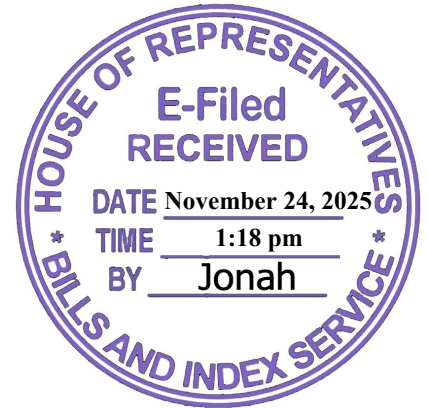


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6309



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

AN ACT
PROVIDING A COMPREHENSIVE AND AFFORDABLE FRAMEWORK FOR EARLY
DETECTION AND INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL
NEEDS AND INSTITUTING SCHOLARSHIP GRANTS TO ESTABLISH A SPECIAL
NEEDS-RELATED MEDICAL WORKFORCE

EXPLANATORY NOTE

Every Filipino child has the right to survival, development, protection, and participation. For children with developmental delays, disabilities, or neurodevelopmental conditions, the fulfillment of these rights hinges on the timely delivery of early detection and intervention services. However, thousands of Filipino children continue to be diagnosed late or remain undiagnosed, missing the critical developmental window in the first five years of life.

According to the Philippine Health Insurance Corp. (PhilHealth) estimates, one out of seven, or 5.1 million, Filipino children are living with disabilities, an increase from 3.5 million in 2016.¹ However, developmental screenings and therapy remain financially burdensome, costing families ₱4,000–₱15,000 monthly for therapy interventions, often without PhilHealth support. Scientific evidence confirms that early intervention, ideally before age five, significantly improves cognitive, language, social, and adaptive outcomes

¹ Dela Peña, K. (2023, March 22). Zero budget for special education in 2023 makes SPED law 'meaningless'. Inquirer.net. <https://newsinfo.inquirer.net/1674980/zero-budget-for-special-education-in-2023-makes-sped-law-meaningless>.

for children with disabilities.² Early intervention reduces long-term educational costs, minimizes the severity of disabilities, and enhances participation in school and community life.

While some local government units have developed exemplary programs, national integration, access, and a standardized framework are still lacking. This absence of a unified system does not only hamper data-driven policymaking, but it also deprives families of coordinated care and leaves many children undetected until school age or later.

To address these challenges, this bill proposes a National Program for Early Detection and Intervention that would deliver routine screening, diagnosis, and therapy services across all regions of the country. It also ensures access to services for children with ASD, ADHD, Down Syndrome, cerebral palsy, GDD, learning disabilities, communication impairments, and other developmental conditions, for children living in either urban or rural communities.

Finally, this measure aligns with the goals of the Republic Act No. 10410 or the Early Years Act and Republic Act No. 12199 or the Early Childhood Care and Development System Act, ensuring a national holistic and inclusive development framework for all Filipino children. It also operationalizes the Philippines' obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Convention on the Rights of the Child, both of which require member States to provide early identification and intervention services.

In view of the foregoing, the approval of this measure is earnestly sought.



BRIAN RAYMUND S. YAMSUAN
Representative
2nd District, Parañaque City

² Maksimović, S., Marisavljević, M., Stanojević, N., Ćirović, M., Punišić, S., Adamović, T., ... & Subotić, M. (2023). Importance of early intervention in reducing autistic symptoms and speech–language deficits in children with autism spectrum disorder. *Children*, 10(1), 122.

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Be it enacted by the Senate and 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”.

SECTION 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.

SECTION 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, and monitoring of developmental delays, disabilities, and disorders in children;
- 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 Department of Health (DOH), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), and other relevant entities to ensure the effective, inclusive, and rights-based delivery of services to children with developmental needs.

SECTION 4. COVERAGE. All persons shall be entitled to early childhood developmental screening, assessment, and intervention services under this Act. Special emphasis 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.

Coverage shall include services rendered by accredited government and private facilities, in partnership with qualified professionals, and shall extend to underserved, remote, and disadvantaged communities to ensure equitable access.

SECTION 5. NATIONAL PROGRAM FOR EARLY DETECTION AND INTERVENTION.

The Department of Education (DepEd) and the Department of Health (DOH), in coordination with 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, and allied health personnel. 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.

SECTION 6. 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.

SECTION 7. 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.

SECTION 8. 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.

SECTION 9. 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. The necessary funding for the enhancement and improvement of SPED Centers shall be included in the annual General Appropriations Act.

SECTION 10. 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.

SECTION 11. 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.

SECTION 12. 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.

SECTION 13. 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.

SECTION 14. SEPARABILITY CLAUSE. All laws, decrees, executive orders, and rules inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 15. 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,