

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



Seventeenth Congress  
Second Regular Session

**HOUSE BILL NO. 6448**

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**Introduced by Hon. Milagros Aquino-Magsaysay**

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### **EXPLANATORY NOTE**

The global pattern of disease at the end of life is changing as more people now are living with serious chronic circulatory and respiratory diseases as well as with cancer. It is estimated that one million people die each week and from those suffering from chronic diseases and cancers, only a minority of senior citizens (60 years old and older) receive palliative care and relief. According to the Department of Social Welfare and Development (DSWD), nearly a third (31.4%) of older people is living in poverty in the year 2000 and currently, this number is estimated to be around 1.3 million.

An ageing population increases the demand for health services. Older people suffer from both degenerative and communicable diseases due to the ageing of the body's immune system. The leading causes of morbidity are infectious, while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis, incontinence are common health-related problems experienced by the elderly. The Filipino elderly population of 7.5 million in 2017 is estimated to grow to more than 13 million in year 2020. From the projected growth rate, it is likely that an increasing number of vulnerable elderly will be afflicted with degenerative, communicable and life-threatening diseases that will require special long-term and palliative care.

Confronting the double burden of addressing communicable and degenerative diseases necessitates the transformation of the National Center for Geriatric Health (NCGH) which is presently under the Jose R. Reyes Memorial Medical Center (JRRMMC), to the Philippine Geriatric Center – Research and Training Institute (PGC-RTI). The current NCGH was placed under the Jose Reyes Memorial Medical Center through Department of Health (DOH) Department Order 2010-0085.

NCGH embodies the role of the DOH in the development of an integrated and comprehensive approach to health and social services as defined in *Section 11 of the 1987 Philippine Constitution*, particularly in relation to the underprivileged, sick and elderly. Furthermore, NCGH fulfills the expected roles in health relative to the *Implementing Rules and Regulations of RA 9994, "Expanded Senior Citizens Act of 2010."* Specific to the *IRR of RA 9994,*

NCGH being under DOH shall have the resources and capacity to provide the following Senior Citizens programs and services:

- a) Gerontological education, training and specialization for the government medical professional and government medical allied professional;
- b) Capability training at the community level to support the family career and organization catering for the elderly;
- c) Cutting edge research and program development that contribute in uplifting the social functioning of the older person, and;
- d) Promotion and initiation of international partnership and cooperation, including the establishment of foreigner retirement's homes in the country thereby building the competitive advantage of the Philippine medical and allied professionals and societies in global population ageing.

Providing the programs and services outlined in the IRR of RA 9994, addressing the increasing need for geriatric services, and creating a National Research, Training and Referral Center for Geriatric Care necessitates the current NCGH to have an independent budget from JRRMMC. The proposed PGC-RTI shall lead in the development of new researches, programs and implementation of an integrated geriatric delivery of services in every tertiary hospital and community-based health care to promote active and healthy ageing.

Hence, approval of this bill is earnestly sought.

  
**Milagros Aquino-Magsaysay**  
SENIOR CITIZENS Partylist

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**AN ACT ESTABLISHING THE PHILIPPINE GERIATRIC CENTER –  
RESEARCH AND TRAINING INSTITUTE, DEFINING ITS OBJECTIVES,  
POWERS AND FUNCTIONS, APPROPRIATING FUNDS THEREOF, AND  
FOR OTHER PURPOSES**

*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 “*Philippine Geriatric Center Act*”

**SECTION 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect and promote the right of senior citizens to enjoy the highest attainable standard of health. It shall ensure that quality health services are available and accessible to them through the establishment of a specialized hospital that will cater to their medical needs.

**SECTION 3. Definition of Terms.** – For the purposes of this Act, the following terms shall be defined as follows:

- a) Senior Citizen – refers to any Filipino citizen who is at least sixty (60) years old.

- b) Geriatrics – refers to the branch of medicine that deals with the biological and physical characteristics of aging, and the diagnosis and treatment of diseases and problems specific to senior citizens.
- c) Geriatric Health Services – refers to the medical services or intervention provided to senior citizens by a multi-specialty team usually headed by a Geriatrician.
- d) Geriatrician – refers to a medical doctor who is specially trained to evaluate and manage the unique healthcare needs and treatment preferences of older people; and has passed the necessary training and examination to specialize in the field geriatrics.
- e) Integrated Delivery of Geriatric Health Services – refers to hospital and community-based medical and psychological services provided to senior citizens by a multi-disciplinary team.
- f) Multi-Disciplinary Team – refers to a team composed of health professionals with varied expertise to provide holistic care, which includes a range of interventions to address medical and psychosocial problems of senior citizens. The team is headed by a Geriatrician and includes surgeons, organ-system specialists, nurses, clinical pharmacists, rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family members, and patients themselves.

**SECTION 4. Philippine Geriatric Center – Research and Training Institute (PGC-RTI).** The National Center for Geriatric Health (NCGH) located in San Miguel, Manila, is

hereby renamed to Philippine Geriatric Center – Research and Training Institute (PGC-RTI) and institutionalized as an independent Level 1, Fifty (50) bed-capacity budgetary hospital under the direct control and supervision of the Department of Health for the benefit of senior citizens and older persons. The Philippine Geriatric Center – Research and Training Institute (PGC-RTI) shall have a separate line item under the General Appropriations Act (GAA) of the DOH.

**SECTION 5. Purposes and Objectives** – The PGC-RTI shall have the following purposes and objectives:

- a. Equip, maintain, administer, and operate an integrated medical institution which shall specialize in geriatric health services;
- b. Promote medical and scientific research/database relative to the prevention, diagnosis, treatment, care, rehabilitation and relief of disease of older persons;
- c. Provide education and training of physicians, nurses, officers, social workers, barangay health workers, and other medical and technical personnel in the practice and scientific implementation of health services to older persons; and
- d. Coordinate the various efforts and activities of other government agencies and local government units for the purpose of achieving a more effective approach to the delivery of geriatric health.

**SECTION 6. Scope of Services** – Consistent with its purpose and objectives, the PGC-RTI shall provide the following services:

- a. Hospital-based services to ensure the availability of medical facilities and equipment necessary to provide long term and palliative services, with its wards divided into the following: dementia, long-term care, palliative care, respite care, and other units as may be deemed necessary;
- b. Community-based services and programs in partnership with local government units. Research and necessary training shall be conducted for the social functioning of senior citizens and their families, utilizing the multi-disciplinary team approaches; and external outsourcing of resources may be done as needed to implement community based integrated geriatric health services.
- c. Education programs to pursue excellence and the highest level of practice in the specialized field of geriatrics and other related fields; post-graduate training and short-term courses for medical doctors and allied medical professionals; and
- d. Program development and research to develop cutting edge research and programs to combat diseases of old age and to improve health care services for senior citizens.

**SECTION 7. Referral System.** - The PGC-RTI shall be the referral center for all Private and Government Facilities for specialized geriatric care.

**SECTION 8. Administration.** – The Department of Health through the Health Facilities Development Bureau (HFDB) shall assume oversight of the PGC-RTI, and promulgate the rules and regulations necessary for the effective implementation of this Act.

The DOH shall approve the organizational and staffing pattern of the PGC-RTI subject to the evaluation by the Civil Service Commission and of the Organizational Position Classification and Compensation Bureau of the Department of Budget and Management. The DOH may reorganize said structure, modify staffing pattern, and create or abolish divisions, sections or units in the PGC-RTI.

**SECTION 9. Appointment and Disciplining Authority of the Secretary of Health** – The DOH Secretary, shall have the authority to appoint, promote, transfer, remove, suspend, or otherwise discipline the officers of the PGC-RTI up to the level of Director, as well as to remove or dismiss all other officials and employees of PGC-RTI, subject to Civil Service laws, rules and regulations.

**SECTION 10. Appropriations.** – The budget allocation for PGC-RTI shall be in accordance with its scope of work and mandate as stated herein. The amount of Three Hundred Million (Php 300,000,000) is hereby appropriated for the initial operation and maintenance of the PGC-RTI. Thereafter, the PGC-RTI shall submit its annual budget proposal to the DOH Central Office duly approved by the Secretary of Health as well as by the Department of Budget and Management, which will form part of the budget of the DOH as reflected in the General Appropriations Act.

**SECTION 11. Program for Indigents.** – The DOH shall ensure that the PGC-RTI shall adopt and enforce an effective program for indigents. The number of beds allocated for the indigent patients shall not be less than forty percent (40%) of the total number of hospital beds.

**SECTION 12. Increase of Bed Capacity.** – The Medical Director may increase the bed capacity of PGC-RTI upon compliance with the guidelines of the Department of Health and Department of Budget and Management concerning bed capacity.

**SECTION 13. Income Retention.** – The PGC-RTI shall be authorized to retain its earnings from its operations for the improvement of its service delivery.

**SECTION 14. Tax Exemption and Other Privileges** – The provisions of any general or special law to the contrary notwithstanding, all donations, grants, contributions, gifts, endowments, received by the PGC-RTI pursuant hereto, shall be exempt from income, donor's, and all other kinds of taxes, and shall be further considered as allowable deductions from the gross income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

The PGC-RTI is hereby declared exempt from all income and all other internal revenue taxes, tariffs and customs duties and all other kinds of taxes, fees, charges and assessments levied by the government and its political subdivisions, agencies and instrumentalities.

The PGC-RTI may request and receive assistance from the different agencies, bureaus, offices or instrumentalities of the government, including the Philippine Charity



Sweepstakes Office and Philippine Amusement and Gaming Corporation in pursuit of its purposes and objectives.

**SECTION 15. Annual Report** - The PGC-RTI shall submit an annual report to the President of the Philippines, the Senate Committee on Health and Demography, and the House Committee on Health, on its activities, accomplishments and recommendations, to better improve the delivery of geriatric health services.

**SECTION 16. Implementing Rules and Regulations (IRR)** - Within ninety (90) days from the effectivity of this Act, the Secretary of Health, in coordination with the Secretary of Social Welfare and Development and the Secretary of Budget and Management, shall promulgate rules and regulations necessary for the effective implementation of this Act.

**SECTION 17. Transitory Provisions.** - In accomplishing the acts of organization herein prescribed, the following transitory provisions shall be complied with:

- a. The Medical Director of the PGC-RTI shall be a specialized geriatric practitioner and shall be appointed by the Secretary of Health.
- b. The existing personnel of the NCGH shall remain in their current positions until such time a revised and/or new organizational and staffing pattern is implemented.
- c. The Health Facilities Development Bureau of the Department of Health shall ensure that no disruption of service will occur during transition.

**SECTION 18. *Seperability Clause.*** – If any provision of this Act is held invalid or unconstitutional, the remainder of the Act or the provision not otherwise affected shall remain valid and subsisting.

**SECTION 19. *Repealing Clause.*** – Any law, presidential decree or issuance, executive order, letter of instruction, administrative rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

**SECTION 20. *Effectivity.*** – This Act shall take effect fifteen (15) days upon its publication in at least two (2) national newspapers of general circulation.

*Approved,*