

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

20th CONGRESS
First Regular Session

HOUSE BILL NO. 5467



Introduced by **REP. JUAN CARLOS "ARJO" C. ATAYDE**

**AN ACT INSTITUTING A PHILIPPINE NATIONAL DOWN SYNDROME
CARE PLAN FOR THE SUPPORT OF PERSONS WITH DOWN SYNDROME
AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

Down Syndrome, or Trisomy 21, is a congenital genetic condition that affects thousands of Filipinos and their families. Individuals with Down Syndrome face unique challenges in physical health, intellectual development, and social integration. Despite these challenges, they have the potential to lead fulfilling, independent, and productive lives—provided that the right support systems are in place. In the Philippines, 2020 reports state that 1 in every 800 children in the Philippines are born with Down Syndrome.¹ With this information in mind, there is an estimated 145,000 Filipinos with Down Syndrome.

Currently, there is no comprehensive national framework that addresses the lifelong needs of persons with Down Syndrome (PWDS). While there are existing programs and services scattered across various government agencies, these efforts are often fragmented, inconsistent, and inaccessible to many families, especially those in underserved communities.

While Republic Act No. 7277, otherwise known as the Magna Carta for Persons with Disabilities, seeks to protect and promote their rights and welfare, persons with Down Syndrome continue to encounter stigma and discrimination in their daily lives. This persistent stigma reflects a lack of sufficient public awareness not only regarding Down Syndrome, but also the broader spectrum of disability. With appropriate care, education, and support, persons with Down Syndrome can lead fulfilling and near-normal lives (Commission on Human Rights, 2023). However, not all families are able to provide these essential services due to the high costs of specialized healthcare and

¹ <https://www.makatimed.net.ph/blogs/7-facts-you-still-dont-know-about-down-syndrome-probably/>

educational support. For many low-income households, ensuring basic daily sustenance is already a challenge, making access to the necessary interventions even more difficult.

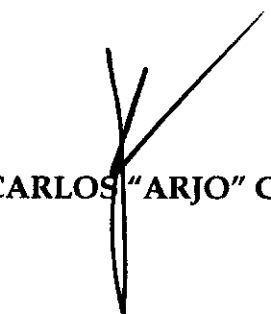
This bill seeks to institutionalize a National Down Syndrome Care Plan (NDSCP)—a holistic, multi-sectoral, and inclusive approach to supporting PWDS and their families. It aims to:

- Establish a Sub-Committee on Down Syndrome under the National Council on Disability Affairs (NCDA) to serve as the central policy-making and coordinating body;
- Develop and implement a comprehensive roadmap addressing the health, education, employment, and social needs of PWDS;
- Promote inclusive education, early diagnosis, habilitation, and rehabilitation;
- Ensure access to gainful employment, livelihood opportunities, and social protection;
- Mandate PhilHealth coverage and protection against discrimination in insurance and financial services;
- Encourage local government participation and community-based support systems;
- Facilitate research, data collection, and public awareness campaigns to foster a more inclusive and informed society.

By enacting this measure, we affirm our commitment to the rights, dignity, and full potential of every Filipino, regardless of ability. The National Down Syndrome Care Plan will not only uplift the lives of PWDS but also strengthen the fabric of our society by promoting compassion, inclusion, and equal opportunity for all.

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

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

3 **SECTION 1. *Title.*** – This Act shall be known as “National Down Syndrome
4 Care Plan Act”.

5 **SECTION 2. *Declaration of Policy.*** – It is hereby declared the policy of the
6 State to protect and promote the rights of all persons to full, healthy, and holistic
7 development. As such, the State shall promote an environment conducive to the
8 development of persons with Down Syndrome (PWDS) to become the best of their
9 potential – independent, self-reliant, productive, and socially accepted members of an
10 inclusive society. Towards this end, the State commits itself to the establishment of
11 institutional and social mechanisms to support persons with Down Syndrome
12 throughout their lifetime, responsive to their needs, empowering, and providing them
13 with the quality of life.

14 **SECTION 3. *Definition of Terms.*** – As used in this Act, the following terms
15 shall mean:

- 16 a. *Down Syndrome*, also known as Trisomy 21, is a congenital genetic disorder
17 caused by the presence of an extra copy of chromosome 21. This additional
18 genetic material results in characteristic physical features, intellectual and
19 developmental delays, and a higher risk of certain medical conditions;
20 b. *Diagnosis* refers to the necessary assessments, including, but not limited to
21 neuro-psychological evaluations, genetical testing, MRIs, hearing tests and
22 psychometric tests to diagnose or discount Down Syndrome or developmental
23 disabilities in individuals;

- c. *Habilitation* refers to an integrated approach to physical, psychological, cultural, spiritual, educational, or vocational measures that create conditions for individuals to attain the highest possible level of functional and quality of life;
- d. *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. It involves equitable opportunities for learners with disabilities to receive educational services, and the needed support and related services with their age-appropriate peer groups and, as far as practicable, in such schools or Inclusive Learning Resource Centers (ILRCS) nearest their homes or residences, in order to prepare them to live as fully functional members of society;
- e. *Intervention* refers to interceding action undertaken to help improve Down Syndrome prognosis. Intervention in Down Syndrome may take the form of medical, pharmacologic, therapeutic, educational, and non-traditional habilitative care;
- f. *Rehabilitation* is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment; and
- g. *Service provider* is any person or entity that provides a service to the public. This can include businesses, government agencies, and non-profit organizations.

SECTION 4. *Inter-Agency and Multi-Sectoral Mechanism.* – A Sub-Committee on Down Syndrome, herein referred to as the Sub-Committee, is hereby created, under the National Council on Disability Affairs (NCDA), serving as a policy-making and coordinating body to develop and implement the National Down Syndrome Care Plan (NDSCP).

SECTION 5. *Powers and Functions of the Sub-Committee.* – The Sub-Committee shall:

- a. Develop the NDSCP roadmap in addressing the holistic needs of Filipinos with Down Syndrome and their families, such as health, education, employment, among others, for 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 NACP and protection of rights of PWDS, with the concerned government and non-governmental agencies;

- c. Design campaigns that promote public awareness, acceptance, accommodation, and appreciation of PWDS;
- d. Undertake research in collaboration with private and public entities regarding Down Syndrome in the Philippines;
- e. Enhance the programs and capabilities of the government to provide nationally available services that support PWDS 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 PWDS and their families;
- g. Develop capacity-building programs, incentives, and awards, for PWDS 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 PWDS, and support groups for families of PWDS;
- i. Receive donations and grants from international donor institutions, foundations, and multilateral and bilateral foreign donor agencies involved in the direct services for PWDS;
- j. Enter into memoranda of agreement with government and non-governmental entities for the implementation of various programs for PWDS; and
- k. Perform other acts as may be necessary, proper, or incidental to the attainment of purposes and objectives of this Act.

SECTION 6. *Composition of the Sub-Committee on Down Syndrome.* – The Sub-Committee shall be composed of the heads of office of the following agencies:

- a. The NCDA as Chairperson;
- b. DOH as Vice Chairperson;
- c. The Department of Social Welfare and Development (DSWD);
- d. The 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 Commission on Civil Service (CSC);
- j. The Technical Skills and Development Authority (TESDA);
- k. The Council for the Welfare of Children (CWC);
- l. The 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 PWDS;
- o. Two (2) representatives from duly accredited associations of families of PWDS; and
- p. Two (2) representatives from NGOs composed of Down Syndrome 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.

SECTION 7. National Down Syndrome Care Plan. - The Sub-Committee on Down Syndrome shall spearhead and coordinate with government agencies and other stakeholders on the implementation of the NDSCP.

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

1 a. *Information campaigns.* – The DOH, DepEd, NCDA, DSWD, CHED, TESDA,
2 and PCMH shall, in accordance with their respective mandates, conduct
3 various forms of information campaign as follows:

- 4 1. Publication such as manual, infographics, and easily readable
5 instruction materials, on early detection, management, intervention,
6 habilitation, rehabilitation, and care of Down Syndrome;
- 7 2. Publication of a newsletter on current developments, milestones, best
8 practices, resources, and research on Down Syndrome;
- 9 3. Promotion of early screening of children and individuals at higher risk
10 for such disability;
- 11 4. Other platforms for families of PWDS such as online resources,
12 educational aids, guides, and other suitable alternatives in local
13 languages;
- 14 5. The NCDA shall create and develop a central database of professionals
15 and childcare institutions concerned with the case and development of
16 PWDS; and
- 17 6. The Sub-Committee may initiate and conduct collaborative information
18 campaigns as may be necessary.

19 b. *Health.* –

- 20 1. The DOH shall implement epidemiological surveillance programs to
21 establish a databank and information and monitoring system (IMS) on
22 the demographic, socio-economic, and total incidence and prevalence of
23 PWDS in the country;
- 24 2. The DOH, PCHRD, the Early Childhood Care and Development
25 (ECCD) Council, DepEd's ILRCs shall, in coordination with other
26 concerned agencies,;
 - 27 a. Strengthen research focus on Down Syndrome;
 - 28 b. Promote, create, develop, and adopt strategic plans that will
29 continue to determine and establish evidence-based practices for
30 early screening and detection of Down Syndrome, to provide the
31 appropriate services to children and toddlers with
32 developmental delays associated with Down Syndrome.
 - 33 c. Promote, create, develop, and adopt strategic plans that will
34 continue to determine and establish evidence-based practices for
35 interventions, care, and integration into society of PWDS;
 - 36 d. Expand research into the link between environmental factors and
37 Down Syndrome; and
 - 38 e. Continue investigations into causation, diagnosis, early
39 detection, and interventions for Down Syndrome.

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

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

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

10 1. Continuing education and training programs on the proper handling of
11 PWDS;

12 2. Continuing education and training of families, teachers, therapists, and
13 caregivers of PWDS through seminars, conventions, and other forms of
14 educational tools;

15 3. Continuing education and training on Down Syndrome for public
16 service providers to sensitize and empower them as effective front liners
17 in the delivery of services to PWDS and their families;

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

20 5. “Teach the Teachers” Program on specialized and holistic training for
21 health and education professionals;

22 6. Formulation of guidelines, policies, protocols, and individualized
23 programs on inclusive education for school children, young students,
24 and other learners with Down Syndrome, in matters including, but not
25 limited to discrimination, acceptance to academic or training programs,
26 instructional support, and behavior management; and

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

29 d. *Employment and livelihood.* – The DOLE and CSC shall formulate policies and
30 initiate and implement programs to ensure that PWDS are provided
31 opportunities for gainful employment and apprenticeship both in the
32 private and public sectors.

33 e. *Other Support Programs.* –

34 1. The DILG and Department of National Defense shall provide lifesaving
35 support to PWDS with behavioral and communication challenges, in
36 times of disasters, calamities, situations of armed conflict, and other
37 emergencies, ensure their inclusion on the list of priority sectors;

38 2. The Department of Transportation shall formulate policies and
39 protocols to ensure that PWDS with behavioral and communication
40 challenges and their families are given reasonable accommodation in
41 accessing all forms of transportation by land, sea, and air;

3. The Department of Justice (DOJ) shall formulate policies and protocols to ensure criminal justice agencies and professionals shall provide the accommodations and protections to PWDS with behavioral and communication challenges, who may be accused of, are victims of, or are witnesses to crimes;
4. The DOJ and the Commission on Human Rights shall promulgate guidelines and standards to ensure that interventions and programs for PWDS do not violate their basic human rights, particularly as regards their rights to determine their own decisions;
5. All other concerned agencies shall, in accordance with their respective mandates, conduct orientation and counselling services for families of persons newly diagnosed with Down Syndrome and establish Family Support Networks and Sibling Programs;
6. The Sub-Committee may initiate and conduct other collaborative support programs, plans, and activities as may be necessary.

SECTION 8. *Panel of Technical Experts.* – The Sub-Committee shall constitute a panel of technical experts consisting of practitioners related to Down Syndrome, such as, but not limited to:

- a. One (1) representative from the duly accredited association of medical doctors in the Philippines;
- b. One (1) representative from the speech-language pathologists' national organization, duly recognized by the Professional Regulation Commission;
- c. One (1) representative from the developmental and behavioral pediatricians' national organization, duly recognized by the Professional Regulation Commission;
- d. One (1) representative from the psychologists' national organization, duly recognized by the Professional Regulation Commission;
- e. One (1) representative from the dieticians' national organization, duly recognized by the Professional Regulation Commission;
- f. One (1) representative from the occupational therapists' national organization, duly organized by the Professional Regulation Commission;
- g. One (1) representative from the social workers' national organization duly recognized by the Professional Regulation Commission;
- h. One (1) representative from the developmental educators' national organization, duly recognized by the Professional Regulation Commission; and

- 1 i. One (1) representative from the disability support workers' national
2 organization, duly recognized by the Professional Regulation
3 Commission.

4 The Panel shall provide professional and technical advice to the Sub-
5 Committee in science, technologies, and best practices for Down Syndrome.

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

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

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

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

22 **SECTION 11. *PhilHealth Coverage.*** – The Sub-Committee shall facilitate the
23 necessary Philippine Health Insurance Corporation (PhilHealth) coverage for PWDS,
24 including early screening and detection programs, immediately from the effectivity of
25 this Act.

26 **SECTION 12. *Protection Against Discrimination in Insurance and Other***
27 ***Financial Instruments.*** – The Department of Finance shall, within 180 days from the
28 effectivity of this Act, formulate policies and protocols to ensure that all financial
29 service providers such as banks, insurance companies, and health maintenance
30 organizations (HMOs) shall provide PWDS with equitable access to their services and
31 products.

32 **SECTION 13. *Implementing Rules and Regulations.*** – The Sub-Committee
33 shall, in consultation and coordination with appropriate national government
34 agencies, NGOs, and other stakeholders, promulgate the necessary rules and
35 regulations for the effective implementation of this Act, no later than 190 days upon
36 the effectivity of this Act.

1 **SECTION 14. *Appropriations.*** – The amount necessary for the implementation
2 of this Act shall be included in the annual General Appropriations Act.

3 **SECTION 15. *Separability Clause.*** – If any provision of this Act is declared
4 unconstitutional or invalid, the remaining provisions not affected thereby shall
5 continue to be in full force and effect.

6 **SECTION 16. *Repealing Clause.*** – All laws, decrees, orders, rules, and
7 regulations or parts thereof inconsistent with this Act are hereby repealed or modified
8 accordingly.

9 **SECTION 17. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
10 publication in the Official Gazette or in a newspaper of general circulation.

11 Approved,