

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **2585**



Introduced by **HON. JORGE DANIEL S. BOCOBO**

EXPLANATORY NOTE

Our grandparents are the foundation on which our lives are built. They have left an indelible mark on our history and have shaped who we are today. It is important to honor and pay tribute to our beloved grandparents, as they have paved the way for us and passed down their wisdom through the generations.

In Isaiah 46:4, the Bible teaches us to respect and honor our elders, as God Himself offers them assurance and comfort: *“Even to your old age and gray hairs, I am He, I am He who will sustain you. I have made you and I will carry you; I will sustain you and I will rescue you.”* This verse reminds us that just as God remains faithful to the elderly, we too, His people, are called to care for and treat them with highest reverence and with dignity and love.

In our country, more than the Constitutional duty of every family to care for its elders, the responsibility is deeply rooted into the very being of every Filipino. Our history shows that ancient Filipinos held the elderly in high regard. 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, and underprivileged in the provision of social services.

According to the World Health Organization, 1 in 6 people in the world will be aged 60 years or older by 2030. The global population in this age group is projected to grow from 1 billion in 2020 to 1.4 billion by 2030. Meanwhile, the population of those aged 80 and older is anticipated to triple— rising to around 426 million.¹

Population ageing can be seen as one of the most outstanding achievements of humanity. However, the lack of institutional care in the Philippines means that family members often care for older Filipinos at home.²

People aged 60 years old and over are considered senior citizens in the Philippines. According to the Commission on Population and Development (CPD), the country’s demographic can be considered an ‘aging population’ by 2030³. In 2020, seniors made up 8.5% of the population

¹ World Health Organization. (2024, October 1). Ageing and health. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

² Cruz, G., Cruz, C. & Saito, Y. (2019). Ageing and Health in The Philippines. Economic Research Institute for ASEAN and East Asia and Demographic Research and Development Foundation, Inc. Retrieved from: <https://www.eria.org/uploads/media/Books/2019-Dec-Ageing-and-Health-Philippines/Ageing-and-Health-Philippines-full-report--0208.pdf>

³ Villanueva, R. (2024, January 9). Philippines may have aging population by 2030 – CPD. The Philippine Star. Retrieved from: <https://www.philstar.com/headlines/2024/01/09/2324420/philippines-may-have-aging-population-2030-cpd>

(9.2 million), nearly double the 4.5 million recorded in 2000 (5.9%).⁴ An increase in the ageing population would mean a corresponding increase in the demand for care of this sector,⁵ specifically health care services. Hence, the pressing need to take care of our elderly population.

Recognizing this growing demand, the national government has steadily increased its support for the elderly. For fiscal year 2025, a total of Php49.8 billion has been allocated under the Social Pension for Indigent Senior Citizens Program, which now provides a Php 1,000 monthly stipend to over 4 million indigent seniors.^{6,7} However, while this financial assistance addresses daily subsistence, it does not respond to the equally critical need for safe, dedicated living spaces and long-term care facilities for senior citizens—especially those who are abandoned, homeless, or without family support.

Meanwhile, the National Commission of Senior Citizens has already begun establishing the “*Senior Citizens Community Care Center (SC3C)*” in the Philippines, a one-stop hub for Filipinos aged 60 and above, offering health care, wellness programs, social and recreational activities, livelihood training, and access to government services.⁸ These efforts show a growing recognition of the needs of our aging population and reflect the State’s willingness to invest in programs that support their welfare.

Still, even before the proliferation of SC3C, the City of Taguig as a model city for combining economic growth with *malasakit* and strong values for the elderly, had successfully launched the “*Center for the Elderly*”, a disabled-friendly, five-story facility, designed for senior citizens with low-risk, less serious or uncomplicated cases. The Center offers accessible health services, recreation, wellness and leisure facilities, including a medical clinic, therapy pool, a fully-equipped gym, a yoga room, a ballroom, saunas, a spa with massage chairs, a movie theatre, a rooftop garden, activity area with board games and reading materials, outdoor exercise equipment, and more—promoting holistic care and dignity for the elderly.

The care for older Filipinos is guaranteed by the fundamental law of the land. The 1987 Philippine Constitution ensures the promotion and protection of the rights and welfare of Filipino senior citizens as a minority population sector. This bill seeks to establish this State policy to create a Center for the Elderly in every city or municipality that is especially dedicated to the overall well-being of our beloved *lolos* and *lolas*. It aims to provide accessible eldercare services in every locality in order to address the overall needs of an ageing population. The Center shall include within its facilities a Co-Working and Community Engagement Space dedicated to providing an inclusive environment where elderlies or senior citizens can freely exchange ideas, work alone or with other elder groups, and participate in discussions relevant to their sector.

With the introduction of the City of Taguig’s Center for Elderly as a model, the national government’s agenda to promote inclusivity, fairness, and good governance will further be advanced.

⁴ Commission on Population and Development. (2022, August 15). Filipino children’s population declined in last 20 years: While seniors comprise 8.5% of PHL population as of 2020. POPCOM. Retrieved from: <https://cpd.gov.ph/popcom-filipino-childrens-population-declined-in-last-20-years-while-seniors-comprise-8-5-of-phl-population-as-of-2020/>

⁵ *Supra* Note 3.

⁶ Republic of the Philippines. (2025). General Appropriations Act for Fiscal Year 2025 (Vol. 120, No. 53, p. 238). Official Gazette. Retrieved from: <https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2025/VolumeIB/DSWD/DSWD.pdf>

⁷ Department of Budget and Management. (2024). Social Pension for Indigent Senior Citizens to get P49.8 billion budget in 2025; Expanded Centenarians Act to get over P3 billion [Press release]. Retrieved from: <https://www.dbm.gov.ph/index.php/management-2/2941-dbm-social-pension-for-indigent-senior-citizens-to-get-p49-8-billion-budget-in-2025-expanded-centenarians-act-to-get-over-p3-billion>

⁸ Retrieved from: <https://www.ncsc.gov.ph/sc3c>

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

A handwritten signature in black ink, appearing to read 'J. Bococho', written in a cursive style.

JORGE DANIEL S. BOCOCHO

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Introduced by **HON. JORGE DANIEL BOCOBO**

**AN ACT
ESTABLISHING CENTERS FOR ELDERLY IN ALL CITIES AND MUNICIPALITIES,
PROVIDING MINIMUM STANDARDS, APPROPRIATING FUNDS THEREFOR, AND FOR
OTHER PURPOSES**

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

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

SECTION 2 Statement of Policy. – It is the policy 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. The State likewise recognizes the vital role of the elderly in preserving cultural heritage, strengthening family and community ties, and shaping national identity. It shall therefore ensure that programs and policies are responsive to their evolving needs and uphold their right to a safe, supportive, and empowered life in their later years.

A whole-of-community approach shall be adopted to promote the well-being of elders through coordinated action by local government units, civil society, the private sector, and the families and communities to which they belong. The State shall foster collaboration among relevant stakeholders to ensure that the elderly receive continuous care, support, and opportunities for meaningful engagement in social, cultural, and civic life.

Towards this end, the State shall establish Centers for the Elderly in every city and municipality, which shall serve as dedicated, age-friendly facilities that provide accessible health care, wellness services, and recreational activities. These Centers shall also serve as venues for delivering social protection programs, enhancing social inclusion, and promoting the overall quality of life of senior citizens.

SECTION 3. Definition of Terms. – As used in this Act, the following terms shall be defined as follows:

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 otherwise known as 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 otherwise known as 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: (i) Diagnosis and treatment of health problems; (ii) Prevention of health problems; (iii) Early intervention; and (iv) Managing ongoing and long-term conditions.

SECTION 4. Establishment of Local Centers for the Elderly (LCEs). – The Department of Social Welfare and Development (DSWD) in collaboration with local government units (LGUs), shall initially establish and maintain at least one (1) LCE in all cities and municipalities: *Provided, That* in cities and municipalities requiring the establishment of such CEs shall be established based on the multi-year roadmap, or as resources may allow.

The LGUs and private organizations may establish satellite LCEs and/or additional facilities needed for the eldercare and protection of the senior citizens in the community, in coordination with the LCEs.

SECTION 5. Special Committee on Local Centers for the Elderly (SC-LCE). – For purposes of program and policy integration, there is hereby created a Special Committee on Centers for the Elderly to be composed of the following:

- a. Secretary of the Department of Health (DOH), as Chairperson;
- b. Secretary of the DSWD, as Vice Chairperson;
- c. Secretary of the Department of Public Works and Highways (DPWH), as Member;
- d. Secretary of the Department of the Interior and Local Government (DILG), as Member;
- e. National Commission of Senior Citizens (NCSC) Chairperson, as Member; and,
- f. 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 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: *Provided, That* the SC-LCE shall provide non-monetary incentives, such as seal of excellence awards scheme to LGUs and other agencies and organizations to encourage the establishment and maintenance of better LCE services and facilities.

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 and geriatric care services;
- e. Basic utility, such as water and electricity;
- f. Referral system within the Center, including coordination for ambulance and emergency transport services, subject to availability and feasibility;
- g. Dedicated pharmacy that can facilitate the application of the mandated 20% senior citizen discount;

- h. A designated fund or mechanism to support emergency care needs of senior citizens;
- i. Establishment of partnerships with hospitals for referral and coordinated care; and
- j. Senior Citizen 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 R.A. 10173, otherwise known as the “Data Privacy Act of 2012.”.

The DSWD, consistent with the Republic Act (R.A.) No. 9994 otherwise known as the “Expanded Senior Citizens Act of 2010,” and the DOH, consistent with the national health program for senior citizens, shall issue joint guidelines with the other agencies for the proper implementation of this Act, and shall provide assistance to LGUs in setting up the LCEs.

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

The SC-LCE shall regularly convene at least twice every year. The SC-LCE Chairperson may call a special meeting whenever necessary: Provided, That members are notified in writing at least three (3) days prior to the said meeting.

SECTION 6. Co-Working and Community Engagement Spaces. Each LCE shall include within its facilities a Co-Working and Community Engagement Space dedicated to providing an inclusive environment where elderlies or senior citizens can freely exchange ideas, work alone or with other elder groups, and participate in discussions relevant to their sector. The space shall be equipped with basic office tools, internet access, and other materials and equipment conducive to continued productivity.

SECTION 7. Role of the Office of the Senior Citizen Affairs (OSCA). – The OSCA established in every city or municipality shall act as a liaison and referral office. It will also serve as the primary 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 LCEs.

SECTION 8. Staffing. – All LCEs established under this Act shall have four 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 LCEs 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 9. Services. – All LCEs 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 10. Tax Exemptions of the LCEs. – The Center shall be exempted from the payment of customs duties, taxes and tariffs on the importation of equipment and supplies used actually, directly, and exclusively by the Center pursuant to this Act, including those donated to the LCE.

SECTION 11. Implementing Rules and Regulations (IRR). – Within 60 days upon the approval of this Act, the DOH, in coordination with the DSWD, DPWH, and the DILG, 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 establishment of LCEs within the fiscal year after appropriating the corresponding budget.

SECTION 12. Appropriations. – The amount necessary for the implementation of this Act shall be charged against those authorized in the current appropriations of the DOH, DSWD, DPWH and other implementing partner agencies as provided in this Act. Thereafter, the amount necessary for its continued implementation shall be included in their respective budgetary allocations as separate line items in the annual General Appropriations Act.

SECTION 13. 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 14. 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 15. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,