

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 186



INTRODUCED BY REPRESENTATIVE MILAGROS AQUINO - MAGSAYSAY

AN ACT ESTABLISHING AND INSTITUTIONALIZING A
LONG-TERM CARE POLICY FOR SENIOR CITIZENS, CONSOLIDATING
ALL EXISTING ELDERLY PROGRAMS AND SERVICES, AND
PROVIDING FUNDS THEREFORE

EXPLANATORY NOTE

This bill seeks to establish and institutionalize a Long-Term Care Policy for senior citizens, consolidating all relevant and existing elderly programs and services, and providing for resources to support and sustain said programs.

The rapidly increasing absolute number of Filipino senior citizens is attributed to its declining mortality rate and increasing life expectancy. The number of Filipinos that are turning 60 years old and above, is one of the largest in the Asia Pacific Region Population Reference Bureau, although we are not yet considered an "ageing" society considering our matching high fertility rate.

The Asian Development Bank's (ADB) report showed that in Asia, people over 65 comprise only about 5.5% of the total population of developing Asia. This percentage is expected to rise gradually to 7.2% by 2015 as fertility rates fall and life expectancy increases." At present, older people in Asia reside primarily in rural areas, but with urbanization trends the percentage of older people living in rural areas is expected to decrease. Moreover, the decrease in the percentage of older persons living in extended families will leave more elderly living alone, thus, forcing them to look for assistance for housing and living standards from governments and NGOs.

While it is generally acknowledged that an ageing population is a positive outcome of combined social, economic and health advances, the resulting physiological, social and financial changes that older persons' experience, they may require assistance from time to time to regain a sense of well-being. Events like demise of a spouse, retirement from work and onset of related illnesses may put older persons through brief periods of distress. External support or help maybe

needed by some to bring relief and expedite adjustment. Alongside the rapid growth of the older population are the increasing cases of abandonment and homelessness, as well as rise in their special needs such as health care, housing, income security and other social services.

It has likewise been noted that ageing is a great equalizer, and rich or poor, older persons or senior citizens suffer the same consequences of declining health, physical impairment, and diminished financial capacity. The 2007 Philippine Longitudinal Study on Ageing (PLSOA) conducted by the University of the Philippines Population Institute (UPPI) provided some revealing insights into the country's elderly population, highlighting two (2) important aspects of ageing – health and economic status, which are both deemed to decline as the years progress. This is evident in the increased incidence of chronic and degenerative diseases, and retirement from employment which drastically affects the financial capacity of many seniors. Even with retirement or pension benefits (which prove to be meager compared to expenses), the lack of a regular source of income results in great economic instability. Some basic needs like housing, food, and clothing remain, while there is rapidly increasing health-related expenditure. With cash flow fixed, or even greatly reduced, senior citizens may experience an increase in medical expenses such as the requirement for maintenance medicines, regular laboratory tests or check-ups, and even frequent hospitalization or medical treatment such as dialysis.

The Social Protection framework to which the Philippines subscribes requires the development of policies and programs which shall reduce poverty and vulnerability to risks, and enhance the social status and rights of marginalized sectors like the senior citizens, including protecting against the sudden loss of income and improving capacity to manage risks. The National Coordinating and Statistical Board Poverty Statistics for the Basic Sector (2006) registered that the highest poverty incidence of senior citizens is 46.05% in Autonomous Region for Muslim Mindanao, Region IX and Cordillera Autonomous Region. The senior citizens sector ranked seventh among the basic sectors which has the highest poverty incidence and magnitude of poor.

Thus, an integrated and a more comprehensive long-term national approach to ensure the protection of the rights and welfare of older persons and provide them with adequate health, rehabilitative and socio-economic services must be formulated. More responsive interventions are necessary to directly address the needs of the poorest and to prevent members of vulnerable groups like the elderly from falling into poverty following community-wide or household specific shocks. The government has recognized the need for urgent action on challenges related to ageing, specifically those addressing the developmental and long-term care needs of the senior citizens and ensuring productive and active ageing.

The Department of Social Welfare and Development (DSWD), as the lead agency in promoting the welfare of the senior citizens developed a comprehensive Long-Term Care Program for Senior Citizen (LTCSC). The DSWD LTCSC was supposed to serve as the “blueprint” of the government to ensure the development of a milieu that would meet the present and future needs of the growing number of senior citizens in terms of human development and service delivery. It is an Integration of devolved and new services in one document (DSWD LTCSC) aimed at ensuring efficient and effective implementation of the program and national uniformity of activities towards the promotion of active ageing. However, this document is only a general guideline for the direct

implementers' working for the Provincial, City and Municipal Social Welfare and Development Offices (P/C/MSWDO) as well as for social workers and development workers working in social welfare development agency, non-governmental organizations (NGOs) and people's organization (POs) in implementing community-based and residential-based services for the senior citizens. The DSWD LTCSC has never been institutionalized as a national policy contained in an enacted law entitled to an annual budgetary allocation, hence the necessity for this legislative measure.

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



HON. MILAGROS AQUINO-MAGSAYSAY

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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 “MATATANDA ATING MAHALIN Act of 2025”.

SECTION 2. Declaration of Policy – It shall be the declared policy of the State to protect and promote the health and well-being of Filipino senior citizens, and ensure a decent and dignified standard of living and quality of life by providing a comprehensive and holistic healthcare and welfare system, with accessible programs and affordable services.

The 1987 Constitution, Article II, Section IX, mandates: “*The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.*” In addition, Article II, Section X declares: “*The State shall promote social justice in all phases of national development.*” Moreover, Article XIII, Section XI commits: “*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.*” More importantly, Article Section IV provides: “*The family has the duty to care for its elderly members, but the State may also do so through just programs of social security.*”

Consistent with the above-mentioned Constitutional mandates, the foregoing policies and principles shall form part of the declared policies of this Act:

- a) To extend support to our senior citizens by providing monetary resources of the government to aid them towards a sustainable and decent living;
- b) To strengthen our shared duty in the promotion of basic Filipino values of caring for elderly people;
- c) To further cultivate filial piety as a basic component of kinship and camaraderie between and amongst our people; and
- d) To ensure access to and availability of government programs and services for senior citizens

SECTION 3. Purpose and Objectives - In consonance with the foregoing policies, this Act institutionalizing a Long-Term Care Policy for Filipino senior citizens aims to:

- a) Promote the protection of the rights, dignity and independence of senior citizens by establishing enabling environments and supportive care for senior citizens;
- b) Formulate programs and systems that will ensure propriety and uniformity in its implementation, through a comprehensive and inclusive approach to senior citizens care and development;
- c) Configure existing processes and procedures that will help provide orderly conduct of activities between and among senior citizens and their availment of benefits and privileges;
- d) Establish norms and customs that will contribute to the development of a just and humane society that recognizes and gives value to the contributions and sacrifices of our senior citizens in and for our communities; and
- e) Maximize the availment of and actual enjoyment by senior citizens of government programs and services intended to support and assist them.

SECTION 4. Definition of Terms – The following terms used in this Act are defined as follows:

- a) **SENIOR CITIZEN** - refers to any resident citizen of the Philippines, who is at least sixty (60) years old of age, as defined in Republic Act No. 9994;
- b) **DEPENDENT SENIOR CITIZEN** – a senior citizen needing support and assistance in daily living, in terms of self-care, health or medical needs, mobility and movement;
- c) **LONG-TERM CARE** - refers to a sustained provision of comprehensive programs and services to senior citizens with the view of enabling them to have dignified, healthy and secured lives. This may include a variety of services which help meet both the medical and

non-medical needs of elderly people with a chronic illness or disability who cannot care for themselves for long periods. but these individualized and coordinated services still aim to promote independence and maximize patients' quality of life, and meet patients' needs over a period of time. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes through custodial and non-skilled care, such as assisting with activities of daily living. Facilities that offer formal LTC services typically provide living accommodation for people who require on-site delivery of around-the-clock supervised care, including professional health services, personal care, and services such as meals, laundry and housekeeping;

- d) **PALLIATIVE CARE** – refers to specialized medical care for people living with a serious, life-limiting illness as a means of supportive care to improve the quality of life of the patient, ensuring their health, dignity, and security. It is focused on providing relief and comfort from the stress and symptoms of the serious or complex illness, and may involve physical, psychological, and educational support for both the patient and their family;
- e) **HOSPICE CARE** – refers to an integrative “end-of-life” care for people diagnosed with terminal illness and with a prognosis of six (6) months or less. The approach covers a range of services to improve the quality of life and provide relief from suffering from life-threatening, progressively debilitating illness which is beyond the benefit of any curative or definitive treatment, regardless of life expectancy;
- f) **RESIDENTIAL CARE SERVICES (RCS)** – Is a 24-hour facility that provides long term or temporary multi-disciplinary care to senior citizens who are abandoned by their families or with no significant others to provide the needed supervision and supportive care. The services that will be provided Includes social services. health & medical services, psychological services, skills training, group work activities, dietary services, homelife /group-living services, spiritual services (I.e. religious services, masses, confession, bible studies) and provision of assistive devices;
- g) **COMMUNITY-BASED SERVICES** - refers to the programs and services rendered when the helping process takes place in the community as the primary client system, or when social welfare and development activities are provided to individuals, groups and families while they remain in their own homes;
- h) **SENIOR CITIZENS CENTER** – this is a day center facility with recreational, educational, health and socio-cultural programs designed for the full enjoyment and benefit of the senior citizens in the city or municipality. It shall also serve as a facility for the provision of community - based educational services;
- i) **HOME CARE SUPPORT SERVICE** - this pertains to services provided to senior citizens while in their homes such as assisting senior citizens in their daily living activities (e.g. bathing, eating, dressing); training volunteers and family members on caregiving for senior

citizens; provision of assistive devices for senior citizens: and community-based rehabilitative activities.

SECTION 5. Scope and Coverage – The target beneficiaries of this Act are resident Filipino citizens, 60 years old and above, who may have the following characteristics:

- Poor senior citizens who are deprived of, or lack the essentials for a minimum standard of well-being/living. These essentials may be material resources such as food, safe drinking water, and shelter. There may also be lack of social resources such as access to information, education, health care or the opportunity to develop meaningful connections with other people in society;
- Senior citizens who are victims of natural and man-made disasters;
- Senior citizens who are abandoned, neglected and/or victims of physical, mental, psychological, sexual, verbal and economic abuse.
- Frail/disabled/ demented senior citizens in need of palliative or hospice care who are totally dependent on others for their Activity of Daily Living (ADL); and
- Senior citizens in residential centers, group homes, temporary shelter, whether run by government, NGOs or LGUs.

SECTION 6. LONG-TERM CARE POLICY – In accordance with the country’s Social Protection framework anchored on social welfare services, social insurance, labor market and social safety nets aimed at reducing poverty, inequality, and vulnerability, a Long-Term Care policy for senior citizens is hereby institutionalized to harness and consolidate all relevant government programs, services, and projects for the Filipino elderly.

Appropriate government agencies and stakeholders shall endeavor to ensure a sustained provision of comprehensive programs and services to senior citizens with the view of enabling them to have dignified, healthy and secured lives. This may include a wide range of programs and services which help meet medical, financial and social needs of elderly people through coordinated services that still promote independence and a dignified quality of life.

SOCIAL PROTECTION

SECTION 7. LONG-TERM CARE UNDER THE LABOR MARKET – Ageing workers or older persons still in the workforce shall continue to be protected against discrimination as provided under Republic Act No. 10911, otherwise known as the “Anti-Age Discrimination in

Employment Act” (“Act”), which was signed into law to promote equal opportunities in employment for everyone. Employers are enjoined to hire individuals on the basis of their abilities, knowledge, skills, and qualifications, rather than their age. For this purpose, it is hereby reiterated that RA 10911’s prohibition on arbitrary age limitations in employment continues to apply, while encouraging more efforts on advancing the rights of all employees and workers, regardless of age, to be treated equally in terms of compensation, benefits, promotion, training, and other employment opportunities.

A wholistic and integrated provision of services, including opportunities for employment and livelihood to ensure financial security and economic stability shall be made available to ageing workers or elderly employees. They shall be allowed to work for as long as they can until mandatory retirement under Philippine labor laws.

SECTION 8. LONG-TERM CARE UNDER SOCIAL INSURANCE - All Filipino senior citizens who are covered under social security laws, retirement or pension programs under the Government Service Insurance System (GSIS), the Social Security System (SSS) for the private sector, the Philippine Veterans Affairs Office (PVAO) or such other social security mechanisms that may be established, shall continue to enjoy the same benefits therein, with special consideration for further enhancements and improvements in the provision of such pension and retirement benefits.

SECTION 9. LONG-TERM CARE UNDER SOCIAL WELFARE - Filipino senior citizens shall continue to be entitled and eligible for benefits and privileges under Republic Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010 and the Centenarians Act of 2016, and such other social services assistance currently being implemented by the Department of Social Welfare and Development (DSWD), and those which shall soon be transferred to the National Commission for Senior Citizens (NCSC).

SECTION 10. LONG-TERM CARE UNDER SOCIAL SAFETY NETS - As provided under RA 9994, verified Indigent Senior Citizens shall continue to benefit from the Social Pension program through the monthly stipend received as financial assistance to cover basic needs of individual senior citizens. The government shall endeavor to expand the coverage of the Social Pension program and/or increase the amount granted to social pensioners to cope with the rising cost of living.

LTC under Social Safety Nets shall likewise apply to the mandatory coverage of all Filipino senior citizens under the Philippine Health Insurance Corporation (PHILHEALTH) mandated by Republic Act No. 10645. The issuance of senior citizens’ PhilHealth Identification Cards as well as the further enhancement of the “senior citizens’ package” of medical services needed and usually availed of by senior citizens shall be undertaken by the PhilHealth, in coordination with the NCSC.

A system for cross-referencing and digital inter-connectedness of existing senior citizens databases under programs mentioned in Section 8, 9, and 10 may also be developed to support this integrated and coordinated provision of services and assistance to senior citizens.

RESIDENTIAL CARE FACILITIES AND GROUP HOMES

SECTION 11. GOVERNMENT-RUN RESIDENTIAL CARE FACILITIES AND GROUP HOMES - Pursuant to Executive Order No. 105, Series of 2004 the DSWD shall continue to operate and maintain Group Homes/Foster Home for Neglected, Abandoned, Abused, Unattached and Poor Older Persons and Persons with Disabilities. This includes Residential Care Services (RCS) at 24-hour facilities that provide long term or temporary multi-disciplinary care to senior citizens who are abandoned by their families or with no significant others to provide the needed supervision and supportive care. The services that will be provided Includes social services, health & medical services, psychological services, skills training, group work activities, dietary services, home-life/group living services, spiritual services (i.e., religious services, masses, confession, bible studies and etc.) and provision of assistive devices.

SECTION 12. PRIVATELY-RUN RESIDENTIAL CARE FACILITIES AND GROUP HOMES - Non-Government Organizations (NGOs), religious or charitable institutions, or for-profit business enterprises may also establish and operate residential facilities and group homes to provide temporary shelter or long-term residential care for seniors suffering from dementia or Alzheimer's disease, or some life-threatening or terminal illness, needing assisted daily-living (ADLs), or palliative or hospice care.

These institutions mentioned under Section 11 and 12 shall abide by the DSWD-mandated regulatory and accreditation standards, comply with Accessibility Law or Batas Pambansa No. 344 requirements, and anti-elder abuse policies. In addition, residents living in these facilities shall continue to be entitled to their individual benefits granted under RA 9994 and RA 10645 on mandatory PhilHealth coverage.

HEALTHCARE PROGRAMS

SECTION 13. NATIONAL HEALTHY AND PRODUCTIVE AGEING PROGRAM - As mandated by RA 9994, the Department of Health (DOH) shall endeavor to continue implementing its "Healthy and Productive Ageing Program", and enhance it accordingly as committed to the World Health Organization (WHO). Focused on promoting the health and wellness of senior citizens and alleviating the conditions of older persons with chronic and degenerative diseases, the program aims to promote quality life among older persons by providing equitable access to quality healthcare.

SECTION 14. NATIONAL CENTER FOR GERIATRIC HEALTH (NCGH) – As the country's first senior citizen hospital, genuine efforts by relevant government institutions shall be

undertaken to address its limited capabilities and achieve its vision of becoming the premier specialty hospital for elderly citizens. This includes the urgent enactment of a law institutionalizing its operations as a full-pledged geriatric hospital able to admit elderly patients with complex cases.

SECTION 15. PRIMARY HEALTH CARE FACILITIES – Primary healthcare facilities consist of rural health units, their sub-centers, chest clinics, malaria eradication units, and schistosomiasis control units operated by the DOH, puericulture centers operated by League of Puericulture Centers, among others. These Health stations, Rural Health Units (RHUs), and Health Centers (HCs) should be maximized as the entry points of individuals, families, and communities into the health system. As such, all Local Government Units (LGUs) shall ensure that other health services and medical assistance provided at the local-level at the Barangay Health Centers to senior citizens, such as the free influenza and pneumococcal vaccines mandated under RA 9994, as well as the provision of free maintenance medicines for Metabolic Syndrome conditions such as high cholesterol, high blood pressure, and high blood sugar often suffered by ageing people, shall continue to be provided regularly in sufficient quantity. Funding for said health services and medical assistance shall come from their mandated 1% for Senior Citizens and Persons with Disabilities (PWDs) and their assured share in the Internal Revenue Allotment (IRA) as mandated under the Mandanas ruling rendered by the Supreme Court.

SECTION 16. MOBILE HEALTH CARE SERVICES (MHCS) - Local authorities shall be enjoined to adopt the scheme of “Mobile Health Care Services” (MHCS) to help close the gap in the public healthcare system by providing access to healthcare services to older people who have scarce resources and/or living in isolated and remote areas, in a sustainable, comprehensive way and at relatively low costs.

The program entails using motorbikes, trained medical staff are regularly delivering health care services to communities, especially to older people, living in isolated and hard-to-reach areas. Through regular outreach/home visits, basic diagnosis, treatment, and the provision of medicine shall be delivered. The trained medical staff will also provide health information on nutrition, hygiene and sanitation, communicable and chronic diseases to promote healthy aging and prevent chronic diseases.

COMMUNITY-BASED SERVICES

SECTION 17. COMMUNITY-BASED SERVICES - Refers to the programs and services rendered when the helping process primarily conducted through socialization, takes place in the community as the primary client system, or when social welfare and development activities are provided to individuals, groups and families while they remain in their own homes so they can remain active and productive.

- a. **SENIOR CITIZENS CENTER** - This refers to a Day Center facility established under RA 7876 to serve as a venue for recreational, educational, health and socio-cultural programs

and activities, including the provision of community - based educational services such as the following:

- 1) **LEARNING NETWORK/RESOURCE POOL** - A community-based educational service that provides avenues for information sharing, and practical skills enhancement (i.e. painting, handicrafts, weaving, etc.), It will mobilize retired professionals/talented senior citizens to serve as volunteer teachers /resource persons. The Office of the Senior Citizens Affairs (OSCA) will spearhead the implementation of this service in every city/ municipality and/or barangay with the support of the DSWD.
- 2) **SHELTERED WORKSHOP FOR LIVELIHOOD** - The sheltered workshop is a venue designed to provide work training and productive employment for senior citizens by producing and selling goods or services. The funds for its operationalization will be sourced out from the Local Government Units or through National Government Agencies. The workshop activities will include the following:
 - a) **Provision of skills training** - This provides senior citizens with opportunities, productive activity, as well psychological and vocational guidance. This will be spearheaded by the C/MSWDO and implemented by the OSCA, in coordination with other concerned government agencies like Technical Education and Skills Development Authority (TESDA), DTI's Philippine Trade Training Center (PTTC), Department of Agriculture (DA) Entrepreneurial Skills Training and DOLE's Integrated Livelihood program and NGOs.
 - b) **Livelihood program** - The senior citizens will be provided with start-up capital for livelihood activities and allowance on the course of the livelihood training program, possible under the DSWD's Sustainable Livelihood Program (SLP).
- b. **INTER-GENERATIONAL SERVICE** - This provides opportunities for the young and old to interact and mutually learn from each other. The senior citizens may act as resource persons for the younger generation, sharing their vast experiences, learnings and insights through storytelling, testimonials. This can be conducted during day care activities, parents meetings, youth assemblies, etc. The LGUs and OSCA may have a memorandum of agreement with the local school board to allow the volunteer senior citizens to act as resource person on one subject or topic in elementary/ high school or to mentor pupils who are slow learners. Likewise, the C/MSWDO will identify Day Care Center/s where older persons can volunteer.
- c. **HOME CARE SUPPORT SERVICE** - This pertains to services provided to senior citizens while in their homes such as assisting senior citizens in their daily living activities (e.g. bathing, eating, dressing); training volunteers and family members on caregiving for senior citizens; provision of assistive devices for senior citizens: and community-based rehabilitative activities. This may include Hospice Care Service

offering shelter and care to weary-sick senior citizens. Volunteers may be mobilized to provide the direct services and/or assistance to the dying senior citizens and psychosocial support to their families.

- d. **FOSTER HOME** - This is the provision of a planned temporary alternative family care for older persons who are abandoned, neglected, unattached from the community or those in residential care facilities but found eligible to benefit from the program. It will provide subsidies and care giver training for foster families licensed by the DSWD.
- e. **FAMILY/KINSHIP CARE** - This is a form of foster care which involves the placement of a senior citizen under the care of his/her relatives and/or family members. This includes provision of caregiving training to the main family carer; establishing community-based Support system to prevent burn-out of the carer; and prevent institutionalization of the senior citizens.

OTHER SOCIAL SUPPORT SYSTEM

SECTION 18. SUPPORT SERVICES FOR CAREGIVERS - This refers to capability building and continuing education for caregivers on care and management of older persons and on burn-out prevention. It also seeks to relieve caregivers/family carers of stress arising from the responsibility of providing daily care. It will also provide subsidies and allowances to volunteers in the amount approved by the LGUs.

SECTION 19. SENIOR CITIZENS ASSOCIATIONS - the organization / strengthening of existing organizations and associations of people aged sixty (60) years old and above, who shall be provided with opportunities for participation, engagement and active involvement in socio-political and economic endeavors. Further, this component will also provide for building or enhancing the capacity of the senior citizens in leadership, conflict management, stewardship, and other programs.

SECTION 20. VOLUNTEER RESOURCE SERVICES (VRS) - This will encourage and mobilize individuals, interested groups and intermediaries, as well as able-bodied senior citizens to voluntarily contribute their time, skills and capabilities for the delivery of programs/services for the benefit of the senior citizens living alone. The components are the following:

- a) **FRIENDLY VISITOR SERVICE** - This provides opportunities for interested individuals, organizations, active members of senior citizens organizations and other sectors/members of nearby communities to volunteer, visit, befriend, advise, and assist senior citizens who are either living on their own or in the residential care or alternative care;

- b) **VOLUNTEER COMPANION SERVICE** - This encourages volunteers to escort/accompany senior citizens who would need to go to the hospital, church, malls, and other public places. This service will tap the National Student Training Program (NSTP) students as volunteers. DSWD and NCSC will provide an orientation and basic training for the volunteer students on understanding the dynamics, behavior of senior citizens, the aging process and the benefits of volunteering.

SECTION 21. Implementing Rules and Regulations – Within ninety (90) days from the approval of this Act, the National Commission on Senior Citizens, and all relevant government agencies and other stakeholders comprising its Inter-Agency Advisory Body, shall formulate the necessary implementing rules and regulations.

SECTION 22. 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 23. 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 24. Effectivity – This Act shall take effect fifteen (15) days after publication in the Official Gazette or in newspaper of general circulation.

Approved