EXPLANATORY NOTE

Elderly people have special healthcare needs that can make caring for them more complicated. A large number of adults age 65 and older have 3 or more medical problems, such as heart disease, diabetes, arthritis, or high blood pressure. In addition, it has long been recognized that older people are at greater risk of acquiring certain diseases because human immune defenses become weaker with age. Hence, older people need specialized care from healthcare professionals.

Recognizing the specific needs and vulnerabilities of the elderly, Section 11, Article XIII of the Philippine Constitution highlights the duty of the State to prioritize the health needs of the elderly, along with other underprivileged groups, sick persons, the disabled, women, and children.

International bodies have long affirmed the right of the elderly to the highest attainable standard of health. In 1982, the United Nations (UN) General Assembly endorsed the Vienna International Plan of Action on Aging, which highlighted health and nutrition as key areas of concern for aging individuals. Stressing that policies and programs which respond to the specific needs and constraints of the elderly need to be implemented, the document stated that “the promotion of health, the prevention of disease and the maintaining of functional capacities among elderly persons should be actively pursued.” In 2002, the UN endorsed the Political Declaration and Madrid International Plan of Action on Ageing, identifying the following priorities for action: (i) older persons and development; (ii) advancing health and well-being into old age; and (iii) ensuring that older people benefit from enabling and supportive environments. The World Health Organization (WHO), in its 2015 World Report on Ageing and Health, stressed that “a wide range of laws, policies and actions is required to help create the appropriate conditions to ensure that older people can enjoy the highest attainable standard of health.”

In light of the foregoing, this bill seeks to establish a National Center for Geriatric Health, a specialty hospital that will cater to the elderly population. The first of its kind in the country, it will ensure the availability and accessibility of quality health care services for the elderly. It will provide a full range of health care services including primary health care, wellness services, and behavioral health care for the elderly. It will be a fulfilment of the State’s commitment under international laws to
deliver, without discrimination of any kind, good quality health facilities, goods and services. It is a step forward towards the full realization of the fundamental right to health of the elderly.

Hence, approval of this bill is earnestly sought.

RON P. SALO
KABAYAN Partylist
AN ACT
ESTABLISHING THE NATIONAL CENTER FOR GERIATRIC HEALTH, DEFINING ITS OBJECTIVES, POWERS AND FUNCTIONS, APPROPRIATING FUNDS THEREFOR, 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 "An Act Establishing the National Center for Geriatric Health."

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right of the elderly 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.

SEC. 3. Definition of Terms. – For the purpose of this Act, the following terms shall be defined as follows:

a) Elderly, also sometimes referred to as 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 characteristic of aging, and the diagnosis and treatment of diseases and problems specific to elderly people.

c) Geriatric health services refer to the medical services or intervention provided to the elderly 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 psycho-social 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 psycho-social problems of the elderly. The team is headed by a Geriatrician and includes surgeons, organ-system specialists, nurses, clinical pharmacist, rehabilitation therapists, nutritionists, dentists, social workers, caregivers, family members, and patients themselves.

SEC. 4. National Center for Geriatric Health. – The National Center for Geriatric Health (NCGH), a government owned and controlled corporation, is hereby established as a specialty hospital for the primary benefit of the elderly or senior citizens. The NCGH shall be located in San Miguel, Manila, and in such other places that its Board may determine, and shall have a bed capacity of at least fifty (50).

SEC. 5. Purposes and Objectives. – The NCGH shall have the following purposes and objectives:

a) Provide quality health care services tailored to the needs of the elderly;

b) Equip, maintain, administer and operate an integrated medical institution which shall specialize in geriatric health services;

c) 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 services;

d) Promote and conduct medical and scientific researches relative to the prevention, diagnosis, treatment, care, rehabilitation and relief of diseases of the elderly;

e) Encourage and assist in the education and training of physicians, nurses, health officers, social workers and other medical and technical personnel in the practical and scientific implementation of health services to the elderly; and

f) Sponsor, hold or participate in congresses, conventions, seminars, conferences, workshops, and training programs on geriatric health services or related fields in the Philippines and abroad.

SEC. 6. Scope of Services. – Consistent with its purposes and objectives, the NCGH 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-terms 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 the elderly.

**SEC. 7. Board of Trustees.** – The NCGH shall have a Board of Trustees, hereinafter referred to as the Board, to be composed of the following:

a) Secretary of Health, as Chairperson;

b) Secretary of Social Welfare and Development, as Vice Chairperson;

c) The Executive Director of the NCGH;

d) Representative from the Federation of Senior Citizens Association of the Philippines;

e) President of the Philippine College of Geriatric Medicine;

f) Representative from the academe with expertise in the field of geriatrics and gerontology; and

g) Representative from non-government organizations which may be regional or national in scope, mainly providing services for senior citizens, duly registered with the Securities and Exchange Commission, Cooperative Development Authority, or any appropriate government regulatory body, and with programs accredited by the Department of Social Welfare and Development, as members.

The appointive members of the Board of Trustees shall be appointed by the President of the Philippines and shall serve for a term of three (3) years.

Members serving in *ex-officio* capacities shall not be entitled to compensation from the Board other than allowances for actual and necessary expenses incurred either for attendance in meetings or other official business of the Board. The appointive members shall be entitled to reasonable *per diem* allowances for their
attendance to meetings and other official business of the Board. The per diem allowances shall be adopted through a Resolution by the Board and shall comply with existing guidelines on the grant of allowances.

**SEC. 8. Powers and Functions.** – The Board shall have the following powers and functions in addition to their general powers of administration:

a) Provide leadership and policy direction to the officials of NCGH to ensure that its mandate is realized;

b) Formulate and adopt the by-laws, rules, and regulations, policies, guidelines and procedures consistent with law and the provisions of this Act to govern the administration and operations of the NCGH;

c) Formulate and develop programs for the enhancement of healthcare services for the elderly, including the training of NCGH personnel and resident doctors;

d) Enter into such agreements and arrangements with other medical institutions, domestic or foreign, as may be necessary in attaining the purposes and objectives of the NCGH;

e) Receive in trust legacies, gifts, and donations, including real or personal property of any kind, and administer the same for the benefit of the NCGH, in accordance with the directions and instructions of the donor, and in default thereof, in such manner as the Board of Trustees may, in its discretion, determine;

f) Receive and appropriate to the ends specified by law such sums as may be provided by law for the support of the NCGH; and

g) Perform such other acts as may be necessary for or incidental to the accomplishment of the objectives of the NCGH.

**SEC. 9. Organizational Structure and Staffing.** – The Board shall approve the organizational and staffing pattern of the NCGH 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 Board may reorganize said structure, modify staffing pattern, and create or abolish divisions, sections or units in the NCGH.

**SEC. 10. Appointment by, and Disciplining Authority of, the Board.** – The Board, either motu proprio or upon the recommendation of the Executive Director, shall have the authority to appoint, promote, transfer, remove, suspend, or otherwise discipline the officers of the NCGH up to the level of Director, as well as to remove or dismiss all other officials and employees of NCGH, subject to Civil Service laws, rules, and regulations.

**SEC. 11. Executive Director.** – The NCGH shall be headed by an Executive Director who shall be appointed by the President of the Philippines upon the
recommendation of the Secretary of Health. The Executive Director shall serve for a
term of five (5) years, may be reappointed once, and shall have a rank equivalent to
the Directors of the Department of Health administering the same bed capacity.

The Executive Director shall exercise the following powers and functions:

a) Execute policies, guidelines, and programs approved by the Board, and be
   responsible for the efficient discharge of management and operational
   functions of the NCGH;

b) Submit for the consideration and approval of the Board proposed
   measures, policies, guidelines, and programs as may be deemed
   necessary or proper for the effective implementation of the purposes and
   objectives of this Act;

c) Direct and supervise the management, operation, and administration of
   the NCGH, with the prerogative to delegate this power and any or some of
   his/her administrative responsibilities and duties to the other officers of the
   NCGH;

d) Execute, on behalf of the Board, all contracts and agreements which the
   latter may enter into; and execute, accomplish and/or deliver any
   document relative to such contracts and agreements;

e) Represent the NCGH in all dealings with other offices, agencies, and
   instrumentalities of the government, and all other persons or entities,
   whether domestic or foreign and whether government or private;

f) Appoint, promote, transfer, and suspend officials and employees of the
   NCGH below the level of Director; and

g) Exercise such other powers and perform such other duties as may be
   vested or reposed by the Board.

SEC. 12. Program for Indigents. – The Board shall ensure that the NCGH
shall adopt and enforce an effective program for indigents. The number of beds
allocated for the indigent patients shall not be less than forty per cent (40%) of the
total number of hospital beds.

SEC. 13. Increase of Bed Capacity. – The Board, pursuant to a valid
Resolution, may increase the bed capacity of NCGH upon compliance with
guidelines of the Department of Health concerning bed capacity.

SEC. 14. Income Retention. – The NCGH is authorized to retain its earnings
from its operations for the improvement of its service delivery.

SEC. 15. 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 NCGH 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 NCGH is hereby declared exempt from all income and all other internal revenue taxes, tariff 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 NCGH may request and receive assistance from the different agencies, bureaus, offices or instrumentalities of the government, including the Philippine Charity Sweepstakes Office and the Philippine Amusement and Gaming Corporation in pursuit of its purposes and objectives.

**SEC. 16. Annual Report.** – The NCGH 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.

**SEC. 17. Implementing Rules and Regulations (IRR).** – Within (90) days from the effectivity of this Act, the Secretary of Health, in coordination with the Secretary of Welfare and Development and the Secretary of Budget and Management, shall promulgate rules and regulations necessary for the effective implementation of this Act.

**SEC. 18. Appropriations.** – The amount of Five Hundred Fifty Million Pesos (PhP 500,000,000.00) is hereby appropriated for the initial operation and maintenance of the NCGH. Thereafter, such amount as may be necessary for the continued operation of the NCGH shall be included in the Annual General Appropriations Act.

**SEC. 19. Separability 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.

**SEC. 20. 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.

**SEC 21. Effectivity.** – This Act shall take effect fifteen (15) days upon its publication in at least two (2) national newspapers of general circulation.

Approved.