



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

**Nineteenth Congress
First Regular Session**

HOUSE BILL NO. 7460

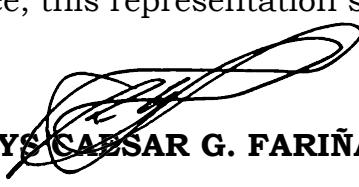
Introduced by Representative Rudys Caesar G. Fariñas I

EXPLANATORY NOTE

This bill seeks to protect and promote the right to health of senior citizens through the establishment of specialized hospitals and research institutes.

To this end, this measure, among other salient features, creates The National Center for Geriatric Health (NCGH) as a teaching, research, and training hospital specializing in senior care and serving as an apex hospital or end-referral facility for senior citizens in the country. It will be under the direct control and supervision of the DOH, its bed capacity, service capabilities, healthcare facilities, expansion, organizational structure, and human resource requirements on the hospital and human resource development plan to be prepared by the NCGHRI and approved by the DOH. In addition, the Philippine Council on Health Research and Development (PCHRD) and the Institute on Aging of the National Institutes of Health (IA-NIH) shall work together to develop and implement cutting-edge research studies on diseases related to old age, conduct and participate in international and local gerontological research activities, provide consultancy services and technical assistance in setting standards for geriatric wards, develop and maintain a core information hub on geriatrics and gerontological studies, extend medical benefits to senior citizens, provide an integrated and practical approach in the delivery of senior health services, conduct specialty training and technical assistance, finance, sponsor, hold or participate in congresses, conventions, conferences, seminars, workshops, and training programs, and establish a standardized referral system for psychosocial services.

Hence, this representation seeks the passage of this measure.


RUDYS CAESAR G. FARIÑAS I



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HOUSE BILL NO. 7460

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AN ACT

**ESTABLISHING THE NATIONAL CENTER FOR GERIATRIC HEALTH AND
RESEARCH INSTITUTE, DEFINING ITS POWERS AND FUNCTIONS,
CREATING REGIONAL GERIATRIC SPECIALTY CENTERS IN THE
DEPARTMENT OF HEALTH-RETAINED HOSPITALS, 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 **Sec. 2. Declaration of Policy.** – It is the policy of the State to protect and
3 promote the right to health of senior citizens all over the country by ensuring
4 that holistic health services are available and accessible to them through the
5 establishment of a specialized hospital and research institute as well as geriatric
6 specialty centers in the Department of Health (DOH) - retained hospitals in every
7 region.

8

9 **Sec. 3. Definition of Terms.** – As used in this Act:

10

11 a. *Acute care* refers to a specialized program that addresses the needs of
12 hospitalized older adults in a multidisciplinary team approach to
13 prevent functional and cognitive decline and to improve outcomes;

14

15 b. *Apex or end-referral hospital* refers to a hospital offering specialized services
16 as determined by DOH, which is contracted as a stand-alone
17 facility by the Philippine Health Insurance Corporation (PhilHealth);

- 1
- 2 c. *Geriatric health services* refer to the medical services or interventions
3 provided by a multidisciplinary team to older adult patients;
- 4 d. *Geriatric medicine or Geriatrics* refers to the sub-specialty of internal and
5 family medicine that diagnoses and treats a wide range of conditions
6 and diseases that affect people as they age and aims to promote health
7 and treat disabilities of older adults;
- 8 e. *Geriatric palliative care* refers to a specialized medical care that focuses
9 on providing elderly patients relief from pain and other symptoms of a
10 serious illness, regardless of diagnosis or stage of disease, and provided
11 alongside curative and other forms of treatment. It is a field of
12 inter-specialty collaboration to respond to the socio-demographic
13 changes and challenges of older adults with severe and life-limiting
14 conditions;
- 15 f. *Geriatric specialty center* refers to a unit or department in a DOH-
16 retained hospital that offers specialized care to the aging population,
17 particularly to frail older persons, addressing their particular conditions
18 and providing specific procedures and management of cases, requiring
19 specialized training and/or equipment;
- 20 g. *Geriatrician* refers to a medical doctor who has passed the necessary
21 training and specialty licensure examination for the practice of Geriatric
22 Medicine;
- 23 h. *Gerontology* refers to the study of the biological, psychological, spiritual,
24 social, economic, and the demographic aspects of the aging
25 process;
- 26 i. *Home-based healthcare and reablement program* refers to a community-
27 based service which primarily caters to the frail older persons who have
28 lost or are experiencing problems with mobility;
- 29 j. *Integrated delivery of geriatric health services* refers to hospital and
30 community-based medical and psycho-social services provided to senior
31 citizens by a multidisciplinary team;
- 32 k. *Multi-disciplinary team* refers to a team composed of health professionals
33 headed by a geriatrician and includes surgeons, organ-system
34 specialists, nurses, clinical pharmacists, rehabilitation therapists,
35 nutritionists, dentists, social workers, caregivers, family members and
36 patients themselves;
- 37 l. *People-centered service* refers to an approach to geriatric care that
38 consciously adopts the perspectives of individuals, families, and
39 communities, and sees them as participants as well as beneficiaries of

1 trusted health systems that respond to their needs and preferences in
2 holistic and humane ways;

4 m. *Senior citizen* refers to an elderly Filipino who is at least sixty (60)
5 years old;

7 n. *Sub-acute care* refers to care for patients who no longer require
8 hospitalization, but still need skilled medical care through rehabilitative
9 medicine. Sub-acute rehabilitation is recommended when a patient is
10 not functionally able to return home; and,

12 o. *Transitional care* refers to a form of health care in geriatric medicine
13 designed to ensure coordination and continuity of care as patients
14 transfer between different locations or different levels of care, and the
15 safe and effective management of both chronic and acute illness in older
16 adults.

18 **Sec. 4. National Center for Geriatric Health and Research Institute.** – The
19 National Center for Geriatric Health (NCGH) is hereby classified as a teaching,
20 research, and training hospital that shall specialize in geriatric care and serve as
21 an apex hospital or end-referral facility for senior citizens in the country.
22 The NCGH shall be renamed as the National Center for Geriatric Health and
23 Research Institute (NCGHRI) and shall be under the direct control and
24 supervision of the DOH.

26 The bed capacity, service capabilities, healthcare facilities, expansion,
27 organizational structure and human resource requirements of the NCGHRI shall be
28 based on the hospital and human resource development plan to be prepared by
29 the NCGHRI and approved by the DOH.

31 **Sec. 5. Powers and Functions.** – To carry out the provisions of this Act, the
32 NCGHRI shall have the following powers and functions:

34 a. Serve as an apex hospital or end-referral facility which shall specialize
35 in geriatric health services;

37 b. Formulate a hospital development plan which shall be regularly
38 updated to reflect the expansion and future development of the
39 NCGHRI;

41 c. Provide and maintain affordable, quality, and timely people-centered
42 hospital care through an efficient health service delivery system for
43 senior citizens;

45 d. Provide higher and up-to-date geriatric training for professionals,
46 postgraduates, academics and allied healthcare providers especially

1 from the geriatric specialty centers in the regions and LGUs, and other
2 government hospitals;

- 3 e. Develop and implement cutting edge research studies on diseases
4 related to old age with a view to translating research outcomes into
5 policy and specialized health care solutions, and publish research
6 studies that shall serve as a critical information resource for the
7 medical and research community, in coordination with the Philippine
8 Council on Health Research and Development (PCHRD) and the
9 Institute on Aging of the National Institutes of Health (IA-NIH);
10
- 11 f. Conduct and participate in international and local gerontological
12 research activities;
- 13 g. Provide consultancy service and technical assistance in the setting of
14 standards for geriatric wards in every tertiary level hospital, nursing
15 home and residential center catering to the health and functioning
16 needs of senior citizens, in coordination with the PCHRD and the IA-
17 NIH;
18
- 19 h. Develop and maintain a core information hub on geriatrics and
20 gerontological studies in coordination with the IA-NIH and concerned offices
21 in the DOH and its attached agencies, such as the Disease
22 Prevention and Control Bureau and the Knowledge Management and
23 Information Technology Service;
24
- 25 i. Extend medical services to senior citizens pursuant to the goals,
26 objectives, and rules of the National Health Insurance Program and in
27 accordance with Republic Act No. 11223, otherwise known as the
28 "Universal Health Care Act";
29
- 30 j. Provide an integrated and effective approach in the delivery of geriatric
31 health services in collaboration with other government agencies, local
32 government units (LGUs) and other stakeholders;
33
- 34 k. Conduct specialty training and technical assistance in collaboration
35 with concerned DOH offices and other relevant professional
36 organizations;
- 37 l. Finance, sponsor, hold or participate in congresses, conventions,
38 conferences, seminars, workshops, and training programs on geriatric
39 health services or related fields in the Philippines and abroad; and
40
- 41 m. Establish a standardized referral system for psychosocial services.
42

43 **Sec. 6. Scope of Services.** – The NCGHRI shall provide the following services:
44

- 1 a. Hospital-based services to ensure the availability of medical facilities
2 and equipment for senior citizens needing acute and sub-acute care,
3 geriatric palliative care, transitional and outpatient care services, and
4 such other necessary services;
- 5
- 6 b. Community-based services utilizing multidisciplinary team approaches
7 such as home-based healthcare and reablement programs, research and
8 external resource outsourcing for community-based integrated geriatric
9 health services and trainings necessary for the psycho-social functioning
10 of senior citizens and their families, in coordination with LGUs;
- 11
- 12 c. Technical assistance and capacity building in the establishment and
13 maintenance of nursing homes and residential care facilities and senior
14 citizens' wards in government hospitals pursuant to Republic Act No.
15 9994, otherwise known as the "Expanded Senior Citizens Act of 2010";
- 16
- 17 d. Technical assistance and capacity building in the establishment of geriatric
18 specialty centers and services to strengthen the network of geriatric
19 care service providers across the country and ensure the delivery of
20 quality health services for senior citizens;
- 21
- 22 e. Education programs and scholarships to pursue excellence and the
23 highest level of quality in the practice of the specialized field of geriatrics
24 and other related fields, including postgraduate training and short-term
25 courses for medical doctors and other allied medical health professions,
26 in coordination with the IA-NIH; and
- 27 f. Education programs in geriatrics and gerontology subjects in
28 undergraduate health and allied professions, including training of
29 students, as well as postgraduate medical education of physicians,
30 nurses, allied professionals, pharmacists, dentists, and social workers.
- 31

32 The Geriatric Specialty Fellowship Training Program of the NCGHRI shall
33 seek and maintain full accreditation status in the Philippine College of Geriatric
34 Medicine.

35

36 The NCGHRI shall ensure the accessibility of all its programs and services
37 and take into consideration the special needs of senior citizens with disabilities.

38

39 **Sec. 7. Organizational Structure and Staffing Pattern.** – The Secretary of the
40 DOH shall determine the organizational structure and staffing pattern of the
41 NCGHRI in accordance with the revised compensation and position
42 classification system subject to the evaluation and approval of the Department
43 of Budget and Management (DBM) and in compliance with the civil service laws,
44 rules and regulations.

1 **Sec. 8. Establishment of Geriatric Specialty Centers.** – Geriatric specialty
2 centers are hereby established in DOH regional hospitals, which shall serve as
3 apex or end-referral hospitals of the health care provider networks and training
4 and research facilities on geriatric specialty care services. Geriatric health
5 services shall be available in all government primary health facilities.

6

7 The level of geriatric services and corresponding facilities in specialty
8 centers and their respective health human resource requirements shall be
9 determined by the DOH, in coordination with NCGHRI and other stakeholders:
10 *Provided*, That the standards to be adopted thereon shall be consistent with the
11 Philippine Health Facility Development Plan and Section 6 of this Act.

12

13 **Sec. 9. Categorization of Patients.** – The DOH shall ensure that the NCGHRI
14 shall adopt and enforce a categorization of paying and non-paying patients. The
15 allocation of beds for non-paying patients shall be not less than seventy percent
16 (70%) of the total number of hospital beds.

17

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

23

24 **Sec. 11. Privilege.** – The NCGHRI may request and receive assistance from the
25 different agencies, bureaus, offices or instrumentalities of the government,
26 including the Philippine Charity Sweepstakes Office and Philippine Amusement
27 and Gaming Corporation, in pursuit of its purposes and objectives.

28

29 **Sec. 12. Tax Exemptions.** – All donations, endowments, contributions, grants
30 and bequests used actually, directly and exclusively for and in accordance with
31 the purposes and functions of the NCGHRI shall be exempt from donor's tax,
32 and the same shall be considered as allowable deductions from gross income
33 for purposes of computing the taxable income of the donor, in accordance with
34 the provisions of the National Internal Revenue Code of 1997, as amended.

35

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

41

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

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

3

4 **Sec. 13. Coordination with and Assistance from Other Government**
5 **Agencies.** – The NCGHRI shall collaborate with the National Commission of
6 Senior Citizens (NCSC) in the development of its programs and services. It may
7 likewise call upon any department, bureau, office, agency, or instrumentality of
8 the government for assistance, in the pursuit of the purposes and objectives of
9 this Act.

10

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

15

16 **Sec. 15. Annual Report.** – The NCGHRI shall submit an annual report to the
17 President of the Philippines, the Senate Committee on Health and Demography,
18 the House of Representatives Committee on Health, and the NCSC, on its
19 activities, accomplishments and recommendations to further improve the
20 delivery of geriatric health services.

21

22 **Sec. 16. Transitory Provisions.** – In accomplishing organizational changes and
23 improvements that have to be implemented, the following transitory provisions
24 shall be complied with:

- 25 a. The National Center for Geriatric Health (NCGH) currently under the
26 Jose R. Reyes Memorial Medical Center (JRRMMC) shall be absorbed by
27 NCGHRI including its existing personnel regardless of status, and all
28 buildings and equipment, fixtures and furnishings, other assets and
29 liabilities, and current appropriations;
- 30
- 31 b. The independence of the NCGHRI from the JRRMMC shall be fully
32 realized within a period of two (2) years. The DOH shall ensure that no
33 disruption of service will occur during this transitory period;
- 34
- 35 c. The existing officials and employees of NCGH shall continue to assume
36 the duties of their positions until new appointments are issued. They
37 shall be placed in the new staffing pattern of the NCGHRI in accordance
38 with R.A. No. 6656, entitled "An Act to Protect the Security of Tenure of
39 Civil Service Officers and Employees in the Implementation of
40 Government Reorganization" and the rules and regulations governing
41 reorganization. Officials and employees, including casual and temporary
42 employees, who shall not be absorbed in the new staffing pattern due to
43 redundancy shall avail of the applicable retirement benefits and
44 separation incentives as provided under existing laws: *Provided*, That
45 officials and employees holding permanent appointment shall also be

1 given the option to be transferred to other units or offices within the
2 DOH without reduction in rank, status, pay and benefits;

3

4 d. Research grants acquired by the NCGHRI during the transition shall be
5 utilized solely for their intended purposes and of the affected units or
6 offices; and

7

8 e. Existing contracts and agreements entered into with third parties prior
9 to the enactment of this Act shall remain valid.

10

11 **Sec. 17. Implementing Rules and Regulations.** – The Secretary of Health
12 shall, in consultation with the Secretary of Budget and Management, Secretary
13 of Social Welfare and Development, and the Chairperson of the NCSC,
14 promulgate rules and regulations for the effective implementation
15 of this Act within ninety (90) days after its effectivity.

16

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

19

20

21 **Sec. 19. Repealing Clause.** – All laws, decrees, orders, rules, and regulations,
22 and other issuances or parts thereof, which are contrary to or inconsistent
with this Act are hereby repealed, amended, or modified accordingly.

23

24

25 **Sec. 20. Effectivity.** – This Act shall take effect fifteen (15) days after its
publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,