I. GENERAL PROVISIONS

HEAD OF STATE

22438 *Law 3/2024, of October 30, to improve the quality of life of people with Amyotrophic Lateral Sclerosis and other diseases or processes of high complexity and irreversible course.*

FELIPE VI
KING OF SPAIN

To all who read and understand this document.

Be it known: That the Cortes Generales [Spanish Parliament] have approved and I hereby enact the following law:

PREAMBLE

I

The strength of our healthcare and social systems is reflected in their ability to offer the best possible quality of life to individuals throughout the course of their illness. Comprehensive care in the stages following a diagnosis is necessary for all diseases, particularly in certain conditions that share a number of characteristics: the absence of a specific curative treatment, short survival time from the moment of diagnosis, rapid progression to a high level of disability and dependence, and the need to integrate complex care—both medical and social—that our systems are often unable to provide.

Amyotrophic Lateral Sclerosis – hereinafter, ALS – is a paradigmatic example of a disease that meets these criteria. It is a neurodegenerative condition, currently incurable. The average age of onset is between 40 and 70 years, and it is the most common motor neuron disease in adults, with a survival rate of between 3 and 5 years from the time of diagnosis. This disease has an estimated prevalence in 2021 of 6.5 cases per 100,000 inhabitants, which represents around 3,000 people in our country, of whom 55 % are men and 45 % are women. The prevalence of this disease remains quite stable, as each year the number of new cases diagnosed is similar to the number of deaths from this condition, between 800 and 900, although improvements in symptomatic treatments have slightly increased survival of the disease. It affects the motor neurons in the brain and spinal cord, progressively killing them, and causing muscular atrophy until the patient becomes completely immobile, unable to eat, speak, or breathe, but with mental and cognitive faculties intact, fully aware of their deterioration.

In addition to ALS, there are various neurological and non-neurological conditions of diverse origin, characterised by the high complexity of their care and an irreversible course over a short period of time – hereinafter, high complexity and irreversible course conditions. All of these are marked by a significant social, healthcare, labour, and economic impact, with progression to a state of high dependency and immense suffering for those affected, their families, caregivers, and society as a whole.

In March 2021, the European Commission renewed its Strategy for the Rights of Persons with Disabilities (2021-2030), covering all related areas addressed by the United Nations Convention, as ratified by Spain in 2007. The European Commission document, Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, focused on efforts made by the different European Union countries to improve social protection systems for people with disabilities, but it also reported that, “the goal of achieving a decent standard of living for all has still not been reached. Insufficient participation in the labour market, along with inadequate social protection and additional expenses related to

disability, particularly family caregiving, are the main reasons why people with disabilities and their families are at greater risk of experiencing economic poverty."

In recent years, initiatives such as the "National Health System's Strategy on Neurodegenerative Diseases" (2016) and the document "Approach to Amyotrophic Lateral Sclerosis" (2018) have been promoted through coordination and consensus with the autonomous communities, patient associations, and representatives of healthcare and social professionals. The mentioned strategy and document include criteria from the fields of healthcare – early diagnosis, care, patient rights and autonomy, etc. – , management – comprehensive plans, integrated processes, resource maps, etc. – , professional training – specialised healthcare training, primary care, etc. – , and research – epidemiological, etiological, clinical, translational, service-based, clinical trial research – all aimed at enabling a comprehensive, efficient, and cohesive approach to all the needs of those affected by ALS.

II

This law is based on consensus derived from three texts drafted by the Popular, Junts per Catalunya, Socialist, and Sumar Parliamentary Groups, which were themselves built upon a proposal developed by the National Confederation of ALS Associations. The proposal, which is based on the experiences of people affected by ALS, paves the way for improving care for other conditions with similar characteristics and prognosis.

This law proposes a series of legislative changes aimed at ensuring the best quality of life through a streamlining of administrative procedures used for recognizing patients' disability and dependency status, and a better integration of social and healthcare systems to support individuals affected by severe conditions that meet the following criteria: (1) The condition is irreversible with a significant reduction in survival time; (2) There is no significant response to treatment or there are no therapeutic alternatives that would improve the functioning ability or prognosis of these individuals; (3) Requires complex social and healthcare centered around home care, and causes a high impact on the immediate environment of the affected individuals; (4) There is a rapid progression in some of these conditions that requires expediting the administrative processes of assessment and recognition of the degree of disability or dependence.

The law consists of an explanatory section and the operative provisions, divided into five articles, eight additional provisions, one transitory provision, a repealing measure, and nine final provisions.

Article 1 outlines the purpose and objective of the regulation, which is to improve the quality of life and access to specialised services for individuals suffering from ALS and other diseases or conditions of high complexity and irreversible course.

Article 2 refers to the scope of application of the regulation.

Article 3 addresses the recognition of disability status for individuals with ALS and other diseases or conditions of high complexity and irreversible course, with the aim of streamlining these procedures. Article 4 establishes an urgent procedure for reviewing the degree of disability for individuals with ALS and other diseases or conditions of high complexity and irreversible course. Finally, Article 5 defines a specific procedure to follow for assessing the degree of dependence and entitlement to benefits under the System, and for reviewing the individual care plan applicable to individuals included within the scope of this regulation.

The additional provisions address the allocation of resources to the multidisciplinary teams responsible for the assessment and recognition of disability status in compliance with this law, as well as the improvement of protections for caregivers of individuals at the Grade III level of dependence. The third of these provisions is dedicated to promoting employment of caregivers for individuals in a state of dependence. The specific regulatory updates necessary are also outlined for the effectiveness of the rights guaranteed by this law.

Furthermore, these provisions address the training and specialisation of healthcare professionals in diseases or conditions of high complexity and irreversible course, such as ALS, as well as the guarantee of a maximum timeframe for receiving benefits. The additional provisions also include a mandate for the Government to conduct a study on other forms of assistance besides those covered by this law, for individuals in a state of electropendence.

It also establishes a mechanism for monitoring the regulation with the participation of the relevant ministries, the autonomous communities, and the platforms, associations, or groups for individuals included within its scope of application.

The final provisions address amendments to certain laws that are necessary for the fulfilment of the objectives of this law. They are the following: the amendment of Law 16/2003, of May 28, on the cohesion and quality of the National Health System, to align the provision of specialised care and social-healthcare services with its objectives. The consolidated text of the General Social Security Law, as approved by Royal Legislative Decree 8/2015, of October 30, is also amended to expedite the processing and recognition of permanent contributory disability. Finally, Royal Decree 897/2017, of October 6, which regulates the official status of vulnerable consumers, the social rate subsidy, and other protection measures for domestic electricity consumers, is amended to include individuals with electropendence among those eligible for the social electricity rate subsidy.

Another of the final provisions offers guidance on the application of the Evaluation Scale for Functional Abilities/Limitations to ensure its proper application to individuals affected by this law.

The law also includes final provisions related to its constitutional authority, regulatory empowerment, regulatory development for determining the scope of application of the law, and its entry into force.

Article 1. Purpose and Objective of the Regulation.

1. The purpose of this regulation is to improve the quality of life and access to specialised services for individuals suffering from Amyotrophic Lateral Sclerosis (hereinafter, ALS) and other high complexity and irreversible conditions or diseases referred to in Article 2.

2. In accordance with this purpose, the objective of the law is to establish a legal framework that reflects the commitment of society, and particularly the competent public administrations, to ensure dignified, respectful, and appropriate treatment for the individuals included within its scope as well as their families, in view of the short survival time frames in cases of ALS and other similar diseases.

3. Notwithstanding the foregoing, any rights, benefits, or services that are more advantageous and have been established or may be recognised in the general laws of any area of the legal system in relation to the purpose and objective defined in the previous sections shall be applicable to the individuals referred to in Article 2.

Article 2. Scope of Application.

1. This regulation applies to individuals diagnosed with ALS from the moment it comes into effect.

2. It shall also apply to the care of individuals suffering from other irreversible neurological diseases or conditions of high complexity, who meet the following criteria:

a) Having an irreversible condition with a significant reduction in life expectancy.

b) Not having had a significant response to treatment, or when there are no therapeutic alternatives that would improve the functioning status or prognosis of these individuals.

c) Requiring complex social and healthcare services centered around home care, and causing a significant impact on the immediate environment of the affected individuals.

d) Having a rapid progression in some of these conditions that requires expediting administrative processes for the assessment and recognition of the degree of disability or dependence.

3. This regulation may also be applied to other non-neurological conditions or diseases which, in their progression, meet all the requirements identified in the previous section.

4. The provisions in sections 2 and 3 shall be carried out as established in the seventh final provision.

Article 3. Recognition of disability status for individuals with ALS and other high complexity and irreversible diseases or conditions.

1. Individuals included within the scope of this regulation shall be considered to have a disability with a degree equal to or greater than 33 percent, for all purposes, if they are Social Security pensioners and have been granted a permanent disability pension at the total, absolute, or severe invalidity level. This also applies to pensioners from the public sector who have been granted a retirement or pension due to permanent disability for service or unfitness for duty.

2. Individuals will also be considered, for all purposes, to have a disability of 33 percent or higher if they are included within the scope of this law and have been recognised as having dependency status at any of its levels.

Article 4. Urgent procedure for review of the degree of disability in the case of individuals with ALS and other high complexity diseases or conditions with irreversible progression.

1. A review of the degree of disability may be requested at any time by any person who is included within the scope of this regulation.

2. In the case a review is requested as referred to in the previous section, a maximum period of three months is established for the decision on the review of the degree of disability.

Article 5. Procedure for the assessment and review of the degree of dependency and entitlement to benefits under the System, and for the review of the individual care plan for individuals with ALS and other high complexity diseases or conditions with irreversible course.

In determining the degree of dependency and entitlement to benefits under the Dependency System as regulated in Article 28 of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for Persons in a State of Dependence within the scope of this regulation, individuals will be assigned a level of Grade I starting from the diagnosis of the corresponding disease or condition. The determination of the classification must be made within a maximum period of three months from the request, for individuals included within the scope of this regulation.

Likewise, the review of the individual care plan and the review of the degree of dependence referred to in Articles 29 and 30, respectively, of the regulation mentioned in the previous paragraph, must be carried out within a maximum period of three months from the request for individuals included within the scope of this regulation.

First Additional Provision. Allocation of necessary resources to multidisciplinary teams responsible for the assessment and recognition of degrees of disability.

1. In order to enable the resolution of requested reviews of degree of disability within the time frame set out in Article 4.2, all competent administrations will provide multidisciplinary teams responsible for the assessment and recognition of degrees of disability with the necessary resources to comply with the provisions concerning the speed of disability status evaluation procedures, the classification of disability degrees, and degree reviews. The necessary resources will also be provided for the proper functioning of remote or telematic assessments, when applicable.

2. In accordance with the provisions of the previous section, the competent administrations will establish protocols, channels, models, or other specific mechanisms for the receipt and processing of requests for a review of the disability degree from individuals included within the scope of this regulation.

Second Additional Provision. Protection of caregivers for individuals in a state of dependency at the level of Grade III, Severe Dependence, as recognised in accordance with the provisions of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for Persons in a State of Dependence.

Individuals covered by the Social Security system through the special agreement established in Royal Decree 615/2007, of May 11, regulating the Social Security of caregivers for persons in a dependent state, who have suspended their employment, either as an employee or self-employed, and were previously covered by the Social Security system, in order to care for a person with Grade III dependence, may choose to retain the contribution level from their last year of employment in that activity, as long as it exceeds the minimum threshold of the General Regime. In this case, they will be directly responsible for 50 percent of the cost of the increased contribution based on the amount resulting from the application of section 1 of Article 4 of the mentioned royal decree. The remaining 50 percent of the cost of the contribution increase will be paid directly by the Institute for the Elderly and Social Services (IMSERSO for its Spanish title) to the Social Security General Treasury.

Third Additional Provision. Employment policy for caregivers.

Caregivers who have been forced to give up their work or professional activity in order to care for individuals covered by the scope of this law shall be considered a priority group for the employment policy provided in Article 50 of Law 3/2023, of February 28, on Employment.

Fourth Additional Provision. Specific regulatory updates for the effectiveness of the rights of individuals affected by ALS and diseases or conditions of high complexity and irreversible course.

The Government, within twelve months of the entry into force of this law, will adopt the following measures:

a) It will advance an agreement in the full session of the Interterritorial Council of the National Health System to standardise financial assistance for travel, living, and accommodation expenses for patients, and where applicable, their companions, who are referred to receive medical care at a centre or service of the National Health System in a different autonomous community from their place of residence.

b) It will update the National Health System's service portfolio in the area of rehabilitation to include physiotherapy services, including home care, that may benefit individuals with high complexity and irreversible conditions such as ALS, among others, following an agreement by the Interterritorial Council of the National Health System, and in accordance with Royal Decree 1030/2006, of September 15, which establishes the common service portfolio of the National Health System and the procedure for its updating.

c) It will integrate a structure within the Carlos III Health Institute (ISCIII for its Spanish title) that will include research programs on ALS aimed at promoting research, development, innovation, and the dissemination and provision of documentary services on ALS itself, as well as coordinating, monitoring, and promoting scientific and healthcare advancements to improve its diagnosis and treatment.

d) It will create and regulate the National Neurodegenerative Disease Registry, as provided for in Law 14/1986, of April 25, General Health Law, and in Law 16/2003, of May 28, on Cohesion and Quality of the National Health System. This registry will aim to provide epidemiological information on the incidence, prevalence, and determinants associated with the disease, as well as facilitate information to guide planning, healthcare management, and the evaluation of healthcare activities, and to provide the basic indicators that will allow comparisons between autonomous communities and with other countries.

e) It will update the document Approach to Amyotrophic Lateral Sclerosis (ALS) of the National Health System’s Strategy for Neurodegenerative Diseases, to incorporate new milestones and actions in the care of people with ALS in the National Health System, with special attention to the development of a specific care plan structured around Primary Care, nursing, and specific units, if applicable.

f) It will submit the following proposals to the Territorial Council of Social Services and the System for Autonomy and Care for Dependency:

– Adapt the services provided through personal assistance and the Home Care Service, as outlined in Articles 19 and 23 of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for persons in a dependent state, to the needs of the individuals covered by this law.

– Include specific training in courses for professional caregivers working within the Dependency System, to equip them with the necessary tools to care for individuals with conditions of high complexity and irreversible course, such as ALS.

– Develop a framework for socio-health coordination and integration that among other things, addresses the integrated care of patients with high complexity diseases such as ALS through social services and healthcare services within the National Health System. This framework must be subsequently submitted to the Interterritorial Council of the National Health System.

These proposals will include measures aimed at ensuring a public guarantee of 24-hour specialised supervision and continuous care. Such care may be required to prevent the risk of avoidable death in individuals diagnosed with ALS or other conditions and diseases of high complexity and irreversible course, when the advanced stage of the disease leads to complete dependency for basic activities of daily living. It will also include assistance with medical equipment and personal care related to respiratory problems and dysphagia.

The social rights, benefits, and resources derived from this law will be financed in accordance with the provisions set out in Articles 9 and 32 of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for persons in a state of dependence.

Fifth Additional Provision. Training and specialisation of health professionals in diseases or conditions of high complexity and irreversible course such as ALS.

The Government will undertake the necessary actions to improve the training and develop the specialisation of healthcare professionals and health science specialists in the comprehensive and multidisciplinary approach to high complexity diseases, such as ALS.

The Continuing Education Commission for Healthcare Professions, attached to the Human Resources Commission of the National Health System, will coordinate the offering of continuous education for healthcare professionals. This will focus particularly on the diagnosis, care, and progression of high complexity diseases like ALS, in order to adequately meet the needs of individuals suffering from these diseases throughout their progression.

The training actions mentioned above will be designed and implemented in accordance with the provisions on specialised and continuing education for healthcare professionals in Title II of Law 44/2003, of November 21, on the Regulation of Healthcare Professions.

Sixth Additional Provision. Guarantee of a maximum period for the delivery of benefits.

The Government shall propose to the Territorial Council of Social Services and the System for Autonomy and Care for Dependency the creation of an interinstitutional working group. This group will include representatives from various ministries as well as the autonomous communities, with the aim of improving the functioning of public services. In particular, it will establish a maximum response time for the delivery of key social benefits, such as those from the System for Autonomy and Care for Dependency.

Seventh Additional Provision. Development of a study on new assistance for persons in a state of electrodependence.

The Government, in coordination with the autonomous communities, will carry out a study on the feasibility and appropriateness of approving additional assistance for persons in a state of electrodependence. This could include measures such as ensuring that their electricity supply cannot be suspended, requiring electricity companies to provide advance notice as early as possible of scheduled and unavoidable outages, and granting access to higher discounts on electricity rates. Additionally, the study may explore providing devices to guarantee electricity supply during scheduled outages or unforeseen circumstances, such as generators or uninterruptible power supply systems.

Eighth Additional Provision: Monitoring of the Regulation.

Within two years of the publication of this law in the Official State Gazette, the Government shall convene the relevant ministries, the autonomous communities, and platforms, associations, or groups for individuals covered by its scope, with the aim of conducting a joint analysis of the fulfilment of its purpose and objectives.

Single Transitory Provision: No Retroactivity of Benefits.

Benefits of any kind—economic, social, fiscal, or otherwise—that may arise from the application of this regulation, shall not be applied retroactively.

Single Repeal Provision. Repeal of Legislation.

Any provisions of equal or lower rank that oppose, contradict, or are incompatible with the provisions of this law are hereby repealed.

First Final Provision: Amendment of Law 16/2003, of May 28, on Cohesion and Quality of the National Health System.

Law 16/2003, of May 28, on Cohesion and Quality of the National Health System, is amended as follows:

One. Section 2 of Article 13 is amended to read as follows:

"2. Specialised healthcare, in coordination with primary care, shall include:
a) Specialised care in consultations.
b) Specialised care in day, medical and surgical hospitals.
c) Hospitalisation under an inpatient regime.
d) Support for primary care in early hospital discharge and, where appropriate, home hospitalisation.
e) Indication or prescription, and the performance of diagnostic and therapeutic procedures, if applicable.
f) Palliative care for terminally ill patients.
g) Mental health care.
h) Rehabilitation for patients with functional deficits aimed at enabling, maintaining, or restoring the highest possible degree of functional capacity and independence, in order to preserve their maximum autonomy, improve their quality of life, and reintegrate them into their usual environment.

Two. Article 14 is amended to read as follows:

Article 14. Provision of Socio-Health Care.

1. Socio-health care includes the range of services for individuals with diseases that cause dependency or disability due to their progression, typically chronic conditions. Given their special characteristics, these patients can benefit from the simultaneous and coordinated involvement of both healthcare and social services to increase autonomy, alleviate limitations or suffering, and support social reintegration.
2. In the healthcare sector, socio-health care will be provided at the levels determined by each autonomous community and the National Institute of Health Management, and will in all cases include the following:
a) Long-term medical care.
b) Medical care for convalescence.
c) Rehabilitation for patients with functional deficits aimed at enabling, maintaining, or restoring the highest possible degree of functional capacity and independence, to preserve their autonomy, improve quality of life, and reintegrate them into their usual environment.
d) Intermediate care for individuals whose illness has progressed to result in a state of severe dependency, such as complex chronic diseases, rare diseases, and conditions and diseases of high complexity and irreversible course.

This includes in particular those addressed by Law 3/2024 of October 30, aimed at improving the quality of life for individuals with Amyotrophic Lateral Sclerosis and other conditions and diseases of high complexity and irreversible course, among others.

3. The continuity of service shall be guaranteed by healthcare and social services through appropriate coordination between the relevant public administrations. The appropriate coordination may be strengthened through the establishment of socio-health coordination bodies in the autonomous communities and the cities of Ceuta and Melilla. These bodies would facilitate cooperation between the social and healthcare sectors to provide an integrated, coordinated, and efficient response to the social and healthcare needs of individuals with diseases that, due to their progression, lead to dependency and disability, such as complex chronic diseases, mental health conditions, rare diseases, and high-complexity, irreversible diseases and conditions. This includes those addressed by Law 3/2024 of October 30, aimed at improving the quality of life for individuals with Amyotrophic Lateral Sclerosis and other high complexity, irreversible diseases and conditions, among others, which, due to their specific characteristics, can benefit from the simultaneous and coordinated involvement of healthcare and social services."

Second Final Provision. Amendment of the consolidated text of the General Social Security Law, approved by Royal Legislative Decree 8/2015, of October 30.

Sections 1 and 2 of Article 193 of the consolidated text of the General Social Security Law, approved by Royal Legislative Decree 8/2015, of October 30, are amended and shall be worded as follows:

"1. Permanent contributory disability refers to a worker who, after undergoing prescribed treatment, experiences severe anatomical or functional impairments that are objectively measurable and likely permanent, resulting in a reduced or nullified work capacity. A disabled person's potential for recovery of work capacity shall not alter this classification if the recovery is considered medically uncertain or long-term.

The requirement of having previously undergone prescribed treatment may be waived in cases where, based on the worker's condition, the stage of the illness, its expected progression, and the severity of the anatomical and functional impairments, these are sufficiently objective and likely permanent.

Anatomical or functional impairments existing at the time of the individual's affiliation with the Social Security system shall not prevent their classification as permanently disabled when it concerns persons with disabilities and, after affiliation, these impairments worsen. This may result in a reduction or loss of the individual's work capacity, either due to the aggravation of existing impairments or in combination with new injuries or conditions.

2. Permanent disability must result from a situation of temporary disability, unless the person is not covered by temporary disability protection. This applies in cases where the individual is in a situation deemed equivalent to being on leave under Article 166, which does not include temporary disability. It also applies to situations where the individual is assimilated to employees under Article 155.2, and in cases of permanent disability accessed from no leave status, as outlined in Article 195.4. It shall not be necessary for the permanent disability to result from a temporary disability situation in the cases mentioned in the second paragraph of the previous section."

Third Final Provision. Amendment of Royal Decree 897/2017, of October 6, which regulates the official status of vulnerable consumers, the social rate subsidy and other protection measures for domestic electricity consumers.

A new paragraph f) is added to Section 3 of Article 3 of Royal Decree 897/2017, of October 6, which regulates the official status of vulnerable consumers, the social rate subsidy and other protection measures for domestic electricity consumers, to read as follows:

f) The consumer or any member of the household is a person with electrodependence.

Under the terms established by the Ministry of Health, the conditions of access, the procedure and certification of the status of electrodependency, as well as a catalogue of diseases that determine electrodependence, shall be defined by regulation.

The status of electrodependence shall be certified by presenting the electrodependence certificate to be established by health regulations, in accordance with the above."

Fourth Final Provision. Evaluation Scale for Functional Abilities/Limitations.

In the context of the evaluation procedure for the Assessment Scale of Functional Capacities/Limitations as set out in the fifth additional provision of Royal Decree 888/2022, of October 18, which regulates the procedure for recognizing, declaring, and classifying the degree of disability, the following will be considered. Specifically, the concept of respiratory difficulty in reference a450 of the mobility scale will be modified. This modification will take into account the limitations of individuals who are able to walk but do so with difficulty due to respiratory muscle impairment, severe respiratory diseases, or heart failure.

Fifth Final Provision. Title of competence.

This law is enacted by virtue of Articles 149.1.1, 13, 16, 17, and 25 of the Spanish Constitution, which assign to the State exclusive competence in the regulation of the basic conditions that ensure equality for all Spaniards in the exercise of their rights and the fulfilment of their constitutional duties; the establishment of the foundations and coordination of general economic planning; the foundations and general coordination of healthcare; in the field of basic legislation and the economic regime of Social Security; and to establish the foundations of energy regulation.

Sixth Final Provision. Regulatory development and regulatory empowerment.

The Government and the heads of ministerial departments, within the scope of their respective competences, are authorised to approve any provisions necessary for the development, application, and enforcement of the provisions established in this law.

Seventh Final Provision. Regulatory development for determining the scope of application of the law.

Within one year from the publication in the Official State Gazette of this regulation, the Government shall approve a regulation defining the criteria referred to in paragraphs 2 and 3 of Article 2 and shall incorporate an annex with a list of diseases and conditions to which this law shall be applicable.

Eighth Final Provision. Safeguarding the rank of regulatory provisions.

All regulatory provisions amended by this law that have the rank of royal decree shall retain their status as royal decrees and may only be modified by another regulation of the same rank.

Ninth Final Provision. Entry into force.

This law shall enter into force on the day following its publication in the Official State Gazette. Therefore, I command all Spaniards, individuals and authorities, to observe and ensure the observance of this law.

Madrid, 30 October 2024.

FELIPE R.

The President of the Government,
PEDRO SÁNCHEZ PÉREZ-CASTEJÓN