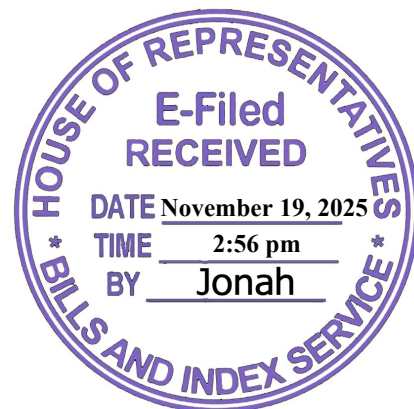




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6217



Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

EXPLANATORY NOTE

The Philippines is experiencing a significant and irreversible demographic shift toward an aging population. With over twelve million Filipinos now aged sixty (60) and above and projections indicating continued growth in the coming decades, the demand for specialized, continuous, and coordinated health services for older persons is rapidly increasing.

Senior citizens are more likely to suffer from multiple chronic illnesses, functional limitations, and age-related vulnerabilities that require a multidisciplinary approach to care. Yet, despite this growing need, geriatric services in the country remain limited, unevenly distributed, and insufficiently integrated across levels of care.

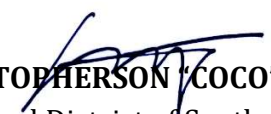
The Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health (DEMMNCGH), established to address the needs of senior citizens, has not evolved into the fully developed national institution originally envisioned. The country still lacks a centralized, comprehensive facility that can serve as the apex referral center, training hub, and research leader in geriatric medicine. Moreover, many public hospitals lack dedicated geriatric units or the capacity-building mechanisms necessary to deliver specialized geriatric services.

This bill seeks to convert the DEMMNCGH into the National Center for Geriatric Health and Research Institute (NCGHRI), a national specialty center under the Department of Health. As proposed, the NCGHRI will serve as the country’s primary institution for geriatric health services, offering hospital-based care, acute and sub-acute services, palliative and transitional care, and multidisciplinary outpatient management specifically tailored to senior citizens. It will also function as a national hub for advanced research, technical expertise, training programs, fellowship opportunities, and capacity building for geriatric medicine and related disciplines.

Further, the NCGHRI will be mandated to assist in the establishment and strengthening of geriatric specialty centers in DOH hospitals and local government facilities, in line with the Regional Specialty Centers Act. This ensures that specialized geriatric services become accessible across regions and not confined to urban centers alone. The measure also provides the necessary authority for the Institute to expand its bed capacity, establish a standardized referral system, collaborate with academic and research institutions, and coordinate with agencies such as the DSWD, CHED, NCSC, and LGUs to support a holistic model of care for older persons.

In reaffirming the State's obligation under the Constitution to protect and promote the right to health of all Filipinos, especially vulnerable and marginalized populations, this bill represents a critical step toward building an age-ready and equitable health system. By institutionalizing the NCGHRI and strengthening geriatric services nationwide, the measure ensures that senior citizens receive the dedicated, humane, and people-centered care they deserve.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.



CHRISTOPHERSON "COCO" M. YAP

Representative, Second District of Southern Leyte



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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **6217**

Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

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 the House of Representatives of the Philippines in Congress assembled:

Section 1. Short Title. – This Act shall be known as the “Geriatric Health Act.”

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

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

Section 3. Definition of Terms. – As used in this Act:

- (a) *Acute care* refers to a specialized program that addresses the needs of hospitalized senior citizens through a multidisciplinary team approach to prevent functional and cognitive decline;
- (b) *Apex or end-referral hospital* refers to a hospital that offers specialized services as determined by the Department of Health (DOH) which is contracted as a stand-alone facility by the Philippine Health Insurance Corporation;

- (c) *Geriatric health services* refer to the medical services or interventions provided by a multidisciplinary team to senior citizen patients;
- (d) *Geriatric medicine* or *Geriatrics* refers to the sub-specialty of internal and family medicine that promotes the health of senior citizens, and assesses, diagnoses and treats a wide range of conditions, diseases, disabilities, and complexities that affect people as they age;
- (e) *Geriatric palliative care* refers to a specialized medical care that focuses on providing senior citizens relief from pain and other symptoms of a serious illness, regardless of diagnosis or stage of disease provided alongside curative and other forms of treatment. It is a field of inter-specialty collaboration that responds to the socio-demographic changes and challenges of senior citizens with severe and life-limiting conditions;
- (f) *Geriatric specialty center* refers to a unit or department in a DOH hospital that offers specialized care to senior citizens, addressing their particular conditions and providing specific procedures and management of cases requiring specialized training and equipment;
- (g) *Geriatrician* refers to a medical doctor who has passed the necessary training and specialty licensure examination for the practice of Geriatric Medicine;
- (h) *Gerontology* refers to the study of the biological, psychological, spiritual, social, economic, and demographic aspects of the aging process;
- (i) *Multidisciplinary team* refers to a team composed of health professionals headed by a geriatrician and comprised of surgeons, organ-system specialists, nurses, clinical pharmacists, rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family members and patients;
- (j) *People-centered service* refers to a holistic and humane approach to geriatric care that adopts the perspectives of individuals, families, and communities, and regards them as participants and beneficiaries of health systems and services;
- (k) *Senior citizen* refers to an elderly Filipino who is at least sixty (60) years old;
- (l) *Sub-acute care* refers to care for patients who no longer require hospitalization, but still need skilled medical care through rehabilitative medicine; and
- (m) *Transitional care* refers to a form of health care in geriatric medicine designed to ensure coordination and continuity of care for the safe and effective management of both chronic and acute illness in senior citizens as they are transferred to different locations or levels of care.

Section 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.

Section 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.

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

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

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

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

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

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

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

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

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

The NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal Incentives Review

Board, subject to the provisions of Title XIII (Tax Incentives) of the National Internal Revenue Code of 1997, as amended, Executive Order No. 93, as amended, and the General Appropriations Act.

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

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

- (a) The buildings and equipment, fixtures and furnishings, other assets and liabilities of the DEMMNCGH may be absorbed by the NCGHRI;
- (b) The current appropriations of the DEMMNCGH may be absorbed by the NCGHRI subject to the rules and regulations of the Commission on Audit;
- (c) The existing officials and employees of DEMMNCGH shall continue to assume the duties of their positions until new appointments are issued. They shall be placed in the new staffing pattern of the NCGHRI in accordance with Republic Act No. 6656, entitled "An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization" and the rules and regulations governing reorganization. Officials and employees, including casual and temporary employees, who may not be absorbed in the new staffing pattern due to redundancy shall avail of the applicable retirement benefits and separation incentives as provided under existing laws: *Provided, That* officials and employees holding

permanent appointment shall also be given the option to be transferred to other units or offices within the DOH without reduction in rank, status, pay and benefits;

- (d) Research grants acquired by the NCGHRI during the transition shall be utilized solely for their intended purposes; and
- (e) Existing contracts and agreements entered into with third parties prior to the enactment of this Act shall remain valid.

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

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

Section 16. *Separability Clause.* – If, for any reason, any part or provision of this Act shall be declared as unconstitutional or invalid, the remaining parts or provisions not affected shall remain in full force and effect.

Section 17. *Repealing Clause.* – All laws, presidential decrees, executive orders and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

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

Approved,