



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

20th CONGRESS
1st Regular Session

HOUSE BILL NO. 2956



Introduced by **REPRESENTATIVE JENNIFER A. LAGBAS**

EXPLANATORY NOTE

The 1987 Constitution mandates an integrated and comprehensive approach to health development, ensuring that essential health and social services are available at affordable costs, with priority given to underprivileged groups, including children.¹ It further provides that the State shall provide free medical care to indigent persons.²

Children with special needs often require occupational, speech, behavioral, and physical therapy. However, the majority of these services in urban centers makes them largely unaffordable for poor and low-income families. Furthermore, public hospitals and rural health units are typically unequipped or understaffed to provide sustained therapy support.

A study conducted jointly by the Department of Social Welfare and Development (DSWD) and UNICEF Philippines in September 2022 revealed profound economic disadvantage faced by families with CSNs. Health-related expenses for these households are nearly three times higher than for families without CSNs. The same study estimated that only one in five children with disabilities has a disability ID card, excluding a majority from access to support programs and subsidies. Alarming, households raising children with moderate to severe disabilities require 40% to 80% higher monthly expenditures just to attain the same level of well-being as other households. Yet the current support system, including the disability card and existing health insurance benefits, covers only a fraction of these costs and often benefits wealthier families more than those in greater need.³

This proposed measure seeks to establish publicly accessible therapy centers across provinces, highly urbanized cities, and strategic areas to provide therapy services to CSNs and ease the burden on their families. These centers shall focus on early intervention, reduce long-term developmental gaps, and ease

¹ CONST., art. XIII, sec. 11.

² CONST. art. XIII, sec. 11.

³ UNICEF Philippines and Department of Social Welfare and Development, *The Cost of Raising Children with Disabilities in the Philippines*, [unicef.org](https://www.unicef.org/philippines/reports/cost-raising-children-disabilities-philippines), December 2022, <https://www.unicef.org/philippines/reports/cost-raising-children-disabilities-philippines> (accessed July 25, 2025).

the out-of-pocket costs currently borne by caregivers. By doing so, the bill aims to support families, promote inclusion, and uphold the rights and dignity of CSNs as members of society.

In view of the foregoing, the passage of this measure is earnestly sought.



HON. JENNIFER A. LAGBAS
Representative
First District, Misamis Oriental



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AN ACT
ESTABLISHING ACCESSIBLE THERAPY CENTERS FOR CHILDREN WITH SPECIAL
NEEDS (CSNs) IN EVERY PROVINCE, HIGHLY URBANIZED CITY, AND STRATEGIC
AREAS NATIONWIDE, DEFINING ITS OBJECTIVES AND FUNCTIONS, 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 “Accessible Therapy Centers for Children with Special Needs Act.”

SEC. 2. *Declaration of Policy.*— It is the policy of the State to adopt an integrated and comprehensive approach to health development, in accordance with Article XIII, Section 11 of the 1987 Philippine Constitution, which mandates that health and other social services shall be made available to all at affordable cost, with priority given to the needs of the underprivileged, the sick, the elderly, persons with disabilities, women, and children. The State shall endeavor to provide free medical care to indigent persons.

In line with this mandate, the State recognizes that children with special needs (CSNs), despite their disabilities or developmental conditions, have the potential to lead meaningful and productive lives with timely support and intervention. The State likewise affirms the vital role of early and sustained therapy in promoting the full development and social inclusion of CSNs.

To this end, it shall be the policy of the State to ensure that quality, affordable, and geographically accessible therapy services are provided through government-supported therapy centers established in cities, municipalities, and other strategic areas across the country, particularly for indigent children and their families.

SEC. 3. Objectives.— Pursuant to the above declaration of policies, the State adopts the following objectives:

- a) Provide quality and comprehensive therapy services to assist CSNs in achieving their fullest developmental potential through an integrated system of therapy interventions;
- b) Provide early assessment and intervention for CSNs to address their developmental, medical, and support needs as early as possible; and
- c) Promote independence, functionality, and social participation among CSNs through accessible therapy and support services.

SEC. 4. Definition of Terms.— For purposes of this Act, the following terms shall be defined as follows:

- a) *Children with Special Needs* - shall refer to those persons eighteen (18) years old and below who are gifted or talented, or with neuropsychological retardations, learning disabilities, emotional or behavioral disorders, speech and language disorders, hearing impairments, visual impairments, autism, physical or health disabilities, deaf-blindness, and multiple handicapping conditions and are in need of special education as well as services for rehabilitation. They differ from average children in neuropsychological characteristics, sensory abilities, neuromuscular or physical characteristics, and social attributes to such an extent that the use of modified school practices or special education services is required to develop them to maximum capability.

They may be classified as follows:

- 1) Gifted children and fast learners - shall refer to those capable of superior performance, including those with demonstrated achievement or potential ability in one or more of the following areas: general intellectual ability, specific academic aptitude, creative or productive thinking ability, leadership ability, ability in the performing arts and psychomotor ability, or those individuals who consistently manifest the following cluster of traits: above average ability (including intelligence), high creativity (implies the developmental appreciation of innovative ideas) and high task commitment (related to a high degree of motivation) and those who by reason thereof, require services or activities not ordinarily provided by the school;
- 2) Children with autism - shall refer to those with developmental disabilities marked by disturbances in development, language and relationship with persons, activities and objects and which may coexist with intellectual disability and epilepsy. Children afflicted with autism have perceptual, cognitive, communication and social difficulties that change over time;
- 3) Children with mental retardation or intellectual disability - shall refer to those who have substantial limitation in present functioning characterized by significant sub-average intellectual functioning, existing concurrently with the related limitations in two or more of the applicable adaptive skills areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work;

- 4) Children with visual impairment - shall refer to those who are blind or having low vision. Persons are blind if they have visual capacity of 20/200 or less in a better eye after maximum correction. The low-vision persons retain a relatively low degree of vision and can read only enlarged print or regular print under special conditions;
 - 5) Children with hearing impairment - shall refer to those who are deaf or hard-of-hearing. The deaf are those whose hearing is non-functional for ordinary purposes in life. The hard-of-hearing have defective sense of hearing that is functional without a hearing aid;
 - 6) Children with behavior problems - shall refer to those who cannot adjust to the socially-accepted norms or behavior and, consequently, disrupt their academic progress, in the learning efforts of their classmates and interpersonal relations;
 - 7) Children with orthopedic or physical handicap - shall refer to those whose impairment permanently or temporarily interferes with the normal functions of the joints, muscles, or limbs;
 - 8) Children with special health problems - shall refer to those who have health conditions that tend to keep children out-of-school or those with chronic and/or debilitating illnesses such as cardiac diseases, asthma, diabetes, tuberculosis and other respiratory ailments, carcinoma, epilepsy, malnutrition and others;
 - 9) Children with speech defects - shall refer to those whose speech differs from the average so far as to draw unfavorable attention to the manner of speaking rather than to the thought conveyed, which include communication disorders such as stuttering impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance;
 - 10) Children with multi-handicaps - shall refer to those with more than one disability, such as the deaf-blind or those diagnosed with autism and intellectual disability;
 - 11) Children with Specific Learning Disability - shall refer to those with one or more disability of the basic physiological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen/think/speak/read, write, spell, or do mathematical calculations. Such term includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia;
 - 12) Children with Traumatic Brain Injury - An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment or both, and that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual, and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.
- b) *Therapy*—shall refer to a planned, coordinated, and multidisciplinary set of interventions provided by trained professionals to support the physical, cognitive, sensory, emotional, and social development of a CSN;
 - c) *Early Intervention*—shall refer to assessment, diagnosis, and treatment of a CSN in the early stages of his or her development;

- d) *Indigent*—shall refer to a person who has no visible means of income or whose income is insufficient for the subsistence of his or her family, as identified by the Department of Social Welfare and Development (DSWD) based on specific criteria set for this purpose.
- e) *Financially incapacitated*—shall refer to a CSN who is not classified as indigent but who demonstrates a clear inability to pay or spend for necessary expenditures for one's medical treatment or that would deplete one's financial resources, as assessed and certified by the DSWD.

SEC. 5. *Establishment of Therapy Centers.*— There shall be established in all capital cities of provinces, highly urbanized cities, and other strategic areas throughout the country, community-based Therapy Centers that shall be maintained by the local government unit (LGU) and under the technical supervision of the Department of Health (DOH).

The DOH shall set and enforce quality standards and provide regular monitoring and technical support. The LGUs shall be responsible for the hiring, compensation, and management of both medical and non-medical personnel of the Therapy Centers, subject to minimum staffing and competency standards prescribed by the DOH.

SEC. 6. *Staffing.*— Each Therapy Center shall have the following minimum staff complement:

- a) At least one (1) physician, preferably a psychiatrist or developmental pediatrician, who shall assess and diagnose a CSN;
- b) At least one (1) physical therapist, who will be or is trained in occupational therapy;
- c) At least one (1) speech-language pathologist (speech therapist), who shall assess and provide therapy for communication and swallowing disorders;
- d) At least one (1) behavioral therapist or psychologist trained in behavior intervention;
- e) At least one (1) special education teacher; and
- f) At least two (2) social workers.

SEC. 7. *Functions.*— The Therapy Centers shall carry out the following functions:

- a) The center shall render regular physical and/or occupational therapy sessions to CSNs for the improvement of their physical condition, mobility, and cognitive development;
- b) The center shall address speech delays, articulation, language comprehension, and communication difficulties by rendering speech and language therapy;
- c) The center shall implement behavior modification techniques and support for emotional and psychological well-being;
- d) The center shall provide counselling and development programs to enhance self-esteem, confidence and social interaction;
- e) The centers shall provide training for parents, guardians, and carers of CSNs and other volunteers on how to properly take care of CSNs, including basic exercises for these children that may be done their own homes to ensure continued therapy;
- f) The centers shall serve as information centers for the rights and incentives accorded to CSNs. Disability-related documents, materials, and data shall be made available in accessible formats; and

- g) The centers shall also serve as referral points for the assessment and registration of eligible children for a disability card.

SEC. 8. *Therapy Fees.*— The Therapy Centers shall offer their services free to indigent or financially incapacitated CSNs. Those who do not qualify as indigent or financially incapacitated can avail of the services for a minimal fee, based on fees prescribed by the DOH in the implementing rules and regulations of this Act. Fees collected shall accrue as revenue of the host LGU and shall be utilized only for the operation and maintenance of the Therapy Centers within the host LGU and the salary of the staff complement.

SEC. 9. *Implementing Rules and Regulations.*— The DOH, in coordination with the DSWD, the National Council of Disability Affairs, and in consultation with non-government organizations advocating the rights of CSNs, shall promulgate the necessary implementing rules and regulations within ninety (90) days after this Act takes effect.

SEC. 10. *Appropriations.*— The amount necessary for the initial establishment of the community-based Therapy Centers under this Act, including infrastructure, essential equipment, and initial capacity-building, shall be charged against the current-year appropriations of the DOH. For the succeeding years, the amount necessary shall be included in the annual General Appropriations Act.

Thereafter, the maintenance, operational expenses, and personnel costs of the Therapy Centers shall be supported from the budgets of the respective LGUs, in accordance with minimum quality standards and under the technical supervision of the DOH.

SEC. 11. *Separability Clause.*— Any portion of or provision of this Act that may be declared unconstitutional or invalid shall not have the effect of nullifying the other portions or provisions hereof as long as such remaining portion or provision can still subsist and be given effect in its entirety.

SEC. 12. *Repealing Clause.*— All laws, decrees, orders, rules, and regulations or other issuances or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

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

Approved,