

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **5369**



Introduced by **REP. NATHANIEL “Atty. Nat” M. ODUCAO**

EXPLANATORY NOTE

Recent estimates from the Autism Society of the Philippines suggest a prevalence of 1 in every 100 individuals, translating to approximately 1.2 million Filipinos living with autism.¹ One estimate cites that 1 out of every 5 Filipinos may be autistic, and only 10% have been diagnosed. This underscores significant under-diagnosis and data deficit, affecting policy-making, resource allocation and service planning.

Children on the autism spectrum often face challenges in communication, social interaction, and behavior. They are at increased risk of bullying, neglect, and social exclusion. Families frequently report difficulties in accessing diagnosis, affordable therapies, and inclusive education – services that are often cost-prohibitive or geographically inaccessible.² Evidence indicates that early diagnosis, affordable therapies, and inclusive educations – services that are often cost-prohibitive or geographically inaccessible.³

As party to the United Nations Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, the Philippines is obligated to ensure the rights of children with disabilities – particularly those on the autism spectrum – in health, education, protection, and societal inclusion.

This bill is a crucial step toward ensuring that children with autism in the Philippines are:

- recognized, counted, and supported through accurate data collection and diagnosis through the National Autism Care Plan of an inter-agency and multi-sectoral mechanism
- receive timely, affordable, and evidence-based interventions;
- afforded inclusive education and community participation;
- supported within a social and legal framework that upholds their dignity, rights, and

¹ Capitol Medical Center, National Autism Consciousness Week, January 21, 2025 available at <https://capitolmedical.com.ph/event-sannouncement/national-autism-consciousness-week/> [last accessed on August 20, 2025]; SunStar Publishing, Statistics on Autism Spectrum Disorder, August 19, 2014 available at <https://www.sunstar.com.ph/more-articles/statistics-on-autism-spectrum-disorder?utm/> [last accessed on August 22, 2025].

² SunStar Publishing, Statistics on Autism Spectrum Disorder, August 19, 2014 available at <https://www.sunstar.com.ph/more-articles/statistics-on-autism-spectrum-disorder?utm/> [last accessed on August 22, 2025].

³ *Id.*

potential.

By establishing this legal protection, we fulfill not only a moral obligation to our neurodiverse population, but also a legal imperative under international and constitutional mandates. Furthermore, the long-term social benefits – more productive individuals and families with reduced lifelong dependence – underscore this law’s economic prudence.



REP. NATHANIEL “ATTY. NAT” M. ODUCADO
I Tahanan Party List

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HOUSE BILL NO. **5369**

Introduced by **REP. NATHANIEL “ATTY. NAT” M. ODUCAO**

AN ACT
INSTITUTING A NATIONAL AUTISM CARE PLAN, ESTABLISHING A SUB-
COMMITTEE ON AUTISM 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 Autism Care
2 Act".

3 **SEC. 2. *Declaration of Policy.*** – Consistent with the Convention on the Rights of
4 Persons with Disabilities (CRPD), the Magna Carta for Persons with Disability (R.A. 7277,
5 as amended), the Universal Health Care Act (RA 11223), and the Mental Health Act (RA
6 11036), the State shall ensure non-discrimination, accessibility, reasonable accommodation,
7 and support across the lifespan of autistic persons, from early childhood through older
8 adulthood.

9 The State commits itself to the establishment of institutional and social mechanisms
10 to support children and adult persons with autism and their families, develop a clear and
11 consistent pathway to early detection and diagnosis, provide easy access to quality health care,
12 education, and employment opportunities such that persons with autism may live
13 independently within the community, to minimize or completely eradicate discrimination, and
14 to enable the private sector to extend relevant services that will complement the government’s
15 programs. The State recognizes and respects the preferences and differences of the members
16 of the community, including the use of identity-first or person-first language.

17 **SEC. 3. *Definition of Terms.*** – As used in this Act:

- 1 a. *Autism (Autism Spectrum Disorder or ASD)* constitutes a diverse group of
2 neurodevelopmental conditions; for clinical coding and benefits, DSM-5-TR and/or
3 ICD-11 case definitions and codes shall apply, as updated by DOH and PhilHealth.”
4 (ICD-11 is the global standard; DSM-5-TR is widely used in Philippine practice.);
- 5 b. *Diagnosis* refers to necessary assessments, with standardized, validated
6 developmental and autism-specific tools administered by a multidisciplinary team
7 (e.g., developmental-behavioral pediatrician or child psychiatrist/psychologist; and
8 as appropriate, speech-language therapist and occupational therapist), with culturally
9 and linguistically appropriate methods. Genetic testing, neuroimaging, and
10 neurophysiologic studies shall not be required routinely and shall follow DOH
11 clinical practice guidelines.;
- 12 c. *Disability* refers to 1) a physical or mental impairment that substantially limits one
13 or more psychological, physiological, or anatomical function of an individual or
14 activities of such individual; 2) a record of such an impairment; or 3) regarded as
15 having such an impairment;
- 16 d. *Epidemiology* refers to the study and analysis of the distribution and determinants of
17 health conditions in defined populations;
- 18 e. *Habilitation* refers to an integrated approach to physical, psychological, cultural,
19 spiritual, educational, or vocational, measures that create conditions for individuals
20 to attain the highest possible level of functional ability and quality of life;
- 21 f. *Inclusive Education* refers to the process of addressing and responding to the
22 diversity of needs of all learners by moving towards the end-goal of full participation,
23 presence, and achievement in learning cultures and communities, which involves
24 accommodation, modification, adaptation, and individualization in content,
25 approaches, structures, and strategies. It involves equitable opportunities for learners
26 with disabilities to receive educational services, and the needed support and related
27 services with their age-appropriate peer groups and, as far as practicable, in such
28 schools or Inclusive Learning Resource Centers (ILRCs) nearest their homes or
29 residences, in order to prepare them to live as fully functional members of society;

1 g. *Intervention* refers to the interceding action undertaken to help improve the autism
2 prognosis. Intervention in autism may take the form of, medical, pharmacological,
3 therapeutic, educational, and non-traditional habilitative care, and all other support
4 services;

5 h. *Rehabilitation* a set of interventions designed to optimize functioning and reduce
6 disability in individuals with health conditions in interaction with their environment;
7 and

8 i. *Service providers* – any person or entity that provides a service to the public. This
9 can include businesses, government agencies, and non-profit organizations.

10 **SEC. 4. *Inter-Agency and Multi-Sectoral Mechanism.*** – A Sub-Committee on Autism,
11 herein referred to as the Sub-Committee, is hereby created, under the National Council on
12 Disability Affairs (NCDA) which shall serve as an inter-agency and multi-sectoral policy-
13 making and coordinative mechanism to develop and implement a sustainable National Autism
14 Care Plan (NACP).

15 **SEC. 5. *Powers and Functions of the Sub-Committee.*** - The Sub-Committee shall have
16 the following powers and functions:

17 (a) Formulate a costed National Autism Care Plan (NACP) with time-bound targets
18 and annual KPIs, and submit a public annual report to Congress;

19 (b) Develop the NACP, a roadmap in addressing the holistic needs of Filipinos with
20 autism and their families, such as health, education, employment, among others, for
21 the guidance of stakeholders in the private and public sectors, calibrated to meet the
22 changing needs of society and developments in technology;

23 (c) Coordinate, monitor, and evaluate the implementation of the NACP and the
24 protection of rights of persons with autism, with the concerned government and
25 non-governmental agencies;

26 (d) Design campaigns that promote public awareness, acceptance, accommodation, and
27 appreciation of persons with autism;

28 (e) Undertake research in collaboration with private and public entities regarding
29 autism in the Philippines;

30 (f) Enhance the programs and capabilities of the government to provide nationally
31 available services that support persons with autism and their families, in areas

1 including, but not limited to screening, diagnoses, early intervention, education,
2 training, employment, and livelihood;

3 (g) Recommend PhilHealth benefit packages covering ASD screening/diagnosis,
4 parent-mediated early intervention, habilitation, and care navigation, pursuant to
5 RA 11223 and HTA processes;

6 (h) Assist the private and public sector in the design and delivery of support programs
7 for persons with autism and their families;

8 (i) Develop capacity-building programs, incentives, and awards, for persons with
9 autism to enhance their potentials as independent, self-reliant, and productive
10 members of society;

11 (j) Establish networks with other organizations, institutions, and professionals working
12 for the promotion of public policy and programs for persons with autism, and
13 support groups for families of persons with autism;

14 (k) Receive donations and grants from international donor institutions, foundations,
15 and multilateral and bilateral foreign donor agencies, involved in the direct services
16 for persons with autism;

17 (l) Enter into memoranda of agreement with government and non-governmental
18 entities for the implementation of various programs for persons with autism; and

19 (m) Perform other acts as may be necessary, proper, or incidental to the attainment of
20 purposes and objectives of this Act.

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

23 a. The NCDA as Chairperson;

24 b. The DOH as Vice Chairperson;

25 c. The Department of Social Welfare and Development (DSWD);

26 d. The DepEd;

27 e. The Department of the Interior and Local Government (DILG);

28 f. The Department of Labor and Employment (DOLE);

29 g. The Department of Science and Technology-Philippine Council for Health and
30 Research Development (DOST-PCHRD);

31 h. The Commission on Higher Education (CHED);

32 i. The Commission on Civil Service (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 autism;
- o. Two (2) representatives from duly accredited associations of families of persons with autism; and
- p. Two (2) representatives from NGOs composed of autism self-advocates.

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

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

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

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

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

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

1 **SEC. 7. *The National Autism Care Plan.*** – The Sub-Committee on Autism shall
2 spearhead and coordinate with government agencies and other stakeholders on the
3 implementation of the NACP.

4 The programs and services under the NACP shall include, among others, the following:

5 (a) *Information campaigns* - The DOH, DepEd, NCDA, DSWD, CHED, TESDA, and
6 PCMH shall, in accordance with their respective mandates, conduct various forms of
7 information campaigns, as follows:

- 8 1. Publication such as manuals, infographics, and easily readable instruction materials
9 on early detection, management, intervention, habilitation, rehabilitation, and care
10 of autism;
- 11 2. Publication of a newsletter on current developments, milestones, best practices,
12 resources, and research on autism;
- 13 3. Promotion of early screening of children and individuals at higher risk for such
14 disability;
- 15 4. Other platforms for families of persons with autism such as online resources,
16 educational aids, guides, and other suitable alternatives in local languages;
- 17 5. The NCDA shall create and develop a publicly searchable, geo-tagged registry of
18 accredited providers indicating licensure/status, service availability, waiting times,
19 and fees; and
- 20 6. The Sub-Committee may initiate and conduct collaborative information campaigns
21 as may be necessary.

22 (b) *Health* -

- 23 1. The DOH shall implement epidemiological surveillance programs to establish a
24 national Autism Information System (AIS) interoperable with DOH, DepEd ILRCs
25 (RA 11650), PSA and PhilHealth, with de-identified public dashboards for
26 planning, and AIS shall comply with the Data Privacy Act; include ethical
27 oversight; and track indicators such as median age at first concern, first screening,
28 and confirmed diagnosis;
- 29 2. The DOH, PCMH, PCHRD, the Early Childhood Care and Development (ECCD)
30 Council, DepEd's ILRCs shall, in coordination with other concerned agencies:
 - 31 a. Strengthen research focus on autism;

- b. Promote, create, develop, and adopt strategic plans that will continue to determine and establish evidence-based practices for interventions, care, and integration into society of persons with autism;
- c. Expand research into the link between environmental factors and autism; and
- d. Continue investigations into causation, diagnosis, early detection, and interventions for autism spectrum disorders.

Such factors that will be studied shall include, among others, infection and immune function, hormonal and reproductive factors, genetic factors, gastro-intestinal factors, and sociodemographic factors; and

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

(c) *Education* – The DOH, DepEd, CHED, TESDA, DSWD, and shall, in accordance with their respective mandates, conduct various forms of education programs, plans, and activities in cooperation with other concerned agencies, as follows:

1. Continuing education and training programs on the proper handling of persons with autism;
2. Continuing education and training of families, teachers, therapists, and caregivers of persons with autism through seminars, conventions, and other forms of educational tools;
3. Continuing education and training on autism for public service providers to sensitize and empower them as effective front liners in the delivery of services to persons with autism and their families;
4. Curriculum development for continuing education to assist individuals in recognizing the need for and using valid and reliable screening tools;
5. “Teach the Teachers” Program on specialized and holistic training for health and education professionals;
6. Formulation of guidelines, policies, protocols, and individualized programs on inclusive education for school children, young students, and other learners with autism, in matters including, but not limited to discrimination, acceptance to academic or training programs, instructional support, and behavior management; and

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

3 (d) *Employment and livelihood* - The DOLE and CSC shall formulate policies and initiate
4 and implement programs to ensure that persons with autism are provided opportunities
5 for gainful employment and apprenticeship both in the private and public sectors.

6 (e) *Other Support Programs* –

7 1. The DOH, in coordination with LGUs and DepEd ILRCs, shall organize, staff, and
8 equip public facilities to deliver Autism Spectrum Disorder (ASD) services by:

9 (i) designating service points at RHUs/health centers and public
10 hospitals;

11 (ii) issuing provider standards and accreditation requirements;

12 (iii) conducting workforce training and supervision to licensed therapist
13 specializing in Occupational, Music and Arts; and

14 (iv) procuring validated screening/diagnostic tools, AAC, and care-
15 navigation systems.

16 The DOH shall finance these through DOH budget lines and matching grants to
17 LGUs; services that are covered by PhilHealth shall be claimable by facilities, with
18 no co-payment for members in basic/ward accommodation pursuant to the UHC
19 Act and its IRR. Routine neuroimaging and genetic testing are not required and
20 shall follow DOH clinical practice guidelines. Facilities shall submit service and
21 outcome data to the Autism Information System (AIS).

22 2. The DILG and Department of National Defense shall provide lifesaving support to
23 persons with autism with behavioral and communication challenges, in times of
24 disasters, calamities, situations of armed conflict, and other emergencies, ensure
25 their inclusion on the list of priority sectors;

26 3. The Department of Transportation shall formulate policies and protocols to ensure
27 that persons with autism with behavioral and communication challenges and their
28 families are given reasonable accommodation in accessing all forms of
29 transportation by land, sea, and air;

30 4. The Department of Justice (DOJ) shall formulate policies and protocols to ensure
31 criminal justice agencies and professionals shall provide the accommodations and
32 protections to persons with autism with behavioral and communication challenges,
33 who may be accused of, are victims of, or are witnesses to crimes;

- 1 5. The DOJ and the Commission on Human Rights shall promulgate guidelines and
2 standards to ensure that interventions and programs for persons with autism do not
3 violate their basic human rights, particularly as regards their rights to determine
4 their own decisions.
- 5 6. The Department of Education, through the Inclusive Learning Resource Center, to
6 provide inclusive and equitable educational support for all learners, including those
7 with disabilities.
- 8 7. All other concerned agencies shall, in accordance with their respective mandates,
9 conduct orientation and counselling services for families of persons newly
10 diagnosed with autism and establish Family Support Networks and Sibling
11 Programs;
- 12 8. The Sub-Committee may initiate and conduct other collaborative support programs,
13 plans, and activities as may be necessary.

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

- 17 a. One (1) representative from the duly accredited association of medical
18 doctors in the Philippines;
- 19 b. One (1) representative from the speech-language pathologists' national
20 organization, duly recognized by the Professional Regulation Commission;
- 21 c. One (1) representative from the developmental and behavioral pediatricians'
22 national organization, duly recognized by the Professional Regulation
23 Commission;
- 24 d. One (1) representative from the psychologists' national organization, duly
25 recognized by the Professional Regulation Commission;
- 26 e. One (1) representative from the dieticians' national organization, duly
27 recognized by the Professional Regulation Commission;
- 28 f. One (1) representative from the occupational therapists' national
29 organization, duly recognized by the Professional Regulation Commission;
- 30 g. One (1) representative from the social workers' national organization, duly
31 recognized by the Professional Regulation Commission;

- 1 h. One (1) representative from the developmental educators' national
2 organization, duly recognized by the Professional Regulation Commission;
3 and
4 i. One (1) representative from the disability support workers' national
5 organization, duly recognized by the Professional Regulation Commission.

6 The Panel shall provide professional and technical advice to the Sub-Committee in
7 science, technologies, and best practices for autism.

8 The Sub-Committee shall set the qualifications and per diems for the technical experts.
9 The Sub-Committee or through the collaborative programs and plans of its member agencies
10 and organizations shall provide resources for the operations and activities of the Panel.

11 **SEC. 9. Local Government Support.** — Local government units (LGUs) shall promote
12 the NACP in their respective territorial jurisdictions. LGUs may enter into joint ventures with
13 national agencies and organizations or associations with programs and advocacy for persons
14 with autism, to explore livelihood opportunities and other undertakings that shall enhance the
15 health, physical fitness, and the economic and social well-being of persons with autism.

16 The Sub-Committee and the DILG shall coordinate with LGUs in the mainstreaming of
17 the NACP.

18 **SEC. 10. Consultation with Stakeholders.** - The Sub-Committee shall, in collaboration
19 with professionals, networks and support groups for persons with autism, hold broad
20 consultations and massive information campaigns on the various programs, with government
21 and non-governmental stakeholders.

22 **SEC. 11. PhilHealth Coverage.** – Within 180 days from effectivity, PhilHealth shall
23 issue circulars establishing and publishing Autism Spectrum Disorder (ASD) benefit packages
24 that cover the care pathway, namely:

- 25 (a) Free Screening & Diagnostic Package (developmental consult, standardized
26 tools, care navigation);
27 (b) Parent-Mediated Early Intervention Package;
28 (c) Habilitation Package—Speech-Language Therapy, Occupational Therapy,
29 and Augmentative & Alternative Communication (AAC)—with session caps
30 reviewed annually; and
31 (d) Care Navigation Add-On. PhilHealth shall define payment terms (case rates
32 and/or global budget), eligibility and referral rules, portability across

1 accredited providers, documentation and pre-authorization (as applicable),
2 and claims/adjudication timelines.

3 Services rendered in basic/ward accommodation shall be with no co-payment
4 consistent with the UHC Act and its IRR. All packages shall undergo Health Technology
5 Assessment (HTA), and PhilHealth shall publish tariffs, utilization, and annual benefit
6 reviews.

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

12 **SEC. 13. *Implementing Rules and Regulations.*** – The Sub-Committee shall, in
13 consultation and coordination with appropriate national government agencies, NGOs, and other
14 stakeholders, promulgate the necessary rules and regulations for the effective implementation
15 of this Act, no later than 180 days upon the effectivity of this Act.

16 **SEC. 14. *Appropriations.*** – The amount necessary for the implementation of this Act
17 shall be included in the annual General Appropriations Act.

18 **SEC. 15. *Separability Clause.*** – If any section or provision of this Act is held
19 unconstitutional or invalid, the other sections or provisions not affected thereby shall continue
20 to be in full force and effect.

21 **SEC. 16. *Repealing Clause.*** – All laws, executive orders, presidential decrees,
22 presidential proclamations, letters of instruction, rules and regulations or parts thereof
23 inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

24 **SEC. 17. *Effectivity.*** – This Act shall take effect fifteen (15) days following its
25 publication in the Official Gazette or in two (2) newspapers of general circulation in the
26 Philippines.

Approved,