

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. 7710



Introduced by Honorable Ma. Alana Samanta Taliño Santos

AN ACT ESTABLISHING A NATIONAL AUTISM EARLY INTERVENTION AND THERAPY ACCESS PROGRAM, INSTITUTIONALIZING AUTISM SCREENING, DIAGNOSIS, EARLY INTERVENTION, AND THERAPY SERVICES ACROSS THE LIFE COURSE, MANDATING PHILHEALTH AUTISM-SPECIFIC BENEFIT PACKAGES AND STRENGTHENING THE IMPLEMENTATION OF EXISTING BENEFITS FOR PERSONS WITH DISABILITY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition where early screening, accurate diagnosis, and timely intervention can greatly improve a child's development and quality of life. Despite this, many Filipino families face delayed diagnosis, limited access to qualified providers outside major cities, fragmented referral systems, and high out-of-pocket costs for therapy and related services.

This bill seeks to address these challenges by establishing a National Autism Early Intervention and Therapy Access Program to be led by the Department of Health (DOH), in coordination with PhilHealth, local government units (LGUs), and other agencies. It aims to strengthen early screening and referral pathways, support standards and accreditation for autism service providers, and improve community-level access through case management and service linkages.

The measure builds on existing law. Under the Magna Carta for Persons with Disability, all persons with disability are automatically covered by PhilHealth, with premiums funded by government, and the law directs PhilHealth to develop benefit packages responsive to their specific health and development needs. The bill also complements existing policies granting persons with disability discounts and tax exemptions on medical and diagnostic services related to autism, subject to applicable guidelines.

In sum, this measure operationalizes existing mandates by requiring autism-specific PhilHealth benefits, strengthening DOH standards and referral mechanisms, and ensuring LGU support, so that persons with autism and their families can access timely, affordable, and quality services nationwide.

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Representative, 3rd District of Cotabato

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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 “Autism Early Intervention and Therapy Access Act”.

SEC. 2. Declaration of Policy. — It is the policy of the State to protect and promote the rights and welfare of persons with disability (PWDs), ensure their full participation and inclusion in society, and guarantee access to health services responsive to their specific health and development needs. Pursuant to the mandate that all PWDs shall be automatically covered under the National Health Insurance Program (NHIP) and that PhilHealth shall develop exclusive packages for PWDs addressing their specific health and development needs, the State shall institutionalize autism-specific early intervention and therapy access mechanisms.

SEC. 3. Definition of Terms. — For purposes of this Act:

- (a) Autism Spectrum Disorder (ASD) refers to a neurodevelopmental condition characterized by persistent differences in social communication and interaction, and restricted and repetitive patterns of behavior, interests, or activities, with varying levels of support needs, consistent with prevailing clinical standards adopted by the Department of Health (DOH).
- (b) Early Intervention refers to evidence-informed services and supports provided as early as possible, including caregiver-mediated interventions, developmental therapy, behavioral therapy, occupational therapy, speech and language therapy, and other clinically indicated services, delivered in home-, community-, clinic-, or school-linked settings.

- (c) Therapy Services refer to services provided by licensed professionals and accredited facilities, including occupational therapy, speech-language pathology, physical therapy when indicated, developmental pediatrics and related consultations, diagnostic assessments, and other services as determined by DOH and PhilHealth.
- (d) Case Management refers to coordinated assessment, service planning, referral, follow-through, and monitoring to ensure continuity of autism-related care and services.
- (e) (e) Autism Service Provider refers to any DOH-licensed or DOH-recognized facility and duly licensed professional providing autism-related assessment and therapy services, subject to accreditation standards under this Act and relevant laws.

SEC. 4. National Autism Early Intervention and Therapy Access Program. — There is hereby established a National Autism Early Intervention and Therapy Access Program (the “Program”) to be led by the DOH, in coordination with the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Department of Labor and Employment (DOLE), National Council on Disability Affairs (NCDA), PhilHealth, and local government units (LGUs). The Program shall:

- (a) implement standardized autism screening and referral pathways in primary care and community settings;
- (b) ensure timely access to diagnosis and functional assessment;
- (c) expand access to evidence-informed early intervention and therapy services;
- (d) provide case management and caregiver support, including parent coaching and mental health support referrals;
- (e) develop a national directory of autism service providers, public and private;
- (f) strengthen service delivery in geographically isolated and disadvantaged areas through telehealth, outreach, and mobile or satellite therapy services, subject to DOH guidelines.

SEC. 5. PhilHealth Autism-Specific Benefit Packages. — Consistent with the mandate that PhilHealth shall develop exclusive packages for PWDs addressing their specific health and development needs, PhilHealth shall, within six (6) months from effectivity of this Act, develop and implement autism-specific benefit packages, including, at minimum:

- (a) screening and diagnostic assessment package;
- (b) therapy services package, including occupational therapy and speech-language therapy, and such other services as may be determined medically necessary and evidence-informed;
- (c) caregiver training and parent-mediated intervention support, where feasible within NHIP benefit design;
- (d) periodic re-evaluation and transition planning across developmental stages. PhilHealth shall adopt reasonable utilization safeguards, documentation requirements, and provider accreditation standards to prevent fraud and ensure quality.

SEC. 6. Integration with Existing PWD Benefits on Medical and Diagnostic Services.

— The DOH shall, in coordination with PhilHealth, issue guidelines to clarify and strengthen access of persons with autism and other neurodevelopmental conditions to existing PWD benefits on medical and dental services, including diagnostic and laboratory fees and professional fees, in government and private medical facilities, pursuant to Section 32 of R.A. No. 7277, as amended. Such guidelines shall ensure that clinically indicated diagnostic assessments and therapy-related medical services are recognized as covered “medical services” for purposes of availing of the PWD discount and VAT exemption, subject to existing statutory requirements on “exclusive use and enjoyment or availment” and proper identification.

SEC. 7. Autism Service Provider Standards and Accreditation Support.

— The DOH shall issue minimum standards for autism screening, assessment, early intervention, and therapy service delivery, including quality assurance and child safeguarding measures. The DOH, in coordination with PhilHealth, shall establish accreditation criteria for autism service providers to be eligible for PhilHealth package reimbursement. Government facilities and LGU-supported centers providing autism services shall be assisted to meet accreditation requirements.

SEC. 8. LGU Responsibilities and Autism Focal Persons.

— Every province, city, and municipality shall designate an Autism Focal Person within the local health system or the local PWD office mechanism, to coordinate referrals, case management, and linkage to PhilHealth and social protection services. LGUs shall: (a) maintain updated local registries, consistent with data sharing rules under this Act; (b) establish referral agreements with public and private providers; (c) conduct community education to reduce stigma and improve early help-seeking; (d) support access to services for indigent families through local assistance programs, subject to applicable budgeting and auditing rules.

SEC. 9. Workforce Development.

— The DOH, in coordination with the Professional Regulation Commission (PRC), Commission on Higher Education (CHED), DepEd, and relevant professional associations, shall develop a national plan for autism-related workforce capacity, including: (a) training modules for primary care providers on screening and referral; (b) competency-based continuing professional development for therapists and physicians; (c) incentives for deployment and retention of providers in underserved areas.

SEC. 10. Monitoring, Evaluation, and Database.

— The DOH shall conduct periodic monitoring and evaluation of the implementation of this Act, in coordination with DSWD, DOLE, NCDA, LGUs, and other relevant agencies and NGOs. The DOH shall maintain an updated database on PWDs and their health and development needs, and the LGUs, PhilHealth, NCDA, and other agencies are directed to submit relevant data to the DOH, subject to applicable data privacy safeguards.

SEC. 11. Implementing Rules and Regulations (IRR).

— Within ninety (90) days from effectivity of this Act, the DOH and PhilHealth, in consultation with DSWD, DepEd, DOLE,

NCDA, the various national leagues of LGUs, and representatives of autism organizations, parents' groups, professional associations, and service providers, shall promulgate the IRR.

SEC. 12. **Appropriations.** — The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH and PhilHealth, subject to existing budgeting, auditing, and programming rules. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act. PhilHealth funding for benefit packages shall be sourced from the National Health Insurance Fund, consistent with existing law.

SEC. 13. **Separability Clause.** — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

SEC. 14. **Repealing Clause.** — All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

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