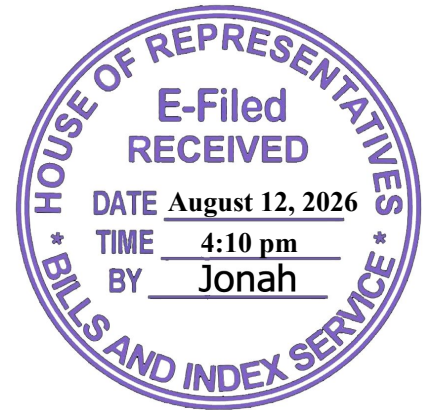




Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila  
  
**TWENTIETH CONGRESS**  
Second Regular Session

**HOUSE BILL NO. 10752**



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Introduced by 4Ps Partylist Representative  
**JC M. ABALOS**

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### **EXPLANATORY NOTE**

Autism, or Autism Spectrum Disorder (ASD), is a lifelong, complex neurodevelopmental condition caused by differences in how the human brain functions<sup>1</sup>. Social communications and interaction challenges, as well as restricted and repetitive behaviors, are primarily seen in persons with ASD<sup>2</sup>.

The Philippines still does not have an official and available registry of autism prevalence. Recent estimates indicate that approximately one (1) in every one hundred (100) Filipinos may be on the autism spectrum, translating to roughly 1.2 million Filipinos living with autism, including an estimated 350,000 Filipino children with ASD<sup>3</sup>. Despite these rising numbers, autism care in the Philippines is still inaccessible and expensive to most Filipino families.

Support systems are very much inadequate and unevenly distributed in the country. For many low-income households, especially those in underserved and geographically isolated communities, access to developmental specialists, diagnostic services, and intervention programs is out of financial reach. In 2022, it was cited that the Philippines has 99 board-certified developmental-behavioral paediatricians, of whom more than half (52%) are situated in the National Capital Region<sup>4</sup>. These compel families from provinces to shoulder significant transportation and accommodation expenses merely to access consultations and therapy.

The financial burden associated with autism care is substantial and, in many cases, heartbreaking to household stability. The United Nations Children's Fund (UNICEF) and the Department of Social Welfare and Development (DSWD) jointly conducted a study that concluded that raising a child with a disability requires expenditures approximately forty percent (40%) to eighty percent (80%) higher than raising a typically developing child. Moreover, poverty rates among households caring for children with disabilities are fifty percent (50%) higher compared to other households. The same study also showed that only one (1) out of five (5) children with disabilities possesses a Persons with Disability (PWD) identification card, limiting access to vital government

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<sup>1</sup> Definition from web (<https://www.cdc.gov/autism/about/index.html>)

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/books/NBK525976/>

<sup>3</sup> Autism Society Philippines prevalence estimate (1 in 100 Filipinos with autism), as cited in Philippine policy materials and autism awareness publications; see also Capitol Medical Center, "National Autism Consciousness Week."

<sup>4</sup> Challenges in Philippine Developmental Paediatric Care. Rafael L G Valenzuela, Julian E D Mendoza, Ourlad Alzeus G Tantengco, Eric D B Ormos. 18 June 2022. Retrieved from <https://onlinelibrary.wiley.com/doi/10.1111/jpc.16055>

assistance and concessions. More alarmingly, forty-three percent (43%) of disability subsidies are received by the richest income quintile, while the poorest quintile receives less than six percent (6%), underscoring persistent inequities in access to social protection<sup>5</sup>.

According to a Philippine study published in *Acta Medica Philippina*, the average cost of interventions, such as therapy, education, medication, and developmental monitoring, is about Php38,868 during the first year of care, or about twenty-one percent (21%) of the monthly expenses of a household earning Php15,000. The total cost of diagnostic evaluations for autism ranges from Php1,356 to Php44,634. The same study further revealed that approximately forty-two percent (42%) of diagnosed children received no intervention after diagnosis, largely due to financial and accessibility barriers<sup>6</sup>.

*Hindi lamang ito mga numero o datos. Ito ay ang nakapanglulumong realidad ng mga magulang at primary caregivers na isinasakripisyo ang kanilang oras at panahon para lamang alagaan ang kanilang mga mahal sa buhay na may ASD. Ang kabawasan, lalo na ang kawalan ng oras, sa paghahanapbuhay ang s'yang nagpapalugmok sa kanila sa kahirapan.*

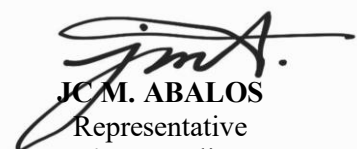
And despite the passage of landmark legislation such as Republic Act No. 7277 or the Magna Carta for Persons with Disability, Republic Act No. 11223 or the Universal Health Care Act, Republic Act No. 11036 or the Mental Health Act, and Republic Act No. 11650 or the Inclusive Education Act, there is still no comprehensive and coordinated national framework specifically devoted to autism care across the life course, from early childhood through adulthood.

*Sa pamamagitan ng pagbabalangkas at pagtatag ng National Autism Care Plan at pagsaayos ng isang dedicated inter-agency and multi-sectoral mechanism sa ilalim ng National Council on Disability Affairs (NCDA), ang panukalang batas na ito ay hindi lamang tutugon sa mga isyu sa kalusugan... ito ay may hangaring solusyunan ang mga isyu sa kahirapan, panlipunang proteksyon at inklusyong pang-ekonomiya.*

By investing in early intervention, strengthening inclusive educational systems, expanding access to therapies, and creating networks for skills training, livelihood, and employment, the State empowers persons with autism to become more independent, self-reliant, and productive members of society. Equally important, this measure enables parents and caregivers to remain economically productive while reducing the long-term financial burden borne by families and local communities.

The heart of this proposed legislation affirms the State's obligation to ensure that access to autism care is not determined by geography or financial capacity, but made available to every Filipino family in need. The National Autism Care Plan advances the welfare of neurodivergent Filipinos while contributing to broader national goals of inclusive growth, family resilience, and poverty reduction.

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



JCM. ABALOS  
Representative  
4Ps Partylist

<sup>5</sup> United Nations Children's Fund (UNICEF) Philippines and Department of Social Welfare and Development (DSWD), *The Cost of Raising Children with Disabilities in the Philippines* (2022)

<sup>6</sup> Pulhin-Dacumos, et al., "The Direct Cost of Autism and its Economic Impact on the Filipino Family," *Acta Medica Philippina*, Vol. 56, No. 9 (2022).



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Introduced by 4Ps Partylist Representative  
**JC M. ABALOS**

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**AN ACT**  
**INSTITUTING A NATIONAL AUTISM CARE PLAN, ESTABLISHING A SUB-**  
**COMMITTEE ON AUTISM UNDER THE NATIONAL COUNCIL ON DISABILITY**  
**AFFAIRS, 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 "National Autism Care  
2   Act".

3       **SEC. 2. *Declaration of Policy.*** – It is the policy of the State to protect and promote  
4   the right to health of the people to full, healthy, and holistic development. To this end, the  
5   State shall promote an environment conducive to the development of persons with autism to  
6   become, to the best of their potentials, independent, self-reliant, and productive members of  
7   society. Consistent with the Convention on the Rights of Persons with Disabilities (CRPD),  
8   the Magna Carta for Persons with Disability (RA 7277, as amended), the Universal Health  
9   Care Act (RA 11223), and the Mental Health Act (RA 11036), the State shall ensure non-  
10   discrimination, accessibility, reasonable accommodation, and support across the lifespan of  
11   autistic persons, from early childhood through older adulthood.

12       Autism is a lifelong neurodevelopmental condition; abilities and support needs change  
13   across the life course. WHO notes that some autistic people live independently while others  
14   require life-long care and support, and that autism affects education and employment

opportunities – domains that extend well beyond childhood. Legally, the Convention on the Rights of Persons with Disabilities (CRPD) protects the rights of all persons with disabilities. There is no age limit, and it requires the State to ensure accessibility, non-discrimination, and reasonable accommodation throughout life; the Philippines’ Universal Health Care Act (RA 11223) similarly guarantees access to care for all Filipinos across the life course.

The State commits itself to the establishment of institutional and social mechanisms to support children and adult persons with autism and their families, develop a clear and consistent pathway to early detection and diagnosis, provide easy access to quality health care, education, and employment opportunities such that persons with autism may live independently within the community, to minimize or completely eradicate discrimination, and to enable the private sector to extend relevant services that will complement the government’s programs. The State recognizes and respects the preferences and differences of the members of the community, including the use of identity-first or person-first language.

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

a. *Autism* or *Autism Spectrum Disorder (ASD)* refers to a neurodevelopmental condition characterized by challenges with communication, social skills, restrictive and repetitive behaviours, as well as by unique strengths, as defined in the latest version of the Diagnostic and Statistical Manual of Mental Disorders. This constitutes a diverse group of neurodevelopmental conditions and for clinical coding and benefits, DSM-5-TR and/or ICD-11 case definitions and codes shall apply, as updated by the DOH and PhilHealth.” (ICD-11 is the global standard; DSM-5-TR is widely used in Philippine practice);

b. *Diagnosis* refers to necessary assessments, including standardized, validated developmental and autism-specific tools administered by a multidisciplinary team (e.g., developmental-behavioral pediatrician or child psychiatrist/psychologist; and as appropriate, speech-language therapist and occupational therapist and occupational);

c. *Disability* refers to 1) a physical or mental impairment that substantially limits one (1) or more psychological, physiological, or anatomical function of an individual or activities of such individual; 2) a record of such an impairment; or 3) regarded as having such an impairment;

- 1 d. *Epidemiology* refers to the study and analysis of the distribution and determinants of  
2 health conditions in defined populations;
- 3 e. *Habilitation* refers to an integrated approach to physical, psychological, cultural,  
4 spiritual, educational, or vocational, measures that create conditions for individuals  
5 to attain the highest possible level of functional ability and quality of life;
- 6 f. *Inclusive Education* refers to the process of addressing and responding to the  
7 diversity of needs of all learners by moving towards the end-goal of full participation,  
8 presence, and achievement in learning cultures and communities, which involves  
9 accommodation, modification, adaptation, and individualization in content,  
10 approaches, structures, and strategies. It involves equitable opportunities for learners  
11 with disabilities to receive educational services, and the needed support and related  
12 services with their age-appropriate peer groups and, as far as practicable, in such  
13 schools or Inclusive Learning Resource Centers (ILRCs) nearest their homes or  
14 residences, in order to prepare them to live as fully functional members of society;
- 15 g. *Intervention* refers to the interceding action undertaken to help improve the autism  
16 prognosis. Intervention in autism may take the form of, medical, pharmacological,  
17 therapeutic, educational, and non-traditional habilitative care, and all other support  
18 services;
- 19 h. *Rehabilitation* refers to a set of interventions designed to optimize functioning and  
20 reduce disability in individuals with health conditions in interaction with their  
21 environment; and
- 22 i. *Service providers* refer to any person or entity that provides a service to the public.  
23 This can include businesses, government agencies, and non-profit organizations.

24 **SEC. 4. *Inter-Agency and Multi-Sectoral Mechanism.*** – A Sub-Committee on Autism,  
25 herein referred to as the Sub-Committee, is hereby created, under the National Council on  
26 Disability Affairs (NCDA) which shall serve as an inter-agency and multi-sectoral policy-  
27 making and coordinative mechanism to develop and implement a sustainable National Autism  
28 Care Plan (NACP).  
29

1       **SEC. 5. *Powers and Functions of the Sub-Committee.*** - The Sub-Committee shall have  
2 the following powers and functions:

- 3       (a) Develop the NACP, a roadmap in addressing the holistic needs of Filipinos with  
4       autism and their families, such as health, education, employment, among others, for  
5       the guidance of stakeholders in the private and public sectors, calibrated to meet the  
6       changing needs of society and developments in technology;
- 7       (b) Coordinate, monitor, and evaluate the implementation of the NACP and the  
8       protection of rights of persons with autism, with the concerned government and  
9       non-governmental agencies;
- 10      (c) Design campaigns that promote public awareness, acceptance, accommodation, and  
11      appreciation of persons with autism;
- 12      (d) Undertake research in collaboration with private and public entities regarding  
13      autism in the Philippines;
- 14      (e) Enhance the programs and capabilities of the government to provide nationally  
15      available services that support persons with autism and their families, in areas  
16      including, but not limited to screening, diagnoses, early intervention, education,  
17      training, employment, and livelihood;
- 18      (f) Assist the private and public sector in the design and delivery of support programs  
19      for persons with autism and their families;
- 20      (g) Develop capacity-building programs, incentives, and awards, for persons with  
21      autism to enhance their potentials as independent, self-reliant, and productive  
22      members of society;
- 23      (h) Establish networks with other organizations, institutions, and professionals working  
24      for the promotion of public policy and programs for persons with autism, and  
25      support groups for families of persons with autism;
- 26      (i) Receive donations and grants from international donor institutions, foundations,  
27      and multilateral and bilateral foreign donor agencies, involved in the direct services  
28      for persons with autism;
- 29      (j) Enter into memoranda of agreement (MOA) with government and non-  
30      governmental entities for the implementation of various programs for persons with  
31      autism; and
- 32      (k) Perform other acts as may be necessary, proper, or incidental to the attainment of  
33      purposes and objectives of this Act.

1       **SEC. 6. *Composition of the Sub-Committee on Autism.*** – The Sub-Committee shall be  
2 composed of the heads of office of the following agencies:

- 3       a. NCDA as Chairperson;
- 4       b. DOH as Vice Chairperson;
- 5       c. Department of Social Welfare and Development (DSWD);
- 6       d. Department of Education (DepEd);
- 7       e. Department of the Interior and Local Government (DILG);
- 8       f. Department of Labor and Employment (DOLE);
- 9       g. Department of Science and Technology-Philippine Council for Health and Research  
10       Development (DOST-PCHRD);
- 11       h. Commission on Higher Education (CHED);
- 12       i. Commission on Civil Service (CSC);
- 13       j. Technical Skills and Development Authority (TESDA);
- 14       k. Council for the Welfare of Children (CWC);
- 15       l. Philippine Council for Mental Health (PCMH);
- 16       m. National Institutes for Health (NIH);
- 17       n. Three (3) representatives from non-governmental organizations (NGOs) with  
18       programs and advocacy for persons with autism;
- 19       o. Two (2) representatives from duly accredited associations of families of persons with  
20       autism; and
- 21       p. Two (2) representatives from NGOs composed of autism self-advocates.

22       Except for members from government agencies, the members of the Sub-Committee  
23 shall be appointed by the Chairperson of the Sub-Committee.

24       The heads of office of government agencies may designate official permanent  
25 representatives to the Sub-Committee, whose rank shall not be lower than an Assistant  
26 Secretary or its equivalent: *Provided*, That the designated representative has no vote, unless  
27 authorized in writing.

28       The members of the Sub-Committee shall be appointed not later than thirty (30) days after  
29 the date of the enactment of this Act. Members representing the non-government agencies shall  
30 serve for a term of three (3) years renewable upon recommendation of the Sub-Committee and  
31 approval of the President for a maximum of two (2) consecutive terms. In case of vacancy, the

1 successor appointed to fill the same shall serve only the unexpired portion of the term of the  
2 member he/she succeeds to.

3  
4 All members of the Sub-Committee shall receive per diem as may be determined by the  
5 Sub-Committee, in accordance with existing budget and accounting rules and regulations.

6  
7 The Sub-Committee shall meet at least quarterly or as often as necessary. The presence of  
8 a majority of the members of the Sub-Committee shall constitute a quorum.

9  
10 The Sub-Committee shall have a Secretariat which will coordinate the functions and  
11 organize the programs, plans, and activities pursuant to this Act. The NCDA shall determine  
12 the necessary staffing requirements of the Sub-Committee, subject to the evaluation and  
13 approval of the Department of Budget and Management (DBM) and in compliance with the  
14 civil service and other pertinent laws, rules and regulations.

15  
16 **SEC. 7. *The National Autism Care Plan.*** – The Sub-Committee on Autism shall  
17 spearhead and coordinate with government agencies and other stakeholders on the  
18 implementation of the NACP.

19  
20 The programs and services under the NACP shall include, among others, the following:

21 (a) *Information campaigns* - The DOH, DepEd, NCDA, DSWD, CHED, TESDA, and  
22 PCMH shall, in accordance with their respective mandates, conduct various forms of  
23 information campaigns, as follows:

- 24 1. Publication such as manuals, infographics, and easily readable instruction materials  
25 on early detection, management, intervention, habilitation, rehabilitation, and care  
26 of autism;
- 27 2. Publication of a newsletter on current developments, milestones, best practices,  
28 resources, and research on autism;
- 29 3. Promotion of early screening of children and individuals at higher risk for such  
30 disability;
- 31 4. Other platforms for families of persons with autism such as online resources,  
32 educational aids, guides, and other suitable alternatives in local languages;

1           5. The NCDA shall create and develop a central database of professionals and  
2           childcare institutions concerned with the case and development of persons with  
3           autism; and

4           6. The Sub-Committee may initiate and conduct collaborative information campaigns  
5           as may be necessary.  
6

7           (b) *Health* - The DOH shall implement epidemiological surveillance programs to establish  
8           a databank and information and monitoring system (IMS) on the demographic, socio-  
9           economic, and total incidence and prevalence of persons with autism in the country;

10          The DOH, PCMH, PCHRD, the Early Childhood Care and Development (ECCD)  
11          Council, DepEd's ILRCs shall, in coordination with other concerned agencies:

- 12                   a. Strengthen research focus on autism;  
13                   b. Promote, create, develop, and adopt strategic plans that will continue to  
14                   determine and establish evidence-based practices for interventions, care,  
15                   and integration into society of persons with autism;  
16                   c. Expand research into the link between environmental factors and autism;  
17                   and  
18                   d. Continue investigations into causation, diagnosis, early detection, and  
19                   interventions for autism spectrum disorders.

20          Such factors that will be studied shall include, among others, infection and immune  
21          function, hormonal and reproductive factors, genetic factors, gastro-intestinal  
22          factors, and sociodemographic factors; and

23          The Sub-Committee may initiate and conduct collaborative health programs, plans,  
24          and activities as may be necessary.  
25

26          (c) *Education* – The DOH, DepEd, CHED, TESDA, and DSWD shall, in accordance with  
27          their respective mandates, conduct various forms of education programs, plans, and  
28          activities in cooperation with other concerned agencies, as follows:  
29

1. Continuing education and training programs on the proper handling of persons with autism;
  2. Continuing education and training of families, teachers, therapists, and caregivers of persons with autism through seminars, conventions, and other forms of educational tools;
  3. Continuing education and training on autism for public service providers to sensitize and empower them as effective front liners in the delivery of services to persons with autism and their families;
  4. Curriculum development for continuing education to assist individuals in recognizing the need for and using valid and reliable screening tools;
  5. “Teach the Teachers” Program on specialized and holistic training for health and education professionals;
  6. Formulation of guidelines, policies, protocols, and individualized programs on inclusive education for school children, young students, and other learners with autism, in matters including, but not limited to discrimination, acceptance to academic or training programs, instructional support, and behavior management; and
  7. The Sub-Committee may initiate and conduct collaborative education programs, plans, and activities as may be necessary and shall include a Licensed Therapist personnel with specialization in Occupational, Music and Arts, which would include programs that use therapeutic art-making and creative expression to help clients improve their psychosocial, physical, and mental well-being. It shall likewise include provisions lifted from Republic Act No. 11650 (*Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education Act*) which mandates the establishment of ILRCs to provide inclusive and equitable educational support for all learners, including those with disabilities.
- (d) *Employment and livelihood* - The DOLE and CSC shall formulate policies and initiate and implement programs to ensure that persons with autism are provided opportunities for gainful employment and apprenticeship both in the private and public sectors.
- (e) *Other Support Programs* – The DOH shall provide free initial diagnostic exam and developmental therapy subject to the conditions set forth in the implementing rules and regulation of this Act. Further, the DILG and Department of National Defense (DND) shall provide lifesaving support to persons with autism with behavioral and

1 communication challenges, in times of disasters, calamities, situations of armed  
2 conflict, and other emergencies, ensure their inclusion on the list of priority sectors.

3  
4 The Department of Transportation (DOTr) shall formulate policies and protocols to  
5 ensure that persons with autism with behavioral and communication challenges and  
6 their families are given reasonable accommodation in accessing all forms of  
7 transportation by land, sea, and air.

8  
9 The Department of Justice (DOJ) shall also formulate policies and protocols to  
10 ensure criminal justice agencies and professionals shall provide the accommodations  
11 and protections to persons with autism with behavioral and communication challenges,  
12 who may be accused of, are victims of, or are witnesses to crimes. The DOJ and the  
13 Commission on Human Rights (CHR) shall promulgate guidelines and standards to  
14 ensure that interventions and programs for persons with autism do not violate their basic  
15 human rights, particularly as regards their rights to determine their own decisions.

16  
17 All other concerned agencies shall, in accordance with their respective mandates,  
18 conduct orientation and counselling services for families of persons newly diagnosed  
19 with autism and establish Family Support Networks and Sibling Programs. The Sub-  
20 Committee may initiate and conduct other collaborative support programs, plans, and  
21 activities as may be necessary.

22 **SEC.8. *Panel of Technical Experts.*** – The Sub-Committee shall constitute a national  
23 panel of technical experts consisting of practitioners related to autism, such as, but not limited  
24 to:

- 25 a. One (1) representative from the duly accredited association of medical  
26 doctors in the Philippines;  
27 b. One (1) representative from the speech-language pathologists' national  
28 organization, duly recognized by the PRC;  
29 c. One (1) representative from the developmental and behavioral pediatricians'  
30 national organization, duly recognized by the PRC;  
31 d. One (1) representative from the psychologists' national organization, duly  
32 recognized by the PRC;

- e. One (1) representative from the dieticians' national organization, duly recognized by the PRC;
- f. One (1) representative from the occupational therapists' national organization, duly recognized by the PRC;
- g. One (1) representative from the social workers' national organization, duly recognized by the PRC;
- h. One (1) representative from the developmental educators' national organization, duly recognized by the PRC; and
- i. One (1) representative from the disability support workers' national organization, duly recognized by the PRC.

The Panel shall provide professional and technical advice to the Sub-Committee in science, technologies, and best practices for autism.

The Sub-Committee shall set the qualifications and per diems for the technical experts. The Sub-Committee or through the collaborative programs and plans of its member agencies and organizations shall provide resources for the operations and activities of the Panel.

**SEC. 9. Local Government Support.** — Local government units (LGUs) shall promote the NACP in their respective territorial jurisdictions. LGUs may enter into joint ventures with national agencies and organizations or associations with programs and advocacy for persons with autism, to explore livelihood opportunities and other undertakings that shall enhance the health, physical fitness, and the economic and social well-being of persons with autism.

The Sub-Committee and the DILG shall coordinate with LGUs in the mainstreaming of the NACP.

**SEC. 10. Consultation with Stakeholders.** - The Sub-Committee shall, in collaboration with professionals, networks and support groups for persons with autism, hold broad consultations and massive information campaigns on the various programs, with government and non-governmental stakeholders.

1           **SEC. 11. *PhilHealth Coverage.*** – The Sub-Committee shall facilitate the necessary  
2 Philippine Health Insurance Corporation (PhilHealth) coverage for persons with autism,  
3 including early screening and detection programs, immediately from the effectivity of this  
4 Act.

5           **SEC. 12. *Protection Against Discrimination in Insurance and Other Financial***  
6 ***Instruments.*** – The Department of Finance (DOF) shall, within 180 days from the effectivity  
7 of this Act, formulate policies and protocols to ensure that all financial service providers such  
8 as banks, insurance companies, and health maintenance organizations (HMOs) shall provide  
9 persons with autism equitable access to their services and products.

10           **SEC. 13. *Implementing Rules and Regulations.*** – The Sub-Committee shall, in  
11 consultation and coordination with appropriate national government agencies, NGOs, and other  
12 stakeholders, promulgate the necessary rules and regulations for the effective implementation  
13 of this Act, no later than 180 days upon the effectivity of this Act.

14           **SEC. 14. *Appropriations.*** – The amount necessary for the implementation of this Act  
15 shall be included in the annual General Appropriations Act.

16           **SEC. 15. *Separability Clause.*** – If any section or provision of this Act is held  
17 unconstitutional or invalid, the other sections or provisions not affected thereby shall continue  
18 to be in full force and effect.

19           **SEC. 16. *Repealing Clause.*** – All laws, executive orders, presidential decrees,  
20 presidential proclamations, letters of instruction, rules and regulations or parts thereof  
21 inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

22           **SEC. 17. *Effectivity.*** – This Act shall take effect fifteen (15) days following its  
23 publication in the Official Gazette or in two (2) newspapers of general circulation in the  
24 Philippines.

25  
26           *Approved,*