

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4914



Introduced by: Hon. Keith Micah "Atty. Mike" D.L. Tan

AN ACT
PROVIDING A COMPREHENSIVE AND AFFORDABLE FRAMEWORK FOR
EARLY DETECTION AND INTERVENTION SERVICES FOR CHILDREN WITH
SPECIAL NEEDS

EXPLANATORY NOTE

Section 11, Article XIII of the 1987 Philippine Constitution states that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.

Early detection and timely intervention prevent the onset of symptoms and associated complications significantly improving the long-term health outcomes and quality of life of our children. Every child deserves to be ensured the best possible start in life.

Time is of the essence. Delaying diagnosis is tantamount to delaying vital interventions that can significantly impact results. Yet, delays in diagnosis result in missed opportunities for early, evidence-based care. Thus, this bill seeks to provide a comprehensive and affordable framework for early detection and intervention services for children with special needs.

In view thereof, approval of this bill is earnestly sought.


Keith Micah "Atty. Mike" D.L. Tan
4th District, Quezon

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

SECTION 1. *Short Title.* – This Act shall be known as the “Early Detection and Intervention Services for Children with Special Needs Act of 2025”.

SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the rights of children with special needs to equal opportunities in education, healthcare, and social integration. The State shall establish a comprehensive framework for early detection, assessment, and intervention, ensuring that no child is left behind, regardless of geographic, economic, and social barriers. Towards this end, the State shall support and empower children with special needs and their families by giving them better lifelong outcomes through accessible and affordable early detection and intervention services.

SEC. 3. *Objectives.* – This Act seeks to promote the rights and developmental potential of all Filipino children, particularly those with or at risk of developmental delays and disabilities, by establishing a comprehensive and inclusive framework for early detection and intervention. Specifically, it aims to:

- (a) Establish a unified and integrated National Program for the early screening, identification, diagnosis, detection, and monitoring of developmental delays, disabilities, and disorders in children. The National Program shall be led by the Department of Health (DOH), in close coordination with the Department of Education (DepEd), the Department of Social Welfare and Development (DSWD), and Local Government Units (LGUs);

- (b) Ensure the provision of free or subsidized intervention services, including but not limited to occupational, physical, speech-language, psychological, and educational therapies, accessible across all regions, including geographically isolated and disadvantaged areas;
- (c) Build and sustain a competent and adequately trained workforce in the fields of health, education, and social services through continuing professional development programs focused on early childhood disability identification and intervention;
- (d) Promote public awareness and advocacy to empower parents, caregivers, and communities with knowledge on child development, early warning signs, available services, and to reduce stigma against children with disabilities;
- (e) Provide scholarship grants to deserving Filipino students pursuing degree programs in professions relevant to early childhood development, disability identification, and intervention, with a corresponding return service obligation in public or accredited facilities; and
- (f) Strengthen inter-agency coordination and governance mechanisms among the DOH, DepEd, DSWD, LGUs, and other relevant entities to ensure the effective, inclusive, and rights-based delivery of services to children with developmental needs.

SEC. 4. *Coverage.* – All infants and children up to eight (8) years of age shall be entitled to early childhood developmental screening, assessment, and intervention services under this Act. Priority shall be given to children who are suspected of, or diagnosed with, developmental delays, disabilities, or neurodevelopmental disorders including, but not limited to the following:

- (a) Autism Spectrum Disorder (ASD) - A developmental disorder typically appearing before age three, characterized by challenges in communication, social interaction, and repetitive behaviors, often co-occurring with intellectual disability or epilepsy.
- (b) Attention-Deficit/Hyperactivity Disorder (ADHD) - A neurodevelopmental disorder marked by persistent patterns of inattention, hyperactivity, and impulsivity inappropriate for the child's age.
- (c) Behavioral Disorders - Emotional or behavioral issues that disrupt learning, social functioning, or classroom environments, requiring behavioral support or intervention.
- (d) Cerebral Palsy (CP) - A group of non-progressive neurological disorders affecting movement, posture, and coordination, often caused by brain damage before, during, or shortly after birth.
- (e) Down Syndrome - A genetic condition caused by the presence of an extra chromosome 21, leading to developmental delays, intellectual disability, and characteristic physical features.

- (f) Global Developmental Delay (GDD) - A condition diagnosed in children under five years old who show significant delays in two or more developmental domains: motor skills, speech and language, cognitive development, social interaction, or activities of daily living.
- (g) Intellectual Disability - A condition marked by significant limitations in intellectual functioning and adaptive behavior, affecting conceptual, social, and practical skills.
- (h) Learning Disabilities - Specific developmental disorders that affect the ability to read, write, or perform mathematical calculations, such as dyslexia or dyscalculia, usually identified during school age but with early warning signs in preschool years.
- (i) Visual Impairment - Includes both blindness and low vision. Blindness refers to a visual capacity of 20/200 or less in the better eye with maximum correction; low vision involves limited vision that allows reading only under special conditions.
- (j) Hearing Impairment - Includes deafness (non-functional hearing) and hard-of-hearing conditions (partially functional hearing, possibly with hearing aids).
- (k) Orthopedic or Physical Disabilities - Conditions affecting the musculoskeletal system that hinder mobility or motor functioning, whether temporary or permanent.
- (l) Learning Disabilities - Disorders in processing information, resulting in difficulties with listening, speaking, reading, writing, spelling, or mathematics, despite having normal intelligence. Includes dyslexia, brain injury, and developmental aphasia.
- (m) Speech or Communication Disorders - Conditions that impair the ability to communicate, including stuttering, articulation issues, language impairment, or voice disorders that negatively impact learning.
- (n) Multiple Disabilities - The presence of two or more disabling conditions (e.g., deaf-blindness, autism with intellectual disability) requiring combined support services.
- (o) Specific Learning Disability - A disorder in one or more of the basic psychological processes related to understanding or using language, manifesting as difficulties in listening, thinking, speaking, reading, writing, or mathematical calculations.
- (p) Traumatic Brain Injury (TBI) - An acquired brain injury caused by external physical force, resulting in cognitive, behavioral, or physical impairments that adversely affect learning and functioning. Excludes congenital or degenerative brain conditions and birth-related trauma.

This Act shall also grant priority to those who reside in disaster-prone areas and GIDA, such as areas that are isolated due to distance, inaccessibility to transportation, and weather conditions, unserved and underserved communities and other areas identified to have high incidences of poverty, those persons

belonging to the vulnerable sector, communities in or recovering from situation of crisis or armed conflict and recognized as such by a government body.

SEC. 5. National Program for Early Detection and Intervention. – The Department of Health (DOH), in coordination with the Department of Education (DepEd), the Department of Social Welfare and Development (DSWD) and other relevant agencies, shall jointly develop, establish, and implement a comprehensive and integrated National Program for Early Detection and Intervention. The Program shall aim to identify, support, and monitor Filipino children with developmental concerns. It shall ensure the following key components:

- (a) *Early and Accessible Screening, Diagnosis, and Intervention Services* – A standardized system shall be developed and deployed nationwide to provide routine developmental screening at barangay health centers, daycare centers, and other community-based settings, with appropriate referral pathways for diagnostic and intervention services. Services shall be culturally sensitive, family-centered, and financially accessible.
- (b) *Trained and Competent Workforce in Early Intervention and Child Development* – The Program shall support the capacity building of healthcare and education professionals, including but not limited to special education teachers, developmental pediatricians, therapists, social workers, allied health personnel and barangay health workers. Training shall focus on early childhood development, disability inclusion, and evidence-based intervention strategies.
- (c) *Public Awareness and Advocacy Campaign*. – A nationwide information and advocacy campaign shall be implemented to educate parents, caregivers, and communities on early childhood development, the importance of timely screening and intervention, and to reduce stigma and discrimination against children with disabilities.
- (d) *Monitoring, Evaluation, and Data Management*. – A robust monitoring and evaluation framework shall be established to track the implementation and outcomes of the Program. This shall include the collection and analysis of age-disaggregated and disability-specific data, establishment of benchmarks, and the use of performance indicators to assess impact and inform policy adjustments.

The implementing agencies shall issue joint guidelines within ninety (90) days from the effectivity of this Act to operationalize the National Program and ensure its harmonization with existing government initiatives on child development, disability rights, and inclusive education.

SEC. 6. *Mandatory Early Childhood Developmental Screening and Assessment.*

– All government health centers and public hospitals shall be mandated to conduct regular developmental screening and assessments for infants and children from birth up to eight (8) years of age as part of their basic health services.

Such screening shall follow evidence-based clinical guidelines to be issued by the DOH, and shall be performed by trained health professionals or barangay health workers (BHWs) under supervision.

The mandatory early childhood developmental screening and assessment shall be free of charge.

SEC. 7. Mandatory PhilHealth Coverage. – The Philippine Health Insurance Corporation (PhilHealth) shall provide mandatory coverage for medically necessary occupational therapy, physical therapy, speech therapy, and other related therapeutic interventions for children with special needs. Such coverage shall include, but not be limited to, assessment, diagnosis, treatment, and rehabilitation services rendered by duly licensed and accredited professionals. PhilHealth is hereby directed to formulate and implement appropriate benefit packages and reimbursement schemes to ensure accessible, affordable, and quality therapeutic care for children with special needs. The Department of Health (DOH), in coordination with PhilHealth and other relevant agencies, shall promulgate the necessary rules and regulations to effectively implement this provision.

SEC. 8. Scholarship Grants in Early Childhood Disability Identification and Intervention. – To ensure the sustained availability of qualified professionals in the field of early childhood disability identification and intervention, scholarship grants shall hereby be provided to deserving Filipino students who wish to pursue degree programs in medicine, psychology, occupational therapy, physical therapy, speech-language pathology, special education, social work, and other allied health or social science disciplines relevant to the early detection and management of childhood disabilities, subject to guidelines to be issued by the Commission on Higher Education (CHED), in coordination with the Department of Health (DOH), the Department of Education (DepEd), and other concerned agencies.

Scholars shall be required to render return service in government institutions or accredited facilities providing services to children with special needs, for a period equivalent to the number of years they benefited from the scholarship, under terms to be defined in the implementing rules and regulations of this Act.

SEC. 9. Establishment of Early Childhood Disability Identification and Intervention Service Facilities in Government Hospitals. – To ensure the accessibility and availability of early childhood disability identification and intervention services across all regions of the country, the following shall be mandated:

- (a) Level 3 Government Hospitals. – All Level 3 government hospitals under the supervision of the Department of Health (DOH) shall establish, operate, and maintain an Early Childhood Development and Inclusion Center dedicated to the comprehensive evaluation, diagnosis, and intervention of developmental delays, disabilities, and disorders in children. These Centers shall be multidisciplinary in nature and staffed by qualified professionals, including but not limited to developmental pediatricians, psychologists, speech-language pathologists, occupational therapists, physical therapists, and social workers. Services shall include developmental screening, comprehensive assessments, individualized therapy programs, caregiver support, and coordination with community-based services.
- (b) Level 1 and Level 2 Government Hospitals. – All Level 1 and Level 2 government hospitals shall establish at least a Special Needs Unit or Office within their premises to provide initial developmental screening and referral services for children suspected of having developmental delays or disabilities. These Units or Offices shall be manned by appropriately trained healthcare personnel and equipped to conduct preliminary assessments and facilitate timely referrals to higher-level hospitals or specialized centers, as may be necessary.

The DOH shall issue the necessary standards, protocols, and capacity-building programs to ensure the effective implementation of this provision and shall prioritize the allocation of resources to geographically isolated, disadvantaged, and remote areas.

SEC. 10. Enhancement and Improvement of Existing Special Education (SPED) Centers. – The Department of Education (DepEd) shall ensure the enhancement, upgrading, and continuous improvement of all existing Special Education (SPED) Centers in public schools and institutions. This shall include, but not be limited to, the following:

- (a) Upgrading of facilities and learning environments to meet inclusive and child-friendly standards, with appropriate assistive technologies, instructional materials, and accessible infrastructure;
- (b) Provision of adequate and qualified SPED teachers, para-teachers, and allied professionals through targeted recruitment, training, and capacity-building programs;
- (c) Allocation of sufficient budget and resources for the maintenance and operational requirements of SPED Centers, including the procurement of developmental tools, therapy aids, and learning equipment tailored for children with disabilities;
- (d) Integration of inclusive and culturally responsive pedagogical approaches

- and individualized education programs (IEPs) in SPED curricula; and
- (e) Strengthening of partnerships with local government units, non-governmental organizations, and the private sector to support the delivery of specialized services and community-based interventions.

DepEd shall conduct an annual assessment of all public SPED Centers to monitor compliance, identify resource gaps, and ensure the effective implementation of this provision.

SEC. 11. *Lead Implementing Agencies.* – The Department of Health (DOH), in collaboration with the Department of Education (DepEd), the Department of Social Welfare and Development (DSWD), and the National Council on Disability Affairs (NCDA), shall jointly implement this program through Regional and Local Health Units and Special Education (SPED) Centers.

SEC. 12. *Local Government Involvement.* – The LGUs shall integrate the program into their health and social welfare services, ensuring barangay-level implementation, and designate focal persons for monitoring and reporting.

SEC. 13. *Appropriations.* – The amount deemed necessary for the implementation of this Act shall be charged against appropriations of the concerned agencies under the current General Appropriations Act (GAA). Thereafter, such amounts as may be necessary shall be included in the annual GAA.

SEC. 14. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, DepEd, and DSWD, in consultation with relevant stakeholders, shall promulgate the necessary IRR.

SEC. 15. *Separability Clause.* – All laws, decrees, executive orders, and rules inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 16. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with or contrary to the provisions of this Act are repealed, amended, or modified accordingly.

SEC. 17. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or at least two national newspapers of general circulation.

Approved,