



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila



TWENTIETH CONGRESS

First Regular Session

House Bill No. **7972**

Introduced by **REPRESENTATIVE GERALD CLOYD ALEXIS V. GALANG**

EXPLANATORY NOTE

Article XV, Section 4 of the 1987 Constitution provides that the family has the primary duty to care for its elderly members, the State may also do so through just programs of social security. Further, Article XIII, Section 11 also provided that the State shall adopt an integrated and comprehensive approach to health development, prioritizing the needs of the underprivileged, sick, elderly, and disabled.

Records show that the country is projected to transition to an aging population between 2025 to 2030¹. The increasing number of older people will have implications for their pensions and their overall health.

In 2019, more than half or 55% of our senior citizens have no pension, 23% receive a pension from the private sector, 6% receive a pension from the government, and 16% receive a social pension of only P500.² Furthermore, the Department of Health (DOH) reported geriatric wards' unavailability and a shortage of geriatricians.³

Most of our aging population have little to no financial means, making the highly specialized field of geriatric medical and long-term care even more out of reach. Thus, a need for accessible and quality health care for older people to respond to their health and medical conditions, risks, and vulnerabilities.

¹ Philippine Statistics Authority, provision of Care for Filipino Older Persons and Responding to the Needs of Aging Societies, February 2019

² Senate Committee Hearing on the National Commission of Senior Citizens Act, January 2019.

³ DOH - Health Facility Development Bureau. Research and Performance Management Division, October 2019.

This proposed measure seeks to institutionalize a comprehensive and integrated geriatric care system by creating the Philippine Geriatric Center (PGC) under the supervision of the Department of Health (DOH) which is envisioned to provide medical, diagnostic, rehabilitative, wellness, and long-term care services tailored for older persons.

To ensure access to services, the PGC will be integrated into the Universal Health Care system, with priority given to indigent and low-income senior citizens.

It is for these reasons that urgent passage of this measure is earnestly sought.


GERALD GALANG
2nd Legislative District, City of Valenzuela



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AN ACT
ESTABLISHING THE PHILIPPINE GERIATRIC CENTER, DEFINING ITS
PURPOSES AND OBJECTIVES, 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 “Philippine Geriatric Center Act”.

SEC. 2. Declaration of Policy. – It is the policy of the State to protect and promote the right to health of the Filipino people and to instill health consciousness among them.

To this end, the State shall adopt an integrated, inclusive, and comprehensive approach to health development in accordance with the Sustainable Development Goals (SDGs), particularly SDG 3, which seeks to ensure healthy lives and promote well-being for all at all ages.

It shall uphold equity and social justice by ensuring equitable and sustained access to quality, affordable, and age-appropriate health services by institutionalizing a comprehensive, integrated, coordinated, and sustainable geriatric care system, which will facilitate the establishment of a specialized teaching hospital and other geriatric health facilities for older persons and the aging population, particularly the poor, indigent, marginalized, or those living with chronic and complex health conditions.

SEC. 3. Philippine Geriatric Center. – There shall be established a tertiary specialty hospital for geriatric care under the direct control and supervision of the Department of Health (DOH), to be known as the Philippine Geriatric Center (PGC).

The PGC shall provide comprehensive health services for geriatric patients, including medical, diagnostic, rehabilitative, and wellness care designed for older persons and the aging population. It shall be fully equipped with state-of-the-art equipment and facilities,

complemented by adequately trained and competent human resources for health. It shall likewise promote healthy aging through the creation of age-friendly programs and facilities.

SEC. 4. Purposes and Objectives. – To carry out the provisions of this Act, the PGC shall:

(a) Provide and maintain an affordable, quality, timely, and people-centered hospital care for the prevention, diagnosis, rehabilitation, and treatment of diseases and illnesses of older persons and the aging population;

(b) Develop and implement a comprehensive, integrated, and coordinated geriatric care system to ensure the delivery of geriatric health, social welfare, protection, and support systems for older persons and the aging population in close coordination with the DOH, Department of Social Welfare and Development (DSWD), National Commission of Senior Citizens (NCSC), and other national government agencies, local government units (LGUs), and public-private stakeholders;

(c) Develop, implement, promote, and encourage scientific research on diseases and illnesses related to old age in order to translate research outcomes into policy and specialized healthcare solutions, and publish research studies to serve as a critical information resource for the medical and research community, in coordination with the DOH, the Philippine Council for Health Research and Development, and the Institute on Aging of the National Institutes of Health;

(d) Provide consultancy services and technical assistance to the DOH, other government agencies, and medical institutions and associations, in setting standards for the provision of geriatric care in hospitals, nursing homes, other healthcare and residential care facilities; and at home by healthcare professionals;

(e) Provide specialty training and technical assistance to geriatric care specialty centers, pursuant to Republic Act No. 11959 or the “Regional Specialty Centers Act”;

(f) Provide technical assistance and capacity building in the establishment and maintenance of senior citizens’ wards in government hospitals, pursuant to Republic Act No. 9994 or the “Expanded Senior Citizens Act of 2010”;

(g) Provide education and training on geriatric care for healthcare professionals, postgraduates, academics, allied healthcare providers, social workers, barangay health workers, and volunteer organizations, in the practice and scientific implementation of geriatric health services to older persons and the aging population; and

(h) Foster linkage and alignment with the private sector for public-private partnerships (PPP), in accordance with existing laws, rules, and regulations.

SEC. 5. Age-Friendly Philippine Geriatric Center Site and Facilities. – The PGC shall be designed, constructed, equipped, and operated as an age-friendly health facility that ensures the safety, accessibility, comfort, dignity, and independence of geriatric patients, with appropriate support for their families and carers.

The PGC shall comply with existing accessibility laws and national building standards and provide, at a minimum and as far as practicable:

- (a) barrier-free and universal design features;
- (b) senior-friendly patient rooms, wards, outpatient areas, and common spaces that reduce fall risks and support mobility, orientation, and infection prevention;
- (c) accessible spaces for family members and carers, including accommodation and lodging for relatives and caregivers of patients requiring long-term care;
- (d) facilities for long-term care, rehabilitation, memory care, palliative, and end-of-life services;
- (e) accessible diagnostic, pharmacy, and support service areas;
- (f) areas for health promotion, rehabilitation, mental health, social engagement, and recreational activities, including open spaces such as parks and walkways with trees and greenery; and
- (g) disaster-resilient and climate-responsive features addressing the needs of older persons.

The DOH shall ensure continuous compliance with this section, and undertake necessary upgrades, pursuant to internationally recognized principles on age-friendly and elder-sensitive health facilities.

SEC. 6. Organizational Structure and Staffing Pattern. – The Secretary of the DOH shall determine the organizational structure and staffing pattern of the PGC, subject to the evaluation and approval of the Department of Budget and Management (DBM) and in compliance with civil service laws, rules, and regulations.

The PGC shall be headed by a Medical Center Chief, who shall be a licensed physician with demonstrated experience and competence in geriatric care and hospital administration and management.

SEC. 7. Coordination with and Assistance from Other Government Agencies. – The PGC shall coordinate with the DOH, the Jose R. Reyes Memorial Medical Center – National Center for Geriatric Health (JRRMMC-NCGH), the Philippine Health Insurance Corporation (PhilHealth), and the NCSC, in the development, implementation, and continuous improvement of programs and services for older persons and the aging population.

The PGC, in coordination with the DOH, shall establish and maintain a National Geriatric Health Registry to collect, update, and manage data on the health status, care needs, and service utilization of older persons and the aging population. This registry shall inform policy formulation, health planning, and service delivery for geriatric care across the country.

In coordination with the DOH, PhilHealth, LGUs, and relevant health agencies and facilities, the PGC shall ensure the integration of comprehensive geriatric services within the Universal Health Care (UHC) framework. This shall include, but not be limited to, strengthening of the healthcare provider network and a functional referral system for geriatric care across all levels of care, from primary to tertiary facilities.

The PGC shall likewise ensure priority access to geriatric services for indigent and low-income geriatric patients, older persons and the aging population, consistent with Republic Act No. 11223 or the “Universal Health Care Act” .

The PGC, in close coordination with the DSWD and NCSC, shall develop and implement programs related to the social welfare and social protection programs for older persons and the aging population.

This provision shall further cover the inclusion, expansion, and enhancement of PhilHealth benefit packages for age-related conditions, long-term care, palliative, rehabilitative, and preventive health services that are responsive to the specific needs of older persons and the aging population.

For the effective implementation of this Act, the PGC, in pursuit of its objectives, may call upon any department, bureau, office, agency, or instrumentality of the government for technical, logistical, or other necessary assistance.

SEC. 8. Public-Private Partnerships. – The PGC, DOH, and Public-Private Partnership Center shall collaborate in pursuing PPPs for the establishment and development of geriatric care

and wellness facilities, including related infrastructure, programs, and services that promote healthy aging and the welfare of older persons and the aging population. The PGC may request the assistance of other national government agencies and LGUs in seeking PPPs to ensure adequate support systems, sustainable operations, and innovative approaches in geriatric care.

SEC. 9. Completion of the Philippine Geriatric Center. – The DOH, in coordination with the implementing agencies, shall ensure that the PGC is fully constructed, equipped, and operational within five (5) to seven (7) years from the effectivity of this Act.

SEC. 10. Congressional Oversight and Monitoring. – The Senate Committee on Health and Demography and the House of Representatives Committee on Health shall exercise joint congressional oversight over the implementation of this Act, particularly the planning, construction, equipping, and operationalization of the PGC, including the timely completion of its infrastructure and facilities.

For this purpose, the DOH, in coordination with other concerned agencies, shall submit to the said Committees semi-annual reports detailing the physical and financial status of the project, compliance with approved timelines and project milestones, procurement activities, and any delay, constraint, or deviation affecting implementation, together with corresponding corrective actions.

The Committees may conduct hearings, site inspections, and technical briefings, and require the submission of documents and records necessary to ensure transparency, accountability, and compliance with this Act.

In cases of unreasonable delay, cost overruns, or material non-compliance, the Committees may recommend remedial administrative actions, policy reforms, or legislative measures, without prejudice to the conduct of audit, investigation, or review by the Commission on Audit and other appropriate oversight bodies.

The joint congressional oversight under this section shall continue until the PGC is fully constructed, equipped, and operational.

SEC. 11. Appropriations. – The amount necessary for the implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such amount

as may be necessary to effectively carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 12. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the DOH shall, in consultation with the DBM, the NCSC, civil society organizations, non-government organizations, and other stakeholders, promulgate the rules and regulations for the effective implementation of this Act.

SEC. 13. Separability Clause. – If any provision or part of this Act is declared unconstitutional, the remaining provisions not affected thereby shall remain in full force and effect.

SEC. 14. Repealing Clause. – All other laws, decrees, executive orders, issuances, and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 15. Effectivity. – This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,