

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**TWENTIETH CONGRESS**  
First Regular Session

**HOUSE BILL NO. 6620**



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**Introduced by Representatives Dante. S. Garcia and Kenneth Paolo Tereng**

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**EXPLANATORY NOTE**

The Philippines has an increasingly aging population, thereby increasing the demand for healthcare and support.

In 2025, it is expected that 10.25% of the Filipino population will be elderly. It was projected that Philippines will be ranked with other countries classified to have aging population or having at least 7% of the total population aged 65 years and up by 2032, and aged society or having at least 14% of total population aged 65 years and up by 2069 based on United Nation Department of Economic and Social Affairs (UNDESA), Population Division report in 2017.

The 2020 Philippine Statistics Authority (PSA) survey found that the number of 60-year-olds and above Filipinos was 11.31% of the total 109,035,343 population, which surpassed the 2025 expected 10.25% rate. This shows a rapid population growth of Filipino older people which can make the Philippines to be classified as either aging or aged society even before the projected years.

The growing number of older persons increases the demand for health care and related support. Older persons frequently have multiple health conditions, require multiple maintenance medications, and/or require more interactions with health care providers. Visual impairment was the most common disease among the older population, followed by hypertension and osteoarthritis. Additionally, Filipino older persons experience sensory impairments, including hearing loss, cataracts, vertigo, and sleep disorders, as well as mental health issues like melancholy, dementia, and anxiety disorders.

The health concerns of older Filipinos are coupled with economic woes. Most are unemployed or do not earn enough for their daily subsistence, so much so for their health needs. The Philippine Statistics Authority reported that as of 2024, more than half (59.0%) of the healthcare costs are still paid mainly by out-of-pocket money of Filipino older persons and their families, while 19.8% and 6.5% are paid by social insurance and the national health department, respectively. This, despite some socioeconomic assistance to older persons being provided by the Philippine Government, such as a monthly stipend through the social pension program, financial benefits from the Social Security System (SSS) and Government Service Insurance System (GSIS), and mandatory health insurance benefits through the Philippine Health Insurance Corporation (PhilHealth).

Against this backdrop, this bill proposes to convert the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health under the Jose R. Reyes Memorial Medical Center as a national specialty center to be known as the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health and Research Institute (DEMM-NCGHR). It aims to protect and promote the right to health of senior citizens by ensuring that holistic health services are available and accessible to them

The DEMM-NCGHRI shall be under the direct control and supervision of the DOH. It shall serve as an apex hospital or end-referral facility that shall specialize in geriatric health services, as follows:

- 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 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; and
- d. Programs and services for the special needs of senior citizens with disabilities;

The DEMM-NCGHRI shall provide higher and up-to-date geriatric training for professionals, postgraduates, academics, and allied healthcare providers, especially from the geriatric specialty centers. It shall conduct cutting-edge research studies on diseases related to old age for the development of policies, protocols, standards, and solutions for specialized health care.

Immediate passage of this vital legislation is earnestly sought in keeping with the policy of the State to promote, protect, and fulfill the rights and welfare of the elderly.



**REP. DANTE S. GARCIA**  
*2<sup>nd</sup> District, La Union*



**REP. KENNETH PAOLO TERENG**  
*KM Ngayon Na Partylist*

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**AN ACT**

**CONVERTING THE DR. EVA MACARAEG-MACAPAGAL NATIONAL CENTER FOR GERIATRIC HEALTH UNDER THE JOSE R. REYES MEMORIAL MEDICAL CENTER AS THE DR. EVA MACARAEG-MACAPAGAL 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:*

**SECTION 1. Short Title.** - This Act shall be known as the “Geriatric Health Act.”

**SEC. 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.

**SEC. 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 diagnoses and treats a wide range of conditions, diseases, and disabilities 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.

**SEC. 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 (JRRMMC) is hereby converted as a national specialty center to be known as the Dr. Eva Macaraeg-Macapagal National Center for Geriatric Health and Research Institute (DEMM-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.

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

- e. 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;

- f. Specialized clinical, public health, and operations research and training programs with a multidisciplinary or multi-center approach;
- g. Technical assistance and capacity building in the establishment of geriatric specialty centers in accordance with Republic Act No. 11959 entitled “An Act Establishing Specialty Centers in Department of Health Hospitals in Every Region and in Government-Owned or – Controlled Corporation Specialty Hospitals and Appropriating Funds Therefor,” and in senior citizen wards in accordance with Republic Act No. 9994, otherwise known as the “Expanded Senior Citizens Act”, and other geriatric health services in all government primary health facilities and hospitals, under the management of local government units (LGUs); and
- h. Programs and services for the special needs of senior citizens with disabilities.

**SEC. 6. Powers and Functions.** – To carry out the provisions of this Act, the DEMM-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 DEMM-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. Develop and provide an integrated and effective approach in the delivery of geriatric health services 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 care services;
- 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 research activities on gerontology;

- l. Conduct capacity and capability assessment of the services provided by the DEMM-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 of Aging – National Institutes of Health (IA-NIH) under the University of the Philippines, and other relevant institutions as may be determined by the DEMM-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 DEMM-NCGHRI;
- p. Identify and recommend to the DOH possible sites for the relocation of the DEMM-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 DEMM-NCGHRI in accordance with Republic Act No. 10149, otherwise known as the GOCC Governance Act of 2011: *Provided, That the DEMM-NCGHRI shall remain under the full control and supervision of the DOH, unless Congress shall provide otherwise.*

**SEC. 7. Organizational Structure and Staffing Pattern.** – The Secretary of the DOH shall determine the organizational structure and staffing pattern of the DEMM-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.

**SEC. 8. Categorization of Patients.** – The DEMM-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.

**SEC. 9. Coordination with and Assistance from Other Government Agencies.** – The DEMM-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 DEMM-NCGHRI shall coordinate with the Department of Social Welfare and Development (DSWD) in the provision of technical assistance and capacity building in the establishment and implementation of programs and social services for senior citizens in accordance with 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 DEMM-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. For this purpose, the CHED is given the authority to accommodate medical professionals in need of educational assistance for short term programs and training: *Provided*, That the recipient of the CHED scholarship shall render return service to a university or college upon completion of the short-term program or training: *Provided, further*, that CHED shall, in coordination with the DOH and the DEMM-NCGHRI, draft the necessary guidelines.

**SEC. 10. Use of Income.** – All income generated from the operations of the DEMM-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.

**SEC. 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 DEMM-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 DEMM-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 (FIRB), 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.

**SEC. 12. Annual Report.** – The DEMM-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.

**SEC. 13. Transitory Provisions.** –

- a. The buildings and equipment, fixtures and furnishings, other assets and liabilities of the DEMMNCGH shall be absorbed by the DEMM-NCGHRI;
- b. The current appropriations of the DEMMNCGH may be absorbed by the DEMM-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 DEMM-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 DEMM-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.

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

**SEC. 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.

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

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

**SEC. 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,*