



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**20<sup>th</sup> CONGRESS**  
1st Regular Session

**HOUSE BILL NO. 9094**



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Introduced by **REPRESENTATIVE JENNIFER A. LAGBAS**

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**EXPLANATORY NOTE**

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition with rising global prevalence, estimated by the World Health Organization at approximately one (1) in every one hundred (100) children. In the Philippines, however, reliable national data remain scarce, and persons with ASD continue to be under-identified and under-served. Diagnosis is frequently delayed or missed altogether, particularly among women and girls whose clinical presentations differ, and among children in Geographically Isolated and Disadvantaged Areas (GIDAs) where specialists are few and waiting lists are long. The absence of disaggregated data and standard screening protocols compounds the problem, leaving countless Filipinos without the early intervention that evidence shows is decisive to lifelong outcomes.

While the Philippines has enacted landmark legislation for persons with disability, the existing framework does not adequately respond to the distinct realities of ASD. Republic Act No. 7277, as amended (the *Magna Carta for Persons with Disability*), provides broad protections but was not designed around neurodevelopmental conditions and is silent on early detection, diagnostic pathways, and habilitation services specific to autism. Republic Act No. 11228 secured mandatory PhilHealth coverage for PWDs, yet benefit packages remain insufficient to cover the therapeutic, behavioral, and developmental interventions that persons with ASD require on a sustained basis. Republic Act No. 11650 institutionalized inclusive education for learners with disabilities, but its operationalization for learners on the autism spectrum, particularly the provision of learning support aides, reasonable accommodation, and transition pathways, remains uneven. No existing statute consolidates these concerns into a single, coordinated national response dedicated to ASD.

This measure fills that gap. It institutes a National Plan of Action for ASD led by the National Council on Disability Affairs in coordination with the DOH, DepEd, CHED, TESDA, DOLE, CSC, DILG, DSWD, PhilHealth, LGUs, academic institutions, and civil society. It mandates gender-responsive screening integrated into primary and maternal-child health services; a strategic workforce plan to address shortages of developmental pediatricians, child neurologists, speech-language pathologists, and occupational therapists; enhanced PhilHealth benefit packages

responsive to ASD-related needs; inclusive education and supported employment pathways; and measurable, time-bound targets with an annual implementation report to Congress. It likewise penalizes discrimination and ensures that services are built on universal design principles.

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



**HON. JENNIFER A. LAGBAS**  
Representative  
First District, Misamis Oriental



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**AN ACT**  
**INSTITUTING A NATIONAL PLAN OF ACTION FOR THE CARE, SUPPORT AND**  
**INCLUSION OF PERSONS WITH AUTISM SPECTRUM DISORDER 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 Autism Care, Support, and Inclusion Act”.

**SEC. 2. *Declaration of Policy.*** - The State recognizes persons with Autism Spectrum Disorder (ASD) as persons with disability, protects and upholds their rights, dignity, and inherent worth, and promotes their full inclusion, participation, and well-being in society.

To this end, the State shall pursue responsive, inclusive, and coordinated policies, programs, and services that ensure access to early detection and screening, diagnosis, timely and evidenced-based intervention, quality healthcare, inclusive education, employment opportunities, and appropriate social support for persons with ASD and their families in accordance with Sustainable Development Goals (SDGs) for good health, quality education, decent work, and reduced inequalities. These policies, programs, and services shall contribute to sustainable development by building inclusive societies that leave no one behind, ensuring long-term equity, empowerment, and advancement for persons with ASD.

The State shall foster an environment that is supportive and free from stigma and discrimination, enabling persons with ASD to achieve holistic development, independence, self-reliance, and productive participation in community life, consistent with their individual capacities and aspirations.

The State shall strengthen institutional and community-based mechanisms, promote multi-sectoral collaboration, and encourage civil society and private sector participation to complement government efforts, in accordance with this Act and existing laws.

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

- a) **Autism or Autism Spectrum Disorder (ASD)** refers to a neurodevelopmental condition characterized by persistent differences in social communication and interaction, and restricted or repetitive patterns of behavior, interests, or activities, as recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the World Health Organization (WHO) International Classification of Diseases (ICD-11), where ASD is classified under neurodevelopmental disorders;
- b) **Early Detection and Screening** refer to community or facility-based activities undertaken by trained health personnel to identify early signs of ASD and facilitate timely referral for appropriate assessment;
- c) **Inclusive Education** refers to the process of addressing and responding to the diverse needs of all learners by ensuring full participation, presence, and achievement in learning environments, consistent with Republic Act No. 11650 or the “Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education Act”, including the provision of reasonable accommodation and learning support aides and the implementation of the Child Find System;
- d) **Intervention Services** refer to evidence-based medical, therapeutic, educational, habilitative, and other support services intended to improve functioning, development, and quality of life of persons with ASD;
- e) **Neurodivergent** refers to individuals whose neurological development or functioning differs from what is typically expected, including but not limited to persons with ASD and other neurodevelopmental conditions recognized in the DSM or the WHO ICD-11, for purposes of determining appropriate support and reasonable accommodation under this Act;
- f) **Persons with ASD** refer to individuals clinically diagnosed with ASD. References in this Act to “Persons with Autism”, “Persons with Autism Spectrum Disorder”, or “Autistic Persons” shall be understood as equivalent and non-hierarchical, and shall not be construed to diminish the dignity, identity, or self-identification of individuals on the autism spectrum; and
- g) **Universal Design** refers to the design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design, consistent with internationally recognized disability frameworks and existing Philippine accessibility laws. Universal design may include sensory-inclusive design approaches that accommodate differences in sensory processing, cognition, and regulation, particularly in settings intended for individuals on the autism spectrum.

**SEC. 4. *National Plan of Action for Autism Spectrum Disorder.*** - A National Plan of Action for Autism Spectrum Disorder shall be formulated. It shall consist of coordinated policies, programs, projects, services, and activities to ensure access to early detection and screening, diagnosis.

timely and evidence-based intervention, quality healthcare, inclusive education, employment opportunities, and appropriate social support for persons with ASD and their families.

The Plan shall provide for a baseline package of services accessible to persons with ASD and a framework for needs-based service intensification guided by objective criteria and rights-based safeguards, to ensure equitable prioritization where service capacity is limited. It shall be subject to regular review and updating to address emerging needs and developments, and its actions shall be progressively mainstreamed and integrated into the plans, programs, and budgets of relevant government agencies and sectors.

Facilities, programs, and services established or supported under this Act shall be guided by accessibility and universal design principles, consistent with existing disability and accessibility laws, to promote inclusive and usable environments.

The Plan shall include measurable targets and service capacity benchmarks for early detection, screening, diagnosis, and intervention services, including, as applicable, required geographic coverage, referral network standards, and time-bound access indicators such as maximum acceptable waiting periods from screening to assessment and initiation of intervention, with due consideration for Geographically Isolated and Disadvantage Areas (GIDAs).

The National Council on Disability Affairs (NCDA), in coordination with the Department of Health (DOH) and concerned agencies, shall submit an annual implementation report to Congress detailing progress against these targets, service coverage gaps, and proposed corrective measures.

**SEC. 5. *Inter-Agency and Multi-Sectoral Coordination 5 for Planning and Implementation.*** -

The NCDA shall lead in the formulation of the National Plan of Action for Autism Spectrum Disorder, in coordination with the DOH, Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), Department of Labor and Employment (DOLE), Civil Service Commission (CSC), Department of the Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), other concerned national government agencies, local government units (LGUs), and in consultation with relevant civil society organizations, autism self-advocates, parent groups, and other stakeholders.

The NCDA, in coordination with the DOH, shall strengthen collaboration with academic and research institutions, including the University of the Philippines National Institutes of Health (UP-NIH), the Jose R. Reyes Memorial Medical Center (JRRMMC), the National Center for Mental Health (NCMH), and professional organizations specializing in neurodevelopmental disorder, to support autism research, surveillance, data collection, and evidence-based policymaking. Such collaboration shall include, but not limited to the establishment of research partnerships, data-sharing mechanisms, and integration of research findings into the Plan.

It shall also advocate, coordinate, oversee, and assess the implementation of this Act and the Plan, through existing inter-agency mechanisms.

The NCDA shall, through its Executive Director, provide secretariat support and assistance to the planning, implementation, monitoring, and evaluation of the Plan.

**SEC. 6. *Early Detection, Screening, and Diagnosis.*** - The DOH shall integrate into primary healthcare, maternal and child health programs, and other appropriate health services, ASD detection and screening, referral, and diagnostic protocols, including approaches that are gender-responsive and attentive to sex-based differences in clinical presentation, to reduce the risk of delayed or missed diagnosis among women and girls; and shall develop standard clinical guidelines and training programs for healthcare professionals, specialists, and workers.

**SEC. 7. *ASD Professionals and Specialists.*** - To ensure the effective implementation of this Act and the delivery of timely, appropriate, and quality healthcare services for persons with ASD, the DOH, in coordination with the CHED, NCDA, CSC, Professional Regulation Commission (PRC), JRRMMC, professional organizations specializing in neurodevelopmental disorders, and other concerned agencies, shall develop and implement a strategic plan to ensure adequate number, competency, and equitable distribution of developmental pediatricians, developmental psychologists, child neurologists, speech-language pathologists, occupational therapists, and other qualified health professionals and specialists, as may be identified by the DOH. The DOH, CHED, and PRC shall closely coordinate and effectively implement measures to strengthen education, training, certification, recruitment, and retention programs to address workforce gaps and ensure accessible ASD-related services across all regions.

**SEC. 8. *Health and Intervention Services.*** - The DOH, in coordination with the Philippine Health Insurance Corporation (PhilHealth) and other concerned agencies, shall ensure adequate and equitable coverage, and the progressive availability and accessibility of evidence-based assessment, diagnostic, and intervention services for ASD in public health facilities, establish functional and integrated referral networks across all levels of care, and align service delivery with existing health systems to promote continuity, quality, and affordability of care.

**SEC. 9. *PhilHealth Coverage and Benefit Packages.*** - Persons with ASD shall be recognized as persons with disability for purposes of access to benefits and privileges under existing laws, including Republic Act No. 11228 or the “Act Providing for the Mandatory PhilHealth Coverage for all Persons With Disability (PWDs), Amending for the Purpose Republic Act No. 7277, as Amended, Otherwise Known as the “Magna Carta for Persons With Disability”” and other applicable statutes.

The DOH, the NCDA, the PhilHealth, and the LGUs shall establish and implement mechanisms to facilitate the registration of persons with ASD in the DOH Philippine Registry of Persons with Disability (PRPWD) and ensure the timely issuance of disability identification cards, subject to existing rules and safeguards.

The PhilHealth, in coordination with the DOH and the NCDA, shall develop, enhance, and periodically review benefit packages responsive to ASD-related health, habilitation, rehabilitation, and intervention needs, including appropriate inpatient and outpatient coverage, consistent with Republic Act No. 11223 or the “Universal Health Care Act”. Pending such

development or enhancement, persons with ASD shall continue to avail of existing PhilHealth benefits and packages.

**SEC. 10. *Inclusive and Appropriate Education.*** - The DepEd, CHED, and TESDA, in coordination with education institutions, shall strengthen inclusive education and training programs for learners with ASD, provide reasonable accommodation and learning support aides, and promote transition pathways to employment or independent living.

**SEC. 11. *Employment and Livelihood.*** - The DOLE, CSC, and other relevant government agencies, in coordination with the private sector, shall promote equal employment opportunities, skills development, and supported employment programs for persons with ASD, including the promotion of reasonable accommodations for neurodivergent individuals in the workplace, consistent with prevailing labor, disability, and occupational health standards.

**SEC. 12. *Social Protection and Community-Based Support.*** - The DSWD and LGUs shall integrate persons with ASD into existing social protection, assistance, and community-based support programs, and family education and counselling services: *Provided*, That the DSWD and the LGUs shall develop social welfare programs and services responsive to the emerging needs of persons with ASD, their families, and carers.

**SEC. 13. *Information, Education, and Advocacy.*** - The NCDA, in coordination with relevant national government agencies, civil society organizations, and the private sector, shall take the lead in undertaking sustained information and education campaigns to promote public awareness, understanding, and acceptance of persons with ASD.

**SEC. 14. *Prohibited Acts.*** - It shall be unlawful for any person, entity, or government agency to discriminate against, deny, or impede the rights of persons with ASD, including, but not limited to, their rights to dignity, healthcare, inclusive education, employment, livelihood, social protection, and participation in decisions affecting their welfare.

- a) Any person who performs any prohibited act under the preceding paragraph suffer the following penalties;
  - 1) For the first violation, a fine of not less than Fifty thousand pesos (P50,000) but not exceeding One hundred thousand pesos (P100,000); and
  - 2) For any subsequent violation, a fine of not less than One hundred thousand (P100,000) but not exceeding Two hundred thousand pesos (P200,000).
- b) If the violator is a government official or employee, he or she shall be administratively liable, in addition to the fine;
- c) If the violator is a corporation, organization, or any similar entity, the officials thereof directly involved shall be liable therefor; and
- d) If the violator is an alien or a foreigner, he or she shall be deported immediately.

**SEC. 15. *Appropriations.*** - The amount needed for the implementation of this Act shall be charged against the appropriations of the concerned agencies. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act: *Provided*, That the Department of Budget and Management, in coordination

with the NCDA, DOH, and other relevant government agencies, shall determine the annual appropriations for the implementation of this Act and the National Plan of Action for Autism Spectrum Disorder.

**SEC. 16. Implementing Rules and Regulations.** - Within ninety (90) days from the effectivity of this Act, the NCDA, in consultation with the DOH, JRRMMC, PhilHealth, DepEd, CHED, TESDA, DOLE, CSC, DSWD, LGUs, other concerned government agencies, civil society organizations, autism self-advocates, parent groups, and other stakeholders, shall promulgate the implementing rules and regulations.

**SEC. 17. *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. 18. *Repealing Clause.*** - All laws, decrees, executive orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

**SEC. 19. *Effectivity.*** - This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or in a newspaper of general circulation.

*Approved,*