Pesos (PhP 500,000,000) shall be appropriated for the upgrading, capacity-building, and initial operations of the PGC: *Provided*, That said funding shall be released in phases over a three-year period, subject to periodic performance evaluation and progress reports submitted to Congress: *Provided, further*, That the Secretary of Health shall immediately include in the Department's program the implementation of this Act, the funding of which shall be included in the subsequent Annual General Appropriations Act.

Thereafter, the amount necessary for the continued operation of the hospital, including its upgrading and expansion of services, shall be included in the annual General

1 Appropriations Act.

2
3 **Section 7. *Joint Congressional Oversight Committee.*** – There is hereby created a
4 Joint Congressional Oversight Committee on Geriatric Health Services to oversee,
5 monitor, and evaluate the implementation of the provisions of this Act.
6

7 It shall be composed of ten (10) members: five (5) members from the Senate, to be
8 appointed by the Senate President, at least one (1) of whom shall be from the minority,
9 and must include the Chairpersons of the Committees on Health and Demography;
10 Finance; and Social Justice, Welfare and Rural Development; and five (5) members from
11 the House of Representatives, to be appointed by the Speaker of the House, at least one
12 (1) of whom shall be from the minority, and must include the Chairpersons of the
13 Committees on Health; Appropriations; and Senior Citizens.
14

15 The Joint Congressional Oversight Committee shall have the following powers
16 and functions:

- 17 (a) Review and evaluate the implementation of this Act, including compliance
18 with its mandates, utilization of funds, the results of the periodic review
19 conducted by the DOH under Section 8 hereof, and the performance of the
20 Philippine Geriatric Center;
21 (b) Conduct hearings, inspections, and consultations with the DOH, NCSC, LGUs,
22 medical professionals, and other stakeholders;
23 (c) Require the DOH and PGC to submit periodic reports, including an annual
24 performance report and audited financial statements; and
25 (d) Recommend remedial legislation, budgetary support, or policy actions to
26 strengthen the delivery of geriatric health services nationwide.
27

28 **Section 8. *Periodic Review.*** – Within five (5) years from the effectivity of this Act,
29 and every five (5) years thereafter, the DOH shall conduct a comprehensive review of the
30 implementation of this Act and submit a report to Congress, including recommendations
31 for legislative or policy amendments, which shall be transmitted and referred to the Joint
32 Congressional Oversight Committee on Geriatric Health Services for appropriate action.
33

34 **Section 9. *Implementing Rules and Regulations.*** – The Department of Health shall,
35 in consultation and coordination with appropriate government agencies such as the
36 Department of Budget and Management (DBM), Civil Service Commission (CSC), NCSC,
37 Civil Society Organizations (CSOs), Non-Government Organizations (NGOs), and other
38 stakeholders, within ninety (90) days from the effectivity of this Act, promulgate the
39 Implementing Rules and Regulations for the effective and efficient implementation of the
40 provisions of this Act.
41

42 **Section 10. *Separability Clause.*** – If any part or provision of this Act is held
43 unconstitutional or invalid, the remainder thereof not otherwise affected shall remain in
44 full force and effect.

1
2 **Section 11. *Repealing Clause.*** – All laws, decrees, executive orders, rules, and
3 regulations, or parts thereof inconsistent with the provisions of this Act are hereby
4 repealed or modified accordingly: *Provided*, That nothing in this act shall be construed to
5 repeal or diminish the mandates of Republic Act No. 11223, or the Universal Health Care
6 Act, and Republic Act No. 11350, or the National Commission of Senior Citizens Act.
7

8 **Section 12. *Effectivity.*** – This Act shall take effect fifteen (15) days following the
9 completion of its publication in the *Official Gazette* or in a newspaper of general circulation.
10

11 *Approved,*