

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8517



Introduced by Representative Jaime R. Fresnedi

EXPLANATORY NOTE

The first five years of life represent the most critical period of neurological, cognitive, and socio-emotional development in a child. Scientific evidence consistently demonstrates that early identification and timely intervention significantly improve developmental outcomes, educational attainment, and long-term productivity.

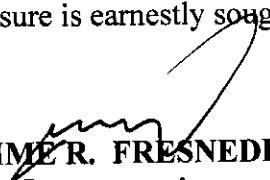
In the Philippines, however, access to developmental screening, diagnostic services, and therapeutic interventions remains fragmented and limited. Many children with developmental delays are identified only after entering school, when critical developmental windows have already narrowed.

This measure seeks to institutionalize a National Early Detection and Intervention Framework that integrates developmental screening within the primary health system, establishes a pooled referral pathway from identification to intervention, strengthens coordination among government agencies, and expands equitable access to therapy and developmental services.

The bill further introduces several structural reforms: the creation of a national workforce expansion program for developmental specialists; the establishment of accredited developmental screening centers at the local level; standardized medical-educational assessments prior to SPED placement; expanded PhilHealth coverage for developmental therapies; and authorization for the creation of permanent plantilla positions for specialists.

These reforms aim to transform early detection from a fragmented policy aspiration into a fully governed national system capable of delivering accessible, equitable, and evidence-based developmental services across the country.

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


JAIME R. FRESNEDI
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AN ACT
INSTITUTING A NATIONAL EARLY DETECTION AND INTERVENTION
FRAMEWORK FOR CHILDREN WITH DEVELOPMENTAL DELAYS AND
DISABILITIES, ESTABLISHING A NATIONAL REFERRAL PATHWAY,
STRENGTHENING INTER-AGENCY COORDINATION, EXPANDING EQUITABLE
ACCESS TO DEVELOPMENTAL SERVICES, AND APPROPRIATING FUNDS
THEREFOR

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 “*National Early Detection and Intervention Act.*”

Sec. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right of every child to optimal development from birth, recognizing early childhood, particularly from zero (0) to five (5) years of age, as a critical period for neurological, cognitive, social, and emotional growth. The State shall ensure equitable access to developmental services nationwide, with proportionately greater support extended to indigent and vulnerable families. In this respect, it shall strengthen coordination among the Department of Health (DOH), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (PhilHealth), the Department of the Interior and Local Government (DILG), and local government units (LGUs).

Towards this end, the State shall institutionalize universal, standardized, and routine developmental screening within early childhood health services and establish an integrated and coordinated system for developmental screening, diagnostic evaluation, early intervention, and school readiness support. It shall likewise promote the expansion of national workforce capacity necessary to deliver timely, accessible, and effective developmental services and establish a National Developmental Health Workforce Expansion Program to increase the number and equitable distribution of developmental pediatricians and allied developmental specialists throughout the country.

Sec. 3. Definition of Terms. – For purposes of this Act:

- (a) “Child” refers to any person below eighteen (18) years of age, with priority focus on children aged zero (0) to five (5) years for purposes of early detection and intervention.
- (b) “Developmental Screening” refers to the administration of standardized and validated tools at defined developmental milestones to identify children at risk of developmental delay or disability.
- (c) “Early Intervention Services” refer to evidence-based therapeutic, educational, behavioral, and family-centered services designed to address identified developmental delays or disabilities.
- (d) “National Early Detection and Intervention Framework” provides for a comprehensive, integrated, inter-agency, multi-sectoral, and community-based approach to detect and address developmental concerns of children. It ensures continuity of care from screening to diagnosis, intervention, and school readiness support.
- (e) “National Early Detection and Intervention Plan” refers to the document to be formulated by the Inter-Agency Council on Early Detection and Intervention and implemented by various stakeholders, that sets out goals and specific objectives for the early detection of developmental concerns of children, referral pathway and intervention measures to address the same. It shall contain the delivery of services for developmental problems, beginning from community-based developmental screening and progressing, when necessary, to specialized diagnostic evaluation, therapeutic intervention, and educational support.
- (f) “National Referral Pathway System” refers to the integrated and coordinated national system that guides the identification, assessment and referral of children with suspected or confirmed developmental delays or disabilities.
- (g) “Regional Developmental Hub” refers to a designated provincial or regional facility equipped with multidisciplinary capacity to conduct secondary assessments and coordinate intervention services for certain cases.
- (h) “Telehealth” refers to the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance.

Sec. 4. Institutionalization of Universal Developmental Screening. – Developmental screening is hereby institutionalized as a routine component of primary child health services nationwide. The DOH shall adopt standardized and validated developmental screening tools and develop a National Special Needs Screening and Assessment Toolkit. It shall likewise integrate developmental screening into existing child health programs and establish national protocols for documentation, referral, and follow-up.

The DOH, in coordination with LGUs, shall designate accredited Developmental Screening Centers in every municipality or city. These centers may include Rural Health Units, selected Barangay Health Stations, government hospitals, or other accredited facilities capable of administering standardized screening tools and maintaining referral linkages.

Training and capacity-building for primary health personnel including physicians, nurses, midwives, and barangay health workers shall be undertaken by the DOH in order to ensure that they are properly equipped to perform their assigned duties and responsibilities. Structured multiplier training programs shall likewise be conducted for Early Childhood Care and Development (ECCD) teachers, Child Development Center teachers, daycare workers, Special Education teachers, and other community-based service providers to enable them to administer preliminary screening tools and identify developmental concerns.

Developmental screening shall not by itself constitute a medical diagnosis but shall serve as an early identification mechanism for referral to appropriate services.

Sec. 5. National Early Detection and Referral Pathway System. – There is hereby established a National Referral Pathway System (NRPS) for developmental concerns. It shall ensure continuity of care from screening to diagnosis, intervention, and school readiness support.

Task-sharing, inter-facility coordination, resource pooling, telehealth utilization, and equitable geographic access shall be the guiding principles of the NRP. LGU-based therapy centers or accredited service providers capable of delivering speech therapy, occupational therapy, behavioral therapy, psychological services, and other evidence-based interventions shall be included in the NRPS. Pooling of personnel and resources may be undertaken through memoranda of agreement, service contracting, cross-appointment arrangements, or other lawful mechanisms consistent with civil service and procurement laws.

The DepEd, in coordination with the DOH, shall establish standardized medical-educational evaluation protocols prior to placement in Special Education (SPED) programs, ensuring that educational classification is supported by appropriate developmental assessment.

Sec. 6. Telehealth and Digital Systems Integration. – The DOH, in coordination with relevant agencies, shall develop and institutionalize telehealth systems to support consultation, supervision, and service delivery in underserved areas. Subject to applicable data privacy and confidentiality laws, child health records related to developmental screening and intervention shall be digitally integrated and aligned, where feasible, with school readiness indicators under the Department of Education.

Sec. 7. Financing and Equity Mechanisms. – The Philippine Health Insurance Corporation (PhilHealth) shall expand its benefit packages to include coverage for:

- a. Developmental screening;
- b. Diagnostic developmental assessments;
- c. Speech therapy;
- d. Occupational therapy;
- e. Behavioral therapy;
- f. Physical rehabilitation services;
- g. Psychological services and developmental evaluation;
- h. Assistive technologies; and
- i. Periodic developmental reassessment.

The framework established under this Act shall apply universally to all children, without discrimination, while ensuring equity-based allocation of public subsidies. Indigent families, as determined under existing national targeting systems and social protection mechanisms administered by the Department of Social Welfare and Development, shall be entitled to full subsidy for approved early intervention services; transportation or ancillary support, where necessary; and linkage with appropriate conditional support programs to promote consistent participation in intervention plans.

The DSWD may provide targeted assistance for indigent families with certified children with developmental disabilities undergoing intervention.

Sec. 8. Creation of the Inter-Agency Council on Early Detection and Intervention. – There is hereby created an Inter-Agency Council on Early Detection and Intervention (IAC-EDI). The Council shall be chaired by the Secretary of the DOH.

The following shall serve as members:

- (a) The Secretary of the Department of Education
- (b) The Secretary of the Department of Social Welfare and Development
- (c) The President and Chief Executive Officer of PhilHealth;
- (d) The Secretary of the Department of the Interior and Local Government;
- (e) Representatives from accredited professional associations in pediatrics, therapy, and allied health;
- (f) Representatives from civil society organizations engaged in child development; and
- (g) At least one representative from accredited national parent organization for children with developmental disabilities.

Sec. 9. Duties of the IAC-EDI. – The council shall:

- (a) Formulate and periodically update a National Early Detection and Intervention Plan;
- (b) Harmonize data systems across relevant agencies;
- (c) Cause the conduct of a survey on developmental disabilities through the appropriate government agencies and in partnership with academic institutions;
- (d) Develop and recommend workforce expansion strategies;
- (e) Oversee nationwide public awareness and stigma-reduction campaigns; and
- (f) Submit an annual report to Congress on implementation progress and outcomes.

Sec. 10. *Workforce Development and Capacity Building.* – The Department of Health, in coordination with the Commission on Higher Education (CHED), the Department of Budget and Management (DBM), and the Civil Service Commission (CSC), shall develop and implement a National Developmental Health Workforce Expansion Program to expand the workforce for developmental services. The program shall include, among others, scholarship grants and training incentives; expansion of residency and training programs for developmental pediatricians; capacity-building programs for therapists and allied professionals; and incentive mechanisms for deployment in underserved areas.

The DOH is hereby authorized, subject to existing civil service and budgetary rules, to create permanent plantilla positions for developmental pediatricians, therapists, psychologists, and allied professionals in regional developmental hubs, DOH hospitals, and accredited LGU-based developmental service centers.

Sec. 11. *Role of Local Government Units.* – LGUs shall:

- (a) Integrate developmental screening into local health programs;
- (b) Establish functional referral linkages with Regional Developmental Hubs;
- (c) Adopt and implement Local Early Detection and Intervention Plans aligned with the national plan;
- (d) Integrate developmental screening into local health programs; and
- (e) Establish functional referral linkages with regional developmental hubs.

Sec. 12. *Monitoring and Evaluation.* – The IAC-EDI shall establish a national monitoring and evaluation framework to track:

- (a) Developmental screening coverage rates;
- (b) Referral and intervention completion rates;
- (c) Access to therapy and support services;
- (d) School readiness and integration indicators; and
- (e) Equity indicators disaggregated by income level, geographic location, and other relevant variables.

Sec. 13. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the concerned agencies. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

Sec. 14. *Implementing Rules and Regulations.* – Within one hundred eighty (180) days from the effectivity of this Act, the Inter-Agency Council on Early Detection and Intervention shall promulgate the necessary rules and regulations for the effective implementation of this Act.

Sec. 15. *Separability Clause.* – If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

Sec. 16. *Repealing Clause.* – All laws, decrees, executive orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

Sec. 17. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,