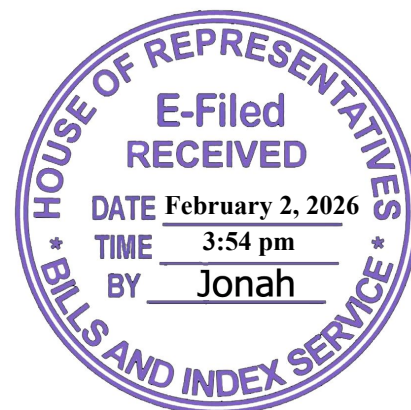


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS

First Regular Session

House Bill No. 7557



Introduced by **Rep. BEVERLEY ROSE A. DIMACUHA**

EXPLANATORY NOTE

The Costs of Raising Children with Disabilities in the Philippines (CRCWD)¹ report was produced in partnership with the Department of Social Welfare and Development and the Special Advisory Reference Group, with support from the Australian Government. Based on the report, the following findings were made:

- A child with disabilities needs an expenditure that is 40 to 80 per cent higher than other children without disabilities.
- Poverty rates are 50 per cent higher in households with children with disabilities.
- Only 1 out of 5 children with disabilities in the Philippines has a disability ID card.
- Households with a disability card spent almost 3 times more than those of other households.
- While the potential subsidy from the Government is for everyone who has a disability ID card, only relatively well-off households benefited from the concessions. 43 per cent of the subsidy was received by the richest quintile, while the poorest quintile received less than 6 per cent of the subsidy.

The Philippines has been a leading country in recognizing the rights of persons with disabilities with laws such as Presidential Decree No. 603 (Child and Youth Welfare Code), Republic Act No. 7610 (Special Protection of Children Against Abuse, Exploitation and Discrimination Act), and Republic

¹ Carraro, Ludovico, Alex Robinson and Bilal Hakeem, Cost of Raising Children with Disabilities in the Philippines, United Nations Children's Fund, Mandaluyong, 2022

Act No. 7277 (Magna Carta for Disabled Persons) and has also ratified the UN Convention on the Rights of Persons with Disabilities in 2008 and the UN Convention on the Rights of the Child in 1990 alongside regional commitments, including the Incheon Strategy “to Make the Right Real” for Persons with Disabilities in Asia and the Pacific. Yet, despite these legal safeguards, existing services remain fragmented, underfunded, and inaccessible to many families.

This proposed measure aims to protect the welfare of children with disabilities, specifically, children with special needs who face developmental challenges such as Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Down Syndrome, cerebral palsy, and other physical, cognitive, and communicative conditions by advancing children’s rights based on the Convention on the Rights of the Child², as follows: (with emphasis on the first pillar on healthcare)

- The right to survival: concerns basic needs such as adequate nutrition, healthcare, water and sanitation, and a safe place to live in.
- The right to development: primarily related to access and quality of education.
- The right to non-discrimination and protection: concerns the safety of the social environment within the home and community of the child.
- The right to voice and participation: the active role of the child in daily activities.

Below are excerpts from the CRCWD report, emphasizing the plight and struggles of CSNs and their families.

“Qualitative findings showed that some families did not have any formal medical diagnosis for their child. Families that did have a medical diagnosis reported difficulties in obtaining one. Respondents said the process took a long time, involved significant travel and were unaffordable. Families reported having to pay for multiple health procedures and consultations as part of the diagnosis process.”

“The family of an 11-year-old boy with epilepsy reported paying for diagnoses at multiple health facilities. The boy had a seizure when he was five months old and was admitted to a public hospital. The family was later referred to a private clinic to undergo an electroencephalogram (EEG) test. The EEG cost PHP7,000 but this did not give a clear diagnosis. Two and a half years later, the family went to a private hospital in another city for further tests. The family stayed with a relative for three months while tests were conducted. This included another EEG test costing PHP10,000, which was again inconclusive. A neurologist recommended magnetic resonance imaging scan which cost PHP30,000 but the family never received a clear diagnosis. The family also incurred costs for consultation fees and medication.”

“Families accessed both private and public health facilities. For some families, the nearest facility was private, but the services here were more expensive. It

² <https://www.unicef.org/child-rights-convention/convention-text>

is important to note that access to a health facility is not the same as access to the required health services (emphasis provided)."

"Families of children who required hospital care or specialist consultations at secondary and tertiary level health facilities related their financial difficulties. One respondent said she had to raise PHP13,200 for her child's bone marrow biopsy. During sudden hospitalizations, families have no time to source funds to pay the bill. One mother had to transfer her son from a private to a public hospital to save money. She said her husband had to 'borrow money from everywhere' to pay PHP65,000 for a blood transfusion. Routine consultations with health professionals were another significant expenditure. The cost typically ranged from PHP500 to PHP1,200 depending on the health professional and whether the service is public or private. One family paid as much as PHP3,000 for a consultation with a developmental pediatrician. The total cost would have been higher if specific health procedures or assessments were included. Money spent on routine consultations varied depending on the number and frequency of appointments. For speech therapy, one family spent PHP800 per session twice a week for about 10 to 12 years. A family with a child with cerebral palsy paid PHP1,200 three times a week for joint therapy sessions with a physiotherapist and occupational therapist."

"Medications were also expensive and for families with children with a chronic health condition, prescription drugs could be their biggest health expenditure. Medications include antibiotics to reduce risk of infection and drugs for pain management. Families of children who need regular prescription medicine, often on a daily basis, have to adjust household budgets to pay for doctor's appointment every time there is a need to renew or change prescriptions. Parents of children with complex health conditions said that the cost of medication frequently changed with the changing medical needs of their child. One respondent had to pay for additional medicine to reduce the side effects of health management medications. Other health care products were also noted. One respondent paid PHP2,000 for a nebulizer to manage their child's asthma. Another family spends PHP 2,000 a month on nasal spray."

"Families reported being unable to pay for and, therefore, forwent health services recommended for their child. These included the full range of health services and specialist medical services, such as surgeries and diagnostics, routine consultations, therapies and medication."

"Families also reported having to cancel or postpone routine health appointments due to insufficient funds. Families who needed to travel to health clinics would forgo routine consultations such as medical checkups and therapy sessions because of travel costs. One respondent said they would only bring their child to the local health facility when it was 'absolutely necessary'."

"Some families were unable to pay for all the maintenance medicines prescribed for their child. Other respondents said they were unable to pay for any medication at all."

“Only 11% of children with a disability ID card have an assistive device (see Table 10). However, many more acknowledged that their child would need an assistive device (22%). When asked about the reason for the lack of an assistive device, the most common reason was cost and the household’s need to prioritise the purchase of medicines and therapies (87% of cases).”

This measure proposes to address these “loopholes” in our health services among others for our children with special needs. To not only protect their right to survive but to promote and uplift their quality of life. And at the same time, protect the welfare of the family as well, by ensuring that raising a child with disability or special needs need not be a financial death sentence.

Thus, the prompt approval of this bill is earnestly sought.



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AN ACT
PROMOTING A WHOLISTIC APPROACH IN SUPPORT OF CHILDREN WITH
SPECIAL NEEDS

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 "*Wholistic Approach for Children with Special Needs Act.*"

SEC. 2. Declaration of Policy. - It is hereby declared the policy of the State to protect and promote the rights of children with special needs, ensuring their full and inclusive development. The State recognizes that children with special needs possess inherent dignity and right to a quality of life that enables them to achieve their fullest potential. To this end, the State shall:

- a) Prioritize and integrate the needs of children with special needs into all relevant legislative efforts, policies, programs, and services.
- b) Ensure access to quality, comprehensive, and appropriate intervention, therapeutic, and educational services.
- c) Alleviate the financial and emotional burdens on families of children with special needs through various mechanisms.
- d) Foster a society that embraces inclusivity, free from stigma and discrimination against children with special needs and their families.
- e) Strengthen inter-agency collaboration and establish a comprehensive support system for children with special needs and their families.

SEC. 3. Definition of Terms. - As used in this Act:

- a) *Children with Special Needs (CSN)* refers to individuals below eighteen (18) years of age who have developmental delays, disabilities, or conditions that require specialized interventions, including but not limited to, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Down

Syndrome, Cerebral Palsy, intellectual disability, specific learning disabilities, sensory impairments (visual or hearing), and speech and language disorders. This also include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis.

b) *Early Intervention Services* refers to a range of services provided to infants and toddlers with developmental delays or disabilities and their families to promote the child's development and minimize the effects of the disability.

c) *Therapeutic Services* refers to professional interventions such as, but not limited to, occupational therapy, physical therapy, speech and language therapy, behavioral therapy, and other related services designed to improve the functional abilities and well-being of CSN.

d) *Special Education (SPED)* refers to the educational program designed to meet the unique needs of CSN, including SPED centers, inclusive classrooms, and home-based programs.

e) *Underserved Areas* refers to geographical regions, localities, or communities where access to specialized services for CSN is limited or non-existent.

f) *Assistive Tools and Medical Care* refers to devices, equipment, technologies, medications, and healthcare services that assist CSN in their daily living, communication, mobility, and overall health management.

Sec. 4. Treatment as Persons with Disability. - All CSNs shall be treated as persons with disability, as defined under Republic Act No. 7277, as amended. They shall be entitled to all the rights, privileges and benefits provided for persons with disabilities under existing laws.

Sec. 5. Mandatory Phi/Health Coverage. -All CSNs shall be covered by the National Health Insurance Program of the Philippine Health Insurance Corporation (PHIC). Funds necessary to ensure the enrollment of CSNs, shall be sourced from the National Health Insurance Fund of PHIC, earmarked from the proceeds of sin tax collections, as provided for in Republic Act No. 10351. It shall likewise include the cost of early screening and detection programs, therapeutic services, assistive tools and medicines as available benefits of the enrolled CSN.

SEC. 6. Accessible Therapy and Education. - The State shall ensure that all CSN have equitable access to quality therapy and education. To this end, the following shall be implemented:

a) *Expansion of SPED Schools and Centers.* The Department of Education (DepEd), in coordination with the Department of Social Welfare and Development (DSWD) and the Department of Health (DOH), shall establish and expand SPED schools and centers in underserved areas, ensuring adequate facilities and qualified SPED teachers and therapists.

b) *Subsidies for Therapy Services.* The DOH and DSWD, in coordination with the Philippine Health Insurance Corporation (PhilHealth),

shall develop and implement a subsidy program for therapeutic services for CSN, covering a significant portion of therapy and rehabilitation costs. The subsidy program shall prioritize indigent and low-income families.

c) *Inclusion in Regular Schools.* The DepEd shall strengthen its education program, providing necessary and inclusive training for teachers, learning resources, and education plans to facilitate the successful integration of CSN into mainstream classrooms wherever appropriate.

SEC. 7. Financial Relief for Families. - To mitigate the financial burden on families of CSN, the following measures shall be undertaken:

a) *Vouchers and Grants.* The DSWD, in coordination with relevant agencies, shall establish a system of vouchers and grants for eligible families of CSN to support the costs of therapy, medical care, assistive tools, and specialized education. Priority shall be given to families categorized as indigent or vulnerable.

b) *DOH Medical Assistance.* The Department of Health shall include early screening and detection programs, therapeutic services, assistive tools and medicines for CSNs in its medical assistance programs. Moreover, the DOH shall expand the coverage of its medical assistance programs to more private, community or NGO-run rehabilitation / therapy centers, clinics, laboratories and hospitals catering to CSNs.

c) *Tax Incentives.* The Bureau of Internal Revenue (BIR) shall explore and recommend to Congress appropriate tax incentives for parents or legal guardians of CSN, including deductions for medical expenses, therapy costs, and specialized educational fees.

d) *Phi/Health Coverage Expansion.* PhilHealth shall expand its coverage to include a range of therapeutic services, diagnostic procedures, and assistive devices for CSN, with higher benefit limits and streamlined claims processes. Moreover, Philhealth shall promote and expand Philhealth accreditation for private, community or NGO-run rehabilitation / therapy centers, clinics, laboratories and hospitals catering to CSNs.

SEC. 8. Public Awareness and Acceptance Campaigns. -The State shall promote public awareness and acceptance of CSN designed to foster an inclusive society and combat stigma.

a) *National Awareness Campaigns.* The Department of Education (DepEd), Department of Health (DOH), Department of Social Welfare and Development (DSWD), and the Philippine Information Agency (PIA) shall develop and implement national public awareness and acceptance campaigns on various special needs, which shall promote understanding, empathy, and early identification.

b) *Educational Curricula Integration.* The DepEd shall integrate modules on special needs awareness, inclusion, and disability rights into relevant educational curricula at all levels.

SEC. 9. Support Systems for Families and Caregivers. - The State shall establish and strengthen support systems for families and caregivers of CSNs.

a) *Community Centers for CSN.* The DSWD, in coordination with the Local Government Units (LGUs), shall endeavor to establish or support existing community centers in their jurisdiction. The support may include any of the following: i) free or subsidized therapy services, ii) parental training, and/or,
iii) emotional support groups for families of CSN. These centers shall also serve as hubs for information dissemination and referral to other relevant services.

b) *Parental Training and Empowerment Programs.* The DSWD and DOH shall, in coordination and cooperation with the Technical Education and Skills Development Authority (TESDA), develop and implement comprehensive training programs for parents and caregivers of CSN. These training programs shall focus on equipping them with the knowledge and skills necessary to support their child's development and manage challenging behaviors.

SEC. 10. Stronger Policies for Inclusion. - The State shall ensure the full inclusion of CSN in all aspects of society.

a) *Inclusion in Schools.* The DepEd shall formulate and implement guidelines for inclusive education, mandating reasonable accommodations, and non-discriminatory practices for CSN in both public and private schools.

b) *Accessibility in Public Spaces.* All government agencies and private establishments shall ensure that public spaces, facilities, and services are accessible to CSN, in compliance with existing accessibility laws and regulations.

SEC. 10. Inter-Agency Coordinating Council. - There is hereby created an Inter-Agency Coordinating Council for Children with Special Needs (IACCSN) (hereinafter referred to as the "Council"), to ensure the effective implementation of this Act. The Council shall be composed of representatives from the DSWD, DOH, DepEd, National Council on Disability Affairs (NCDA), PhilHealth, and at least two representatives from the private sector, which directly implement programs relevant and related to the needs of the CSNs. The Council shall:

a) Formulate and oversee the implementation of a comprehensive national plan for the welfare of CSN.

b) Coordinate the programs and activities of various government agencies and non-government organizations pertaining to CSNs.

c) Monitor and evaluate the effectiveness of policies and programs addressing the needs of CSNs.

d) Recommend legislative and policy reforms to further enhance the rights and well-being of CSNs.

SEC. 11. Appropriations. - The amount necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 12. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the DSWD, in coordination with the DOH, DepEd, NCDA, PhilHealth, and in consultation with other relevant agencies and stakeholders, shall formulate and promulgate the necessary rules and regulations for the effective implementation of this Act.

SEC. 13. 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.

SEC. 14. Repealing Clause. - All laws, decrees, orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 15. Effectivity. - This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in a newspaper of general circulation.

Approved,