

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila
NINETEENTH CONGRESS
Regular Session
HOUSE BILL NO. 7305



INTRODUCED BY REPRESENTATIVE MILAGROS AQUINO – MAGSAYSAY

AN ACT CONVERTING THE NATIONAL CENTER FOR GERIATRIC HEALTH (NCGH) INTO A CORPORATE BODY CALLED THE “PHILIPPINE CENTER FOR GERIATRIC HEALTH”, A SPECIALTY HOSPITAL FOR GERIATRIC CARE, PROVIDING FOR RESOURCES FOR ITS CONTINUED OPERATION, AND MAXIMIZING ITS FUNCTIONALITY FOR FILIPINO SENIOR CITIZENS

EXPLANATORY NOTE

This bill seeks to convert the National Center for Geriatric Health (NCGH) into a corporate body called “Philippine Center for Geriatric Health” and institutionalize its purpose as a specialty hospital for geriatric care according to Department of Health (DOH) standards.

Designed to serve as the primary medical facility for senior citizens, NCGH never functioned as the state-of-the-art geriatric hospital it was envisioned to be due to lack of resources. While the building structure itself was built, furnished with the basic and necessary medical tools and equipment, the required staffing complement of doctors, nurses, and medical technicians, was never complied with. This was due to the fact that its budgetary allocation was dependent on its mother facility, the Jose Reyes Hospital, run by the Department of Health (DOH). For more than a decade, the NCGH was never provided a separate and independent budget for its own human resources requirement to enable it to function as a full-pledged geriatric hospital.

The Longitudinal Study on Ageing and Health conducted by Dr. Grace Cruz and Dr. Josefina Natividad of the University of the Philippines Population Institute (UPPI) confirmed that the country’s elderly population continues to increase with longer life expectancy and developments in medical science and technology. And foremost among Filipino senior citizens’ concerns is their health status and well-being, characterized by degenerative and chronic diseases due to ageing, as well as some physical impairments and disabilities. As such, the Philippine healthcare system must provide for their needs

through comprehensive and strategic interventions, including highly-specialized facilities with properly trained and skilled medical professionals.

In view of the foregoing, the passage of this bill is earnestly recommended.

A handwritten signature in black ink, appearing to read 'Milagros', with a stylized, sweeping flourish extending to the right.

MILAGROS AQUINO-MAGSAYSAY

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HOUSE BILL NO. 7305
Introduced by Representative Milagros Aquino-Magsaysay

AN ACT CONVERTING THE NATIONAL CENTER FOR GERIATRIC HEALTH (NCGH) AS A CORPORATE BODY CALLED THE “PHILIPPINE CENTER FOR GERIATRIC HEALTH, A SPECIALTY HOSPITAL FOR GERIATRIC CARE, PROVIDING FOR RESOURCES FOR ITS CONTINUED OPERATION, AND MAXIMIZING ITS FUNCTIONALITY FOR FILIPINO SENIOR CITIZENS

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress Assembled

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

SECTION 2. Declaration of Policy – It is hereby declared as the policy of the State to protect and promote the health and well-being of Filipino senior citizens by providing a comprehensive and holistic healthcare program, with accessible and affordable services, including state-of-the-art medical facilities for quality, specialized geriatric care.

This is in consonance with the 1987 Constitution’s Article XIII on Health mandating under Section 11 that “*The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be **priority for the needs of the underprivileged, sick, elderly, disabled, women, and children.** The State shall endeavor to provide free medical care to paupers.*” It is likewise declared under Section 12 that “The State shall establish and maintain an effective food and drug regulatory system and **undertake appropriate health, manpower development, and research, responsive to the country’s health needs and problems.**”

SECTION 3. Definition of Terms – The following terms, as used in this Act, shall mean:

- a) **Acute Care** refers to a specialized program that addresses the needs of hospitalized older adults in a multi-disciplinary team approach to prevent functional and cognitive decline and to improve outcomes;
- b) **Apex or end-referral hospital** refers to a hospital offering specialized services as determined by DOH, which is contracted as a stand-alone facility by the Philippine Health Insurance Corporation (PhilHealth);
- c) **Geriatric Health Services** refer to the medical services or interventions provided by a multi-disciplinary team to older adult patients;
- d) **Geriatrics or Geriatric Medicine** refers to the sub-specialty of internal and family medicine that diagnoses and treats a wide range of conditions and diseases that affect people as they age and aims to promote health and treat disabilities of older adults;
- e) **Geriatric Palliative Care** refers to specialized medical care that focuses on providing elderly patients relief from pain and other symptoms of a serious illness, regardless of diagnosis or stage of disease, and provided alongside curative and other forms of treatment. It is a field of inter-specialty collaboration to respond to the socio-demographic changes and challenges of older adults with severe and life-limiting conditions;
- f) **Geriatric Specialty Center** refers to a unit or department in a DOH-retained hospital that offers specialized care to the aging population, particularly to frail older persons, addressing their particular conditions and providing specific procedures and management of cases, requiring specialized training and/or 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 the demographic aspects of the aging process;
- i) **Home-Based Healthcare and Reablement Program** refers to a community-based service that primarily caters to the frail older persons who have lost or are experiencing problems with mobility;
- j) **Integrated Delivery of Geriatric Care Services** refers to hospital and community-based medical and psycho-social services provided to senior citizens by a multi-disciplinary team;
- k) **Multi-Disciplinary Team** refers to a team composed of health professionals 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;
- l) **People-Centered Service** refers to an approach to geriatric care that consciously adopts the perspectives of individuals, families, and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in holistic and humane ways;
- m) **Senior Citizen** refers to an elderly Filipino citizen who is at least sixty (60) years old;
- n) **Sub-Acute Care** refers to care for patients who no longer require hospitalization, but still need skilled medical care through rehabilitative medicine. Sub-acute rehabilitation recommended when a patient is not functionally able to return home, and

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

TITLE I

Creation and Establishment of the Philippine Center for Geriatric Health as a Corporate Body

SECTION 4. Creation – From the former National Center for Geriatric Health (NCGH), there is hereby created a body corporate and trust, for the primary benefit of the Filipino elderly population, under the name “**Philippine Center for Geriatric Health**”, herein referred to as the **Philippine Geriatric Center or PCGH**. The Geriatric Center shall have its principal office in Metro Manila, and may have such branch offices, extension hospitals, clinics or subsidiaries in other areas in the Philippines as it may deem proper and necessary.

SECTION 5. Purposes and Objectives. The purposes and objectives of the Philippine Geriatric Center are:

- a) To construct, establish, equip, operate and maintain an integrated medical facility for the senior citizens’ welfare, specifically a highly specialized institution providing geriatric care services;
- b) To provide and maintain affordable, quality and timely hospital care to elderly persons through efficient health service delivery system pursuant to the goals, objectives and rules of the National Health Insurance Program (NHIP);
- c) To promote, encourage and engage in scientific research on the management of geriatric diseases and the care and/or treatment of geriatric patients and related activities, including sponsorship and conduct of relevant congresses, conventions, seminars, and conferences;
- d) To stimulate and/or underwrite cutting-edge scientific researches on biological, demographic, social, economic eugenic, physiological aspects of geriatric illnesses and conditions and their control; and gather, compile, and publish the findings of such researches for public dissemination and translation into policy and healthcare solutions;
- e) To facilitate and encourage the dissemination and exchange of ideas and information on the prevention, treatment and control of geriatric diseases; to raise and develop public interest in ageing, general health and physical fitness, especially on the promotion of health and rehabilitation, and other relevant or related fields;

- f) To encourage and/or undertake the up-to-date training of physicians, nurses, medical technicians, health officers and social workers on the practical and scientific conduct and implementation of geriatric services;
- g) To assist universities, hospitals and research institutions in their studies of ageing-related chronic and degenerative diseases, to encourage advanced training on matters of, or affecting the elderly, and related fields and to support educational programs of value to active ageing and general health;
- h) To encourage the formation of other organizations on the national, provincial, city, municipal or barangay level and to coordinate their various efforts and activities for the purpose of achieving a more integrated and effective approach in the delivery of geriatric health services; and
- i) To extend geriatric services to the general public, to help manage, relieve or alleviate the afflictions and impairments of senior citizens or the elderly, specially the poor and less fortunate in life, without regard to gender, sexual orientation, ethnicity, religious or political belief.

SECTION 6. Corporate Powers – For the attainment and/or furtherance of the above purposes and objectives, the Philippine Center for Geriatric Health, as a body corporate, acting through its Board of Trustees, shall have all the powers pertaining to a juridical person, and is therefore authorized, among other things:

- a) To acquire and hold in any property of whatever nature or description, and to dispose of such property under any mode of encumbrance or conveyance;
- b) To contract and be contracted with, enter into such agreements and arrangements with other institutions or organizations, domestic or foreign, as may be necessary in attaining the purposes and objectives of the Geriatric Center;
- c) To mortgage, lease, sell, transfer, convey or otherwise dispose of its properties;
- d) To solicit and receive donations, gifts, legacies, endowments and funds in the form of contributions, whether in cash or in kind, of real or personal properties of all kinds, from both the public and private sectors;
- e) To open such accounts in banks and other financial institutions, and to disburse such funds or invest the same as the Board may direct to accomplish or advance the purposes or interest of the Philippine Geriatric Center;
- f) To invite foreign geriatric specialists and similar experts in the various medical fields to train the personnel or trainees or residents of the Philippine Geriatric Center;
- g) To send the personnel of the Philippine Geriatric Center to research institutes, medical institutes or universities for advance training or observation and to attend international or regional conventions, conferences, congresses, seminars as the

Board may deem necessary to accomplish the purposes and objectives of the Philippine Geriatric Center;

h) To adopt a set of by-laws, rules and regulations not inconsistent with law and the provisions hereof to govern the administration and operation of the affairs of the Philippine Geriatric Center; and

i) To do all such other acts and things as are or may be necessary or incidental for the accomplishment of the purposes and objectives of the Philippine Geriatric Center.

SECTION 7. Board of Trustees (BOT) – The Philippine Geriatric Center or PCGH shall be governed, and its activities and properties shall be directed, controlled and managed, by a Board of Trustees, hereinafter referred to as the Board, which shall be composed of a composed of seven (7) members, to be comprised of the following

- a) Secretary of the Department of the Health (DOH) as Chairperson and presiding officer;
- b) Secretary of the Department of Social Welfare and Development (DSWD);
- c) CEO/President of the Philippine Health Insurance Corporation (PhilHealth);
- d) Director of the UP Manila National Institutes of Health – Institute on Ageing (NIH-IA)
- e) President of the Philippine Society of Geriatrics and Gerontology (PSGG)
- f) President of the Federation of Senior Citizens Associations of the Philippines (FSCAP) National Council
- g) Executive Director of the Philippine Geriatric Center

The Executive Director of the Center shall be appointed by the Board of Trustees and shall serve as the Board's Vice-Chairperson. The Executive Director shall be the chief executive officer of the Philippine Geriatric Center, with authority, among others, to appoint, remove, and fix the compensation of the personnel thereof, subject to the approval of the Board of Trustees. The Executive Director must have recognized competence or proficiency in one or more of the following fields: medical care, hospital finance and administration, public healthcare government rules and regulations, law, public administration or business management.

The members of the Board of enumerated under (a), (b), (c), and (d) shall serve as ex-officio members and may designate their respective alternates who shall be officials next-in-rank and whose acts shall be considered duly authorized by their principals.

The six appointive members of the Board of Trustees shall serve without compensation for a period of three (3) years, until removed for cause, or until their successors shall have been appointed and qualified. Any vacancy in the Board shall be filled by appointment by the President of the Philippines, and the appointee shall serve for the unexpired term.

No person shall be appointed member of the Board of Trustees (BOT) unless a citizen and permanent resident of the Philippines, of good moral character, and has sufficient background and expertise on elderly healthcare and ageing concerns. Members of the Board should have at least five (5) years experience working on senior citizens welfare issues, preferably in the area of ageing and health.

To maintain the quality of management, the DOH in coordination with the DSWD, subject to the approval of the President, shall prescribe, pass upon and review the qualifications and disqualifications of individuals appointed as members of the Board of Trustees and shall disqualify those found unfit.

SECTION 8. Meetings and Quorum – The Board of Trustees shall hold meetings at least once a month. Special meetings may be convened at the call of the Chairperson or by the majority of the Board of Trustees.

Four (4) members of the Board of Trustees shall constitute a quorum to transact business and any decision of such four members on any matter duly presented to the Board of Trustees shall constitute a valid and binding act of the Philippine Geriatric Center.

Each member of the Board shall receive a per diem of at least ONE THOUSAND PESOS (P1,000.00) per meeting actually attended to cover travel expenses: Provided, That no member shall receive a per diem of more than FIVE THOUSAND PESOS (P5,000.00) per month.

The Board shall be governed by a set of By-Laws which shall include, the members' responsibilities, accountabilities and cause of termination. Observers from relevant agencies or institutions, such as the National Commission for Senior Citizens (NCSC) may be invited to join meetings as non-voting attendees. The members of the Board shall be composed of no more than a maximum of ten (10) members.

Section 9. Power and Functions of the Board. The Board shall have the following powers and functions:

- a) To formulate and adopt By-Laws, policies, guidelines and programs consistent with law to effectively implement and carry out the purposes and objectives of this law which is the administration and operation of the Philippine Geriatric Center;
- b) To control the management, operation and administration of the Geriatric Center;
- c) To formulate and promulgate such rules and regulations as may be necessary or proper for the effective exercise of power and functions as well as the discharge of the duties, responsibilities of the Philippine Geriatric Center, its officers and employees;
- d) To adopt the annual and supplemental budget of receipts and expenditures of the Center;
- e) To receive and appropriate to the ends specified by law such sums as may be provided by law for the support of the Geriatric Center;
- f) To prescribe, review and revise the amount of the fees, charges, and assessments levied and collected for the support and maintenance of the operations of the Geriatric Center;

g) To authorize such expenditures of the Geriatric Center as may be necessary or proper for the effective management, operation and administration of the Geriatric Center;

f) To formulate a hospital development plan which shall be regularly updated to reflect the expansion and future development of the Philippine Geriatric Center;

f) Upon the recommendation of the Executive Director Geriatric Center, to determine and organize the Geriatric Center's organizational and administrative structure or pattern, and to establish and fix, review, revise and adjust the appropriate compensation scheme of the officers and employees of the Center, with reasonable allowances, bonuses and other incentives in accordance with Civil Service laws and Department of Budget and Management rules;

g) To appoint, remove, suspend or otherwise discipline the officers occupying executive, senior management positions, and employees or staff upon the recommendation of and through the Executive Director of the Geriatric Center, subject to the Civil Service laws, rules and regulations;

h) To exercise all the general powers necessary or incidental to the attainment of the purposes and objectives of this law; and

i) To do any and all acts as may be necessary and proper for the accomplishment of the objectives of the Geriatric Center.

TITLE II

Organizational Structure and Staffing of the PCGH

SECTION 10. Organizational Structure and Staffing Pattern – The Board shall determine the organizational structure and staffing pattern of the Philippine Center for Geriatric Health (PCGH) in accordance with its current and projected scope of services, and DOH-regulated hospital standards, subject to the evaluation and approval of the Civil Service Commission (CSC) and Department of Budget and Management (DBM).

SECTION 11. Salaries, Benefits and other Compensation – The salaries, benefits and other compensation of officers and staff of the Geriatric Center shall be in accordance with existing compensation standards and position classifications of government employees; In addition, all efforts shall be exerted to make the present salary scheme fair and competitive.

SECTION 12. Security of Tenure and Civil Service Law Coverage – The provisions of Republic Act No. 6656, entitled ‘An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization’ and other existing pertinent laws shall apply to all officers and employees of the Geriatric Center, except to the members of the Board of Trustees.

SECTION 13. Appointment and Merit System - All officials and employees of the Geriatric Center shall be selected and appointed on the basis of merit and fitness in accordance with a comprehensive and progressive merit system established by the Geriatric Center upon its organization.

SECTION 14. Reorganization, Restructuring or Modification - The Board may reorganize, restructure, or modify the current staffing pattern of the PCGH to match and reflect the envisioned level of specialized geriatric care to be offered by the Geriatric Center.

SECTION 15. Medical and Administrative Personnel – The required number of medical staff and administrative support personnel shall be consistent with the actual operations and services offered by the Philippine Geriatric Center. Said manpower component shall likewise be in compliance with the DOH standards for specialty hospitals or tertiary level facilities. The medical staff may include doctors, nurses, dentists, therapists, nutritionists, medical technologists, optometrists, and other allied medical professions. Administrative staff may include finance personnel, clerical and logistical support, as well as janitorial and security services.

TITLE III

Operations and Development of PCGH

SECTION 16. Scope of Services – The Philippine Center for Geriatric Health (PCGH) shall provide the following services:

- a) Hospital-based services to ensure the availability of medical facilities and equipment for senior citizens needing acute and sub-acute care, long-terms, palliative care, transitional and outpatient care services, and such other necessary services;
- b) Community-based services utilizing multi-disciplinary team approaches such as home-based healthcare and reablement programs, research and external resource outsourcing for community-based integrated geriatric health services and trainings
- c) Education programs and scholarships to pursue excellence and the highest level of practice in the specialized field of geriatric medicine and other related fields, conduct post-graduate training and short-term courses for medical doctors and allied medical professions; the Geriatric Specialty Fellowship Training Program of the PCGH shall seek and maintain full accreditation status with the Philippine College of Geriatric Medicine;
- d) Education programs in geriatrics and gerontology subjects for undergraduate level training of medical students and allied medical courses such as nursing, dentistry, pharmacy, and social work;
- e) Program development and research to develop cutting-edge researches and programs to combat diseases of old age and promote active ageing, in coordination with the UP Manila National Institutes of Health-Institute on Ageing (NIH-IA) and Philippine Council on Health Research and Development (PCHRD); and
- f) Technical assistance and capability-building in the installation of senior citizens' wards in every government hospital, establishment of geriatric specialty centers and services

to strengthen the network of geriatric care service providers across the country, and ensure delivery of quality health services to senior citizens.

SECTION 17. Operations of the Geriatric Center – The Philippine Center for Geriatric Health (PCGH) shall remain under the direct control and supervision of the Department of Health (DOH) in terms of hospital services and medical standards, with the end-goal of making the PCGH a fully-functional and operational DOH-accredited tertiary level, specialty hospital for geriatric care.

The bed capacity, service capabilities, healthcare facilities, expansion, organizational structure and human resource requirements of the PCGH shall be based on the hospital and human resource development plan to be prepared by the PCGH through its Board and Executive Director, and approved by the DOH.

The current capability and operations of NCGH shall transition progressively from level 1 Basic Geriatric Services to Intermediate to Comprehensive to tertiary Specialty Level of Care.

Screening, detection, geriatric assessment and care management shall have progressed to comprehensive and multi-disciplinary approach within one (1) year, with the PCGH capable of transitional and palliative care within two (2) years.

Rehabilitation and management of disabilities shall have achieved full intermediate level services and facilities, including rehabilitation services, speech therapy, minor corrective surgeries and provision of assistive devices within one (1) year, and capability for major surgeries for falls, accidents, acts of violence, and complications within two (2) years.

Clinical services for chronic and degenerative diseases associated with ageing, co-morbidities like diabetes, which require laboratory services, radiology, dental, ophthalmology services, vision and hearing screening achievable within one (1) year, should have progressed to include comprehensive level dialysis services and osteoporosis clinic among others within two (2) years.

SECTION 18. Establishment of Geriatric Specialty Centers – As branch offices, extension hospitals or clinics, and subsidiaries of the Philippine Geriatric Center, geriatric specialty centers shall likewise be established in DOH regional hospitals, to serve as apex or end-referral hospitals. However, basic geriatric health services shall be made available at all government primary health facilities.

The level of geriatric services and corresponding facilities in specialty centers and their respective health human resource requirements shall be determined by the DOH, in coordination with the PCGH and other stakeholders: Provided, That the standards to be adopted thereon shall be consistent with the Philippine Health Facility Development Plan and Section 16 of this Act.

SECTION 19. Categorization of Patients and Indigents Program – The Board shall ensure that the PCGH adopt and enforce a program for indigent senior citizens. The PCGH shall adopt and implement a categorization of paying and non-paying patients. The allocation of

government-subsidized beds for non-paying patients shall be not less than forty (40) percent of the total number of the hospital beds.

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

SECTION 21. Hospital Trust Fund – All funds not coming from the General Appropriations Act (GAA) such as contributions, gifts, donations, legacies, endowments, or taxes and assessments from authorized sweepstakes lotteries, whether from domestic or foreign entities or individuals, shall be used and disbursed only upon the authorization of the Board of Trustees for the purpose of enhancing the health services for the elderly and improvement of facilities, which include the purchase of medicines, supplies, hospital beds and equipment. Provided that, disbursements shall be in accordance with existing accounting and auditing rules and regulations. Provided further, that the fund shall be exclusive for hospital utilization and shall not be used to cover personnel services expenditures.

SECTION 22. Transfer of NCGH Assets and Property to PCGH – All assets, records, equipment, personnel and liabilities of the NCGH are hereby transferred to and shall henceforth appertain to the PCGH as a government-owned and controlled corporation (GOCC).

SECTION 23. Properties of the PCGH. The Property of the Philippine Geriatric Center shall consist of such real, personal, mixed and other type of property, now owned or reserved for, or may hereafter be given, donated, acquired, transferred or conveyed to, the Philippine Geriatric Center by the Philippine Government, its branches and instrumentalities, by any foreign government, as well as by trust, foundations, corporations, or persons, alien or domestic, in order to carry out its purposes and objectives as set forth herein.

SECTION 24. Assistance from Government Offices. The Philippines Geriatric Center may call upon any Department, Bureaus, Office, agency or instrumentality of the government, including government-owned or controlled corporations, particularly the ***Philippine Charity Sweepstakes Office (PCSO) and Philippine Amusement and Gaming Corporation (PAGCOR)***, for such assistance it may need in the pursuit of its purposes and objectives.

SECTION 25. Government Subsidy and Contributions. The amount of Five (5) Hundred Million Pesos (P500,000,000) is hereby appropriated as contribution of the National Government for the initial operations and maintenance of the Philippine Center for Geriatric Health in the year **2024**. To be increased gradually by an additional One Hundred (100) Million Pesos a year, until the PCGH attains its ultimate goal of a fully-functional DOH-accredited tertiary level specialty hospital for geriatric care.

Thereafter, the amount necessary to ensure the continued operations and maintenance of the Philippine Center for Geriatric Health shall be duly provided for, appropriated and released from the National Budget, subject to the approval of the President of the Republic of the Philippines. The funds therefrom shall be administered by the Board of the Philippine Geriatric Center.

SECTION 26. Donations to the Center. The Geriatric Center is hereby authorized to solicit and receive donations, grants, contributions, gifts or endowments from all sources whether foreign or domestic, and whether government or private, without the need of securing a permit, approval or registration from any government agency.

Notwithstanding any provision of law to the contrary, all donations, contributions, endowments and equipment and supplies to be imported by authorized entities or persons and by the Board of Trustees of the Philippine Geriatric Center for the actual use and benefit of the Geriatric Center, shall be exempt from income and gift taxes, the same further deductible in full for the purpose of determining the maximum deductible amount under Section 30, paragraph (h), of the National Internal Revenue Code, as amended.

SECTION 27. Exemptions from Taxes, Duties, Fees & Privileges. Being a non-profit, non-stock corporation 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.

All income earned by foreign doctors who shall use the facilities of the Center shall be tax exempt.

SECTION 28. Effect of Dissolution – In the event that the PCGH is dissolved as a corporation for any reason, its remaining property at the time of the dissolution shall be placed under the DOH for disposition of the Philippines Government in accordance with the law.

SECTION 29. Legal Counsel - The Office of the Government Corporate Counsel shall be the Legal Counsel of the Philippine Geriatric Center. For the services of the staff of the Office of the Government Corporate Counsel, the Geriatric Center shall appropriate and pay such amount as may be assessed by the Government Corporate Counsel to defray the transportation and representation expenses of the Lawyers in the Office of the Government Corporate Counsel who may be assigned to handle the legal matters of the Center.

Section 30. Auditing - The books and accounts of the Philippine Geriatric Center shall be subject to periodic auditing by the Chairperson of the Commission on Audit (COA), or his/her duly authorized representative.

Section 31. Annual Report - The Philippine Center for Geriatric Health shall render to the President of the Philippines, the Senate Committee on Health and Demography, and the House Committee on Health, through its Board of Trustees, an annual report of its activities, accomplishments, and recommendations to further improve the delivery of geriatric services.

SECTION 32. Transitory Provisions – In accomplishing the organizational changes and improvements that have to be implemented, the following transitory provisions shall be complied with:

- a) The National Center for Geriatric Health (NCGH) currently under the Jose R. Reyes Memorial Medical Center (JRRMMC) shall be absorbed by the PCGH, including its existing personnel regardless of status, and all buildings and equipment, fixtures and furnishings, other assets and liabilities, and present appropriations;

- b) The independence of the PCGH from the JRRMMC shall be fully realized within a period of two (2) years. The DOH shall ensure that no disruption of service will occur during this transitory period;
- c) The existing officials and employees of NCGH shall continue to assume the duties of their positions until new appointments are issued. They shall be placed in the new staffing pattern of the PCGH in accordance with RA 6656, "An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization", and the rules and regulations governing reorganization. Officials and employees, including casual and temporary employees, who shall not be absorbed in the new staffing pattern due to redundancy shall avail of the applicable retirement benefits and separation incentives as provided under existing laws: Provided that, officials and employees holding permanent appointment shall also be given the option to be transferred to other units or offices within the DOH without reduction in rank, status, pay and benefits;
- d) Research grants acquired by the PCGH during the transition shall be utilized solely for their intended purposes and of the affected units or offices; and
- e) Existing contracts and agreements entered into with 3rd parties prior to the enactment of this Act shall remain valid.

SECTION 33. Implementing Rules and Regulations – The Secretary of Health, shall in consultation with the Secretaries of the Social Welfare and Development and Budget and Management, the Chairpersons of the Civil Service Commission and the National Commission for Senior Citizens (NCSC), and representatives from the PhilHealth, UP Manila NIH-IA, Philippine College of Geriatric Medicine, Philippine Society of Geriatrics and Gerontology, the Coalition of Services for the Elderly (COSE) and the Federation of Senior Citizens Associations of the Philippines (FSCAP), shall craft and promulgate relevant rules and regulations for effective implementation of this Act within ninety (90) days of its effectivity.

SECTION 34. Separability Clause – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions not affected thereby shall continue to be in full force and effect.

SECTION 35. Repealing Clause – All laws, decrees, executive orders, rules or regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 36. Effectivity – This Act shall take effect fifteen (15) days after publication in the Official Gazette or in newspaper of general circulation.

Approved



HON. MILGROS AQUINO-MAGSAYSAY

