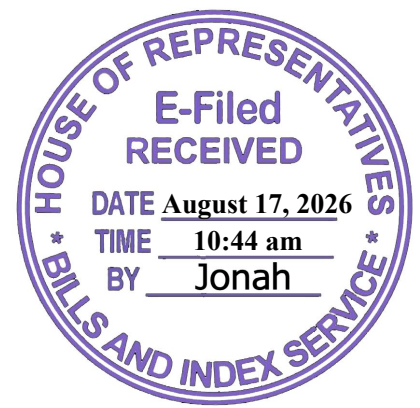


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

TWENTIETH CONGRESS
Second Regular Session

House Bill No. **10815**



Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

Every child deserves the opportunity to develop to his or her fullest potential. Yet many Filipino children with special needs continue to face barriers in accessing timely identification, assessment, therapy, rehabilitation, education, and other essential support services.

Families often bear significant financial and emotional burdens arising from the cost of therapy, rehabilitation, medical care, assistive devices, transportation, and specialized educational support. These challenges are particularly severe in underserved and geographically isolated and disadvantaged areas where specialized professionals and facilities are limited.

While existing laws, including Republic Act No. 7277, as amended, and Republic Act No. 11650, provide important protection for persons with disabilities and promote inclusive education, gaps remain in the coordination, accessibility, and continuity of services for children with special needs and their families.

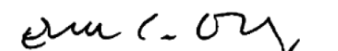
This measure seeks to establish a comprehensive and coordinated support framework for children with special needs, covering early identification and intervention, therapeutic and rehabilitation services, inclusive education, financial assistance, community-based support, caregiver training, and workforce development. It strengthens coordination among the Department of Health, Department of Education, Department of Social Welfare and Development, PhilHealth, local government units, and other relevant agencies to ensure that children and their families can access appropriate services and benefits.

The bill also establishes a CSN Support Grant and Assistance Program for qualified families and promotes the enhancement of existing PhilHealth benefit packages for medically necessary services. It strengthens community-based support systems, referral and case-management mechanisms, public awareness, and monitoring to ensure that services reach children, particularly those in underserved and geographically isolated and disadvantaged areas.

The measure is intended to complement, and not diminish or duplicate, existing laws and programs on disability rights, inclusive education, healthcare, rehabilitation, social protection, and child development.

By strengthening the systems that identify, support, and include children with special needs, the State can help ensure that every child receives timely and appropriate support and is given the opportunity to reach his or her fullest potential.

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


ERIC L. OLIVAREZ

Republic of the Philippines
HOUSE OF REPRESENTATIVES
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TWENTIETH CONGRESS
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House Bill No. 10815

Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

**“AN ACT
PROMOTING THE INCLUSIVE DEVELOPMENT AND WELL-BEING OF
CHILDREN WITH SPECIAL NEEDS, PROVIDING FOR COMPREHENSIVE
SUPPORT SYSTEMS, AND FOR OTHER PURPOSES”**

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 “*Inclusive Development and Well-Being of Children with Special Needs Act.*”

SECTION 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the rights and welfare of children with special needs and ensure their full and inclusive development. The State recognizes that children with special needs possess inherent dignity and the right to opportunities and services that enable them to achieve their fullest potential.

To this end, the State shall:

- a. Prioritize and integrate the needs of children with special needs into relevant policies, programs, services, and development plans;
- b. Ensure timely identification, assessment, referral, and access to quality, comprehensive, appropriate, and affordable intervention, therapeutic, rehabilitative, health, and educational services;
- c. Strengthen and complement existing inclusive education and disability programs, including those established under Republic Act No. 11650 and Republic Act No. 7277, as amended;
- d. Alleviate the financial and emotional burdens on families and caregivers of children with special needs through appropriate assistance and support mechanisms;
- e. Foster a society that embraces inclusivity and is free from stigma and discrimination against children with special needs and their families;
- f. Strengthen community-based services and family-centered support systems; and
- g. Promote effective inter-agency and local government coordination in the delivery of services to children with special needs.

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

- a. *Children with Special Needs (CSN)*- refers to persons below eighteen (18) years of age who have developmental delays, disabilities, or developmental, physical, sensory, intellectual, behavioral, communication, or learning conditions that require specialized intervention, educational support, healthcare, rehabilitation, assistive technology, or other support services to facilitate their development, participation, independence, or inclusion.

This includes, but is not limited to, children with Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Down Syndrome, Cerebral Palsy, intellectual disability, specific learning disabilities, sensory impairments, speech and language disorders, developmental delays, and multiple disabilities.

- b. *Early Identification and Intervention Services*- refers to services intended to identify developmental concerns at the earliest appropriate stage and provide timely assessment, referral, intervention, rehabilitation, educational, and family support services.
- c. *Therapeutic Services*- refers to professional interventions such as, but not limited to, occupational therapy, physical therapy, speech and language therapy, behavioral or psychological intervention, and other related services designed to improve the functional abilities, development, participation, and well-being of CSN.
- d. *Special Education (SPED)*- refers to educational programs, services, and supports designed to meet the individual needs of learners with disabilities, including services provided through SPED Centers and other appropriate educational settings, consistent with existing laws on inclusive education.
- e. *Underserved Areas*- refers to geographical regions, localities, or communities where access to specialized services for CSN is limited or inadequate, including geographically isolated and disadvantaged areas.
- f. *Assistive Devices and Technologies*- refers to devices, equipment, technologies, or products that facilitate communication, mobility, learning, daily living, accessibility, or participation of CSN.
- g. *Community-Based Support Services*- refers to services delivered at the community or local level, including screening, referral, therapy, caregiver education, psychosocial support, case management, and linkage to government assistance and other appropriate services.

SECTION 4. Accessible Early Intervention, Therapy and Education. – The State shall ensure that CSN have equitable access to timely and quality early intervention, therapy, rehabilitation, and education. To this end:

- a. The Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), and Local Government Units (LGUs), in coordination with other relevant agencies, shall strengthen mechanisms for early identification, screening, assessment, referral, and intervention for CSN;
- b. The DepEd, in coordination with the DOH, DSWD, LGUs, and other relevant agencies, shall strengthen existing SPED services and coordinate such services

with Inclusive Learning Resource Centers and other mechanisms established under Republic Act No. 11650;

- c. The DOH and DSWD, in coordination with the Philippine Health Insurance Corporation (PhilHealth) and other relevant agencies, shall develop and implement mechanisms to improve access to therapeutic and rehabilitation services for CSN, prioritizing indigent, low-income, and underserved families;
- d. The DepEd shall strengthen teacher training, learning resources, individualized learning support, reasonable accommodations, and other appropriate educational interventions to facilitate the inclusion and participation of CSN consistent with RA 11650 and in accordance with existing laws and policies;
- e. The implementing agencies shall establish appropriate referral pathways among health facilities, schools, SPED Centers, Inclusive Learning Resource Centers, community-based support centers, and LGUs to ensure continuity of services; and
- f. In underserved and geographically isolated and disadvantaged areas, the implementing agencies may utilize mobile, outreach, telehealth, referral, or other appropriate service-delivery mechanisms to improve access to specialized services.

SECTION 5. Financial Relief and Assistance for Families. – To mitigate the financial burden on families of CSN, the following measures shall be undertaken:

- a. The DSWD, in coordination with relevant agencies and LGUs, shall establish a *CSN Support Grant and Assistance Program* for qualified families to help defray expenses for therapy, rehabilitation, medical care, assistive devices and technologies, transportation related to essential services, and specialized educational needs.
- b. Priority under the CSN Support Grant and Assistance Program shall be given to indigent, low-income, vulnerable, and geographically disadvantaged families, subject to eligibility requirements and standards to be established in the implementing rules and regulations;
- c. PhilHealth shall periodically review and, subject to applicable laws and actuarial requirements, enhance existing benefit packages for CSN to improve coverage for medically necessary assessment, rehabilitation, therapeutic services, and appropriate assistive devices and technologies;
- d. PhilHealth shall endeavor to simplify accreditation, referral, and claims procedures for covered services and promote the accessibility of accredited providers in underserved areas; and

SECTION 6. Early Identification and Intervention. – The DOH, in coordination with the DepEd, DSWD, LGUs, and other relevant agencies, shall establish mechanisms for the early identification of developmental delays, disabilities, and other conditions requiring specialized support.

Such mechanisms may include:

- a. Developmental screening and assessment through appropriate government health facilities, child development centers, schools, SPED Centers, Inclusive Learning Resource Centers, and other community-based facilities;
- b. Standardized referral pathways for diagnostic, therapeutic, educational, rehabilitative, and social services;
- c. Parent and caregiver education regarding developmental milestones, early warning signs, available services, and appropriate intervention;
- d. Community-based outreach and screening programs, particularly in underserved and geographically isolated and disadvantaged areas; and
- e. Appropriate monitoring and follow-up of children referred for intervention services.

Developmental screening shall serve as an initial identification tool and shall not, by itself, constitute a clinical or medical diagnosis. Children identified through screening as requiring further assessment shall be referred to appropriately qualified professionals or facilities.

Access to appropriate early intervention and referral services shall not be unnecessarily delayed solely by the absence of a definitive diagnosis when a qualified professional determines that intervention is warranted.

The implementation of early identification and intervention services shall be consistent with applicable health, education, disability, child protection, and data privacy laws and standards.

SECTION 7. Community-Based Support Systems for Families and Caregivers. – The DSWD, in coordination with the DOH, DepEd, LGUs, and other relevant agencies, shall establish, strengthen or designate community-based support centers or similar mechanisms within their respective jurisdictions.

Such centers or mechanisms may provide or facilitate:

- a. Free or subsidized screening, referral, therapy, or rehabilitation services, subject to available resources and applicable standards;
- b. Parent and caregiver education and training;
- c. Psychosocial support and peer support groups for families of CSN;
- d. Case management and referral assistance;
- e. Linkage to PhilHealth, DSWD, DOH, DepEd, LGU, and other government programs;
- f. Information on available educational, health, rehabilitation, social welfare, and assistive technology services; and
- g. Other appropriate family-centered support services.

The DSWD and DOH, in coordination with the DepEd and LGUs, shall develop appropriate training programs for parents and caregivers of CSN. Where appropriate, the Technical Education and Skills Development Authority (TESDA) may assist in developing competency-based training programs.

SECTION 8. Stronger Policies for Inclusion. – The DepEd shall continue to strengthen and implement policies on inclusive education, reasonable accommodation,

individualized learning support, and non-discriminatory practices for CSN in accordance with existing laws, including Republic Act No. 11650.

All government agencies and private establishments shall comply with existing laws on accessibility, reasonable accommodation, inclusion, and non-discrimination applicable to CSN and persons with disabilities.

Nothing in this Act shall be construed as diminishing or limiting the rights and protections granted under existing laws.

SECTION 9. Inter-Agency Coordination. – There shall be established an *Inter-Agency Coordinating Mechanism for Children with Special Needs*, to be coordinated by the DSWD in partnership with the DOH, DepEd, the National Council on Disability Affairs (NCDA), PhilHealth, DILG, LGUs, and other relevant government agencies and stakeholders.

The coordinating mechanism shall:

- a. Develop and coordinate the implementation of a comprehensive national framework for the welfare and development of CSN;
- b. Harmonize government programs and services relating to early identification, intervention, healthcare, rehabilitation, education, social protection, and family support;
- c. Establish appropriate referral and case-management mechanisms among participating agencies;
- d. Monitor and evaluate the effectiveness and accessibility of programs and services for CSN;
- e. Identify service gaps, particularly in underserved and geographically isolated and disadvantaged areas;
- f. Recommend legislative, administrative, and policy reforms to further enhance the rights and well-being of CSN; and
- g. Coordinate with existing inter-agency bodies and mechanisms established under laws relating to disability rights, inclusive education, child protection, and social welfare to avoid duplication of functions.

SECTION 10. Community and Local Government Participation. – LGUs shall, consistent with their powers, functions, and available resources, integrate programs and services for CSN into their local development and investment plans.

LGUs shall designate the appropriate existing office, including the Persons with Disability Affairs Office (PDAO), where applicable, to facilitate coordination, referral, monitoring, and reporting of services for CSN.

LGUs are encouraged to establish or strengthen community-based support centers and integrate CSN services into existing health, social welfare, child development, and educational programs.

SECTION 11. Public Awareness and Acceptance Campaigns. – The DepEd, DSWD, DOH, Philippine Information Agency (PIA), NCDA, and LGUs shall develop and implement continuing public awareness and acceptance campaigns concerning

developmental delays, disabilities, early identification, intervention, inclusion, and disability rights.

The campaigns shall:

- a. Promote understanding and acceptance of CSN;
- b. Encourage parents and caregivers to seek timely screening and intervention;
- c. Reduce stigma and discrimination against CSN and their families;
- d. Disseminate information regarding available government services and benefits;
and
- e. Promote inclusive practices in schools, workplaces, communities, and public institutions.

Where appropriate, age-appropriate information on disability inclusion, respect, and non-discrimination may be integrated into relevant educational programs in accordance with existing curricula and policies.

SECTION 12. Workforce Development. – The DOH, DepEd, DSWD, the Commission on Higher Education (CHED), TESDA, and other relevant agencies shall develop and implement appropriate capacity-building and continuing professional development programs for professionals and personnel providing services to CSN.

Such programs may include training for:

- a. Teachers and SPED personnel;
- b. Health professionals and allied health professionals;
- c. Social workers;
- d. Barangay health workers and community-based personnel;
- e. Child development workers;
- f. Caregivers and parents; and
- g. Other personnel involved in the delivery of services to CSN.

The State shall encourage scholarship, fellowship, return-service, and other workforce-development programs to address shortages of qualified professionals, particularly in underserved and geographically isolated and disadvantaged areas.

SECTION 13. Monitoring, Evaluation and Data Management. – The DSWD, in coordination with the DOH, DepEd, NCDA, PhilHealth, DILG, and LGUs, shall establish an appropriate monitoring and evaluation framework for programs under this Act.

The implementing agencies shall, subject to Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012,” and other applicable laws, collect and maintain appropriate data necessary to:

- a. Determine the number and geographic distribution of CSN receiving services;
- b. Monitor access to screening, assessment, therapy, rehabilitation, education, and social support;
- c. Identify service gaps and underserved areas;
- d. Measure program outcomes and effectiveness;

e. Monitor utilization of appropriated funds; and

f. Inform policy development and resource allocation.

The DSWD shall submit to Congress an annual report on the implementation of this Act, including recommendations for legislative and administrative action.

SECTION 14. Appropriations. – The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act of the concerned implementing agencies, subject to existing budgeting, accounting, auditing, and procurement laws, rules, and regulations.

The implementation of this Act may likewise be supported through LGU appropriations, PhilHealth funds for covered services, grants, donations, and other lawful sources, subject to applicable laws and regulations.

SECTION 15. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the DSWD, in coordination with the DOH, DepEd, NCDA, PhilHealth, DILG, and other relevant agencies and stakeholders, shall formulate and promulgate the necessary rules and regulations for its effective implementation.

The IRR shall include, among others, standards for eligibility and assistance under the CSN Support Grant and Assistance Program, referral and case-management procedures, coordination mechanisms, service standards, monitoring requirements, and safeguards against duplication of benefits.

SECTION 16. Harmonization with Existing Laws and Programs. – The implementation of this Act shall complement and be harmonized with existing laws, policies, and programs relating to children, persons with disabilities, inclusive education, health, rehabilitation, social protection, and child development.

Nothing in this Act shall be interpreted to diminish, restrict, or repeal any right, benefit, service, or protection granted under Republic Act No. 7277, as amended, Republic Act No. 11650, Republic Act No. 10173, and other applicable laws, unless expressly provided herein.

SECTION 17. Separability Clause. – If any provision of this Act is declared invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SECTION 18. Repealing Clause. – All laws, decrees, orders, rules and regulations, and other issuances or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 19. Effectivity. – This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved.