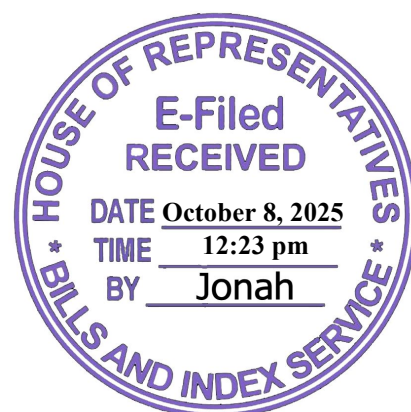


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



HOUSE BILL NO. 5292

Introduced by Honorable Celso G. Regencia

EXPLANATORY NOTE

The demographics of the Philippines are shifting to an ageing society. Filipinos aged sixty and above are projected to comprise 10 percent of the population by 2030.¹ Longer life expectancy and declining birth rates are driving this change, which will steadily increase the number of senior citizens in the coming years.

The trend is already visible. The 2020 Census recorded 9.22 million Filipinos aged sixty and above, or 8.5 percent of the population.² Near-future projections suggest seniors will comprise more than 10 percent.³ With this increase comes a heavier burden of chronic illness, frailty, mobility problems, cognitive decline, and long-term care needs. These challenges already strain families and the health system.

At present, the Philippines has no national institution dedicated to geriatric medicine. Existing specialty hospitals are concentrated in Metro Manila, leaving older persons in most provinces without access to advanced care. The absence of a flagship facility has resulted in fragmented and inequitable services, unable to meet the demands of an ageing population.

¹ Cruz, G. T. (2025). *The shifting demographics of the Philippines: Towards an ageing society* (Chapter 1). In G. T. Cruz, C. J. P. Cruz, & Y. Saito (Eds.), *Ageing and Health in the Philippines: Wave 2* (pp. 1-13). Economic Research Institute for ASEAN and East Asia. https://www.eria.org/uploads/8_Ch_1-Shifting_Demographic.pdf

² Philippine Statistics Authority. (2022, August 12). *Age and sex distribution of the Philippine population: 2020 census of population and housing*. <https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing>

³ Felipe-Dimog, E. B., Tumulak, M. J. R., Garcia, A. P., Liang, F.-W., Silao, C. L. T., Hsu, M.-T., Saragih, I. D., & Sia-ed, A. B. (2024). *Caring behavior of Filipinos toward their elderly family members*. *Acta Medica Philippina*, 58(15), 6–10. <https://doi.org/10.47895/amp.vi0.6880>

The Constitution provides clear guidance. Article II, Section 15 directs the State to protect health and give priority to the needs of the sick, the elderly, and the underprivileged. Republic Act (RA) No. 7432, as amended by RA No. 9994, obliges the State to provide health programs for senior citizens. RA No. 11223 or the Universal Health Care Act, creates the framework for integrated health services. Yet, without a national system for geriatric care, these mandates remain incomplete.

This bill addresses that gap by establishing the Philippine Geriatric Care System (PGCS) within the Department of Health (DOH). At its core will be a national tertiary specialty hospital, modeled after the Philippine Heart Center, the Lung Center of the Philippines, and the National Kidney and Transplant Institute. Complementing this flagship institution will be regional satellite units to extend specialized services across the country. Together, they will provide inpatient and outpatient care, rehabilitation, long-term and palliative services, and lead research on ageing.

To ensure sustainability, the measure establishes a Geriatric Care Fund supported by annual appropriations, contributions from the Philippine Charity Sweepstakes Office, and other authorized sources. In recognition of the principle that revenues from health taxes should be reinvested in health, the Fund shall also draw from Sin Tax collections. In this way, resources intended to discourage disease are redirected toward protecting the nation's elderly.

By securing both financing and institutional leadership, the Philippine Geriatric Care System strengthens the health system to meet the demands of an ageing society and affirms the nation's commitment to upholding the dignity and well-being of senior citizens.

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



CELSO GOMERA REGENCIA
Lone District, Iligan City

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5292

Introduced by Honorable Celso G. Regencia

AN ACT
ESTABLISHING THE PHILIPPINE GERIATRIC CARE SYSTEM,
COMPOSED OF A NATIONAL TERTIARY SPECIALTY HOSPITAL AND
SATELLITE UNITS UNDER THE DEPARTMENT OF HEALTH,
AND PROVIDING FUNDS THEREFOR

Be it enacted by the House of Representatives and the Senate of the Philippines in session assembled:

SECTION 1. *Short Title.* — This Act shall be known as the “**Philippine Geriatric Care System Act.**”

SECTION 2. *Declaration of Policy.* — It is the policy of the State to protect and promote the right to health of the people, giving priority to the needs of the elderly, the sick, and the underprivileged.

Toward this end, the State shall establish a national system for geriatric care that ensures accessible, equitable, and comprehensive services for older persons, strengthens integration with the Universal Health Care program, and supports research and innovation in ageing and elderly health.

SECTION 3. *Establishment of the Philippine Geriatric Care System.* — There is hereby established the **Philippine Geriatric Care System (PGCS)** under the supervision of the Department of Health (DOH). The PGCS shall be composed of:

- a. A national tertiary specialty hospital to be known as the Philippine Geriatric Center, which shall serve as the flagship institution for geriatric care, research, and training; and

b. Satellite geriatric units, which shall be established in strategic locations across the country to ensure nationwide access to specialized geriatric services and effective referral to the national center.

SECTION 4. *Mandate and Functions.* — The PGCS shall serve as the national hub for geriatric medicine. It shall perform the following functions:

- a. Provide inpatient, outpatient, rehabilitative, long-term, and palliative care services for older persons;
- b. Conduct research and development on ageing, geriatric diseases, and innovations in elderly care;
- c. Develop and implement training programs to strengthen the capacity of health professionals and facilities in geriatric care, consistent with the Universal Health Care program;
- d. Establish and maintain regional satellite geriatric units to extend specialized services and provide referral pathways to the national center;
- e. Provide technical assistance to local government units (LGUs) and other health facilities in developing community-based programs for older persons;
- f. Ensure integration of geriatric services into PhilHealth benefit packages and other public health financing mechanisms; and
- g. Promote health, preventive care, and public awareness on issues affecting older persons.

SECTION 5. *Organization and Administration.* — The PGCS shall be administered by the DOH through the Philippine Geriatric Center.

The Center shall be headed by a Medical Center Chief who shall be appointed by the Secretary of Health. The Medical Center Chief shall have overall authority and responsibility for the operation of the PGCS and shall be assisted by such Deputy Medical Center Chiefs as may be necessary.

Each satellite geriatric unit shall be managed by a Unit Director, designated by the DOH, who shall ensure coordination with the national center and integration with regional and local health systems.

The DOH shall determine the appropriate organizational structure of the PGCS to ensure efficiency, accountability, and responsiveness to the needs of older persons.

SECTION 6. *Personnel.* — The DOH, in coordination with the Department of Budget and Management (DBM) and the Civil Service Commission (CSC), shall create the necessary *plantilla* positions and determine the staffing pattern of the PGCS.

The PGCS shall be composed of medical, allied health, research, administrative, and support personnel with demonstrated expertise and training in the care of older persons. Recruitment and appointment shall give priority to health professionals and workers with specialization or experience in geriatric medicine, rehabilitation, palliative care, and related disciplines.

The DOH shall ensure equitable distribution of personnel between the national center and the satellite units, and provide continuing professional development to maintain high standards of service.

SECTION 7. *Funding and the Geriatric Care Fund* — To ensure sustainability, there is hereby created a **Geriatric Care Fund**, which shall be administered by the DOH for the exclusive use of the PGCS.

The Fund shall be sourced from:

- a. Annual appropriations under the General Appropriations Act;
- b. Contributions from the Philippine Charity Sweepstakes Office (PCSO);
- c. Authorized shares from revenues generated under Republic Act No. 10351, otherwise known as the “Sin Tax Reform Act of 2012,” as amended; and
- d. Grants, donations, and endowments from domestic and international sources, whether public or private, subject to existing laws and regulations.

All income generated by the PGCS from its operations, services, or facilities shall accrue to the Fund and shall be used exclusively for the development, improvement, and maintenance of the PGCS.

SECTION 8. *Tax Exemptions and Incentives.* — The PGCS, including its national center and satellite units, shall be exempt from the payment of customs duties, value-added tax, donor's tax, and other applicable taxes on the importation of equipment, spare parts, medicines, and supplies directly and exclusively used in its operations.

Donations, contributions, bequests, and grants to the PGCS shall be exempt from donor's tax and shall be considered allowable deductions from the gross income of the donor for purposes of computing taxable income, in accordance with the provisions of the National Internal Revenue Code, as amended.

SECTION 9. *Implementing Rule and Regulations.* — Within one hundred eighty (180) days from the effectivity of this Act, the DOH, in consultation with the DBM, the CSC, the Department of Finance (DOF), the Philippine Health Insurance Corporation (PhilHealth), and relevant stakeholders from the medical, academic, and civil society sectors, shall promulgate the necessary rules and regulations to implement the provisions of this Act.

SECTION 10. *Separability Clause.* — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

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

SECTION 12. *Effectivity.* — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,