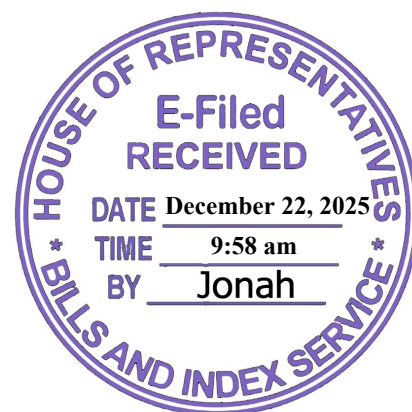


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **7000**



Introduced by Representative **MARLYN L. PRIMICIAS-AGABAS**

EXPLANATORY NOTE

Neurodevelopmental differences are present across all sectors of Philippine society, yet many Filipinos who are neurodivergent continue to experience exclusion, late or missed diagnosis, inadequate access to services, discrimination in schools and workplaces, and lack of long-term community support.

While existing laws such as Republic Act No. 7277 or the “Magna Carta for Persons with Disability”, as amended by Republic Act No. 9442 and Republic Act No. 10524, recognize the rights of persons with disabilities, these measures were enacted at a time when public understanding of neurodevelopmental diversity was still limited. As a result, gaps remain in policy coordination, service delivery, data collection, and meaningful participation of neurodivergent persons in decisions that directly affect their lives.

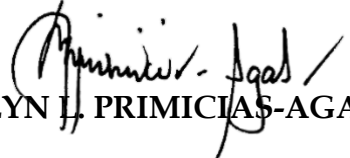
This proposed measure seeks to address these gaps by formally recognizing neurodiversity as a natural and legitimate form of human variation, consistent with the constitutional mandate to value the dignity of every human person and guarantee full respect for human rights under Article II, Section 11 of the 1987 Constitution. It builds upon the State’s obligations under Republic Act No. 11036 or the “Mental Health Act,” Republic Act No. 11650 or the “Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education Act,” and Batas Pambansa Blg. 344 or the “An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Facilities and Other Devices,” by providing a coherent national framework that responds to the lifelong needs of neurodivergent individuals across health, education, employment, and community living. By affirming the right to reasonable accommodation, supported decision-making, and protection from discrimination, the bill aligns domestic law with contemporary rights-based approaches already reflected in existing Philippine statutes and policies.

Central to this measure is the creation of a National Neurodivergent Care and Support Plan that integrates early diagnosis and accessible therapies for neurodivergent individuals. It also institutionalizes the participation of neurodivergent self-advocates in government programs. In doing so, the bill strengthens the implementation of existing disability laws, ensures more effective use of public resources, and promotes social and

economic participation that benefits not only neurodivergent persons and their families but society as a whole.

In advancing this legislation, Congress affirms that inclusion is not a matter of charity but of justice. By recognizing neurodevelopmental differences, protecting rights, and instituting a comprehensive and coordinated system of care and support, the State takes a decisive step toward a more humane, equitable, and responsive society where neurodivergent Filipinos are empowered to live with dignity and to contribute according to their strengths and aspirations.

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


MARLYN I. PRIMICIAS-AGABAS

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HOUSE BILL NO. **7000**

Introduced by Representative **MARLYN L. PRIMICIAS-AGABAS**

AN ACT
RECOGNIZING DIVERSITY IN NEURODEVELOPMENT, ENSURING THE RIGHTS
AND INCLUSION OF NEURODIVERGENT INDIVIDUALS, ESTABLISHING A
NATIONAL NEURODIVERGENT CARE AND SUPPORT PLAN FOR
NEURODIVERSITY, AND FOR OTHER PURPOSES

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 "Neurodivergent People's Rights Act".

Section 2. DECLARATION OF POLICY. It is hereby declared the policy of the State to recognize and celebrate the inherent diversity in neurodevelopment and uphold the fundamental human rights and dignity of all individuals, including those with neurodevelopmental diversity. It shall champion the principles of inclusion, equality, and justice for neurodivergent persons and create an enabling, supportive, and responsive environment where neurodivergent people and their families are able to participate fully, actively, and meaningfully in all aspects of society and flourish to reach their maximum potential.

The State acknowledges that disability and neurodivergence are evolving concepts, subject to ongoing understanding, research, and development. New concepts and classifications may emerge after the passage of this Act, but regardless of such evolution, the State shall steadfastly recognize and honor the self-determination of individuals with neurodivergence.

Towards this end, the State shall establish institutional and social mechanisms to support their needs throughout their lifetime, promote their well-being, enhance their quality of life, and broaden opportunities for education and employment, thereby empowering them to reclaim their agency and status as valued members of society.

Section 3. DEFINITION OF TERMS. As used in this Act, the following terms shall mean:

- a. *Neurodevelopment.* Neurodevelopment refers to the brain's development of neurological pathways that influence performance or functioning (e.g. intellectual

functioning, reading ability, social skills, memory, attention or focus skills). Its goal is to achieve the highest level of functioning that is possible for the individuals.

- b. *Neurodiversity*. Neurodiversity refers to the differences in the way people's brains work, regarded as part of the normal variation in the human population. Neurodiverse is a broader umbrella term that covers neurotypical and neurodivergent people.
- c. *Neurodivergence*. Neurodivergence is a nonmedical umbrella term that refers to variations in the way people think due to being neurologically and cognitively divergent from the neurotypical norm. Neurodivergent people have cognitive abilities that differ in one or more areas of cognition such as thinking, feeling, socializing, languaging, speaking, sensory processing, executive functioning, reading, and moving. These differences can include, but are not limited to, neurodevelopmental disabilities, mental health conditions (e.g., depression, bipolar, schizophrenia), and neurogenic conditions (e.g., seizure disorder, traumatic brain injury). These include neurologic and developmental conditions.
- d. *Neurotypicality*. Neurotypicality is the state of not having, or not being associated with a condition that falls under the neurodivergent umbrella. A neurotypical individual thinks and processes information in a socially expected way for their culture and setting.
- e. *Neurodevelopmental Disabilities (NDD)*. Neurodevelopmental Disabilities refers to a group of conditions under the neurodivergent umbrella in which the growth and development of the brain are affected, causing challenges in an individual's social, emotional, and cognitive functioning.
- f. *Autism Spectrum Disorder (ASD)*. As defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM V), Autism Spectrum Disorder is a developmental disability caused by differences in the brain marked by challenges in social communication and interaction, sensory processing, and restrictive, repetitive patterns of behaviors or interests.
 - i. *Autistic Ways of Being* - Autistic communities prefer knowledge from first-hand lived experiences of autistic people—Autistic ways of being. This term captures the many ways in which autistic people experience their physical and social contexts differently from people who are not autistic. A core difference lies in how autistic people tend to process raw signals about the world, which contribute to their learning and interpersonal relationships. As with other forms of neurodivergence described here, this community-driven term helps autistic people resist ableism by allowing them to take ownership of their identities. For this reason, autistic communities prefer the use of identity-first language.
- g. *Attention Deficit Hyperactivity Disorder (ADHD)*. As defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM V), Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder characterized by persistent and impairing patterns of inattention, hyperactivity, and impulsivity that significantly impact an individual's daily functioning and quality of life.
 - i. *Kinetic Cognitive Style* - Kinetic cognitive style is a community- created non-pathologizing term for ADHD. Kinetic refers to the energy of variable and interest-based attention distribution. Kinetic can also describe the intensity

and inertia of hyperfocus. Kinetic also honors the need for plenty of large muscle movement and fidgeting. Kinetic can also manifest as impulsivity, hyperactivity, restlessness, and difficulties in executive functioning.

- h. *Communication Disorder*. Communication Disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. It may be evident in the processes of hearing, language and/or speech.
 - i. *Stuttering* - Stuttering is a speech difference that has been mis theorized as a pathology despite stuttering-like disfluencies being commonplace within speech production. It is a difference in connecting linguistic plans to motor plans and in formulating motor plans for speech production.
- i. *Down Syndrome*. Down Syndrome, also known as Trisomy 21, is a congenital genetic disorder caused by the presence of an extra copy of chromosome 21. This additional genetic material results in characteristic physical features, intellectual and developmental delays, and a higher risk of certain medical conditions.
- j. *Specific Learning Disabilities*. Learning Disabilities hinder the ability to learn or use specific skills (e.g., reading, writing, or arithmetic skills) that are necessary for academic learning. In addition, it can also affect the relationship between the body and external environment. Learning disabilities can manifest as:
 - i. *Dyslexia* - a specific learning difficulty that affects auditory memory and processing speed, which impact phonological mapping, literacy development, and orthographic sequencing skills, manifested as difficulties in reading, writing, and spelling
 - ii. *Dysgraphia* - difficulties in the fine motor or mental skills used in writing and similar activities
 - iii. *Dyscalculia* - difficulties in understanding basic arithmetic concepts
 - iv. *Dyspraxia* - can affect coordination and motor skills such as motor planning, speech planning, hand-eye coordination, as well as coordination of the body and brain.
 - v. *Global Developmental Delay (GDD)* - Global Developmental Delay is a condition in which a child does not reach developmental milestones or achieve expected skills at the typical rate in several areas of development including motor skills, language and communication, cognitive abilities, social and emotional functioning, and activities of daily living.
- k. *Intellectual Disabilities*. Intellectual Disability is a neurodevelopmental disorder that begins in childhood and is characterized by cognitive difficulties as well as difficulties in conceptual, social, and practical areas of living.
- l. *Motor Disorders*. Motor Disorders are malfunctions of the nervous system that cause involuntary or uncontrollable movements or actions of the body. This includes Tics, Tourette's Syndrome, and developmental coordination disorders or Dyspraxia.
 - i. *Cerebral Palsy*. Cerebral Palsy (CP) is a lifelong disability that primarily affects body movement and muscle coordination. It is caused by injury or

malformation in the brain that occurs before, during, or soon after birth.

- m. *Ableism* - Ableism refers to the explicit and/or implicit systems of discrimination that give a person negative evaluations and inferior status on the basis of their disability and/or neurodivergent identity, while simultaneously privileging able-bodied or neurotypical people. Ableism manifests itself in many ways such as discrimination in employment and housing, belief that people with disabilities need to be "fixed", disregard of people with disabilities in designing public spaces (e.g., lack of ramps or elevators), dismissive attitudes towards people who share their diagnosis or identity, and lack of care with ableist language.
- n. *Identity-first Language* - This is a preference, common in many neurodivergent communities (e.g., the autistic community), to place the neurodivergent identity first, before referring to the person. Hence; 'autistic person' rather than 'person with autism'. This preference indicates that autism—in this context—is a core part of someone's identity, personhood or way of being, rather than a separable feature.
- o. *Diagnosis*. Diagnosis refers to the assessment and identification of the nature of a condition through a professional's assessment of their traits.
- p. *Neurodivergence-Affirming*. Neurodivergence-affirming is a term that describes an approach to neurodivergence that affirms their unique traits and strengths.
- q. *Support services*. Support services refer to all forms of neurodivergence-affirming services that can help neurodivergent and disabled people. This can include, but is not limited to, peer support, speech-language therapy, occupational therapy, physical therapy, educational support, employment support, mental health services, general/specialist health services, and other home-based or community-based services.
- r. *Neurodivergent Lived Experience Expert (NLEE)* - A neurodivergent selfadvocate who is knowledgeable about the concepts of neurodiversity and different forms of neurodivergence shall be recognized by the State as NLEE. NLEEs are experts by experience who have skills in mentoring or guiding other neurodivergent people and in liaising with support service professionals/workers. NLEEs can come from, but are not limited to, recognized neurodivergent self-advocacy organizations nationwide. While different NLEEs have different lived experiences from the neurodivergent people they serve, they can still foster unique connections and nurturing support that non-neurodivergent support service professionals/workers cannot provide.
- s. *Co-occurring*. Sometimes referred to as comorbidity, co-occurring refers to simultaneous occurrence of two or more neurodevelopmental conditions (e.g. Autism and ADHD diagnosis on one individual).
- t. *Reasonable Accommodation*. Reasonable accommodation means necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to neurodivergent persons the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Section 4. RIGHTS, PRIVILEGES, AND BENEFITS AS PERSONS WITH DISABILITY. All persons with neurodevelopmental disabilities shall be treated as Persons with Disability, in accordance with the provisions of RA 7277, or the Magna Carta of Disabled Persons, as amended.

As such, they shall be entitled to all the rights, privileges, and benefits provided for persons with disabilities under existing laws.

Section 5. REGISTRATION AS PERSONS WITH NEURODEVELOPMENTAL DISABILITIES.

To ensure that the government has accurate statistics and data on all types of disabilities, including neurodevelopmental disabilities, the Department of Health (DOH) shall include in its PWD Registry Form the following conditions under the classification of neurodevelopmental disabilities:

1. Autism Spectrum Disorder
2. Attention Deficit Hyperactivity Disorder
3. Down Syndrome
4. Cerebral Palsy
5. Global Developmental Delay
6. Intellectual Disabilities
7. Learning Disabilities
8. Motor Disorders
9. Communication Disorders
10. Other Neurodevelopmental Disorders

Section 6. ISSUANCE OF PWD IDENTIFICATION CARDS. The DOH shall, in coordination with the National Council on Disability Affairs (NCDA) and the Department of Interior and Local Government (DILG), shall ensure that Local Government Units (LGUs), through their Persons with Disability Affairs Office (PDAOs) or other departments/focal persons in-charge of persons with disabilities in all LGUs adhere to the classification of disabilities as provided in Section 6 of this Act in the issuance of PWDs Identification cards, which should be renewable every five (5) years, in the case of the above neurodevelopmental conditions.

Section 7. THE NATIONAL NEURODIVERGENT CARE PLAN. The Philippine Council for Mental Health (PCMH) established under Republic Act No. 11036, or the 'Mental Health Act' in coordination with the concerned agencies, shall spearhead and coordinate government actions to develop, regularly update and monitor the implementation of the National Neurodivergent Care Plan (NNCP), a holistic medium- term plan that shall embody the provisions of this Act, in order to respond to the needs of Neurodivergent individuals, and their families for the guidance of the stakeholders in public and private sectors. The PCMH shall likewise coordinate the development and implementation of necessary policies and programs to operationalize the NNCP and to ensure that the needs of Neurodivergent individuals are served.

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

1. Information campaigns;
 - 1.1. The publication of reading materials, manuals, and easily readable instruction materials for autism early detection, prevention, rehabilitation, and care;
 - 1.2. The publication of a newsletter on current developments, resources and research on autism;
2. Research;
 - 2.1. The establishment of a databank and information and monitoring system (IMS) on the demographic, socio-economic, and incidence and prevalence of persons with neurodivergence in the country;
3. Assessment, diagnosis and intervention;
 - 3.1. The establishment of National and Regional Referral Services wherein the Council will update a list of professionals and child care institutions concerned with the case and development of persons with neurodivergence.
 - 3.2. The establishment of a Center for Neurodivergence Studies which shall be tasked

to perform the following functions:

- 3.2.1. Create a diagnostic, therapeutic and rehabilitation clinic;
- 3.2.2. Provide free diagnosis and rehabilitation services to indigents;
- 3.2.3. Provide other services such as counseling, orientation and referral;
- 4. Education, sports and arts;
 - 4.1. The conduct of continuing education, formation, and training programs and lectures on the proper handling of neurodivergent persons.
 - 4.2. The conduct of continuing education/training of families, teachers, therapists and caregivers of neurodivergent individuals through seminars, conventions and other forms of tri-media educational tools;
 - 4.3. The provision of vocational training programs for neurodivergent adults;
- 5. Neurodivergent Persons and family support;
 - 5.1. Orientation and counseling services for families of newly diagnosed neurodivergent persons.
 - 5.2. The establishment of Family Support Networks and Sibling Program for families of neurodivergent persons to seek psycho-social

Section 8. DIAGNOSIS AND ASSESSMENT. The PhilHealth shall expedite its accreditation of tertiary hospitals that may provide free diagnosis and support services for persons with neurodevelopmental disabilities, regardless of age, to target one accredited tertiary hospital per province or cluster of provinces three (3) years after the passage of this Act. It shall likewise allow hospitals to outsource these services to nearby accredited clinics with licensed therapists providing occupational, physical, behavioral, and speech-language therapy services, following such guidelines as PhilHealth may issue to ensure the quality of these services.

Psychological and psychiatric support services shall be made available in government and private hospitals to address the mental health needs of persons with neurodevelopmental disabilities.

Peer and other kinds of legitimate and recognized support services should also be offered to broaden the options of persons with neurodevelopmental disabilities in accessing support services.

In order to facilitate early intervention and comprehensive care for neurodivergent individuals, insurance companies operating within the jurisdiction of this legislation shall be mandated to cover, partially or in whole, the costs associated with necessary therapies and support services for neurodivergent individuals. These therapies and support services may include, but are not limited to, occupational therapy, physical therapy, speech-language therapy services, behavioral interventions, and other evidence-based interventions as recommended by qualified healthcare professionals.

Section 9. PROFESSIONALS FOR DIAGNOSIS. Developmental Pediatricians and Psychiatrists are recognized as the professionals who can diagnose persons with neurodevelopmental disabilities. However, due to the limited number of developmental pediatricians, numbering less than 80 as of 2023, and psychiatrists, families do not have immediate access to such services, resulting in months of waiting time. Given this, clinical psychologists and developmental psychologists can henceforth diagnose persons with neurodevelopmental disabilities, provided they have undergone neurodivergence-affirming training in conducting comprehensive assessments and making diagnoses, making use of humanizing assessment tools, and individually-administered, and standardized tests appropriate for the purpose.

Section 10. EDUCATION. In reiteration of RA 11650 or the Inclusive Education Act, the Department of Education (DepEd) shall upgrade existing Special Education Centers into Inclusive Learning Resource Centers (ILRC) and create more ILRCs in all cities and municipalities to address the growing need for inclusive, equitable and quality education and promote lifelong learning

opportunities for persons with disabilities at the elementary and secondary school levels. Given this, the DepEd shall issue the necessary Implementing Rules and Regulations and provide the needed funds to ensure the implementation of the Inclusive Education Act. Among others, it shall institutionalize the development, implementation, and review of an Individualized Education Plan for each of its learners, taking cognizance of each learner's needs and capabilities.

Moreover, DepEd shall actively incorporate Transition Programs into the curriculum, providing a supportive pathway for neurodivergent individuals as they embark on their journey from basic education towards their chosen path - be it vocational, technical-vocational, entrepreneurship, higher education or meaningful employment. This approach ensures that each learner's potential is nurtured and empowered, enabling them to flourish and reach their full potential.

As to the Multidisciplinary Team required to be created to serve the ILRCs, the presence of at least one (1) Neurodivergent Lived Experience Expert (NLEE) shall be ensured, along with Developmental Pediatrician or Psychiatrist, as well as a Psychologist, an Occupational Therapist, a Speech-Language Therapist, a Physical Therapist, and a Special Education Teacher. This Team can serve several ILRCs within a city or municipality, or in adjoining municipalities.

Section 11. HIGHER EDUCATION. The Commission on Higher Education (CHED), is mandated to regulate the operation of colleges and universities nationwide. It is necessary to provide reasonable accommodations in the admission of neurodivergent students and their placement in appropriate courses. To help them cope with the challenges of adjusting to the environment that college offers, colleges and universities shall provide appropriate support services such as guidance and counseling, peer support groups, mentoring, and pairing them with neurodivergent students or neurodivergence-affirming students who can act as "buddies" and assist when they encounter difficulties. Administrations of colleges and universities shall implement a more active campaign to promote a more inclusive environment among its stakeholders and the student body.

Administrators, faculty, and non-teaching staff are required to have proper orientation on the nature of neurodevelopmental and psychosocial disabilities, concepts within the neurodiversity paradigm, and basic knowledge on how to support them especially in difficult situations. Administrations of colleges and universities shall regularly implement more active neurodivergent-led awareness-raising campaigns to promote a more inclusive environment among its stakeholders and the student body. To this end, university and college administrations nationwide shall establish Disability, Accessibility and Inclusion offices or similar structures in partnership with NLEEs, guidance and counseling offices, student councils/governments, registered neurodivergent-led non-government organizations (NGOs), and local neurodivergent-led campus organizations. CHED shall provide financial, logistical, and institutional incentives to university and college administrations in support of these partnerships.

To foster the growth of essential fields, CHED will actively promote and provide incentives to colleges and universities to establish degree programs in Occupational Therapy, Speech-Language Pathology and Special Education. These programs are to be listed as priority programs to address the growing need for these services.

Further, students in their final year of studies may serve in therapy centers for their on-the-job training for a specified number of hours as prescribed in their curriculum. This arrangement offers an affordable option for families with limited financial resources to access these valuable services. To guarantee the quality of these services, the work of these students will be closely supervised by licensed professionals within the same field, ensuring a high standard of care.

Section 12. TECHNICAL-VOCATIONAL EDUCATION. The Technical Education and Skills Development Authority (TESDA) will design modified technical-vocational courses that will cater to the specific needs and passions of neurodivergent individuals. Additionally, TESDA will provide

training for select educators who are mindful of the diverse capabilities of their learners. To ensure the highest standards of support, Occupational Therapists, Physical Therapists, and Speech-Language Therapists will collaborate as valuable resources, guiding these educators in their journey to empower neurodivergent individuals. TESDA may enlist the support of accredited private technical-vocational educational institutions in pursuit of this aim.

TESDA will also prioritize the recruitment of qualified and capable neurodivergent and disabled trainers. This inclusive approach not only enriches the training environment but also creates new employment opportunities for individuals with disabilities who possess the requisite qualifications. This arrangement fosters an environment where neurodiversity is celebrated, and neurodivergent individuals are provided with the tools and opportunities to excel in the workforce, thus promoting inclusion and self-empowerment.

Section 13. EMPLOYMENT. The Department of Labor and Employment (DOLE) and the Civil Service Commission (CSC) ensure that reasonable accommodation is offered for neurodivergent individuals in terms of admission and examination requirements for entry into the workforce. As required under RA 10524, government agencies and private sector corporations should hire at least 1%, for every 100 employees, people with disabilities in their workforce. Human Resources (HR) management in both the public and private sector will take the lead in providing job coaching services on-boarding training and orientation as may be necessary in the first six months of employment to allow the employee some adjustment in the work environment and familiarity with the tasks to be undertaken. Neurodivergent employees shall be admitted without the need for a probationary period and will be provided with reasonable accommodation including employee assistance programs such as neurodivergence-affirming counselling, assessment, and other mental health services for employment wellness.

For workplaces to be more inclusive of neurodivergent employees, the Human Resources (HR) departments of companies and all government instrumentalities - including government owned and controlled corporations, state universities and colleges, local universities and colleges - shall assign or consult with neurodivergent self-advocates in conducting awareness-raising and capacity-building efforts to ensure accommodation of employees with neurodevelopmental needs.

Neurodivergence-affirming training programs shall be implemented in handling neurodivergent employees, and tailor their hiring and assessment processes accordingly for those who disclosed their disabilities during the job application process. Neurodivergence-affirming Performance Evaluations should be undertaken by a supervisor, and feedback provided to the employee for purposes of improving their performance on the job.

Section 14. PROTECTION FROM TOKENISM AND DISCRIMINATION. Many neurodivergent individuals live in fear of ostracism and discrimination from their families, workplaces, and communities.

Their employment in the public and private sectors should not be tokenistic or discriminatory, making sure that neurodivergent adults placed in such programs are paid on par with regular employees, receive identical benefits, and are subject to the same job security measures.

Hiring neurodivergent adults should not be perceived as an economic drain to an employer but beneficial to them in terms of hiring untapped talent pools (e.g. candidates with higher than average abilities in pattern recognition, memory, and mathematics), lower turnover rates, and improved workplace cultures.

Section 15. PROTECTION FROM ABANDONMENT. It shall be made unlawful for parents to abandon their loved ones suspected of or diagnosed with neurodevelopmental disabilities. In cases

of abandonment, DSWD shall need to capacitate their social workers to be able to support neglected, abandoned, and abused persons with neurodevelopmental disabilities. Penalties shall be imposed on parents or guardians who abandon their loved ones in accordance with the Family Code of the Philippines.

Section 16. RESIDENTIAL COMMUNITY. The Department of Social Welfare and Development (DSWD) shall establish a residential community in each province to take in neurodivergent individuals who have high support needs even unto adulthood, especially when their parents and other family members are no longer available. These communities shall take care of their well-being, to uplift their quality of life in an inclusive and accepting environment. They can be housed in low-cost homes with adequate facilities within a self-sustaining community that earns income from products and services produced by members of the community. They will be provided opportunities for work, education, recreation, and social activities. They shall be given tasks that are within their capability to perform and will be supervised in their day-to-day activities by health care and other professionals. Local alternatives may also be explored like group homes and smaller-scale supported living arrangements. Furthermore, this community shall include an advisory board whose members will compose of at least 50% capable persons with disabilities.

Section 17. PSYCHOSOCIAL SUPPORT AND TRAINING. The Government, under the auspices of the DSWD, is tasked with delivering community-oriented and neurodivergence-affirming psycho-educational training initiatives extending all the way down to the grassroots level or the barangay. These programs aim to educate families about developmental differences in loved ones and guide them on how to access the necessary support services. Neurodivergence-affirming awareness training should also be conducted across all national and local government agencies, including the police forces, the military, social workers, barangay health workers, first responders, healthcare and medical professionals, and educators. Furthermore, the government should offer support to families through livelihood programs designed to bolster their income and enable them to better provide for their loved ones with disabilities.

Section 18. REPRESENTATION IN COUNCILS. Neurodivergent people shall be empowered to represent themselves in National and Local Councils created to develop policies and programs for the benefit of persons with disabilities.

Qualifications of such representatives should be honored to avoid tokenism and discrimination. Adequate representation from women and LGBTQIA+ neurodivergent individuals must also be ensured so as to prevent a male-centric bias in determining policies that affect neurodivergent individuals. Neurodivergent individuals should also be tapped to provide training or assist in training programs to spread awareness about neurodevelopmental disabilities, and how these should be supported especially in crisis and disaster situations. A Council for Neurodivergent Affairs is to be established with the purpose of addressing the unique challenges and needs of neurodivergent individuals in the Philippines. The Council shall work towards:

- a. Promoting inclusivity, equal opportunities, and the overall well-being of neurodivergent individuals.
- b. Advancing understanding, acceptance, and support for neurodiversity in all aspects of life.
- c. Collaborating with relevant government agencies, organizations, and stakeholders to develop and implement policies, programs, and initiatives that support neurodivergent individuals in the areas of education, health, employment, and other relevant domains.
- d. Ensuring that neurodivergent individuals have access to quality and inclusive services in healthcare, education, and employment.
- e. Promoting research, data collection, and dissemination of information related to neurodiversity.
- f. Advocating for the rights and interests of neurodivergent individuals within the legislative and policy-making processes.

The Council for Neurodivergent Affairs shall consist of representatives from the following sectors:

- a. Representatives from the Department of Education (DepEd), the Department of Health (DOH), the Department of Labor and Employment (DOLE), and other relevant government agencies.
- b. Experts in the field of neurodiversity, including professionals in psychology, psychiatry, education, and other relevant disciplines.
- c. Advocates for neurodivergent individuals, including individuals who identify as neurodivergent themselves or are parents, caregivers, or allies.

The Council for Neurodivergent Affairs shall receive funding from the national government through the annual budget allocation. The Council shall be authorized to seek additional funding through grants, donations, and partnerships with nongovernmental organizations and other relevant entities. The Council shall be accountable to the National Council on Disability Affairs (NCDA) and shall provide annual reports on their activities, accomplishments, and financial expenditures. The Council shall also hold regular consultations with representatives of the neurodivergent community and other stakeholders to ensure their needs and concerns are considered in policy and program development. The specific regulations, organizational structure, and other details for the implementation of this Council shall be determined through subsequent executive orders, regulations, or policies issued by the relevant government agencies.

Section 19. RESEARCH SUPPORT. In the spirit of promoting neurodivergent-led research, agencies, in collaboration and consultation with neurodiversity organizations, are tasked with the vital role of identifying areas that merit further exploration and incentivization. These areas encompass diverse domains, including the rural-based and folklore/anthropological aspects of neurodiversity, gender-related dimensions of neurodiversity, and the study of neurodiversity within specific underdeveloped geographical regions, among others.

Further, to empower neurodivergent individuals, it is imperative to extend robust support for neurodivergent-led research initiatives. This can take the form of research grants in public and private universities and colleges and other institutions based locally and abroad, extended to those who seek to conduct ethical research pertaining to neurodiversity or neurodivergent communities. Examples of such research include projects led by neurodivergent communities, autism research led or co-authored by autistic individuals, as well as studies in the fields of neurodiversity and disability studies. Therefore, CHED, DOH, NCDA, and the Department of Science and Technology (DOST) shall commit to providing comprehensive, fully-funded research scholarships for neurodivergent individuals at various stages of their academic and research careers, from masteral and doctoral levels to post-doctoral, early career, and mid-career stages.

Section 20. SUPPORTED DECISION MAKING. Supported Decision-Making refers to the act of assisting a service user who retains decision-making ability, or who is not otherwise mentally incapacitated, in coherently expressing a mental-health related preference, intention or decision. SDM shall extend beyond mental health, be recognized universally, and serve as a non-exclusive alternative to guardianship. It should be recognized that neurodivergent adults are capable of supported decision making. National and local government agencies should respect their capability and involve them in the process of addressing issues pertaining to neurodevelopmental disabilities.

Section 21. NATIONAL LEADERSHIP AND EDUCATION TRAINING ON NEURODIVERSITY (NLET-ND). The State through the National Council on Disability Affairs (NCDA) shall fund national leadership and education training programs that will empower neurodivergent and/or disabled people to pursue leadership roles in government, public, and private sectors nationwide. These programs shall also involve varied forms of training approaches led by NLEEs that will develop courses, educational materials, and awareness campaign tools about neurodevelopmental disabilities. Such programs shall be open to all and shall have measures to prioritize the recruitment of neurodivergent and/or disabled trainees who have been traditionally underrepresented (e.g.,

indigenous, LGBTQIA+) in leadership positions nationwide. Moreover, to ensure the NLET-ND program's effectiveness and relevance, a substantial proportion of the advisory board/committee overseeing the program shall consist of NLEEs. This inclusive approach will guide the program's development and implementation, fostering a society that respects, supports, and celebrates neurodiversity.

Section 22. ACCESSIBLE DESIGN AND REQUIREMENTS. The State shall coordinate and work with neurodivergent-led advocacy organizations in co-legislating an Accessible Design Standards Law to augment the existing provisions of the Accessibility Law (BP 344), which will establish nationwide standards and compliance requirements for accessible design such as, but not limited to, accessible communication (e.g., plain and age-appropriate language, access to signed language interpreters, alternative and/or augmentative communication systems, assistive communication technology), accessible buildings (e.g., presence of ramps and elevators), and accessible government and non-government websites with inclusive user experience-oriented interfaces.

Section 23. FREEDOM TO DISCLOSE DISABILITY. The State shall protect people from any form of coercion to disclose their diagnosis, neurodivergent identity, and/or disability status unless such disclosure is necessary for the safety or treatment of the individual in question.

Section 24. INTERNATIONAL COOPERATION. The national government, as well as local disability organizations should explore opportunities for international collaboration and knowledge sharing with countries that have advanced policies and practices related to neurodivergent people's rights.

Section 25. APPROPRIATIONS. The amount necessary to carry out the provisions of this Act shall be included in the respective funding allocations of the concerned government agencies in the General Appropriations Act.

Section 26. IMPLEMENTING RULES AND REGULATIONS. The DOH, DepEd, DSWD, DILG, CHED, DOST, DOLE, CSC, TESDA, NLEEs and their allies shall work together to formulate and promulgate the implementing rules and regulations necessary for the effective implementation of this Act.

Section 27. PENALTY CLAUSE. Any person who violates any of the provisions of this Act or its Implementing Rules and Regulations shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months nor more than two (2) years or a fine of not less than Twenty Five thousand pesos (PhP25,000), nor more than Three hundred thousand pesos (PhP300,000), or both, at the discretion of the court. If the violation is committed by a juridical person, the officer of the mental health facility responsible, therefore, shall serve the imprisonment when imposed. If a violation is committed by an alien, he or she shall be immediately deported after service of sentence, without need of further proceedings.

Section 28. SEPARABILITY CLAUSE. If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

Section 29. REPEALING CLAUSE. The provision of , is hereby emended. Except as otherwise expressly provided in this Act, all other laws, decrees, executive orders, proclamations and administrative regulations or parts thereof inconsistent herewith are hereby repealed or modified accordingly.

Section 30. EFFECTIVITY CLAUSE. This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

Approved.