

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

TWENTIETH CONGRESS
First Regular Session

House Bill No. 5572



INTRODUCED BY REPRESENTATIVES RALPH WENDEL P. TULFO
AND JOCELYN P. TULFO

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

Article II, Section 15 of the 1987 Philippine Constitution mandates the State to protect and promote the right to health of the people and instill health consciousness among them. Likewise, Article XIII, Section 11 provides that it is the policy of the State to adopt an integrated and comprehensive approach to health development—one that endeavors to make essential goods, health and other social services available to all the people at affordable cost, with priority given to the needs of the underprivileged, the sick, and the elderly.

In line with this constitutional directive, recent demographic data underscore the growing importance of geriatric health care. According to the 2020 Census of Population and Housing by the Philippine Statistics Authority (PSA), Filipinos aged 60 years old and over make up 9.22 million or 8.5 percent of the household population—an increase from 7.53 million, or 7.5 percent, in 2015. The aging index, which measures the proportion of persons aged 60 years and over for every 100

persons under 15, rose from 23.4 percent in 2015 to 27.6 percent in 2020. This means that there is now one senior citizen for every four children, highlighting a significant demographic shift.¹

Corroborating these findings, the Longitudinal Study of Ageing and Health in the Philippines reports that the country is steadily transitioning toward an aging society, projected to occur by 2030. This demographic shift is driven by declining fertility rates and increasing life expectancy. Consequently, the older population continues to grow at a faster rate than other age groups, whose relative share in the total population is expected to decrease over time.²

However, this increase in longevity also brings unique health challenges. Older Filipinos face a high prevalence of physician-diagnosed illnesses—primarily noncommunicable diseases, poor oral health, pain, and risk of falls. In 2024, around 8 percent of older persons availed inpatient care, while 36 percent sought outpatient care due to illnesses or accidents. Notably, most sought treatment in private health facilities, with 50 percent using private hospitals for inpatient care and 65 percent for outpatient services. In contrast, only 23 percent stayed in provincial or city public hospitals, and 13 percent in district hospitals. Among those who visited public facilities for outpatient care, the majority went to barangay health stations.³

Given these trends, there is a pressing need to establish a specialized, high-quality, and age-appropriate health care institution dedicated to senior citizens. This proposed measure seeks to convert the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health (DEMMNCGH) under the Jose R. Reyes Memorial Medical Center into the National Center for Geriatric Health and Research Institute (NCGHRI).

¹ “Age and Sex Distribution in the Philippine Population (2020 Census of Population and Housing)”, *PHILIPPINE STATISTICS AUTHORITY*, 8 Dec 2022, <https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing>.

² Cruz, Grace T., “Ageing and Health in the Philippines: Wave 2”, *ECONOMIC RESEARCH INSTITUTE FOR ASEAN AND EAST ASIA*, 2025, <https://www.eria.org/uploads/Ageing-and-Health-Philippines-Wave-2-web.pdf>.

³ *Id.*

The DEMMNCGH currently serves as the country's apex hospital for elderly care, equipped with specialized facilities and programs to meet the growing healthcare needs of an aging population.⁴ Its conversion into the NCGHRI will institutionalize and expand its mandate to: (i) provide 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; (ii) develop and conduct specialized clinical, public health, and operations research and training programs with a multi-disciplinary or multi-center approach; (iii) extend 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 (iv) deliver programs and services for the special needs of senior citizens with disabilities.

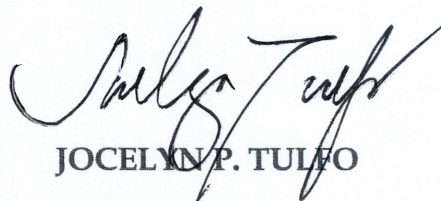
In view of the foregoing, the urgent passing of this bill is earnestly sought.



RALPH WENDEL P. TULFO

Representative

2nd District of Quezon City



JOCELYN P. TULFO

Representative

ACT-CIS Partylist

⁴ "Barcelona, Wilnard, "National Center for Geriatric Health pays tribute to senior citizens", PHILIPPINE NEWS AGENCY, 30 May 2025, <https://www.pna.gov.ph/articles/1251133>.

Republic of the Philippines
HOUSE OF REPRESENTATIVES
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TWENTIETH CONGRESS
First Regular Session

House Bill No. **5572**

**INTRODUCED BY REPRESENTATIVES RALPH WENDEL P. TULFO
AND JOCELYN P. TULFO**

**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**

*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 “Geriatric Health
2 Act”.

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

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

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

2
3 (a) *Acute care* refers to a specialized program that addresses the needs of
4 hospitalized senior citizens through a multidisciplinary team approach to
5 prevent functional and cognitive decline;

6
7 (b) *Apex* or *end-referral hospital* refers to a hospital that offers specialized
8 services as determined by the Department of Health (DOH) which is
9 contracted as a stand-alone facility by the Philippine Health Insurance
10 Corporation;

11
12 (c) *Geriatric health services* refers to the medical services or interventions
13 provided by a multidisciplinary team to senior citizen patients;

14
15 (d) *Geriatric medicine* or *Geriatrics* refers to the sub-specialty of internal and
16 family medicine that promotes the health of senior citizens, and assesses,
17 diagnoses, and treats a wide range of conditions, diseases, disabilities, and
18 complexities that affect people as they age;

19
20 (e) *Geriatric palliative care* refers to a specialized medical care that focuses on
21 providing senior citizens relief from pain and other symptoms of a serious
22 illness, regardless of diagnosis or stage of disease provided alongside
23 curative and other forms of treatment. It is a field of inter-specialty
24 collaboration that responds to the socio-demographic changes and
25 challenges of senior citizens with severe and life-limiting conditions;

26
27 (f) *Geriatric specialty center* refers to a unit or department in a DOH hospital that
28 offers specialized care to senior citizens, addressing their particular
29 conditions and providing specific procedures and management of cases
30 requiring specialized training and equipment;

1 (g) *Geriatrician* refers to a medical doctor who has passed the necessary training
2 and specialty licensure examination for the practice of geriatric medicine;

3
4 (h) *Gerontology* refers to the study of the biological, psychological, spiritual,
5 social, economic, and demographic aspects of the aging process;

6
7 (i) *Multidisciplinary team* refers to a team composed of health professionals
8 headed by a geriatrician and comprised of surgeons, organ-system
9 specialists, nurses, clinical pharmacists, rehabilitation therapists,
10 nutritionists, dentists, social workers, caregivers, family members, and
11 patients;

12
13 (j) *People-centered service* refers to a holistic and humane approach to geriatric
14 care that adopts the perspectives of individuals, families, and communities,
15 and regards them as participants and beneficiaries of health systems and
16 services;

17
18 (k) *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;

19
20 (l) *Sub-acute care* refers to care for patients who no longer require
21 hospitalization, but still need skilled medical care through rehabilitative
22 medicine; and

23
24 (m) *Transitional care* refers to a form of health care in geriatric medicine
25 designed to ensure coordination and continuity of care for the safe and
26 effective management of both chronic and acute illness in senior citizens as
27 they are transferred to different locations or levels of care.

28
29 **SEC. 4. National Center for Geriatric Health and Research Institute.** – The Dr.
30 Eva Macaraeg-Macapagal National Center for Geriatric Health (DEMMNCGH) under
31 the Jose R. Reyes Memorial Medical Center is hereby converted as a national specialty

1 center to be known as the National Center for Geriatric Health and Research Institute
2 (NCGHRI), and shall be under the direct control and supervision of the DOH.

3
4 The conversion of the DEMMNCGH shall be fully realized within a period of
5 five (5) years from the effectivity of this Act: *Provided*, That the DOH shall ensure that
6 services shall not be disrupted during the transitory period.

7
8 **SEC. 5. *Scope of Services.*** – The NCGHRI shall provide the following services:

9
10 (a) Hospital-based services to ensure the availability of medical facilities and
11 equipment for senior citizens needing acute and sub-acute care, geriatric
12 palliative care, outpatient care, and transitional care services;

13
14 (b) Specialized clinical, public health, and operations research and training
15 programs with a multi-disciplinary or multi-center approach;

16
17 (c) Technical assistance and capacity building in the establishment of geriatric
18 specialty centers in accordance with Republic Act No. 11959, otherwise
19 known as the “Regional Specialty Centers Act”, and in geriatric health
20 services in all government primary health facilities and hospitals under the
21 management of local government units (LGUs); and

22
23 (d) Programs and services for the special needs of senior citizens with
24 disabilities.

25
26 **SEC. 6. *Powers and Functions.*** – To carry out the provisions of this Act, the
27 NCGHRI shall have the following powers and functions:

28
29 (a) Serve as an apex hospital or end-referral facility which shall specialize in
30 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;
- (h) Provide higher and up-to-date geriatric training for professionals, postgraduates, academics, and allied healthcare providers especially from the geriatric specialty centers;
- (i) Conduct cutting-edge research studies on diseases related to old age for the development of policies, protocols, standards, and solutions for specialized health care;

- (j) Publish research studies that shall serve as information resource for the medical and research community in coordination with concerned government offices and relevant professional organizations;
- (k) Conduct and participate in local and international gerontological research activities;
- (l) Conduct capacity and capability assessment of the services provided by the NCGHRI;
- (m) Provide consultancy service and technical assistance in the setting of standards for geriatric wards in every tertiary level hospital, nursing home, and residential center catering to the health needs of senior citizens, in consultation with the Philippine Council for Health Research and Development of the Department of Science and Technology, the Institute on Aging – National Institutes of Health (IA-NIH) under the University of the Philippines, and other relevant institutions as may be determined by the NCGHRI;
- (n) Provide fellowship training in geriatric medicine;
- (o) Develop and maintain a core information hub on geriatrics and gerontological studies in coordination with the concerned offices of the DOH and its attached agencies, the IA-NIH, and other relevant institutions as may be determined by the NCGHRI;
- (p) Identify and recommend to the DOH possible sites for the relocation of the NCGHRI; and
- (q) Study and recommend, in coordination with the Governance Commission for Government-Owned and -Controlled Corporations, the appropriate

1 steps for the formal establishment and incorporation of the NCGHRI in
2 accordance with Republic Act No. 10149, otherwise known as the "GOCC
3 Governance Act of 2011": *Provided*, That the NCGHRI shall remain under
4 the full control and supervision of the DOH, unless Congress shall provide
5 otherwise.

6
7 **SEC. 7. *Organizational Structure and Staffing Pattern.*** – The Secretary of the
8 DOH shall determine the organizational structure and staffing pattern of the NCGHRI
9 subject to the evaluation and approval of the Department of Budget and Management
10 (DBM) and in compliance with the civil service and other pertinent laws, rules and
11 regulations.

12
13 **SEC. 8. *Categorization of Patients.*** – The NCGHRI shall enforce a
14 categorization of paying and non-paying patients and shall ensure the allocation of
15 beds for indigent patients in accordance with existing laws and guidelines.

16
17 **SEC. 9. *Coordination with and Assistance from Other Government Agencies.***
18 – The NCGHRI shall coordinate with the National Commission of Senior Citizens
19 (NCSC) in the development of its programs and services. It may likewise call upon
20 any department, bureau, office, agency, or instrumentality of the government such as
21 the Philippine Charity Sweepstakes Office and the Philippine Amusement and
22 Gaming Corporation, for assistance in the pursuit of the purposes and objectives of
23 this Act.

24
25 The Department of Social Welfare and Development (DSWD) shall, in
26 coordination with the DOH and NCGHRI, provide technical assistance and capacity
27 building in the establishment and maintenance of nursing homes and residential care
28 facilities and senior citizens' wards in government hospitals pursuant to Republic Act
29 No. 9994, otherwise known as the "Expanded Senior Citizens Act of 2010".
30

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

11
12 **SEC. 10. *Use of Income.*** – All income generated from the operations of the
13 NCGHRI shall be deposited in an authorized government depository bank and shall
14 be used to augment the funds for its maintenance, other operating expenses, and
15 capital outlay requirements, subject to the guidelines set by the DOH and the DBM.

16
17 **SEC. 11. *Tax Exemptions.*** – All donations, endowments, contributions, grants,
18 and bequests used actually, directly, and exclusively for and in accordance with the
19 purposes and functions of the NCGHRI shall be exempt from donor's tax, and the
20 same shall be considered as allowable deductions from gross income for purposes of
21 computing the taxable income of the donors, in accordance with the provisions of the
22 National Internal Revenue Code of 1997, as amended.

23
24 The NCGHRI shall be exempt from income tax and customs duty levied by the
25 government and its political subdivisions, agencies, and instrumentalities subject to
26 the provisions of the National Internal Revenue Code of 1997, as amended, and
27 Republic Act No. 10863, otherwise known as the "Customs Modernization and Tariff
28 Act".

29
30 The NCGHRI shall avail of the tax expenditure subsidy administered by the
31 Fiscal Incentives Review Board, subject to the provisions of Title XIII (Tax Incentives)

1 of the National Internal Revenue Code of 1997, as amended, Executive Order No. 93,
2 as amended, and the General Appropriations Act (GAA).

3
4 **SEC. 12. *Annual Report.*** – The NCGHRI shall submit an annual report to the
5 President of the Philippines, the Senate Committee on Health and Demography, and
6 the House of Representatives Committee on Health, on its activities,
7 accomplishments, and recommendations.

8
9 **SEC. 13. *Transitory Provisions.*** – To ensure the smooth transition towards the
10 full implementation of this Act, the following provisions shall apply:

11
12 (a) The buildings and equipment, fixtures and furnishings, other assets and
13 liabilities of the DEMMNCGH may be absorbed by the NCGHRI;

14
15 (b) The current appropriations of the DEMMNCGH may be absorbed by the
16 NCGHRI subject to the rules and regulations of the Commission on Audit;

17
18 (c) The existing officials and employees of DEMMNCGH shall continue to
19 assume the duties of their positions until new appointments are issued.
20 They shall be placed in the new staffing pattern of the NCGHRI in
21 accordance with Republic Act No. 6656, entitled “An Act to Protect the
22 Security of Tenure of Civil Service Officers and Employees in the
23 Implementation of Government Reorganization” and the rules and
24 regulations governing reorganization. Officials and employees, including
25 casual and temporary employees, who may not be absorbed in the new
26 staffing pattern due to redundancy shall avail of the applicable retirement
27 benefits and separation incentives as provided under existing laws:
28 *Provided, That* officials and employees holding permanent appointment
29 shall also be given the option to be transferred to other units or offices
30 within the DOH without reduction in rank, status, pay, and benefits;

1 (d) Research grants acquired by the NCGHRI during the transition shall be
2 utilized solely for their intended purposes; and
3

4 (e) Existing contracts and agreements entered into with third parties prior to
5 the enactment of this Act shall remain valid.
6

7 **SEC. 14. *Implementing Rules and Regulations.*** – Within ninety (90) days from
8 the effectivity of this Act, the DOH shall, in consultation with the DSWD, CHED, and
9 the NCSC, and other concerned agencies, promulgate the rules and regulations
10 necessary to carry out the provisions of this Act.
11

12 **SEC. 15. *Appropriations.*** – The amount necessary for the implementation of
13 this Act shall be charged against the current year's appropriation of the DOH.
14 Thereafter, the funding of which shall be included in the annual GAA.
15

16 **SEC. 16. *Separability Clause.*** – If any part or provision of this Act is held
17 invalid or unconstitutional, the remaining parts or provisions not affected shall
18 remain in full force and effect.
19

20 **SEC. 17. *Repealing Clause.*** – All laws, decrees, orders, rules, and regulations,
21 and other issuances or parts thereof which are contrary to or inconsistent with this
22 Act, are hereby repealed, amended, or modified accordingly.
23

24 **SEC. 18. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
25 publication in the Official Gazette or in a newspaper of general circulation.
26

27 *Approved,*