

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7573



Introduced by Representative **FLORENCIO "JOEBEN" T. MIRAFLORES**

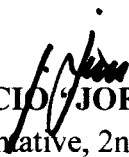
EXPLANATORY NOTE

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition affecting roughly 1 in 100–127 people worldwide (WHO, 2023). Applied to the Philippine population, this implies that more than one million Filipinos are likely on the autism spectrum. Yet official Philippine records show only 2,462 reported cases from 2020–2021, with over half concentrated in Metro Manila and CALABARZON. This vast gap reveals systemic underdiagnosis and the near invisibility of autistic Filipinos in policy and service delivery. The World Health Organization warns that persons with autism face persistent stigma, barriers to health care and education, higher rates of co-occurring conditions, and increased risk of premature mortality when needs go unmet. Early identification and intervention, especially before age three, are proven to dramatically improve lifelong outcomes, yet the Philippines lacks routine screening, a national registry, or a coordinated system of care. Most services are private, urban-centered, and unaffordable, leaving families in rural and low-income communities without support.

International experience demonstrates that these gaps are solvable through law and sustained public investment. The United States' Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act has directed over USD 5.2 billion to autism surveillance, research, and services, lowering the average age of diagnosis to 18–24 months and expanding early intervention nationwide. The United Kingdom's Autism Act mandates a national strategy and legally binds public institutions to accommodate autistic persons. Australia's National Autism Strategy allocates dedicated funding for prevalence studies, employment programs, and service evaluation, and is moving toward an Autism Act to entrench these reforms in law. These models share core elements: national standards, dedicated coordinating bodies, data systems, sustained funding, and the meaningful participation of autistic persons and families. WHO likewise calls for integrated, multisectoral autism policies spanning health, education, employment, and community life.

The proposed Autism Support, Protection, Inclusion, and Rights Empowerment (ASPIRE) Act brings these proven principles to the Philippine context. By institutionalizing a National Autism Strategy, establishing National and Provincial Autism Centers, mandating early screening and PhilHealth coverage, guaranteeing inclusive education, creating supported employment pathways, and building a national registry, the bill transforms fragmented charity-based responses into a rights-based, life-course system of care. The Centers will function as one-stop hubs for diagnosis, therapy, family support, skills training, and community outreach, ensuring that no Filipino with autism is excluded because of poverty or geography. With a coordinating council, a dedicated Autism Support Fund, and annual public reporting, the Act embeds accountability and sustainability. In doing so, it aligns the Philippines with global best practice and fulfills its obligations under the UN Convention on the Rights of Persons with Disabilities. This measure is not merely compassionate; it is economically and socially strategic: early intervention, inclusive education, and supported employment reduce long-term dependency, unlock human potential, and allow hundreds of thousands of Filipinos on the spectrum to live productive, dignified lives.

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


HON. FLORENCIO "JOEBEN" T. MIRAFLORES
Representative, 2nd District of Aklan

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Introduced by Representative **FLORENCIO “JOEBEN” T. MIRAFLORES**

AN ACT

INSTITUTIONALIZING A NATIONAL AUTISM STRATEGY, ESTABLISHING NATIONAL AND PROVINCIAL/CITY AUTISM CENTERS, AND ENSURING INCLUSIVE HEALTH, EDUCATION, EMPLOYMENT, AND COMMUNITY LIFE FOR PERSONS WITH AUTISM, AND PROVIDING FUNDS THEREFOR

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

1 **Section 1. Short Title.** – This Act shall be known as the “Autism Support, Protection,
2 Inclusion, and Rights Empowerment (ASPIRE) Act of 2026.”

3 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect
4 and promote the rights and welfare of all persons with autism to full, healthy, productive, and
5 dignified lives. The State shall ensure an enabling environment and establish a comprehensive,
6 integrated, and life-course system of care and support for persons with autism, spanning early
7 childhood to adulthood and old age.

8 The State recognizes that autism is a lifelong neurodevelopmental condition and that
9 timely identification, evidence-based intervention, inclusive education, accessible health care,
10 meaningful employment, and community participation are essential to improving outcomes.
11 Accordingly, the State shall adopt a whole-of-government and whole-of-society approach that:

- 12 (a) Guarantees non-discrimination and equal opportunity for persons with autism in all
13 spheres of life;
14 (b) Ensures universal access to early detection, diagnosis, and evidence-based
15 interventions;
16 (c) Institutionalizes inclusive education and lifelong learning;
17 (d) Promotes decent work, supported employment, and livelihood opportunities;
18 (e) Provides sustained family, caregiver, and community support; and
19 (f) Establishes permanent national and local structures to plan, deliver, coordinate, and
20 monitor autism services.

All measures under this Act shall be guided by the principles of dignity, autonomy, participation, accessibility, evidence-based practice, and partnership with persons with autism and their families.

SEC. 3. Definition of Terms. – For purposes of this Act, the following terms shall mean:

- (a) “*Autism Spectrum Disorder (ASD)*” is a range of neurodevelopmental conditions characterized by differences in social communication and interaction, and by restricted or repetitive patterns of behavior, interests, or activities, as defined in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).
- (b) “*Person with Autism*” is an individual, whether child, youth, or adult, with a formal medical diagnosis of ASD.
- (c) “*Early Intervention*” is an evidence-based therapeutic, educational, and developmental service provided to infants and young children with autism or developmental delays to improve functional and developmental outcomes.
- (d) “*Inclusive Education*” is the practice of educating learners with autism in regular educational settings to the maximum extent appropriate, with reasonable accommodations, individualized supports, and specialized services.
- (e) “*Autism Centers*” includes the National Center for Autism and the Provincial/City Centers for Autism created under this Act.
- (f) “*Autism Support Fund*” is the special fund created under Section 20 of this Act.
- (g) “*Council*” is the National Autism Coordinating Council created under Section 13 of this Act.
- (h) “*Relevant Agencies*” are government departments and offices involved in the implementation of this Act, including but not limited to the Department of Health (DOH), Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), Department of Justice (DOJ), Department of Science and Technology (DOST), Philippine Health Insurance Corporation (PhilHealth), the Philippine Statistics Authority (PSA), and all Local Government Units (LGUs).

SEC. 4. Autism as Disability. – All persons with autism are hereby recognized as persons with disabilities under Republic Act No. 7277, otherwise known as the Magna Carta for Disabled Persons, as amended. They shall be entitled to all rights, privileges, and benefits accorded to persons with disabilities under existing laws. Government and private entities shall recognize autism as a distinct disability category in records, statistics, programs, and services, and shall fully implement all non-discrimination and accessibility mandates.

SEC. 5. Early Detection and Health Care Access. – To ensure that no person with autism is left unidentified or untreated due to poverty, geography, or lack of information, the State shall institutionalize a nationwide system for early detection, diagnosis, and health care.

(a) The DOH, in coordination with LGUs and health providers, shall integrate routine developmental and autism screening into maternal, newborn, and child health programs, including well-baby visits, barangay health services, daycare and early childhood programs, and school health services. Clear referral pathways shall be established to ensure timely diagnostic evaluation by qualified professionals.

(b) All persons with autism, regardless of age, shall automatically qualify for full coverage under the National Health Insurance Program. PhilHealth shall include in its benefit packages all medically necessary services for autism, including but not limited to:

- (1) Diagnostic and developmental assessments;
- (2) Behavioral interventions, including Applied Behavior Analysis and equivalent evidence-based models;
- (3) Speech and language therapy;
- (4) Occupational and physical therapy;
- (5) Psychological and psychiatric services; and
- (6) Assistive devices and communication supports

No waiting period, age cap, or exclusionary limitation more restrictive than those applicable to other chronic conditions shall be imposed.

(c) The DOH, Professional Regulation Commission (PRC), and academic institutions shall develop national clinical guidelines for autism screening, diagnosis, and intervention; require and fund continuing professional education on autism for health professionals; and integrate autism-related competencies in relevant undergraduate and graduate curricula.

SEC. 6. Inclusive Education. – The State shall guarantee the right of every learner with autism to inclusive, quality, and appropriate education at all levels.

(a) The DepEd, CHED, and TESDA shall ensure that public and private educational institutions provide reasonable accommodations and appropriate supports to learners with autism.

(b) Every learner with autism shall have an Individualized Education Plan or equivalent learning plan, developed in partnership with parents or guardians and relevant professionals.

(c) DepEd shall allocate additional resources for schools serving learners with autism, including resource teachers, aides, therapists, adaptive materials, and assistive technologies. Autism-specific training shall be mandatory for teachers and school administrators.

(d) No educational institution shall refuse admission or otherwise discriminate against a learner on the basis of autism.

SEC. 7. Employment and Livelihood. – To enable persons with autism to achieve economic independence and social participation, the State shall establish a continuum of employment and livelihood supports.

- 101 (a) The DOLE and the Civil Service Commission (CSC) shall issue and enforce policies
102 ensuring non-discrimination and reasonable accommodation in recruitment, hiring,
103 retention, and promotion.
- 104 (b) The TESDA, DOLE, and DSWD shall establish autism-responsive vocational training,
105 supported employment, and job-coaching programs.
- 106 (c) The State shall provide incentives, including tax benefits and wage subsidies, to
107 employers who hire and retain persons with autism.
- 108 (d) The Department of Trade and Industry (DTI) and LGUs shall promote self-
109 employment, cooperatives, and social enterprises involving persons with autism.

110 **SEC. 8. Social Services and Family Support.** – Recognizing the central role of
111 families and communities, the State shall provide sustained social protection and caregiving
112 support.

- 113 (a) The DSWD, in coordination with LGUs and civil society, shall establish community-
114 level autism resource services.
- 115 (b) The State shall develop respite care programs and provide targeted financial assistance
116 to low-income families of persons with autism.
- 117 (c) The Council shall lead sustained national and local awareness campaigns.
- 118 (d) The DOLE shall issue guidelines providing extended leave and workplace flexibility
119 for primary caregivers.

120 **SEC. 9. Legal Protections and Accommodations.** – To ensure that persons with
121 autism are able to fully enjoy and exercise their rights in practice, and not merely in theory, the
122 State shall provide concrete legal protections and require reasonable accommodations in all
123 public and private systems affecting daily life.

- 124 (a) **Prohibition of Discrimination.** – It shall be unlawful for any person, institution, or
125 entity, whether public or private, to deny, restrict, or impair the enjoyment of any right,
126 benefit, service, opportunity, or privilege on the ground of autism. This includes, but is
127 not limited to, discrimination in admission to schools, employment and promotion,
128 access to health care, transportation, housing, public accommodations, and the delivery
129 of government services.

- 130 (b) **Autism-Responsive Public Services.** – All government offices, such as, but not limited
131 to, government-owned or -controlled corporations, and frontline public service units,
132 including hospitals, courts, police stations, detention facilities, transportation terminals,
133 and social welfare offices, shall adopt autism-responsive protocols. These shall include,
134 among others:

- 135 (1) The use of clear, simple, and non-threatening communication;
- 136 (2) Allowing the presence of a parent, caregiver, or support person when reasonably
137 necessary;
- 138 (3) Sensory-sensitive arrangements in waiting areas, interview rooms, and service
139 counters, where practicable; and
- 140 (4) De-escalation and non-coercive

(5) response techniques in interactions with persons with autism.

(c) **Emergency and Disaster Preparedness.** – All national agencies and local government units shall integrate autism-sensitive measures into disaster risk reduction, emergency response, evacuation, and relief protocols. Such measures shall include:

(1) Identification and registration of persons with autism in barangays for purposes of emergency planning, subject to data privacy safeguards;

(2) Autism-friendly evacuation procedures and shelters; and

(3) Training of disaster responders on communication, behavior support, and safety of persons with autism during emergencies.

(d) **Prohibition of Abusive and Pseudoscientific Practices.** – Any act, program, or practice that purports to “cure” autism through coercive, abusive, degrading, or scientifically discredited methods is hereby prohibited. This includes, but is not limited to, forced confinement, physical punishment, aversive conditioning, unregulated experimental treatments, and any intervention that causes physical or psychological harm. The Department of Health shall regulate, investigate, and penalize such practices, and shall ensure that only evidence-based and ethical interventions are permitted.

For purposes of enforcement, acts of discrimination or prohibited practices under this Section shall give rise to administrative, civil, and criminal liability in accordance with existing laws and such additional penalties as may be provided in the implementing rules and regulations.

SEC. 10. National Autism Strategy. – Within one (1) year from the effectivity of this Act, the Council shall formulate a National Autism Strategy and update it every five (5) years

SEC. 11. National and Provincial/City Autism Centers. – To ensure that persons with autism and their families have timely, affordable, and geographically accessible access to specialized services, there are hereby established a National Center for Autism and Provincial/City Centers for Autism are hereby established in every province and highly urbanized city.

The Centers shall constitute the backbone of the national autism service system and shall function as permanent, publicly funded institutions delivering integrated, life-course support. They shall serve as the primary hubs for clinical care, education support, skills development, family assistance, and community engagement for persons with autism. In pursuit of these objectives, the Centers shall:

(a) **Provide Multidisciplinary Clinical Services.** – Establish and operate facilities for comprehensive assessment, diagnosis, therapy, and rehabilitation, staffed by multidisciplinary teams composed of physicians, psychologists, therapists, educators, and social workers;

(b) **Implement Early Intervention and Developmental Programs.** – Operate structured early intervention services for infants and young children with autism, including parent-mediated programs, developmental therapies, and transition support for entry into school;

(c) **Deliver Vocational and Employment Preparation.** – Provide age-appropriate skills training, work readiness programs, job coaching, and transition-to-work services for

adolescents and adults with autism, in coordination with TESDA, DOLE, and private sector partners;

(d) **Support Families and Caregivers.** – Offer family counseling, caregiver education, peer support, respite coordination, and referral services to health, education, social welfare, and legal assistance programs;

(e) **Build Professional and Institutional Capacity.** – Conduct applied research, develop service models suited to local contexts, and provide continuing training for teachers, health workers, social workers, and other professionals involved in autism care; and

(f) **Serve as Community Hubs for Inclusion.** – Lead community outreach, awareness campaigns, and local capacity-building activities to promote acceptance, reduce stigma, and strengthen barangay- and LGU-level responses to autism.

Each Center shall operate in coordination with national agencies, local government units, schools, hospitals, and civil society organizations, and shall ensure that services are accessible, culturally responsive, and aligned with national standards set under this Act.

SEC. 12. Phased Establishment of Autism Centers. – In order to ensure the orderly, sustainable, and fiscally responsible implementation of this Act, the establishment and full operationalization of the Provincial/City Centers for Autism shall be carried out in phases within five (5) years from the effectivity of this Act. The phased rollout shall observe the following minimum benchmarks:

(a) Within two (2) years from effectivity, at least one (1) fully operational Provincial/City Center for Autism shall be established in every administrative region, to serve as the initial regional hub for specialized autism services;

(b) Within three (3) years from effectivity, all provinces and highly urbanized cities hosting tertiary government hospitals shall have an operational Provincial/City Center for Autism, either as a stand-alone facility or as an integrated unit within such hospitals; and

(c) Within five (5) years from effectivity, every province and every highly urbanized city shall have a fully operational Provincial/City Center for Autism that meets the minimum service standards prescribed under this Act and its implementing rules and regulations.

During the transition period, and pending the construction or full establishment of permanent facilities, the DOH, in coordination with LGUs, may designate existing government hospitals, specialty clinics, or public facilities as Interim Autism Centers, which shall perform the core functions of a Provincial/City Center for Autism under this Act.

All designated Interim Autism Centers shall be prioritized for upgrading, staffing, and funding, and shall be integrated into the national autism service system upon the full establishment of permanent Centers.

SEC. 13. National Autism Coordinating Council. – To ensure unified policy direction, effective inter-agency coordination, and sustained national commitment to autism care and inclusion, there is hereby created the National Autism Coordinating Council (NACC), which shall be attached to the DOH.

The Council shall serve as the central policy, planning, and oversight body for the implementation of this Act and all national autism-related programs. It shall be chaired by the Secretary of Health and composed of senior policy-level representatives from the following:

- (a) Department of Education (DepEd);
- (b) Commission on Higher Education (CHED);
- (c) Technical Education and Skills Development Authority (TESDA);
- (d) Department of Labor and Employment (DOLE);
- (e) Department of Social Welfare and Development (DSWD);
- (f) Department of Justice (DOJ);
- (g) Department of the Interior and Local Government (DILG);
- (h) Department of Science and Technology (DOST);
- (i) Philippine Health Insurance Corporation (PhilHealth);
- (j) Philippine Statistics Authority (PSA); and
- (k) At least four (4) representatives from duly accredited autism organizations and parent or caregiver groups, ensuring the meaningful participation of persons with autism and their families in policy-making.

In the exercise of its mandate, the Council shall:

- (1) **Implement and Monitor the National Policy.** – Lead the formulation, implementation, and periodic review of the National Autism Strategy, and ensure that all government programs affecting persons with autism are aligned with its goals and standards;
- (2) **Set and Enforce Service Standards.** – Establish national standards, protocols, and benchmarks for autism-related health, education, employment, and social services, including those delivered by the National and Provincial/City Autism Centers;
- (3) **Coordinate Programs and Budgets.** – Harmonize agency plans, programs, and budget proposals relating to autism, and ensure coherent and efficient use of public resources across sectors and levels of government;
- (4) **Oversee the Autism Support Fund.** – Exercise policy oversight over the utilization of the Autism Support Fund, including the approval of priority programs and monitoring of fund performance and impact; and
- (5) **Ensure Public Accountability.** – Prepare and publish an annual State of Autism Report to be submitted to the President and Congress, detailing national prevalence data, service coverage, outcomes, budget utilization, and priority gaps, and recommending legislative or policy action.

The Council shall adopt rules of procedure, constitute technical working groups, and establish mechanisms for consultation with persons with autism, families, professionals, and civil society, in order to ensure that policies under this Act remain responsive, evidence-based, and grounded in lived experience.

SEC. 14. Governance of Autism Centers. - To ensure professional management, accountability, and community participation in the operation of Autism Centers, the following governance structure is hereby established:

(a) The National Center for Autism shall be governed by a National Autism Board, which shall be under the Office of the President. The National Autism Board shall provide policy direction, approve strategic plans, and exercise oversight over the operations of the National Center and the Provincial/City Centers.

(b) Each province and highly urbanized city shall constitute a Provincial/City Autism Board under the Office of the Governor or Mayor, as the case may be. The Provincial/City Autism Board shall oversee the establishment, administration, and performance of the Provincial/City Autism Center within its jurisdiction.

(c) The National and Provincial/City Autism Boards shall be multi-sectoral in composition and shall include, at a minimum, representatives from the DOH, the DepEd, the DSWD, the concerned LGU, accredited autism organizations, and parent or caregiver groups.

The Boards shall ensure that the Centers operate in accordance with national standards, are responsive to local needs, and uphold the rights, dignity, and welfare of persons with autism and their families.

SEC. 15. Secretariat and Administration. - The National Autism Board shall be supported by a permanent Secretariat headed by an Executive Director, who shall be appointed in accordance with existing civil service and government appointment rules.

The Executive Director shall:

(a) Manage the day-to-day operations of the National Center for Autism;

(b) Supervise and provide technical guidance to all Provincial/City Autism Centers;

(c) Implement policies, programs, and directives issued by the National Autism Board and the Council;

(d) Prepare and administer the consolidated budget of the National and Provincial/City Centers; and

(e) Submit regular operational and financial reports to the National Autism Board, the Council, the President, and Congress.

Each Provincial/City Autism Board shall designate a Provincial/City Officer who shall manage the daily operations of the Provincial/City Autism Center and ensure compliance with national standards and policies.

SEC. 16. Data Collection and Research.— To ensure evidence-based policy and continuous improvement of services:

(a) The DOH, in coordination with the PSA, shall establish and maintain a National Autism Registry, which shall collect data on prevalence, service access, outcomes, and other relevant indicators, subject to strict data privacy and confidentiality safeguards;

(b) The DOST, through its research councils and in partnership with universities, Autism Centers, and medical institutions, shall initiate and fund autism-related research,

including studies on early detection, effective interventions, education models, employment pathways, and community inclusion.

All data and research outputs shall be used to inform policy, improve services, and guide the periodic updating of the National Autism Strategy.

SEC. 17. Monitoring and Evaluation. - The Council shall submit to Congress an annual report detailing progress in implementation, service coverage, outcomes, challenges, and budget utilization, together with policy and legislative recommendations.

SEC. 18. Appropriations. — The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the implementing agencies. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act and, where applicable, in the annual budgets of Local Government Units.

SEC. 19. Autism Support Fund. — There is hereby created an Autism Support Fund under the General Fund, which shall be used exclusively to finance programs, services, infrastructure, capacity-building, and research under this Act. The Fund shall consist of:

- (a) Annual appropriations from the national government;
- (b) Allocations from implementing agencies as may be determined by the Council;
- (c) Grants, donations, endowments, and contributions from domestic and foreign sources; and
- (d) Such other sources as may be authorized by law.

The Autism Support Fund shall be administered by the DOH in coordination with the Council, and shall be subject to existing government accounting and auditing rules. Unexpended balances shall remain available and shall not revert to the General Fund.

SEC. 20. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the remainder not otherwise affected shall remain in full force and effect.

SEC. 21. Repealing Clause. — All laws, decrees, executive issuances, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SEC. 22. Effectivity. — This Act shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Approved,