

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila



TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4874

Introduced by Representative Kenneth T. Gatchalian

EXPLANATORY NOTE

Neurodevelopmental disorders (NDDs), such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), intellectual disability, cerebral palsy, and certain sensory impairments, are lifelong conditions that significantly affect health, education, social participation, and productivity. Despite their prevalence, many children and adults with NDDs in the Philippines face delayed detection, limited access to quality care, and systemic barriers to education and employment opportunities.

The World Health Organization (WHO) and UNICEF have underscored that millions of children with developmental disabilities remain on the margins of health and social systems worldwide due to inadequate policy integration and service delivery gaps.¹ Evidence shows that early detection and timely intervention bring long-term benefits, including improved educational outcomes, enhanced independence, and reduced lifetime costs associated with unmanaged conditions.^{2 3}

¹ World Health Organization & UNICEF. (2023). *Global report on children with developmental disabilities: From the margins to the mainstream*. World Health Organization. <https://www.who.int/publications/i/item/9789240080539?utm>

² Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., et al. (2017). Nurturing care: Promoting early childhood development. *The Lancet*, 389(10064), 91–102. [https://doi.org/10.1016/S0140-6736\(16\)31390-3](https://doi.org/10.1016/S0140-6736(16)31390-3)

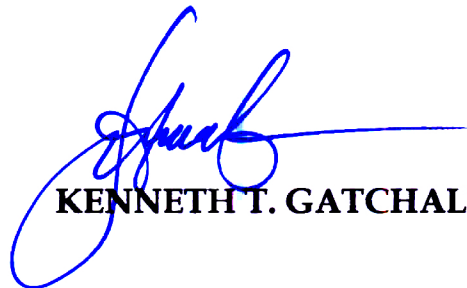
³ Richter, L. M., Daelmans, B., Lombardi, J., et al. (2017). Pathways to scale for early childhood development. *The Lancet*, 389(10064), 103–118. [https://doi.org/10.1016/S0140-6736\(16\)31698-1](https://doi.org/10.1016/S0140-6736(16)31698-1)

In the Philippines, services for persons with NDDs remain fragmented across health, education, and social welfare agencies. This lack of coordination among agencies results in duplication of efforts, unequal access, and heavy financial burdens on families. While existing legislation such as the Magna Carta for Disabled Persons (Republic Act No. 7277) and financing mechanisms through PhilHealth provide some coverage, there is still no comprehensive, nationally coordinated care framework for neurodevelopmental conditions.

This bill seeks to address these systemic gaps through the establishment of a National Neurodevelopmental Care Plan (NNCP), led by a Sub-Committee on Neurodevelopmental Disorders under the National Council on Disability Affairs (NCDA). The NNCP will serve as a roadmap for prevention, screening, early detection, diagnosis, intervention, habilitation, rehabilitation, inclusive education, employment, social protection, and community integration of persons with NDDs. It further mandates collaboration among government agencies, non-governmental organizations, professionals, families, and advocates to ensure that services are accessible, inclusive, and responsive.

Through this measure, the State affirms its duty to protect and promote the right to health of all Filipinos and to promote the well-being of persons with disabilities. More importantly, it recognizes the dignity, individuality, and potential of persons with neurodevelopmental disorders, empowering them to become independent, self-reliant, and productive members of society.

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



KENNETH T. GATCHALIAN

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AN ACT
INSTITUTING A NATIONAL NEURODEVELOPMENTAL CARE PLAN,
ESTABLISHING A COMMITTEE ON NEURODEVELOPMENTAL
DISORDERS UNDER THE NATIONAL COUNCIL ON DISABILITY
AFFAIRS, AND PROVIDING FUNDS THEREFOR

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

1 **SECTION 1.** *Short Title.* – This Act shall be known as the “*National*
2 *Neurodevelopmental Care Act.*”

3 **SEC. 2.** *Declaration of Policy.* – It is the policy of the State to protect and
4 promote the right to health of the people to achieve full, healthy, and holistic
5 development. To this end, the State shall promote an environment conducive to
6 the growth of persons with neurodevelopmental disorders to become, to the best
7 of their potentials, independent, self-reliant, and productive members of the
8 society.

9 The State commits itself to the establishment of institutional and social
10 mechanisms to support children and adult persons with neurodevelopmental
11 disorders and their families, develop a clear and consistent pathway to early
12 detection and diagnosis, provide easy access to quality health care, education, and

1 employment opportunities such that persons with neurodevelopmental disorders
2 may live independently within the community, to minimize or completely
3 eradicate discrimination, and to enable the private sector to extend relevant
4 services that will complement the government's programs. The State recognizes
5 and respects the preferences and differences of the members of the community,
6 including the use of identity-first or person-first language.

7 **SEC. 3. *Definition of Terms.*** – As used in this Act, the following terms
8 shall mean:

- 9 a. *Neurodevelopmental Disorders (NDDs)* are behavioural and cognitive
10 disorders arising during the developmental period that involve
11 significant difficulties in the acquisition and execution of specific
12 intellectual, motor, language or social functions;
- 13 b. *Diagnosis* refers to necessary assessments, including, but not limited to,
14 neuropsychological and neurodevelopmental evaluations, genetic
15 testing, neuroimaging, neurophysiologic examination, hearing tests,
16 psychometric tests to diagnose neurodevelopmental and/or
17 developmental disabilities in individuals;
- 18 c. *Disability* refers to 1) a physical or mental impairment that substantially
19 limits one or more psychological, physiological, or anatomical function
20 of an individual or activities of such individual; 2) a record of such an
21 impairment; or 3) regarded as having such an impairment;
- 22 d. *Epidemiology* refers to the study and analysis of the distribution and
23 determinants of health conditions in defined populations;
- 24 e. *Habilitation* refers to an integrated approach to physical, psychological,
25 cultural, spiritual, educational, or vocational, measures that create
26 conditions for individuals to attain the highest possible level of
27 functional ability and quality of life;

- 1 f. *Inclusive Education* refers to the process of addressing and responding
2 to the diversity of needs of all learners by moving towards the end-goal
3 of full participation, presence, and achievement in learning cultures and
4 communities, which involves accommodation, modification, adaptation,
5 and individualization in contents, approaches, structures, and strategies.
6 It involves equitable opportunities for learners with disabilities to
7 receive educational services, and the needed support and related services
8 with their age-appropriate peer groups and, as far as practicable, in such
9 schools or Inclusive Learning Resource Centers (ILRCs) nearest their
10 homes or residences, in order to prepare them to live as fully functional
11 members of society;
- 12 g. *Intervention* refers to the interceding action undertaken to help improve
13 the neurodevelopmental prognosis. Intervention in neurodevelopmental
14 may take the form of medical, pharmacological, therapeutic, education,
15 and non-traditional habilitative care, and all other support services;
- 16 h. *Rehabilitation* a set of interventions designed to optimize functioning
17 and reduce disability in individuals with health conditions in interaction
18 with their environment; and
- 19 i. *Service providers* are any person or entity that provides service to the
20 public.

21 **SEC. 4. *Inter-Agency and Multi-Sectoral Mechanism.*** –

22 A Sub-Committee on Neurodevelopmental Disorders herein referred to as the
23 Sub-Committee, is hereby created under the National Council on Disability
24 Affairs (NCDA) which shall serve as an inter-agency and multi-sectoral policy-
25 making and coordinative mechanism to develop and implement a sustainable
26 National Neurodevelopmental Care Plan (NNCP).

27 **SEC. 5. *Powers and Functions of the Sub-Committee*** – The Sub-
28 Committee shall have the following powers and functions:

- a. Develop the NNCP, a roadmap in addressing the holistic needs of Filipinos with neurodevelopmental disorders and their families, such as health, education, employment, among others, for the guidance of stakeholders in the private and public sectors, calibrated to meet the changing needs of society and developments in technology;
- b. Coordinate, monitor, and evaluate the implementation of the NNCP and the protection of rights of persons with neurodevelopmental disorders, with the concerned government and non-governmental agencies;
- c. Design campaigns that promote public awareness, acceptance, accommodation, and appreciation of persons with neurodevelopmental disorders;
- d. Undertake research in collaboration with private and public entities regarding neurodevelopmental disorders in the Philippines;
- e. Enhance the programs and capabilities of the government to provide nationally available services that support persons with neurodevelopmental disorders and their families, in areas, including, but not limited to screening, diagnoses, early intervention, education, training, employment, and livelihood;
- f. Assist the private and public sector in the design and delivery of support programs for persons with neurodevelopmental disorders and their families;
- g. Develop capacity-building programs, incentives, and awards for persons with neurodevelopmental disorders to enhance their potentials as independent, self-reliant, and productive members of society;
- h. Establish networks with other organizations, institutions, and professionals working for the promotion of public policy and programs for persons with neurodevelopmental disorders, and support groups for families of persons with neurodevelopmental disorders;

- i. Receive donations and grants from international donor institutions, foundations, and multilateral and bilateral foreign donor agencies, involved in the direct services for persons with neurodevelopmental disorders;
- j. Enter into memoranda of agreement with government and non-governmental entities for the implementation of various programs for persons with neurodevelopmental disorders; and
- k. Perform other acts as may be necessary, proper, or incidental to the attainment of the purposes and objectives of this Act.

SEC. 6. *Composition of the Sub-Committee on Neurodevelopmental Disorders* – The Sub-Committee shall be composed of the heads of office of the following agencies:

- a. The NCDA as Chairperson;
- b. The Department of Health (DOH) as Vice Chairperson;
- c. The Department of Social Welfare and Development (DSWD);
- d. The Department of Education (DepEd);
- e. The Department of Interior and Local Government (DILG);
- f. The Department of Labor and Employment (DOLE);
- g. The Department of Science and Technology – Philippine Council for Health and Research Development (DOST-PCHRD);
- h. The Commission on Higher Education (CHED);
- i. The Civil Service Commission (CSC);
- j. The Technical Skills and Development Authority (TESDA);
- k. The Council for the Welfare of Children (CWC);
- l. Philippine Council for Mental Health (PCMH);
- m. The National Institutes for Health (NIH);
- n. Three (3) representatives from non-governmental organizations (NGOs) with programs and advocacy for persons with neurodevelopmental:

1 o. Two (2) representatives from NGOs composed of neurodevelopmental
2 self-advocates.
3

4 Except for members from government agencies, the members of the Sub-
5 Committee shall be appointed by the Chairperson of the Sub-Committee.
6

7 The heads of office of government agencies may designate official
8 permanent representatives to the Sub-Committee, whose rank shall not be lower
9 than an Assistant Secretary or its equivalent: *Provided*, That the designated
10 representative has no vote unless authorized in writing.
11

12 The members of the Sub-Committee shall be appointed not later than thirty
13 (30) days after the date of the enactment of this Act. Members representing the
14 non-government agencies shall serve for a term of three (3) years, renewable upon
15 recommendation of the Sub-Committee and approval of the President for a
16 maximum of two (2) consecutive terms. In case of vacancy, the successor
17 appointed to fill the same shall serve only the unexpired portion of the term of the
18 member he/she succeeds to.
19

20 All members of the Sub-Committee shall receive per diem as may be
21 determined by the Sub-Committee, in accordance with existing budget and
22 accounting rules and regulations.
23

24 The Sub-Committee shall meet at least quarterly or as often as necessary.
25 The presence of a majority of the members of the Sub-Committee shall constitute
26 a quorum.
27

1 The Sub-Committee shall have a Secretariat which will coordinate the
2 functions and organize the programs, plans, and activities pursuant to this Act.
3 The NCDA shall determine the necessary staffing requirements of the Sub-
4 Committee, subject to the evaluation and approval of the Department of Budget
5 and Management (DBM) and in compliance with the civil service and other
6 pertinent laws, rules and regulations.

7
8 **SEC. 7. *The National Neurodevelopmental Care Plan.*** – The Sub-
9 Committee on Neurodevelopmental Disorders shall spearhead and coordinate with
10 government agencies and other stakeholders on the implementation of the NNCP.

11 The programs and services under the NNCP shall include, among others,
12 the following:

13
14 a. *Information Campaigns.* – The DOH, DepEd, NCDA, DSWD, CHED,
15 TESDA, and PCMH shall, in accordance with their respective mandates,
16 conduct various forms of information campaigns, as follows:

- 17 1. Publications such as manuals, infographics, and easily
18 readable instruction materials on early detection, management,
19 intervention, habilitation, rehabilitation, and care of persons with
20 neurodevelopmental disorders;
- 21 2. Publication of a newsletter on current developments,
22 milestones, best practices, resources, and research on
23 neurodevelopmental disorders;
- 24 3. Promotion of early screening of children and individuals at
25 higher risk for such disability;
- 26 4. Other platforms for families of persons with
27 neurodevelopmental disorders such as online resources,

1 educational aids, guides, and other suitable alternatives in local
2 languages;

3 5. The NCDA shall create and develop a central database of
4 professionals and childcare institutions concerned with the case
5 and development of persons with neurodevelopmental disorders;
6 and

7 6. The Sub-Committee may initiate and conduct collaborative
8 information campaigns as may be necessary.

9 b. *Health* –

10 1. The DOH shall implement epidemiological surveillance
11 programs to establish a databank and information and monitoring
12 system (IMS) on the demographic, socio-economic, and total
13 incidence and prevalence of persons with neurodevelopmental
14 disorders in the country;

15 2. The DOH, PCMH, PCHRD, the Early Childhood Care and
16 Development (ECCD) Council, DepEd's ILRCs shall, in
17 coordination with other concerned agencies:

18 a. Strengthen research focus on neurodevelopmental
19 disorders;

20 b. Promote, create, develop, and adopt strategic plans that
21 will continue to determine and establish evidence-based
22 practices for interventions, care, and integration into
23 society of persons with neurodevelopmental disorders;

24 c. Expand research into the link between environmental
25 factors and neurodevelopmental disorders; and

26 d. Continue investigations into causation, diagnosis, early
27 detection, and interventions for neurodevelopmental
28 disorders.

1
2 Such factors that will be studied shall include, among others,
3 infection and immune function, hormonal and reproductive
4 factors, genetic factors, gastrointestinal factors, and
5 sociodemographic factors; and

6 3. The Sub-Committee may initiate and conduct collaborative
7 health programs, plans, and activities as may be necessary.

8 c. *Education* - The DOH, DepEd, CHED, TESDA, DSWD, and shall, in
9 accordance with their respective mandates, conduct various forms of
10 education programs, plans, and activities in cooperation with other
11 concerned agencies, as follows:

12 1. Continuing education and training programs on the proper
13 handling of persons with neurodevelopmental disorders;

14 2. Continuing education and training of families, teachers,
15 therapists, and caregivers of persons with neurodevelopmental
16 disorders through seminars, conventions, and other forms of
17 educational tools;

18 3. Continuing education and training on neurodevelopmental
19 disorders for public service providers to sensitize and empower
20 them as effective front liners in the delivery of services to persons
21 with neurodevelopmental disorders and their families;

22 4. Curriculum development for continuing education to assist
23 individuals in recognizing the need for and using valid and
24 reliable screening tools;

25 5. "Teach the Teachers" Program on specialized and holistic
26 training for health and education professionals;

27 6. Formulation of guidelines, policies, protocols, and
28 individualized programs on inclusive education for school

1 children, young students, and other learners with
2 neurodevelopmental disorders, in matters including, but not
3 limited to, discrimination, acceptance to academic or training
4 programs, instructional support, and behavior management; and

5 7. The Sub-Committee may initiate and conduct collaborative
6 education programs, plans, and activities as may be necessary.

7 d. *Employment and Livelihood* - The DOLE and CSC shall formulate
8 policies and initiate and implement programs to ensure that persons with
9 neurodevelopmental disorders are provided opportunities for gainful
10 employment and apprenticeship, both in the private and public sectors.

11 e. *Other Support Programs* –

12 1. The DILG and Department of National Defense shall
13 provide lifesaving support to persons with neurodevelopmental
14 disorders with behavioral and communication challenges, in
15 times of disasters, calamities, situations of armed conflict, and
16 other emergencies, ensure their inclusion on the list of priority
17 sectors;

18 2. The Department of Transportation shall formulate policies
19 and protocols to ensure that persons with neurodevelopmental
20 disorders with behavioral and communication challenges and
21 their families are given reasonable accommodation in accessing
22 all forms of transportation by land, sea, and air;

23 3. The Department of Justice (DOJ) shall formulate policies
24 and protocols to ensure criminal justice agencies and
25 professionals shall provide the accommodations and protections
26 to persons with neurodevelopmental disorders with behavioral
27 and communication challenges, who may be accused of, are
28 victims of, or are witnesses to crimes;

1 4. The DOJ and the Commission on Human Rights shall
2 promulgate guidelines and standards to ensure that interventions
3 and programs for persons with neurodevelopmental disorders do
4 not violate their basic human rights, particularly as regards their
5 rights to determine their own decisions.

6 5. All other concerned agencies shall, in accordance with
7 their respective mandates, conduct orientation and counselling
8 services for families of persons newly diagnosed with
9 neurodevelopmental disorders and establish Family Support
10 Networks and Sibling Programs;

11 6. The Sub-Committee may initiate and conduct other
12 collaborative support programs, plans, and activities as may be
13 necessary.

14 **SEC. 8. *Panel of Technical Experts.*** – The Sub-Committee shall
15 constitute a national panel of technical experts consisting of practitioners related
16 to neurodevelopmental disorders, such as, but not limited to:

17 a. One (1) representative from the duly accredited association of
18 medical doctors in the Philippines;

19 b. One (1) representative from the speech-language pathologists'
20 national organization, duly recognized by the Professional Regulation
21 Commission;

22 c. One (1) representative from the developmental and behavioral
23 pediatricians' national organization, duly recognized by the Professional
24 Regulation Commission;

25 d. One (1) representative from the psychologists' national organization,
26 duly recognized by the Professional Regulation Commission;

27 e. One (1) representative from the dietitians' national organization, duly
28 recognized by the Professional Regulation Commission;

1 f. One (1) representative from the occupational therapists' national
2 organization, duly recognized by the Professional Regulation Commission;

3 g. One (1) representative from the social workers' national organization,
4 duly recognized by the Professional Regulation Commission;

5 h. One (1) representative from the developmental educators' national
6 organization, duly recognized by the Professional Regulation Commission; and

7 i. One (1) representative from the disability support workers' national
8 organization, duly recognized by the Professional Regulation Commission.
9

10 The Panel shall provide professional and technical advice to the
11 Sub-Committee in science, technologies, and best practices for
12 neurodevelopmental disorders.

13 The Sub-Committee shall set the qualifications and per diems for the
14 technical experts.

15 The Sub-Committee or through the collaborative programs and plans of its
16 member agencies and organizations, shall provide resources for the operations and
17 activities of the Panel.

18 **SEC. 9. *Local Government Support*** – Local government units (LGUs)
19 shall promote the NNCP in their respective territorial jurisdictions. LGUs may
20 enter into joint ventures with national agencies and organizations or associations
21 with programs and advocacy for persons with neurodevelopmental disorders, to
22 explore livelihood opportunities and other undertakings that shall enhance the
23 health, physical fitness, and the economic and social well-being of persons with
24 neurodevelopmental disorders.

25 The Sub-Committee and the DILG shall coordinate with LGUs in the
26 mainstreaming of the NNCP.

27 **SEC. 10. *Consultation with Stakeholders.*** – The Sub-Committee shall, in
28 collaboration with professionals, networks, and support groups for persons with

1 neurodevelopmental disorders, hold broad consultations and massive information
2 campaigns on the various programs with government and non-governmental
3 stakeholders.

4 **SEC. 11. *Philhealth Coverage.*** – The Sub-Committee shall facilitate the
5 necessary Philippine Health Insurance Corporation (PhilHealth) coverage for
6 persons with neurodevelopmental disorders, including early screening and
7 detection programs, immediately upon the effectivity of this Act.

8 **SEC. 12. *Protection Against Discrimination in Insurance and Other***
9 ***Financial Instruments.*** – The Department of Finance shall, within 180 days from
10 the effectivity of this Act, formulate policies and protocols to ensure that all
11 financial service providers, such as banks, insurance companies, and health
12 maintenance organizations (HMOs) shall provide persons with
13 neurodevelopmental disorders equitable access to their services and products.

14 **SEC. 13. *Appropriation.*** – The amount necessary to carry out the
15 provisions of this Act shall be included and incorporated in the annual general
16 appropriations of DOH.

17 **SEC. 14. *Implementation.*** – The Sub-Committee shall, in consultation and
18 coordination with appropriate national government agencies, NGOs, and other
19 stakeholders, promulgate the necessary rules and regulations for the effective
20 implementation of this Act, no later than 180 days upon the effectivity of this Act.

21 **SEC. 15. *Separability Clause.*** – If any provision or part of this Act is held
22 invalid or unconstitutional, the remaining parts or provisions not affected shall
23 remain in full force and effect.

24 **SEC. 16. *Repealing Clause.*** – All laws, executive orders, presidential
25 decrees or issuances, letter of instruction, administrative orders, rules, and
26 regulations as well as local ordinances contrary to or inconsistent with the
27 provisions of this Act are hereby repealed, amended, or modified accordingly.

1 **SEC. 17. *Effectivity.*** - This Act shall take effect fifteen (15) days after
2 publication in the Official Gazette or in two (2) national newspapers of general
3 circulation.

Approved,