



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

Twentieth Congress
First Regular Session

HOUSE BILL NO. 5087



Introduced by **HONORABLE BENJAMIN C. AGARAO, JR.**

**AN ACT ESTABLISHING A NEURODEVELOPMENTAL HEALTH
SCHOLARSHIP AND RETURN SERVICE PROGRAM, AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The 1987 Constitution enshrines the rights of all Filipinos to quality education and accessible healthcare, and directs the State to prioritize the needs of the underprivileged, the sick, and persons with disabilities. Republic Act No. 7277 or the *Magna Carta for Disabled Persons* and Republic Act No. 11650 or the *Inclusive Education Act* further affirm these rights. Yet, for many Filipinos with developmental and neurodivergent conditions, such as Autism Spectrum Disorder, ADHD, intellectual and learning disabilities, and related developmental delays, these rights remain unfulfilled due to an acute shortage of trained professionals and services.

Today, the numbers are stark: there are only **99 developmental pediatricians** for more than 115 million Filipinos, with over half clustered in Metro Manila; only **about 60 child psychiatrists** serve the entire country; and roughly **6,000 occupational therapists** and a few hundred speech-language pathologists are scattered unevenly across urban centers. In many provinces, particularly in Geographically Isolated and Disadvantaged Areas (GIDAs), there are no resident specialists at all. Public schools, meanwhile, lack more than **7,600 special needs education teachers** to serve the 323,000 identified learners with disabilities in the system. These figures reveal not only a numerical deficit, but also a gross inequality: children in poor or rural communities often never receive diagnosis or intervention, while those in cities or wealthy families can access world-class developmental services.

The consequences are profound. Families in underserved areas must travel long distances or incur enormous costs to access care, often resulting in delayed or missed diagnoses, preventable secondary disabilities, and poor long-term outcomes. Teachers are left unsupported in inclusive classrooms, and children with disabilities are left behind. This is a systemic failure that robs children of their potential and society of their contributions.

While Republic Act No. 11509 (*Doktor Para sa Bayan Act*) created a scholarship-and-service program for medical students, there is still **no equivalent law** for allied health and education

professionals specializing in developmental and neurodivergence-related care. Without such a law, the workforce gaps that undermine inclusive education and health reforms will persist, and our obligations under the Constitution, RA 11650, and the Universal Health Care Act will remain unmet.

This proposed measure, the *Neurodevelopmental Health Scholarship and Service Act*, seeks to build a sustainable national workforce of developmental health and education professionals. Through comprehensive scholarships covering tuition, stipends, allowances, insurance, and licensure support, we will enable deserving students to pursue careers in developmental psychology, occupational therapy, physical therapy (pediatric specialization), speech-language pathology, behavioral therapy, special education, child and adolescent psychiatry, and other related fields. In return, scholars will render service in public schools, hospitals, LGUs, and community centers, especially in GIDAs, thereby directly addressing the inequitable distribution of services.

This is not charity. It is an **investment in human capital and national development**. Every neurodivergent child who receives early intervention can gain skills, independence, and the chance to contribute productively to society. Every SPED teacher, therapist, or developmental doctor deployed in an underserved area fulfills not only a professional role but a constitutional mandate for equity and inclusion.

In passing this Act, Congress will affirm that no Filipino child's potential should be lost simply because the right professionals are out of reach. It is our moral, constitutional, and developmental duty to act now.

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



HON. BENJAMIN C. AGARAO, JR.
4th District, Laguna

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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 “**Neurodevelopmental Health Scholarship and Service Act.**”

SEC. 2. Declaration of Policy.

It is the policy of the State to uphold the rights of children and persons with disabilities to health, education, and social protection, consistent with the 1987 Constitution, RA 7277 (Magna Carta for Disabled Persons), RA 11650 (Inclusive Education Act), and RA 11223 (Universal Health Care Act). The State shall ensure the availability, equitable distribution, and sustained retention of adequately trained professionals in the fields of developmental health and inclusive education, particularly in underserved and geographically isolated and disadvantaged areas (GIDAs).

SEC. 3. Establishment of the Program.

There is hereby created a **Neurodevelopmental Health Scholarship and Return Service Program**, to be administered by the Commission on Higher Education (CHED), in coordination with the Department of Health (DOH), Department of Education (DepEd), Professional Regulation Commission (PRC), and the Unified Student Financial Assistance System for Tertiary Education (UniFAST).

The scholarship shall cover:

- a. Tuition and other school fees;
- b. Book, supplies, and equipment allowance;

- c. Monthly living and transportation allowance;
- d. Dormitory or housing subsidy, when applicable;
- e. Health and accident insurance; and
- f. Licensure examination review and fees.

Scholars may enroll in SUCs, LUCs, or **private higher education institutions recognized by CHED as partner institutions**, especially where no SUCs/LUCs offer the required program.

SEC. 4. Priority Beneficiaries.

Priority shall be given to:

- a. Students from provinces or municipalities with limited or no neurodevelopmental services;
- b. Students from low-income families, including 4Ps beneficiaries;
- c. Students who are caregivers or immediate family members of persons with disabilities or neurodivergent individuals;
- d. Students pursuing the most underserved professions as identified annually by the Neurodevelopmental Health Council; and
- e. Students enrolled in SUCs and LUCs, unless a private HEI partner is necessary.

SEC. 5. Return Service Obligation.

Scholars shall render return service for **one (1) year in a public health, education, or social service facility for every one (1) year of scholarship grant**, to be deployed preferably in GIDAs.

Scholars shall be formally employed in positions commensurate to their qualifications in DOH facilities, DepEd schools, LGU health and education units, or DSWD- and NCDA-recognized centers. Relevant agencies shall ensure the availability of plantilla positions or contract slots for such scholars.

Non-compliance shall result in reimbursement of **twice the cost of benefits received**, and PRC may suspend renewal of the scholar's professional license until obligations are met, subject to reasonable exceptions (e.g., permanent disability, death).

SEC. 6. Creation of the Neurodevelopmental Health Council.

There is hereby created a **Neurodevelopmental Health Council**, chaired by CHED and co-chaired by DOH, with members from DepEd, PRC, DBM, DOLE, DSWD, PASUC, UniFAST, LGU Leagues, relevant professional associations, and **representatives from disability organizations or parents' groups**.

The Council shall:

- a. Define priority professions and programs based on national and regional needs;
- b. Oversee implementation and evaluation of the program;

- c. Determine scholarship coverage and benefits;
- d. Coordinate deployment of return service;
- e. Develop a monitoring and evaluation framework with measurable targets; and
- f. Submit an annual report to Congress on program implementation and impact.

SEC. 7. Appropriations.

The amount necessary to implement this Act shall be charged against the current year's appropriations of CHED and DOH. Thereafter, such sums shall be included in the annual General Appropriations Act. A dedicated **Neurodevelopmental Health Scholarship Fund** may be established under CHED-UniFAST to accept appropriations, grants, and donations.

SEC. 8. Implementing Rules and Regulations.

Within ninety (90) days from the effectivity of this Act, CHED, DOH, DepEd, and PRC, in consultation with stakeholders, shall promulgate the necessary implementing rules and regulations.

SEC. 9. Post-Service Retention and Incentives.

To encourage scholars to continue serving in the country beyond their return-service obligation, the Council, in coordination with DOH, DepEd, and DOLE, shall develop incentives such as opportunities for further study, professional advancement, preferential hiring or promotion, and bonuses for extended service in GIDAs.

SEC. 10. Separability Clause.

If any provision of this Act is declared unconstitutional, the remaining provisions shall remain in full force and effect.

SEC. 11. Repealing Clause.

All laws, decrees, executive orders, and regulations inconsistent with this Act are hereby repealed or amended accordingly.

SEC. 12. Effectivity.

This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,