

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

TWENTIETH CONGRESS
First Regular Session

House Bill No. **3379**



Introduced by: **REP. ALFREDO "ALBEE" B. BENITEZ**
Lone District, Bacolod City

EXPLANATORY NOTE

The Autism Spectrum Disorder (ASD) is a lifelong development disorder that is continuously increasing in the country and even globally. The latest data from the Global Burden of Disease Study revealed that one in 127 person globally has autism. In the country, the Autism Society of the Philippines (ASP) reported that the prevalence of autism accounts for one in every 100 individuals. This translates to approximately 1.2 million Filipinos living with autism. The same source also revealed that almost 350,000 Filipino children have ASD.

Autism is a neurodevelopmental disorder, by nature. It is not a disease, hence there is no known cure. Although, it has been proven that early intervention provides an opportunity for children on the spectrum to be functional and lead almost normal lives (Journal of American Medical Association). Early intervention pertains to therapies that should be done at a very young age to give children on the spectrum a fighting chance to grow into functional adults. These therapies include occupational therapy, speech therapy, and even applied behavioral analysis (ABA) therapy.

However, there are several deterrents in the provision of early intervention for children with ASD. To begin with, there are only a handful of development pediatricians in the country, thus making the long wait for an assessment painstaking, both for the children and the parents. It is also critical to note that this initial appointment would cost around Php 4,000 to 5,000 and bears a significant value for low to middle-income families.

When a diagnosis is confirmed, recommendations for appropriate therapies of four to five times per week are made, which would cost around Php 1,000 per session.

Given the cost of the assessment and therapies, it is unlikely for low and even medium-income families to regularly afford these life-changing therapies for their children. The United Nations International Children's Emergency Fund (UNICEF) revealed that poverty rates are higher 50% higher in households with children with

disabilities. It is more than crucial that the government make available free or affordable services for the diagnosis and therapies of children on the spectrum.

In addition to the cost of therapies, there seems to be a palpable need for a proper implementation of inclusive education in the country, one that would allow children with ASD to go to class with the neuro-typical students.

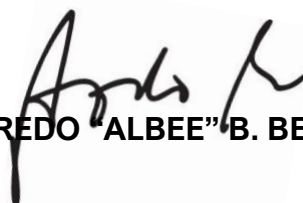
Despite the enactment of some landmark legislations such as the Republic Act No. 7277 or the Magna Carta for Persons with Disabilities (PWDs) and recently, the Republic Act No. 11650 or the Inclusive Education Act; current accommodations for children on the spectrum indicate that policies need to be enhanced and implemented accordingly for the government to be at the forefront of providing for Filipino children with special needs.

This bill seeks to provide an enabling environment for persons with autism (POS) to enjoy a better quality of life by promoting acceptance and inclusion, providing free or affordable healthcare and therapeutic services and giving them access to quality education and employment.

This proposed measure mandates relevant government agencies to formulate programs and mechanisms that will defray the cost of early intervention necessity that includes developmental assessment of POS and recommended therapies, shift the current education system to inclusive education, establish programs that will train teachers and other public servants to help provide care for POS, and extend support to the parents and families of POS, among others.

Every child, regardless of their abilities or differences, should be treated with dignity, respect and equal opportunities. It is incumbent upon the government to provide necessary support for persons on the spectrum to afford them better prospects of a future where they reach their full potentials, and become self-reliant and functional members of our society.

In view of the foregoing, the immediate consideration and approval of this bill is earnestly urged.


ALFREDO "ALBEE" B. BENITEZ

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

TWENTIETH CONGRESS
First Regular Session

House Bill No. **3379**

Introduced by: **REP. ALFREDO “ALBEE” B. BENITEZ**
Lone District, Bacolod City

**AN ACT INSTITUTING A COMPREHENSIVE NATIONAL AUTISM
SPECTRUM DISORDER (ASD) PROGRAM**

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

Sec. 1. Short Title. This Act shall be known as the National Autism Program Act.

Sec. 2. Declaration of Policy. – It is hereby the policy of the State to protect and promote the rights of all Filipino citizens diagnosed with Autism Spectrum Disorder (ASD) to a better quality of life. As such, the State shall pursue policies and programs that will ensure that individuals with Autism have enough opportunities to become self-reliant and productive members of society. Towards this end, it is mandated that the State shall make available and affordable necessary government assistance in terms of health, education and social services to empower and support individuals with ASD as well as their families. The State shall also endeavor to create an environment that is inclusive and non-discriminatory so that individuals with Autism can be well integrated in society.

Sec. 3. Coverage. - This Act shall cover all Filipino citizens diagnosed with a developmental disorder under the category of Autism Spectrum Disorder (ASD) and their families and carers.

Sec. 4. Definition of Terms. – For purposes of this Act:

- a) **‘Autism’ or Autism Spectrum Disorder (ASD)** – refers to a broad category of neurodevelopmental disorders characterized by difficulties with social communication from a young age, as well as unique repetitive behavior patterns and narrow interests, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).

- b) **Persons on the Spectrum (POS)** – refers to persons who are clinically diagnosed with any disorder that falls under the Autism Spectrum Disorder;
- c) **Developmental Assessment** – is a systematic evaluation process done by Development Pediatricians to identify and monitor a child's growth, development, and progress in various domains, including cognitive, motor, language, social-emotional, and adaptive skills. It helps in early identification of developmental delays or disorders and guides appropriate interventions and support, as defined by Yale School of Medicine;
- d) **Occupational Therapy** – refers to a therapy that is a complete method that takes a holistic approach in improving the lives of individuals through various activities and objective interventions, as defined by the Occupational Therapy Practice Framework: Domain and Process—Fourth Edition;
- e) **Speech Therapy** – refers to therapy that addresses challenges with language and communication. It can help people with autism improve their verbal, nonverbal, and social communication. The overall goal is to help the person communicate in more useful and functional ways;
- f) **'Behavioral Therapy' or Applied Behavioral Analysis (ABA) Therapy** – as defined by Mayo Clinic, is an evidence-based behavioral treatment to reinforce desirable behaviors and decrease undesirable behaviors through assessing children in their home environments. It focuses on decreasing behavioral problems, enhancing communication and teaching new skills;
- g) **Early Intervention** – Early interventions occur at or before preschool age, as early as 2 or 3 years of age. In this period, a young child's brain is still forming, meaning it is more "plastic" or changeable than at older ages; and because of this plasticity, treatments have a better chance of being effective in the longer term as reported by the National Institutes of Health;
- h) **Early Detection and Screening Program** – refers to the program where local government units conduct barangay-based screening program where local health workers conduct initial assessment to all children in their constituencies and refer children exhibiting symptoms of Autism to development pediatricians;
- i) **Private Therapy Centers** – refers to privately-owned centers or clinics offering occupational therapy, speech therapy and behavioral therapy to children with Autism;
- j) **Barangay Therapy Centers** – refers to centers established by local government units to provide free therapeutic services to children with autism in their respective Barangays;
- k) **Inclusive Education** – as per Republic Act No. 11560, Inclusive Education refers to the process of addressing and responding to the diversity of needs of

all learners by moving towards the end-goal of full participation, presence and achievement in learning cultures and communities, which involves accommodation, modification, adaptation, and individualization in content, approaches, structures, and strategies;

- l) **Individualized Education Plans (IEPs)** – as per Republic Act No. 11560, IEPs refer to the systematic, purposive, and developmental educational programming of curricular and instructional priorities and contents designed to meet the educational requirements of a learner with disability and ensure mastery learning of skills and behaviors. It includes the services to be provided and the duration and frequency of such services, describes the learner's present level of performance, how the learner's disabilities affect academic performance, and specific accommodations and modifications. An IEP shall be designed to meet the unique educational needs of a learner with disability who shall receive appropriate services, have real opportunities for equality, and fully participate in the general education system and the community. It shall likewise aim at developing the learner's strengths and talents to achieve the greatest possible self-sufficiency and independent living.

- m) **Level 1 Autism** - refers to the level of Autism that “requires support”. This level is formerly known as high-functioning autism. Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.

- n) **Level 2 Autism** - refers to the level of Autism that “requires substantial support”. Individuals diagnosed with Level 2 autism face marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others.

- o) **Level 3 Autism** - refers to the level of Autism that “requires very substantial support”. Those diagnosed with Level 3 Autism experience severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. They also show inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors

Sec. 5. National Autism Spectrum Disorder (ASD) Plan. – The DOH shall convene the relevant government agencies to formulate the National ASD Plan that will outline the national government's plans and programs to support Filipinos on the spectrum as well as their families. The ASD Plan shall be updated every three (3) years. The formulation of the National ASD Plan shall also ensure the representation of the stakeholders such as the Persons of the Spectrum, parents, and practitioners.

Sec. 6. National Autism Center (NAC). – There shall be established a National Autism Center under the Department of Health (DOH), which shall perform the following functions:

- a) To conduct annual epidemiological surveillance programs and constantly update the data on the prevalence of Autism in the country to provide data for government agencies delivering services to POS;
- b) to launch necessary researches on the latest and most effective interventions on Autism Spectrum Disorders;
- c) to conduct an inventory of current national and local government programs available for POS and how those are being accessed by the target clients;
- d) to develop modules for interventions for POS, capacity building of health workers and other government service providers, trainings for teachers, and home empowerment programs;
- e) and to identify policy gaps and provide necessary data to government agencies developing programs under this Act.

Sec. 7. Epidemiological Surveillance Program. – The NAC shall conduct annual survey to determine the prevalence of Autism in the country. The survey shall include the number of individuals diagnosed with Autism as well as other pertinent data such as the therapies being availed by POS, economic status, among others. Results of the survey shall serve as the basis for the programs that government agencies will develop for the sector.

Sec. 8. Information Awareness Campaign – The DOH shall launch a nationwide information awareness campaign, which objective is to increase knowledge of parents on the red flags for detection of Autism on their children and to promote a more inclusive environment for Filipinos on the spectrum.

Sec. 9. Autism Support Allowance Program. – There shall be established an Autism Support Allowance Program under the Department of Social Welfare and Development (DSWD) which will provide regular stipend to families with POS. The allowance program seeks to support families with POS on their daily expenses. An amount of Four Thousand Pesos (Php 4,000.00) a month per POS is set for the allowance program, which will be indexed to inflation to preserve its positive impact on the standards of living of POS and their families.

Sec. 10. Mandatory Philhealth Coverage. – As provided by Republic Act No. 11228 or *An Act Providing for the Mandatory Philhealth Coverage For All Persons with Disability (PWDs)*, all persons diagnosed with Autism shall automatically be enrolled to Philhealth as sponsored members. Their Philhealth membership shall include, among others, coverage of early detection, assessment by Developmental Pediatricians and occupational, speech and behavioral therapies.

Sec. 11. Early Detection and Screening. – The DOH, in coordination with the LGUS, shall develop and implement a program that will allow early detection and

screening of Autism in Filipino children. Children exhibiting symptoms of Autism shall be referred to Development Pediatricians for the official diagnosis. The screening program should be done at least once a year and should be Barangay-based to ensure accessibility. The DOH shall also ensure proper training of municipal and barangay health workers to identify early signs of Autism in children.

Sec. 12. Free Developmental Assessment. – All Filipino children may avail of one (1) free developmental assessment until the age of 5; *Provided*, That those who were clinically diagnosed with Autism Spectrum Disorder shall have access to at least one (1) free developmental assessment per year: *Provided*, That all assessments shall be fully covered by Philhealth.

Sec. 13. Establishment of Barangay Therapy Centers. – Local government units shall be encouraged to create Therapy Centers in their respective Barangays to make early intervention and therapies more accessible to their constituents diagnosed with Autism. The LGUs shall also grant necessary therapy resources and equipment in the therapy centers.

Sec. 14. Plantilla positions for Therapists. – The LGUs shall create at least 3 plantilla positions for occupational or speech therapists in their respective cities and municipalities who will train prospective therapists in the Barangay Therapy Centers and Barangay Health workers who will conduct early detection and screening.

Sec. 15. Free Occupational, Speech and Behavioral therapies. – The Department of Health shall make available free occupational and speech therapies in DOH hospitals and specialized hospitals. Plantilla positions for the therapists necessary for the therapy centers in the public hospitals shall be proposed by the DOH to be included in their annual budget.

Philhealth shall develop a voucher system for the full coverage of the occupational, speech and behavioral therapies for both public health institutions and private therapy centers; *Provided*, That the full coverage shall be available for POS coming from low to middle income households.

Sec. 16. Accreditation of Private Therapy Centers. – The DOH and Philhealth shall create mechanisms for the accreditation of private therapy centers offering occupational, speech and behavior therapies to allow their clients, coming from low to middle income households, to avail of full coverage from Philhealth. The mechanisms should be simple enough to encourage more private therapy centers to apply for accreditation. In addition, tax incentives should be offered to private therapy centers who would participate in the Philhealth program.

Sec. 17. Free Medications for POS. – The DOH shall provide free medications for POS diagnosed with Level 3 Autism. The medicines shall be made available in all the Centers for Health Development (CHDs) and further distribute the same to the Barangay health centers.

Sec. 18. Tax Incentives and Refunds for Health Practitioners. – The DOH, DOF and BIR shall come up with a package of tax incentives and tax refunds for health practitioners and therapists catering to children on the spectrum; *Provided*, That the development of the said packages shall be consulted with the Association of Development Pediatricians, Occupational Therapists and Speech Pathologists.

Sec. 19. Inclusive Education. – As mandated in Republic Act No. 11650, the policy of inclusion is hereby instituted in all early and basic education schools, both public and private. All schools, whether public or private, shall ensure equitable access to quality education to every learner with Autism: *Provided*, That learners diagnosed with Level 3 ASD may be referred to Special Needs Education (SNED) classes: *Provided*, further, That those children on the spectrum who will be referred or transferred to SNED classes shall be fairly assessed by the school with written permission of the Parents.

The Department of Education (DepEd) shall provide incentives to schools that are providing additional therapy facilities for their students with Autism.

Sec. 20. Mandatory Training of Teachers for Inclusive Education. – The DepEd and CHED shall require annual seminars or trainings on inclusive education for teachers in both public and private schools. These capacity building activities shall include the development of Individualized Education Plans (IEPs) and management of students with Autism in the classrooms, among others. The DepED shall also create a Plantilla position for at least two (2) Therapists per Schools Division, who will lead the training of teachers for inclusive education.

Sec. 21. Inclusion of Special Education in the Curriculum of Education Courses in Tertiary Schools. - As provided in RA 11650, teacher education institutions offering Bachelor of Education shall include inclusive education in the curriculum courses.

Sec. 22. Scholarships Programs and Service Obligation. – The DOH and CHED shall collaborate to create scholarship programs for students taking up courses on Occupational Therapy, Speech Pathology and other related courses. The scholars shall, in turn, be required to serve at least 3 years of employment in any public hospitals offering therapies and services for persons with Autism.

Sec. 23. Mandatory Orientation for Public Service Providers. – The Civil Service Commission shall conduct annual orientation seminars for public service providers, particularly, those who are in the frontline agencies. The objective of the orientation seminars is to educate service providers on how to properly serve clients with Autism. The modules for these seminars shall be developed by the National Autism Center.

Sec. 24. Technological and Skills Trainings for Persons with ASD. – The Technological Education and Skills Development Authority (TESDA) shall include persons with Autism as part of its special clients. TESDA shall develop technical,

vocational education and training programs that are designed to meet to the special skills and needs of their clients with Autism.

Sec. 25. Counselling and Education for Parents and Carers. – The DOH shall make available counselling services for families and carers of individuals with ASD to also protect the mental health of the carers, parents and family members.

Sec. 26. Home Empowerment Programs. – To ensure follow-through of therapies in the homes of the individuals with ASD, the DOH shall develop programs to educate parents and carers on how to properly support and care for their family members with Autism at home. The DOH shall coordinate with the LGUs to ensure that the Home Empowerment Programs shall be accessible up to the Barangay Levels.

Sec. 27. Shelters for POS. – The DSWD shall establish shelters for children, adults and elderly POS. The shelters shall serve as temporary and even permanent shelters for abandoned children and neglected adults and elderly POS. There shall also be an inventory of non-profit private centers providing shelters for POS to be conducted by the DSWD and develop mechanisms for government support to such shelters.

Sec. 28. Additional Leave for Parents and Carers. – In addition to the leave privileges under existing laws, parental leave of not more than seven (7) working days every year shall be granted to parents and main carers of persons with Autism.

Sec. 29. Tax Incentives for Employers. – The Department of Finance (DOF), in coordination with the DOH, NCDA and DOLE, shall develop a scorecard that will correspond to specific tax incentives for employers hiring individuals with ASD.

Sec. 30. Prohibited Acts. – The following acts are prohibited:

- (a) Any learning institution, whether public or private, or educators who shall:
 - 1) Deny admission in regular classes to any learner just on the basis of their Autism diagnosis; *Provided*, That those POS who are non-verbal and diagnosed with Level 3 Autism may be referred to Special Needs Education classes: *Provided*, further, That the latter shall be fairly assessed by the school with written consent of the parents.
 - 2) Require Developmental Pediatrician's Assessment Reports from the POS applicants prior to admission in any schools;
 - 3) Cause physical and verbal abuse to any persons on the spectrum;
 - 4) Favoring a non-disabled employee over a qualified disabled employee with respect to promotion, training opportunities, study and scholarship grants, solely on account of the latter's disability;

- (b) Any entity, whether public or private, that shall:
 - 1) Discriminate against hiring and promotion of an employee with Autism, solely on account of the latter's disability.

(c) Any establishment, whether public or private, that shall:

- 1) Deny entry or request any POS to leave any premises solely because of their diagnosis.

Sec. 31. Penalties. - Any person who violates any provision of this Act shall suffer the penalties stated in Republic Act No. 7277 or the Magna Carta for Disabled Persons.

Sec. 32. Appropriations. – The amount necessary to carry out the provisions of this Act shall be included and incorporated in the annual general appropriations of the government agencies responsible for each program.

Sec 33. Implementing Rules and Regulations (IRR) – Within sixty (60) days from the effectivity of this Act, the DOH Secretary or his/her designated representative as Chairperson, the authorized representative/s of DSWD, NCDA, DILG, DOLE, TESDA, Philhealth, DepEd, CHED, Associations of Occupational Therapists, Speech Pathologists sand Behavioral and Development Pediatricians, shall jointly promulgate the rules and regulations for the effective implementation of this Act. At least four (4) members of the IRR drafting committee, to be selected by the DOH Secretary, shall come from NGOs advocating for the rights of POS.

Sec. 34. Report to Congress. - The DOH, as the lead implementing agency, shall submit an annual report to Congress on the implementation of this Act.

Sec. 35. Separability Clause. – If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall continue to be in full force and effect.

Sec. 36. Repealing Clause. – All laws, executive orders, presidential decrees, presidential proclamations, letters of instructions, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Sec. 37. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,