

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

**TWENTIETH CONGRESS**  
First Regular Session

House Bill No. **1976**



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Introduced by **REPRESENTATIVE RICARDO S. CRUZ, JR.**

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#### **EXPLANATORY NOTE**

Part of our Filipino culture is the love and respect of the elderly. Therefore, the responsibility of taking care of elderly people is deeply rooted into the very being of every Filipino. We take pride in our long ingrained value of caring for one another, especially for our *lolos* and *lolas*. On a much larger scale, the State has the responsibility to prioritize the needs of the elderly, underprivileged, sick, disabled, women, and children in the provision of social services.

According to the World Health Organization, the aging population is increasing at a much faster pace than that in the past. It is estimated that between 2015 to 2050, the proportion of the world's population over sixty (60) years will nearly double from twelve percent (12%) to twenty-two percent (22%).<sup>1</sup> Population aging would influence labor force participation in the market, affecting economic growth.<sup>2</sup>

People aged 60 years old and over are considered senior citizens in the Philippines. In 2020, the elderly population in the country comprised 8.5% or 9.22 million of the household population, which is higher than the 7.5% (7.53 million) recorded in 2015.<sup>3</sup> An increase in the ageing population would mean an increase in the demand for care of this sector,<sup>4</sup> specifically health care services. Hence, the pressing need to take care of our elderly population.

The City of Taguig successfully launched a pilot Center for the Elderly in April 2019, and it particularly catered to the health and wellbeing of our senior citizens who have low-risk, less serious or uncomplicated cases. Moreover, the hub is a disabled-friendly five-story building which provides accessible and hassle free delivery of health services, recreation, and other leisure facilities available to senior citizens. It also features a medical clinic, a therapy pool, conference rooms, offices, a pantry, restrooms, a fully-equipped gym, a yoga room, a ballroom, two saunas, multipurpose function

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<sup>1</sup> World Health Organization (4 October 2021).  
<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

<sup>2</sup> International Labor Organization (1 December 2009).  
[https://www.ilo.org/global/WCM\\_041965/lang-en/index.htm](https://www.ilo.org/global/WCM_041965/lang-en/index.htm)

<sup>3</sup> <https://psa.gov.ph/population-and-housing/node/167965>

<sup>4</sup> *Ibid.*

areas, a movie theatre, a rooftop garden, activity area with board games and reading materials, a spa and wellness area with massage chairs, outdoor exercise equipment, and an elevator.

This Bill then proposes to establish and create, in every city or municipality, a Center for the Elderly that is especially dedicated to the overall well-being of our beloved *lolos* and *lolas*. Further, it aims to provide accessible eldercare services in every locality in order to address the overall needs of an ageing population. This representation believes that with the introduction of the Taguig City Center for Elderly as a model, the national government's agenda to promote inclusivity, fairness, and good governance will further be advanced.

For these reasons, the swift passage of the foregoing measure is earnestly sought.



**RICARDO S. CRUZ JR.**

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**AN ACT PROVIDING FOR THE CREATION OF CENTERS FOR ELDERLY IN EVERY CITY OR MUNICIPALITY ESPECIALLY FOR THE SERVICE OF THE ELDERLY, FOR OTHER PURPOSES, AND APPROPRIATING FUNDS THEREFOR**

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

**SECTION 1. Short Title.** – This Act shall be known as the “*Center for the Elderly in All Cities and Municipalities Act.*”

**SECTION 2 Statement of Policy.** – The State has the responsibility to take care of its elderly. In the same vein, it is the obligation of the State to prioritize the elderly in the adoption of an integrated and comprehensive approach to health and social development which endeavors to make essential goods, health and other social services available to all the people at affordable cost.

**SECTION 3. Definition of Terms.** –

- A. “Eldercare” shall mean the provision of primary health services that especially caters to the needs of senior citizens.
- B. “Elderly” or “senior citizen” shall mean a resident citizen at least sixty (60) years of age, as defined under Republic Act (R.A.) No. 9994 or the Expanded Senior Citizens Act of 2010.
- C. “Less severe illness” shall mean a health problem, issue, or condition that does not carry a high risk of mortality and does not negatively impact the life and daily function of an individual.
- D. “Office for Senior Citizen Affairs” or “OSCA” shall mean the office established by R.A. No. 7432 or the Senior Citizens Act, as amended by R.A. No. 9994.
- E. “Primary health services” or “primary health care” shall mean the initial contact of an individual with an accessible and coordinated health system to manage health problems or issues that are less severe or uncomplicated, including, but not limited to the following:
  - (a) Diagnosis and treatment of health problems;
  - (b) Prevention of health problems;

- (c) Early intervention; and
- (d) Managing ongoing and long-term conditions.

**SECTION 4. Special Committee on Centers for the Elderly.** - There is hereby created a Special Committee on Centers for the Elderly to be composed of the following:

1. Secretary of the Department of Health as Chairperson;
2. Secretary of the Department of Social Welfare and Development as Vice Chairperson;
3. Secretary of the Department of Public Works and Highways as Member;
4. Secretary of the Department of the Interior and Local Government as Member;
5. National Commission of Senior Citizens Chairperson as Member; and,
6. One representative of the private sector who is a senior citizen to be appointed by the President as Member.

The Committee shall ensure that relevant national government agencies shall establish at least one (1) Center for Elderly in every city and municipality especially dedicated to provide eldercare, recreational activities, social services, and assistance to senior citizens. The establishment shall be a wellness hub with health services, with the following minimum standards:

- (a) A sufficient number of qualified staff shall be on duty at all times to render appropriate services in the Center;
- (b) Facilities, rooms, and spaces which are accessible, especially to the elderly and Persons with Disability, and with appropriate signage;
- (c) Basic health and recreational facilities which are appropriate for the elderly, including adequate space for indoor activities, and, as far as practicable, open spaces and garden area for outdoor activities;
- (d) Appropriate health facilities for elderly needing medical attention and for use for medical consultation;
- (e) The Center shall have basic utility, such as water and electricity; and,
- (f) Data and information management system that shall contain, store, and secure the health and other relevant data of the elderly, in accordance with the provisions of the Data Privacy Act.

The Department of Social Welfare and Development, consistent with the Republic Act (R.A.) No. 9994 or the Expanded Senior Citizens Act of 2010, and the Department of Health, consistent with the national health program for senior citizens, shall issue guidelines for the proper implementation of this Act, and shall provide assistance to LGUs in setting up the Centers for the Elderly.

Medical services provided within the Centers for the Elderly and their providers shall be accredited by the Philippine Health Insurance Corporation (PhilHealth).

**SECTION 5. Role of the OSCA.** – The OSCA established in every city or municipality shall act as liaison and referral office. It will also be the main body to handle referrals in case there is a necessity for medical attention to a senior citizen.

It shall likewise make available a list of health and social services offered in respective Centers for the Elderly.

**SECTION 6. Staffing.** – All Centers for the Elderly established under this Act shall have three staff groups on a daily, rotational basis, comprising of at least one doctor, one nurse, and two trained barangay health workers.

The LGU concerned shall hire all Center for the Elderly staff as job order, casual, contractual, or regular employees. Barangay health workers currently serving the city or municipality shall be given preference in the hiring under this Act.

**SECTION 7. Services.** – All Centers for the Elderly established under this Act shall be equipped with at least the most basic facilities that can cater to less severe, uncomplicated, and/or out-patient medical services, reliable financial assistance, social services, and worthwhile recreational activities.

**SECTION 8. Implementing Rules and Regulations (IRR).** – Within 60 days upon the approval of this Act, the Department of Health, in coordination with the Department of Social Welfare and Development, Department of Public Works and Highways (DPWH), and LGUs, shall prepare and issue such rules and regulations necessary to carry out the purposes of this Act.

Thereafter, the DPWH shall ensure the commencement of the creation of Centers for the Elderly within the fiscal year after appropriating budget therefore.

**SECTION 9. Appropriations.** – The amount necessary to carry out the provisions of this Act is hereby authorized to be appropriated from the General Appropriations Act of the year following its enactment, and every year thereafter.

**SECTION 10. Separability Clause.** – If any part or provision of this Act is declared invalid or unconstitutional, the other parts hereof not affected thereby shall remain valid.

**SECTION 11. Repealing Clause.** – All laws, acts, presidential decrees, executive orders, administrative orders, rules and regulations inconsistent with or contrary to the provisions of this Act are deemed amended, modified or repealed accordingly.

**SECTION 12. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

*Approved,*