

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Twentieth Congress
First Regular Session

HOUSE BILL NO. 7473



Introduced by **Representative RAYMOND ADRIAN SALCEDA**

**AN ACT
PROVIDING FOR A MAGNA CARTA FOR SENIORS WITH DEBILITATING
CONDITIONS AND THEIR FAMILY CAREGIVERS, ESTABLISHING A
COMPREHENSIVE FRAMEWORK FOR SPECIALIZED CARE, CAREGIVER
SUPPORT, FINANCIAL ASSISTANCE, AND RESPITE SERVICES,
AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

The Philippines is experiencing rapid demographic aging. The elderly population, comprising approximately seven percent of the total population in 2015, is projected to increase to eleven percent by 2025 and sixteen percent by 2045. By 2040, the number of Filipinos aged sixty years and older will more than double from 9.5 million to 19.7 million.

With this demographic shift comes a growing burden of age-related debilitating conditions. Studies show that dementia prevalence in the Philippines stands at 10.6 percent among those aged sixty and above—double the estimate for Southeast Asia. This translates to an estimated 726,864 Filipinos currently living with dementia, a number projected to reach 1.47 million by 2030 and 2.5 million by 2050. Alzheimer's disease accounts for 85.5 percent of these cases.

Beyond dementia, many Filipino seniors suffer from other debilitating conditions requiring intensive long-term care, including Parkinson's disease, stroke-related disability, severe arthritis, advanced diabetes complications, and other conditions that render them bedridden or dependent on others for basic activities of daily living.

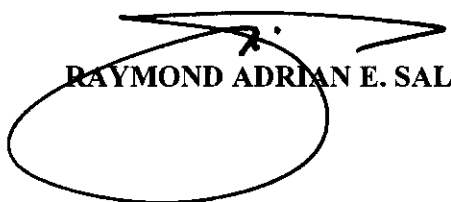
Research reveals that the economic burden of dementia care alone amounts to approximately P196,000 per patient annually—equivalent to 36.7 percent of the average Filipino family's annual income. Critically, 86.29 percent of this cost is indirect, attributed to the lost potential earnings of unpaid family caregivers who must leave the workforce to provide care. In the Philippines, 92.4 percent of dementia patients are cared for by family members, driven by cultural values of filial piety and obligatory care.

While Republic Act No. 9994 (Expanded Senior Citizens Act of 2010) provides important benefits to the elderly, it does not specifically address the unique needs of seniors with debilitating conditions or the extraordinary burdens placed on their family caregivers. There is no provision for caregiver allowances, respite care, specialized training, or workplace accommodations for family members who sacrifice careers and financial security to provide round-the-clock care.

Family caregivers of seniors with debilitating conditions face extraordinary challenges. Many are themselves aging, often spouses or adult children in their fifties and sixties. They experience elevated rates of depression, anxiety, physical health problems, and social isolation. Without support, they risk burnout and health crises of their own, ultimately compromising their ability to provide care.

This bill seeks to establish a comprehensive Magna Carta for Seniors with Debilitating Conditions and Their Family Caregivers. It provides for specialized healthcare services, caregiver training and support programs, respite care services, financial assistance, tax incentives, and workplace accommodations. It recognizes that supporting the senior means supporting the entire family unit that provides care.

The approval of this bill is earnestly sought.



RAYMOND ADRIAN E. SALCEDA

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

**CHAPTER I
GENERAL PROVISIONS**

SECTION 1. *Short Title.* – This Act shall be known as the "Magna Carta for Seniors with Debilitating Conditions and Their Family Caregivers."

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to:

- (a) Protect and promote the rights, health, and welfare of seniors with debilitating conditions, recognizing their inherent dignity and worth as human beings;
- (b) Ensure that seniors with debilitating conditions have access to specialized healthcare, rehabilitation services, and long-term care that enable them to maintain the highest possible quality of life;
- (c) Recognize and support family caregivers as essential partners in the care of seniors with debilitating conditions, providing them with the resources, services, training, and respite they need to fulfill their caregiving role;
- (d) Prioritize home and community-based care over institutional care, consistent with the principle that seniors thrive best in familiar environments surrounded by family;
- (e) Prevent caregiver burnout and protect the health and wellbeing of family caregivers through support services, respite care, and workplace accommodations.

SEC. 3. *Definition of Terms.* – For purposes of this Act:

- (f) "Senior Citizen" refers to any resident citizen of the Philippines at least sixty (60) years old, consistent with Republic Act No. 9994;
- (g) "Debilitating Condition" refers to a chronic, progressive, or permanent medical condition that substantially limits one or more major life activities and requires ongoing assistance with activities of daily living. This includes but is not limited to dementia and Alzheimer's disease, Parkinson's disease, stroke-related disability, severe arthritis, advanced diabetes complications, amyotrophic lateral sclerosis (ALS), multiple sclerosis, and other conditions that render a senior bedridden or dependent on others for basic self-care;
- (h) "Family Caregiver" refers to a spouse, adult child, sibling, grandchild, or other relative within the fourth civil degree of consanguinity or affinity who assumes principal responsibility for the day-to-day care of a senior with a debilitating condition without compensation as a professional caregiver;
- (i) "Primary Family Caregiver" refers to the family caregiver who provides the majority of hands-on care and who has been designated as such through registration with the Department of Social Welfare and Development (DSWD);
- (j) "Activities of Daily Living" refers to basic self-care tasks including bathing, dressing, eating, toileting, transferring, and mobility;
- (k) "Respite Care" refers to temporary care provided to a senior with a debilitating condition to give the family caregiver relief from caregiving responsibilities;
- (l) "Care Plan" refers to a written, individualized plan developed collaboratively by the healthcare team, the senior (to the extent possible), and the family that outlines the care needs, goals, and services to be provided;
- (m) "Memory Care" refers to specialized long-term care designed specifically for individuals with Alzheimer's disease and other forms of dementia.

CHAPTER II

RIGHTS OF SENIORS WITH DEBILITATING CONDITIONS

SEC. 4. *Right to Specialized Healthcare.* – Every senior with a debilitating condition shall have the right to access specialized healthcare services appropriate to their condition. The Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PhilHealth), shall ensure the availability of geriatric and specialized care services in all regions.

SEC. 5. *Right to Diagnosis and Assessment.* – Every senior citizen shall have the right to early screening, diagnosis, and comprehensive assessment for debilitating conditions. The DOH shall integrate cognitive screening and functional assessment into routine healthcare services for seniors. Such diagnostic services shall be covered under PhilHealth benefit packages.

SEC. 6. *Right to Rehabilitation Services.* – Every senior with a debilitating condition shall have the right to access rehabilitation services, including physical therapy, occupational therapy, and speech therapy, as appropriate to their condition. Such services shall be covered under PhilHealth benefit packages.

SEC. 7. *Right to Home and Community-Based Care.* – Every senior with a debilitating condition shall have the right to receive care in their home and community to the maximum extent appropriate. The DSWD, in coordination with local government units, shall develop and support home and community-based care programs as alternatives to institutional care.

SEC. 8. *Right to Dignity and Autonomy.* – Every senior with a debilitating condition shall be treated with dignity and respect. To the extent possible, the senior shall be involved in decisions affecting their care and shall have their preferences and values respected. Family caregivers and service providers shall make reasonable efforts to preserve the senior's autonomy and independence.

SEC. 9. *Right to Protection from Abuse.* – Every senior with a debilitating condition shall be protected from all forms of abuse, neglect, and exploitation. The DSWD, in coordination with law enforcement agencies and local government units, shall implement protective measures and investigate reports of abuse against seniors with debilitating conditions.

CHAPTER III

FAMILY CAREGIVER SUPPORT SERVICES

SEC. 10. *Family-Centered Approach.* – All services and supports provided under this Act shall adopt a family-centered approach that recognizes the family caregiver as an essential partner in care. Service providers shall respect family strengths, diversity, and decision-making and shall work in partnership with family caregivers.

SEC. 11. *Caregiver Training Programs.* – The DOH and DSWD shall establish training programs for family caregivers of seniors with debilitating conditions. Training shall include:

- (n) Understanding the senior's condition and its progression;
- (o) Techniques for assisting with activities of daily living;
- (p) Managing challenging behaviors, particularly for dementia care;
- (q) Medication management and health monitoring;
- (r) Safety and fall prevention in the home;
- (s) Navigation of healthcare and social service systems;
- (t) Self-care, stress management, and prevention of caregiver burnout.

SEC. 12. *Respite Care Services.* – The DSWD, in coordination with local government units, shall establish respite care programs to provide temporary relief to family caregivers. Respite care may be provided in the senior's home, in community-based adult day care centers, or in licensed respite care facilities. Primary family caregivers shall be entitled to a minimum of seventy-two (72) hours of subsidized respite care per month.

SEC. 13. *Caregiver Support Groups.* – The DSWD shall facilitate the establishment of support groups and peer networks for family caregivers. Such programs shall provide opportunities for caregivers to share experiences, receive emotional support, and learn from one another. The DOH shall ensure that mental health services, including counseling and therapy, are accessible to family caregivers.

SEC. 14. *Caregiver Health Services.* – Registered primary family caregivers shall be entitled to annual health assessments to monitor the impact of caregiving on their physical and mental health. Such assessments shall be covered under PhilHealth benefit packages. Caregivers found to be at risk for burnout or health complications shall be referred to appropriate support services.

CHAPTER IV

FINANCIAL ASSISTANCE AND INCENTIVES

SEC. 15. *Monthly Caregiver Allowance.* – Primary family caregivers of seniors with debilitating conditions who require substantial support, as certified by a licensed physician, shall be entitled to a monthly caregiver allowance. The amount shall be determined by the DSWD in consultation with the DOH and shall be subject to annual adjustment based on inflation. Priority shall be given to families belonging to the first three (3) income deciles as identified in the Listahanan database.

SEC. 16. *Tax Incentives.* – Primary family caregivers shall be entitled to an additional personal exemption equivalent to Twenty-five Thousand Pesos (P25,000.00) per senior with a debilitating condition in their care, in addition to existing exemptions under the National Internal Revenue Code. Expenses for the senior's healthcare, medications, assistive devices, home modifications for accessibility, and other care-related costs shall be deductible from gross income, subject to guidelines to be issued by the Bureau of Internal Revenue.

SEC. 17. *PhilHealth Coverage.* – PhilHealth shall include in its benefit packages comprehensive coverage for seniors with debilitating conditions, including:

- (u) Diagnostic screening and assessment for debilitating conditions;
- (v) Medications for debilitating conditions, including dementia medications;
- (w) Rehabilitation services including physical, occupational, and speech therapy;
- (x) Home health care services;
- (y) Respite care services;
- (z) Mental health services for the senior and family caregivers; and
- (aa) Palliative care services.

SEC. 18. *Assistive Devices Program.* – The DSWD, in coordination with the DOH, shall establish a program for the provision of subsidized or free assistive devices to seniors with debilitating conditions from low-income families. Assistive devices shall include mobility aids, hospital beds, incontinence supplies, and other devices necessary for care at home.

CHAPTER V

SERVICE DELIVERY SYSTEM

SEC. 19. *Geriatric Care Centers.* – The DOH, in coordination with local government units, shall establish Geriatric Care Centers in all provinces, highly urbanized cities, and independent

component cities. These centers shall provide comprehensive assessment, care planning, caregiver training, and service coordination for seniors with debilitating conditions and their families.

SEC. 20. *Adult Day Care Centers.* – Local government units shall endeavor to establish Adult Day Care Centers that provide supervised activities, socialization, and basic health monitoring for seniors with debilitating conditions during daytime hours, enabling family caregivers to work or attend to other responsibilities.

SEC. 21. *Home Health Care Services.* – The DOH shall develop standards and accreditation for home health care services. Local government units shall endeavor to provide or facilitate access to home health care services, including visiting nurses, home health aides, and allied health professionals who can provide care in the senior's home.

SEC. 22. *Registry of Seniors with Debilitating Conditions.* – The DSWD, in coordination with the DOH and local government units, shall establish and maintain a national registry of seniors with debilitating conditions and their primary family caregivers. The registry shall be used for planning, resource allocation, and monitoring of services. Data collection and management shall comply with the Data Privacy Act of 2012.

CHAPTER VI

WORKPLACE SUPPORT FOR FAMILY CAREGIVERS

SEC. 23. *Flexible Work Arrangements.* – Employers shall endeavor to provide flexible work arrangements to employees who are primary family caregivers of seniors with debilitating conditions, including but not limited to flexible working hours, compressed work weeks, telecommuting, and part-time work, where the nature of the work permits.

SEC. 24. *Special Leave for Family Caregivers.* – Employees who are registered primary family caregivers of seniors with debilitating conditions shall be entitled to a special leave of ten (10) days per year, with pay, to attend to the senior's medical appointments, emergencies, or other care-related needs. This leave shall be in addition to existing leave benefits.

SEC. 25. *Non-Discrimination.* – No employer shall discriminate against an employee or job applicant on the basis of being a family caregiver. Discrimination includes denial of employment, demotion, termination, or any adverse action based on the employee's caregiving responsibilities.

CHAPTER VII

FINAL PROVISIONS

SEC. 26. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DSWD, in coordination with the DOH, PhilHealth, Department of Labor and Employment (DOLE), and organizations of and for seniors and caregivers, shall promulgate the necessary rules and regulations to implement this Act.

SEC. 27. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 28. *Separability Clause.* – If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

SEC. 29. *Repealing Clause.* – All laws, decrees, orders, rules and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 30. *Effectivity.* – This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in a newspaper of general circulation.

Approved,