



HOUSE OF REPRESENTATIVES

H. No. 6739

BY REPRESENTATIVES GATO, AQUINO-MAGSAYSAY, ORDANES, CO-PILAR, ROMUALDEZ (F.M.), ROMUALDEZ (Y.M.), ROMUALDEZ (A.J.), ACIDRE, ABANTE, VARGAS, PLEYTO, FRESNEDI, NISAY, VELOSO, SALVAME, CRUZ (A.), REGENCIA, TULFO (R.W.), TULFO (J.), MONTES, YAP (ERIC), YAP (EDVIC), ARBISON (M. JR.), YAP (C.), YAMSUAN, ORETA, LARA, GARCIA (D.), TERENG, DY (F.), MARCOS, GONZALES (R.), ZAMORA (Y.M.), DIMACUHA, MASTURA, RIVERA, PUNO, SINGSON-MEEHAN, BULUT-BECTANG, CHUA-TAI, QUIMBO, MACAPAGAL-ARROYO, AMANTE, MARQUEZ, DE JESUS, ANGELES, LEGARDA, SAN FERNANDO, BELTRAN, NAZAL, CHUA, ROMAN, DIMAGUILA, SUANSING (M.A.), BARONDA, ACOSTA, SINGSON (R.V.), TAN (K.M.), SUANSING (B.V.), NAVA, LAGDAMEO (M.Y.M.), ONGCHUAN, ALVAREZ (J.), CORVERA, OUANO-DIZON, DIMAPORO (I.), PANCHO, MERCADO, LOPEZ, ROQUE, CENIZA, YAP (A.), DAZA, GATCHALIAN AND EMANO

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:

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

2

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

- 1 (m) *Transitional care* refers to a form of health care in geriatric medicine designed to ensure
2 coordination and continuity of care for the safe and effective management of both chronic
3 and acute illness in senior citizens as they are transferred to different locations or levels of
4 care.
5

6 **SEC. 4. National Center for Geriatric Health and Research Institute.** – The Dr. Eva Macaraeg-
7 Macapagal National Center for Geriatric Health (DEMMNCGH) under the Jose R. Reyes Memorial
8 Medical Center is hereby converted as a national specialty center to be known as the Dr. Eva
9 Macaraeg-Macapagal National Center for Geriatric Health and Research Institute (DEMM-
10 NCGHRI), and shall be under the direct control and supervision of the DOH.
11

12 The conversion of the DEMMNCGH shall be fully realized within a period of five (5) years from the
13 effectivity of this Act: *Provided*, That the DOH shall ensure that services shall not be disrupted during
14 the transitory period.
15

16 **SEC. 5. Scope of Services.** – The DEMM-NCGHRI shall provide the following services:
17

- 18 (a) Hospital-based services to ensure the availability of medical facilities and equipment for
19 senior citizens needing acute and sub-acute care, geriatric palliative care, outpatient care
20 and transitional care services;
21
22 (b) Specialized clinical, public health, and operations research and training programs with a
23 multidisciplinary or multi-center approach;
24
25 (c) Technical assistance and capacity building in the establishment of geriatric specialty
26 centers in accordance with Republic Act No. 11959, entitled “An Act Establishing Specialty
27 Centers in Department of Health Hospitals in Every Region and in Government-Owned or
28 –Controlled Corporation Specialty Hospitals and Appropriating Funds Therefor,” and in
29 senior citizen wards in accordance with Republic Act No. 9994, otherwise known as the
30 “Expanded Senior Citizens Act of 2010”, and other geriatric health services in all
31 government primary health facilities and hospitals, under the management of local
32 government units (LGUs); and
33
34 (d) Programs and services for the special needs of senior citizens with disabilities.
35

36 **SEC. 6. Powers and Functions.** – To carry out the provisions of this Act, the DEMM-NCGHRI
37 shall have the following powers and functions:
38

- 39 (a) Serve as an apex hospital or end-referral facility which shall specialize in geriatric health
40 services;
41
42 (b) Increase the bed capacity, service capabilities, healthcare facilities, and human resource
43 requirements of the DEMM-NCGHRI based on its hospital and human resource
44 development plan subject to the approval of the DOH;
45
46 (c) Provide and maintain people-centered service through an efficient health service delivery
47 system for senior citizens;
48
49 (d) Extend medical services to senior citizens in accordance with the National Health
50 Insurance Program pursuant to Republic Act No. 11223, otherwise known as the
51 “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

1 evaluation and approval of the Department of Budget and Management (DBM) and in compliance
2 with the civil service and other pertinent laws, rules and regulations.

3
4 **SEC. 8. *Categorization of Patients.*** – The DEMM-NCGHRI shall enforce a categorization of
5 paying and non-paying patients and shall ensure the allocation of beds for indigent patients in
6 accordance with existing laws and guidelines.

7
8 **SEC. 9. *Coordination with and Assistance from Other Government Agencies.*** – The DEMM-
9 NCGHRI shall coordinate with the National Commission of Senior Citizens (NCSC) in the
10 development of its programs and services. It may likewise call upon any department, bureau, office,
11 agency, or instrumentality of the government such as the Philippine Charity Sweepstakes Office and
12 the Philippine Amusement and Gaming Corporation, for assistance in the pursuit of the purposes
13 and objectives of this Act.

14
15 The DEMM-NCGHRI shall coordinate with the Department of Social Welfare and Development
16 (DSWD) in the provision of technical assistance and capacity building in the establishment and
17 implementation of programs and social services for senior citizens in accordance with Republic Act
18 No. 9994, otherwise known as the “Expanded Senior Citizens Act of 2010.”

19
20 The Commission on Higher Education (CHED) shall, in coordination with the DOH and DEMM-
21 NCGHRI, provide education programs and scholarships to pursue excellence and the highest level of
22 quality in the practice of the specialized field of geriatrics and other related fields, including
23 postgraduate training and short-term courses for medical doctors and other allied medical health
24 professions, in coordination with public or private training institutes such as the IA-NIH. For this
25 purpose, the CHED is given the authority to accommodate medical professionals in need of
26 educational assistance for short term programs and training: *Provided*, That the recipient of the CHED
27 scholarship shall render return service to a university or college upon completion of the short-term
28 program or training: *Provided, further*, That CHED shall, in coordination with the DOH and the
29 DEMM-NCGHRI, draft the necessary guidelines.

30
31 **SEC. 10. *Use of Income.*** – All income generated from the operations of the DEMM-NCGHRI shall
32 be deposited in an authorized government depository bank and shall be used to augment the funds
33 for its maintenance, other operating expenses, and capital outlay requirements, subject to the
34 guidelines set by the DOH and the DBM.

35
36 **SEC. 11. *Tax Exemptions.*** – All donations, endowments, contributions, grants and bequests used
37 actually, directly and exclusively for and in accordance with the purposes and functions of the
38 DEMM-NCGHRI shall be exempt from donor's tax, and the same shall be considered as allowable
39 deductions from gross income for purposes of computing the taxable income of the donors, in
40 accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

41
42 The DEMM-NCGHRI shall be exempt from income tax and customs duty levied by the government
43 and its political subdivisions, agencies and instrumentalities subject to the provisions of the National
44 Internal Revenue Code of 1997, as amended and Republic Act No. 10863, otherwise known as the
45 “Customs Modernization and Tariff Act (CMTA).”

46
47 The DEMM-NCGHRI shall avail of the tax expenditure subsidy administered by the Fiscal
48 Incentives Review Board, subject to the provisions of Title XIII (Tax Incentives) of the National
49 Internal Revenue Code of 1997, as amended, Executive Order No. 93, series of 1986, as amended,
50 and the General Appropriations Act.

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

5 **SEC. 13. *Transitory Provisions.*** –
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- 7 (a) The buildings and equipment, fixtures and furnishings, other assets and liabilities of the
8 DEMMNCGH shall be absorbed by the DEMM-NCGHRI;
9
- 10 (b) The current appropriations of the DEMMNCGH may be absorbed by the DEMM-NCGHRI
11 subject to the rules and regulations of the Commission on Audit;
12
- 13 (c) The existing officials and employees of DEMMNCGH shall continue to assume the duties
14 of their positions until new appointments are issued. They shall be placed in the new staffing
15 pattern of the DEMM-NCGHRI in accordance with Republic Act No. 6656, entitled “An
16 Act to Protect the Security of Tenure of Civil Service Officers and Employees in the
17 Implementation of Government Reorganization” and the rules and regulations governing
18 reorganization. Officials and employees, including casual and temporary employees, who
19 may not be absorbed in the new staffing pattern due to redundancy shall avail of the
20 applicable retirement benefits and separation incentives as provided under existing laws:
21 *Provided, That* officials and employees holding permanent appointment shall also be given
22 the option to be transferred to other units or offices within the DOH without reduction in
23 rank, status, pay and benefits;
24
- 25 (d) Research grants acquired by the DEMM-NCGHRI during the transition shall be utilized
26 solely for their intended purposes; and
27
- 28 (e) Existing contracts and agreements entered into with third parties prior to the enactment of
29 this Act shall remain valid.
30

31 **SEC. 14. *Implementing Rules and Regulations.*** – Within ninety (90) days from the effectivity of
32 this Act, the DOH shall, in consultation with the NCSC, DSWD, CHED, and other concerned
33 agencies, promulgate the implementing rules and regulations necessary to carry out the provisions
34 of this Act.
35

36 **SEC. 15. *Appropriations.*** – The amount necessary for the implementation of this Act shall be
37 charged against the current year’s appropriation of the DOH. Thereafter, the funding of which shall
38 be included in the annual General Appropriations Act.
39

40 **SEC. 16. *Separability Clause.*** – If any part or provision of this Act is held invalid or
41 unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.
42

43 **SEC. 17. *Repealing Clause.*** – All laws, decrees, orders, rules, and regulations, and other issuances
44 or parts thereof, which are contrary to or inconsistent with this Act are hereby repealed, amended,
45 or modified accordingly.
46

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

Approved,