

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City



**EIGHTEENTH CONGRESS**  
First Regular Session  
**HOUSE BILL NO. 0485**

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**INTRODUCED BY HONORABLE CHERYL P. DELOSO-MONTALLA**

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**EXPLANATORY NOTE**

The unprecedented increase in human longevity in 20<sup>th</sup> century has resulted in the phenomenon of population ageing all over the world. Countries with large population such as the Philippines have a large number of people now aged 60 years or more. The population over the age of 60 years has tripled in last 50 years and will relentlessly increase in near future. In 2001, the proportion of older people was 7.7% which will increase to 8.14% in 2011 and 8.94% in 2016.

Along with rising numbers, the expectancy of life at birth is also consistently increasing indicating that a large number of people are likely to live longer than before. The expectancy of life at birth during 1996-2001 was 62.3 years for males and 63.39 years for females. The projected data for the periods 2001-2006, 2006-2011 and 2011-2016 are 63.87 and 65.43; 65.65 and 67.22; and 67.04 and 68.8 years respectively for males and females.

Non-communicable diseases requiring large quantum of health and social care are extremely common in old age, irrespective of socio-economic status. Disabilities resulting from these non-communicable diseases are very frequent which affect functionality compromising the ability to pursue the activities of daily living. The treatment/ management of these chronic diseases is also costly, especially for cancer treatment, joint replacements, heart surgery and neurosurgical procedures, among others, thereby making it out of bounds for the elderly whose income decreases post-retirement and more so for the elderly in the unorganized sector and dependent elderly women.

The National Sample Surveys of 1986-87, 1995-1996, and 2004 have shown that:

- The burden of morbidity in old age is enormous.
- Non-communicable diseases (life style related and degenerative) are extremely common in older people irrespective of socio- economic status.
- Disabilities are very frequent which affect the functionality in old age compromising the ability to pursue the activities of daily living.

The survey provides a comprehensive status report on older persons. According to it, the prevalence and incidence of diseases as well as hospitalization rates are much higher in older people than the total population. It also reported that about 8% of older Filipinos were confined to their home or bed. The proportion of such immobile or home bound people rose with age to 27% after the age of 80 years. Women were more frequently affected than males in the both rural areas and cities. The survey estimated the state of self-perceived health status of older people. A good or fair condition of health was reported by 55-63% of people with a sickness and 77-78% of people without one. In contrast about 13-17% of survey population without any sickness reported ill health. It is possible that many older people take ill health in their stride as a part of "usual/normal ageing". This observation has a lot of significance as self-perceived health status is an important indicator of health service utilization and compliance to treatment interventions.

However, very little effort has been made to develop a model of health and social care in tune with the changing need and time. The developed countries of the world have evolved many models for elderly care, e.g. nursing home care, health insurance etc. As no such model for older people exists in the Philippines, as well as most other societies with similar socioeconomic situation, it may be an opportunity for innovation in health system development, though it is a major challenge. The requirements for health care of the elderly are also different for our country. The Philippines still has family as the primary care giver to the elderly.

Presently, the elderly is provided health care by the general health care delivery system in the country. At the primary care level, the infrastructure is grossly deficient. And otherwise the health system machinery is geared up to deal with the maternal and child health and communicable diseases. The elderly suffers from multiple and chronic diseases. They need long term and constant care. Their health problems also need specialist care from various disciplines e.g. ophthalmology, orthopedics, psychiatry, cardiovascular, dental, urology to name a few. Thus, a model of care providing comprehensive health services to the elderly at all levels of the health care delivery is imperative to meet the growing health needs of elderly. Moreover, the immobile and disabled elderly needs care close to their homes.

The Department of Health is entrusted with the following agenda to attend to the health care needs of the elderly:

- Establishing geriatric wards for elderly patients at all district level hospitals;
- Expansion of treatment facilities for chronic, terminal and degenerative diseases;
- Providing improved medical facilities to those not able to attend medical centers – strengthening of Community Health Centers (CHCs) / Primary Hospitals (PHs)/Mobile Clinics (MCs);
- Inclusion of geriatric care in the syllabus of medical courses including courses for nurses;
- Reservation of beds for elderly in public hospitals;
- Training of geriatric care givers; and
- Setting up of research institutes for chronic elderly diseases such as dementia & Alzheimer's disease.

The Philippines was among the first countries to ratify UN Convention on the Rights of Persons with Disabilities (UNCRPD) which have come into effect from May 3, 2008. Under Article 25 of UNCRPD, the health services needed by persons with disabilities should be provided as close to the people's own communities, including the rural areas. In addition, at present there is huge shortage of manpower in geriatrics in the country. Elderly health care is part of the general health care system. As the elderly suffer from multiple chronic and disabling diseases, it becomes difficult for them to run from pillar and post to get appropriate health care. Moreover, the general health care system is not adequately sensitized to the health needs of elderly. The undergraduate medical curriculum does not cover all aspects of geriatric care adequately. Post-graduate geriatric courses are grossly deficient in the country. Over and above, there are no posts to absorb the minuscule trained manpower, which is produced by only a few medical schools in the country. There is no incentive for the trained post-graduates and nearly half of the available lot has migrated to the countries where regular jobs are available for them.

Article XIII, Section 11 of the 1987 Constitution provides 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 an 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."

Dr. Grace Jardeleza-Fernandez, a specialist in Geriatric Medicine and one of the pioneers in the field here in the Philippines declared that as the elderly population is likely to increase in future, and there is a definite shift in the disease pattern i.e. from communicable to non-communicable, the State is duty-bound to address the needs of the elderly. It is high time that the health care system gears itself to the growing health needs of the elderly in an optimal and comprehensive manner. There is a definite need to emphasize the fact that disease and disability are not part of old age and help must be sought to address these health problems. The concept of "active and healthy ageing" needs to be promoted not only among the elderly but the younger age groups as well, which includes the promotional and preventive and rehabilitative aspects of health.

It is in this light that this bill is being filed and immediate passage of this bill is earnestly sought.



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**AN ACT**  
**ESTABLISHING THE REGIONAL PROGRAM FOR THE HEALTH CARE OF THE**  
**ELDERLY (RPHCE) UNDER THE REGIONAL INSTITUTE FOR GERIATRIC**  
**HEALTH AND TRAINING CENTER (RIGHT-C)**

*Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:*

**SECTION 1. Title.** - This Act shall be known as the "*The Geriatric Care Act of 2019*".

**SECTION 2. Declaration of Policy.** - The State values the dignity of every person and guarantees full respect for human rights. Towards this end, the Regional Program for the Health Care of the Elderly (RPHCE) is articulated in response to the international and national commitments of the national government as envisioned under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) and the Senior Citizens Act which deals with provisions for medical care of senior citizens.

**SECTION 3. Establishment of the Regional Program for the Health Care of the Elderly (RPHCE) and the Regional Institute for Geriatric Health and Training Center (RIGHT-C).** - There is hereby established the Regional Program for the Health Care of the Elderly (RPHCE) and the Regional Institute of Geriatric Health and Training Center (RIGHT-C). The RPHCE shall be exclusively implemented by the (RIGHT-C) under the auspices of the Department of Health (DOH) through the various Regional Medical Centers.

The RIGHT-C shall be "a hospital within a hospital" which shall exclusively cater to the medical and health needs of the elderly using a multidisciplinary approach.

For this purpose, "elderly" shall mean an individual who is 60 years old or above.

**SECTION 4. Vision and Objectives of the Program.** - The following shall be the vision and objectives of the program:

(1) Vision of the RPHCE are:

- (a) To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population;
- (b) To creating a new "architecture" for Ageing;
- (c) To build a framework to create an enabling environment for "a society for all ages";
- (d) To promote the concept of Active and Healthy Ageing;

(2) Objectives of RPHCE are:

- (a) To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach;
- (b) To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support;
- (c) To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly; and
- (d) To provide referral services to the elderly patients through district hospitals, regional medical institutions.

**SECTION 5. *Strategies of the Program.*** – The core strategies to achieve the objectives of the program shall be:

1. Community-based primary health care approach including domiciliary visits by trained health care workers.
2. Dedicated services at primary hospital (PH)/community health center (CHC) level including provision of machinery, equipment, training, additional human resources in the CHC, information, education and communication (IEC), etc.
3. Dedicated facilities at District Hospital with at least 10-bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
4. Strengthening of the various Regional Medical Centers to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
5. Information, Education & Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.
6. Continuous monitoring and independent evaluation of the Program and research in Geriatrics and implementation of RPHCE.

**SECTION 6. *Package of Service.*** - The program shall provide promotional, preventive, curative and rehabilitative services in an integrated manner for the elderly in the Regional Institute for Geriatric Health and Training Center (RIGHT-C). The range of services shall include but not limited to health promotion, preventive services, diagnosis and management of geriatric medical problems (out and in-patient), day care services, rehabilitative services and home-based care as needed.

District hospitals shall be linked to RIGHT-C for the provision of tertiary level care.

The services under the program shall integrated below the district hospital level (sub-center, primary hospital, community health centers) and shall be an integral part of the existing primary health care delivery system and vertical at the district and above as more specialized health care are needed for the elderly.

## **SECTION 7. Program Structure and Integration. –**

### *(1) Financial Management Group*

The Financial Management Group (FMG) of the program management support unit shall be responsible for financial management (maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements). Financial monitoring format for the program developed by the program division shall be communicated to the FMG for this purpose.

Fund from the national government shall be released to the regional medical center. The RIGHT-C shall maintain a separate bank account and fund from the regional medical center shall be transferred to the bank account of the RIGHT-C after requisite approvals at appropriate stages. This system will ensure both convergence as well as independence in achieving program goals through specific interventions.

### *(2) Management Structure:*

(a) RPHCE - The RPHCE, constituted for planning, monitoring and implementation of the National Program for Health Care of the Elderly (NPHCE), shall have the following functions:

- i. Preparation and dissemination of technical & operational guidelines on all aspects relating geriatrics and implementation of the NPHCE;
- ii. Plan for capacity building of health functionaries of the health care system at the primary, secondary and tertiary levels (including developing various training modules, etc.);
- iii. Development of IEC strategy, prototype IEC material and dissemination through mass media.
- iv. Coordination and liaison with all stakeholders.
- v. Monitoring and review of program activities at each level, review meetings and field observations.
- vi. Release of fund and monitoring of expenditure under NPHCE; and
- vii. Organization of external evaluation and coordinating Research in geriatrics and NPHCE.

### *(3) Responsibilities of the Regional Medical Center (RMC):*

The Regional Medical Center shall enter into an MOU (Annex I) with the Department of Health and the Department of Social Welfare and Development, committing the following:

- a. Appoint a focal officer for liaison with RMC as well as the RIGHT-C.
- b. Provide land/space for the geriatric ward & OPD
- c. Provide supportive faculty in specialties other than Internal Medicine
- d. Provide diagnostic support services like laboratory, radiologic and other investigational facilities.
- e. Supplement the expenditure on equipment, drugs and consumables

- f. Start post-graduate courses in Geriatric Medicine at 2 seats per year
- g. Set up rehabilitation unit at CHCs falling within their jurisdiction at the district level

**SECTION 8. *Set up of the Regional Program for the Health Care for the Elderly (RPHCE) Executive Council.*** - The RPHCE Executive Council constituted under RPHCE shall implement and monitor program. The RPHCE Executive Council shall be established in the RMC. The RPHCE Executive Council shall be responsible for the overall planning, implementation, monitoring and evaluation of the different activities and achievement of physical and financial targets planned under the program. The RPHCE Executive Council shall function under the guidance of Department of Health and shall be supported by the identified officers/officials from the DOH.

- A. Composition: RPHCE Executive Council shall be supported by following
  - 1. Program Officer/Executive Director
  - 2. Program Assistant
  - 3. Finance and Logistics Officer
  - 4. Department Heads of the various specialties in the RMC
  - 5. Data Entry Operators
- B. Role and responsibilities of the RPHCE Executive Council shall be as follows:
  - 1. Preparation of action plan for implementation of RPHCE;
  - 2. Organization of regional & district level trainings for capacity building;
  - 3. Liaison with RIGHT-C for tertiary care, training & research;
  - 4. Ensure appointment of staff sanctioned for various facilities;
  - 5. Maintenance of the regional and district level data on physical and financial progress of NPHCE;
  - 6. Monitoring of the program, review meetings, field observations; and
  - 7. Public awareness regarding health promotion, prevention and rehabilitation of the elderly and services made available under RPHCE.

**SECTION 9. *Activities under RPHCE at various levels.* -**

**(a) Sub Center**

The health workers posted in sub-centers shall be suitably trained to make domiciliary visits to the elderly persons in areas under their jurisdiction. The activities at the sub-center shall be as follows:

- 1. The health worker shall provide elderly persons or the family/community health care provider information on interventions such as: health education related to healthy ageing, environmental modifications, nutritional requirements, life styles and behavioral changes;

2. They shall give special attention to home bound/bedridden elderly person and provide training to the family health care provider in looking after the disabled elderly person.

3. They shall arrange suitable supportive devices from the primary hospitals and provide the same to the elderly disabled person to make him/her ambulatory; and

4. They shall establish linkage with other support groups and day care centers etc. operational in the area.

Annual check-up of all the elderly at village level need to be organized by PHC/ CHC and information updated in Standard Health Card for the Elderly to be developed by the National NCD cell. Role of ASHA at village level need to be worked out particularly for mobilize of the elderly to attend camps and home-based care for bed-ridden elderly

The following items shall be made available at the sub-center level, among others: walking sticks/canes, calipers, infrared lamp, shoulder wheel, pulley, walker (ordinary).

Combined training of all health personnel at the sub-center level shall be integrated with training under National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

*(b) Primary hospitals:*

The PH Medical Officer shall be in-charge of coordination, implementation and promoting health care of the elderly. The following activities will be undertaken at the PH:

1. Weekly geriatric clinic shall be arranged at PH level by trained medical officer;

2. Conduct of health assessment of the elderly persons based on simple clinical examination relating to vision, joints, hearing, chest, blood pressure and simple investigations including blood sugar determination, etc. A simple questionnaire shall be filled up during the first visit of each elderly and the record shall be updated and maintained;

3. Proper advice on chronic ailments like chronic obstructive pulmonary disease (COPD), arthritis, diabetes, hypertension, etc. including dietary regulations;

4. Public awareness during health and village sanitation day/camps;

5. Provision of medicine to the elderly for their medical ailments; and

6. Referral for further investigations and treatment to the community health centre or the district hospital as needed.

The following items shall be made available at the PH, among others: nebulizer, glucometer, shoulder wheel, walker, cervical traction (manual), exercise bicycle, lumber traction, gait training apparatus, infrared lamp etc.

The medicines for general treatment shall be provided from the stock available at PHs. The Medical Officer shall liaise with the various DOH program coordinators for the provision of diagnostics, equipment, consumables, medicines and services for Geriatric Clinic.

*(c) Community Health Centre*

The Basic activities and role of the CHC under RPHCE shall be:

1. First Referral Unit: CHC will be the first medical referral unit for patients from

PHCs and below.

2. Geriatric Clinic: CHC will arrange dedicated and specialized Geriatric Clinics for the elderly persons twice a week.

3. Rehabilitation Services: Physiotherapist/Rehabilitation worker will be provided at CHC for physiotherapy and medical rehabilitation. Domiciliary visits by the rehabilitation worker will be undertaken for bed-ridden elderly and counseling to family members for care such patients.

4. The following items shall be made available at the CHC: nebulizer, glucometer, ECG Machine, pulse oximeter, defibrillator, multi-channel monitor, shortwave diathermy, cervical traction (manual and intermittent), gait training equipment, walking stick, calipers, shoulder wheel, pulley, walker, etc.

*(d) District Hospital*

A geriatric unit shall be set up in district hospitals with following functions:

1. Geriatric clinic for providing regular dedicated out-patient department (OPD) services to the elderly for examination and management of their illness;

2. Geriatric Ward (10-bedded) for in-patient care to the elderly. Out of the 10 beds, 2 beds will be earmarked in a separate room for the provision of respite care to the bed ridden;

3. Facilities for laboratory investigations and provision of medicines for geriatric medical and health problems;

4. Existing specialties like General Medicine; Orthopaedics, Ophthalmology; ENT services etc. shall provide services needed by elderly patients;

5. Provide training to the medical officers and paramedical staff of CHC's and PHs;

6. Provide referral services to the elderly patients referred by the CHCs/PHs, etc;

7. Conduct camps for geriatric services in PHCs/CHCs and other sites; and

8. Referral services for severe cases to tertiary level hospitals/ RIGHT-Cs.

9. Referral for further investigations and treatment to District Hospitals/ Medical Colleges as per need.

10. Data Compilation: Compilation of data received from all the PHs in jurisdiction of CHCs on elderly and forwarding the same to the District Program Officer

In order to carry out the various functions at the District level, District Geriatric Units shall be set up using the following guidelines:

(1) Provision of land/space for the construction/renovation/extension of the existing building for the setting up of a 10-bedded geriatric ward along with a geriatric clinic for the OPD. The DOH and district hospital authorities shall have the flexibility to design the unit based on the availability of space, as long as outcomes are met and no additional budget is required;

(2) Ten-bedded Geriatric ward shall be established at each of the district hospital for providing dedicated health care to the geriatric patients. Out of these 10 beds, 2 beds shall be earmarked in a separate room for the provision of respite care to elderly bed ridden/home bound persons;

(3) Geriatric clinic for specialized OPD services: Efforts shall be made to minimize movement of the elderly in the hospital for examination by specialists and laboratory investigations;

(4) Keeping in view the scarcity of specialists in geriatric field, the existing specialists in various fields who are either trained in geriatrics or interested in the field shall be utilized for managing the geriatric clinic and geriatric wards;

(5) Investigations: It shall be the responsibility of the concerned district hospital to provide laboratory services, x -ray and other special investigations required for the elderly. A special collection center shall be provided in the OPD block;

(6) Referral Services: The institution shall be responsible to provide secondary health care to the cases referred from within the district; and

(7) Drugs and Consumables: Additional drugs and consumables shall be purchased out of provision under the Program. Any further expenses on this count shall be borne from hospital's own resources.

The following items shall be made available at the district hospital, among others: nebulizer, glucometer, ECG machine, defibrillator, multi-channel monitor, non-invasive ventilator, shortwave diathermy, ultrasound therapy, cervical traction (manual and intermittent), pelvic traction (intermittent), trans electric nerve stimulator (TENS), adjustable walker.

(e) *RIGHT-C*

The following shall be the key functions of the RIGHT-C:

- (1) Provide tertiary level services for complicated/serious geriatric cases referred from teaching hospitals, district hospitals and the like;
- (2) Offer post-graduate courses in geriatric medicine;
- (3) Provide training to the trainers of identified district hospitals and medical schools;
- (4) Develop evidence-based treatment protocols for geriatric diseases prevalent in the country;
- (5) Develop and update training modules, guidelines and IEC materials; and
- (6) Research on specific elderly diseases.

In order to carry out its various functions, RIGHT-C shall be set up as using the following guidelines:

(a) Land/Space provision: Provision of land/space for new construction/ renovation/ extension of the existing building for setting up of a 30-bedded geriatric ward along with a geriatric clinic and academic and research units etc.;

(b) The RMC shall be responsible to earmark a minimum of two beds dedicated to the elderly patients in the various specialties viz. Surgery, Orthopedics, Psychiatry, Urology, Ophthalmology, Neurology etc. These will be in addition to the creation of a separate 30 bed ward for Geriatric Medicine for which assistance is being provided in the RPHCE;

An indicative list of furniture, machinery and equipment required is given as follows:

Furniture: fowler's bed, side table and stool, IV stand, examination table, partition screen, wheel chair, patients trolley

Machinery and Equipment: shortwave diathermy, cervical traction (intermittent), pelvic traction (intermittent), trans electric nerve stimulator (TENS), adjustable walker, interferential therapy for pain, continuous passive motion units for shoulders and knees, modular monitor, aero – beds, non-invasive ventilator, invasive ventilator, defibrillators, emergency trolleys, portable x-ray unit, portable ultrasound, provision of video conferencing unit.

(c) Geriatric clinic with specialized services: It shall be the responsibility of the concerned RIGHT-C to organize specialized OPDs in all the specialties available with them for the benefit of the elderly. Staff for the newly created geriatric clinic shall be funded under RPHCE. All the other specialists shall be from existing human resources of the RMC. The RMC shall not wait for the commissioning of the building for provision of OPDs. They shall have to start OPDs immediately after the effectivity of this Act from within existing infrastructure.

(d) Deployment of Specialists: Keeping in view the scarcity of specialist in geriatric field, the existing specialist in various fields who are either trained in geriatric or interested in the field shall be utilized for managing geriatric OPD and geriatric wards until the necessary requisites under this Act are complied. The staff for the RIGHT-C supported under the RPHCE shall include but not limited to: medical professor with a sub-specialty in geriatric medicine, assistant professor, senior resident/ medical officers, nurses, physiotherapist, occupational therapist, medical social worker, laboratory technician, program assistant, hospital attendant, sanitary attendant, etc.

(e) Investigations: It shall be the responsibility of the concerned RMC to provide for laboratory services, x-ray and other special investigation services for elderly. A special collection center shall be provided in the OPD block;

(f) Drugs and Consumables: A provision per annum shall be made for Drugs and Consumables under the RPHCE;

(g) Referral Services: The institution shall be responsible to provide tertiary health care to referred cases from the medical colleges, district hospitals and the like;

(h) Training: Infrastructure and facilities, including audio-visual aids available in the institution shall be utilized for various training courses envisioned under RPHCE until the RIGHT-C shall have acquired the necessary infrastructure and facilities;

(i) Post-graduation courses in geriatric medicine: The institution shall be responsible for initiating process for creating 2 post graduate seats for doctors in geriatric medicine with affiliated medical schools;

(j) Research: The RIGHT-C shall undertake clinical, epidemiological and applied research in the field of gerontology and geriatrics from the available grants under the program. Multi-centric studies shall be encouraged for program related researches; and

(k) Guidelines developed by the DOH in collaboration with WHO for management of 30 bed geriatric ward shall be perused for operation of the RIGHT-C.

**SECTION 10. *Role of the DOH.*** – The DOH shall provide support to develop capacity for providing the full complement of preventive, curative and rehabilitative services for the elderly through various facilities strengthened under the NPHCE. The following activities shall be performed at the national level:

a. Community awareness: Public awareness through various channels of communication shall be organized by the DOH to sensitize public about the health care of the

elderly. Promotion of healthy life style and services shall be made available under the program. Mass media through radio, television, print and social media shall be used for public awareness using the most effective channels that can reach to the rural communities.

b. Planning, Monitoring & Supervision: The DOH shall undertake situational analysis and prepare a master plan that shall spell out physical targets, means of coordination, supervision and monitoring related to various components of National Program for the Health Care of the Elderly (NPHCE).

c. Training of Human Resources: Plan for training of personnel of various specialties under the program shall be prepared by the DOH describing training institutions, duration, broad curriculum etc. Training calendars shall be prepared for the training of various personnel. Prototype of training kits for each category of trainee shall be prepared by the DOH.

d. Financial Management: The DOH shall monitor the release of fund and expenditure incurred under various components of the program. RPHCE shall submit a monthly statement of expenditure in a prescribed format to the DOH.

**SECTION 11. *Monitoring, Evaluation and Research.*** – Standard format for recording and reporting shall be prescribed by the DOH. A management information system shall also be developed to computerize the information. Review meetings of program officers shall be organized on a quarterly basis to assess physical and financial progress and discuss constraints in

Independent evaluation of the various components of the program shall also be planned and organized by the DOH. Key gaps identified during implementation of the program and innovative interventions shall be addressed through planned operational research. Research studies shall be undertaken in coordination with the RIGHT-C.

**SECTION 21. *Implementing Rules and Regulations.*** - Immediately upon the approval of this Act, the DOH in coordination with the Department of Social Welfare and Development (DSWD), the Philippine Health Insurance Corporation (PHIC) and a representative from the elderly sector shall formulate such rules and regulations that will effectively implement the provisions of this Act.

**SECTION 22. *Appropriations.*** - The amount necessary for the implementation of this Act shall be charged annually against the budget of the DOH and the DSWD under the General Appropriations Act. Ten percent of the income of the national government from the excise tax from the sale of alcoholic beverages, sugar-based products and tobacco shall be used to augment the yearly budget of the program.

**SECTION 23. *Repealing Clause.*** - All laws, decrees, executive orders and issuances, resolutions, revenue regulations, ordinances or circulars inconsistent with the provisions of this Act are hereby repealed or modified accordingly or declared null and void and inoperative.

**SECTION 24. *Separability Clause.*** – If any section, provision or part of this Act shall be declared unconstitutional, the remaining portion thereof shall remain valid and in full force and effect.

**SECTION 24. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) newspapers of national circulation.

*Approved,*