

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

THIRTEENTH CONGRESS
First Regular Session

HOUSE BILL No. 1089

Introduced by HON. ANTONIO P. YAPHA, JR., M.D.

EXPLANATORY NOTE

The past decade witnessed the growth and expansion of Rehabilitation Medicine as a specialty in the medical field. For one, the number of trainees, graduates, certified diplomates and fellows has increased tremendously. Alongside, is the fast pace at which rehabilitation centers have sprouted throughout the country with the noble goal of providing accessible delivery of expert rehabilitative care to Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary, and other system disorders which produce temporary or permanent disability.

Unfortunately, not all of the existing rehabilitation centers are providing services as envisioned. While most are fully operational in terms of facilities, equipment and personnel, a sad observation is that many rehabilitation centers are not headed by certified physiatrists (medical specialists who underwent a minimum of three (3) years of training in Rehabilitation Medicine), but by other medical and allied health professionals.

The need for physiatrists as heads and supervisors of rehabilitation centers cannot be overemphasized. These health professionals are recognized in the medical field as the medical rehabilitation specialists by nature of their training. Among the services they provide include: (1) the evaluation and treatment of patients with physical disabilities from the rehabilitation standpoint and, (2) management of Rehabilitation Medicine departments, centers, clinics or other similar facilities. Hence, they are in the best position to head rehabilitation centers and supervise the allied rehabilitative professionals such as Physical Therapists, Occupational Therapists, Speech Therapists, Orthotists, and Prosthetists.

To ensure that rehabilitation centers will function with utmost competence, it is the goal of the proposed bill to set standards for both the training and practice of Rehabilitation Medicine as well as standards for the technical and operational aspects of rehabilitation centers and/or units.

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


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AN ACT
PROVIDING FOR THE STANDARDS FOR THE TRAINING AND PRACTICE OF
REHABILITATION MEDICINE AND FOR OTHER PURPOSES

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. - Short Title. - This Act shall be known as the "Medical Rehabilitation Standards Act of 2004."

SECTION 2. - Definitions. - As used in this Act, the following terms shall mean:

- a. **Rehabilitation Medicine** - is the branch of medicine which deals with the prevention, diagnosis, treatment and rehabilitation of neuromusculoskeletal, cardiovascular, pulmonary and other system disorders which produce temporary or permanent disability in patients of both sexes and all ages, as well as the performance of different diagnostic procedures including but not limited to electromyography and other electrodiagnostic techniques-Rehabilitation Medicine involves specialized medical care and training of patients with loss of function so that he/she may obtain his/her maximum potential, physically, psychologically, socially and vocationally with special attention to prevent unnecessary complications or deterioration and to assist in physiologic adaptation to disability. In addition, the practice of Rehabilitation Medicine uses physical agents such as heat, light, water, electricity, therapeutic exercise and mechanical agents in its treatment armamentarium.
- b. **Rehabilitation** - is the process "of helping a person to reach the fullest physical, psychological, social, vocational, avocational and educational potential consistent with his or her physiologic or anatomic impairment, environmental limitation, and life plans.
- c. **Physiatrist** - is a physician who is licensed and duly registered with the Professional Regulations Commissions and who has completed three years of residency training in Rehabilitation Medicine in a Philippine Board of Rehabilitation Medicine-accredited training institution.
- d. **Philippine Academy of Rehabilitation Medicine (PARM)** - an organization of medical specialists and trainees in Rehabilitation that seeks to achieve excellence in physiatric practice, education and research.

- e. **Philippine Board of Rehabilitation Medicine (PBRM)** - a non-stock, non-profit corporation composed of Board Certified Rehabilitation Medicine Specialists tasked with accrediting and evaluating training institutions with a specialty in Rehabilitation Medicine, and certifying graduates of these training programs. The Board confers diplomate status to all Rehabilitation Medicine specialists who passed Part I (written) and Part II (oral) of the specialty board examination.
- f. **Board Certified Physiatrists** - refers to members of good standing of the Philippine Academy of Rehabilitation Medicine (PARM) and who have passed Part I (written) and Part II (oral) of the Diplomate Board Examinations given by the Philippine Board of Rehabilitation Medicine (PBRM). He/She is classified by the PBRM as a diplomate.
- g. **Board Eligible (BE) Physiatrists** - refer to those who have completed three years of residency training in a PBRM-accredited residency training program and who have not been qualified by the PBRM D- Philippine Board of Rehabilitation Medicine. A non-stock, non-profit corporation composed of Board Certified Rehabilitation Medicine specialists tasked with accrediting and evaluating training institutions in the specialty of Rehabilitation Medicine and certifying graduates of these training programs. This Board confers diplomate status to all Rehabilitation Medicine specialists who have passed Part I (written) and Part II (oral) of the specialty board examination.

SECTION 3. - Scope of Practice - The practice of Rehabilitation Medicine includes:

- a. Professional services related to the care of an individual patient, either as a physician primarily responsible for individual patient care or as a consultant to another physician namely:
 - 1. History taking, examination of patients, and/or performance of specific diagnostic procedures for purposes of establishing diagnosis and/or evaluation of disability, impairment, functional capacity and potential for rehabilitation;
 - 2. Prescription and/or rendering of appropriate medical treatment which may include any or all aspects of physical medicine as well as rehabilitative measures, including but not limited to physical therapy, occupational therapy, speech therapy and orthotic and prosthetic services;
 - 3. Follow-up examination of patients in offices, hospitals, rehabilitation facilities, extended care facilities or home for purposes of reevaluation and treatment modifications;
 - 4. Appropriate consultation with other medical specialists;
 - 5. Counseling and conference with non-physician health care professionals or family concerning conduct of patient's care or patient's progress;
 - 6. Examination of patient's records, preparation of reports and correspondence, appearance in testimony pertaining to patient.
- b. Professional services not directly related to individual patient care but relevant to the administration of rehabilitation facilities or units, namely:
 - 1. Professional general supervision of rehabilitation services in a hospital-based rehabilitation center or unit or any other free standing units that render limited rehabilitation services (i.e. PT clinics, OT clinics, ST clinics. Prosthetic and Orthotic shops), convalescent homes and private homes, for quality assurance and appropriate utilization of services;
 - 2. Planning, establishment and management of facilities, equipment and personnel for functions and activities of the rehabilitation department or unit; or any other free standing unit that render limited rehabilitation services (PT clinics, OT clinics, ST clinics, and Prosthetic and Orthotic shops), convalescent homes, and private homes for quality assurance and utilization of service.
 - 3. Maintenance of adequate records and statistics;

4. Education of physicians and allied health care professionals in Rehabilitation Medicine;
 5. Education of the public on health care issues pertaining to Rehabilitation Medicine;
 6. Providing professional development of Rehabilitation Medicine through research and medical education;
 7. Designing/Planning/ implementing of community-based Rehabilitation Medicine programs in rural areas;
 8. Designing/ Planning /implementing of health programs for maintenance of health and prevention of disability;
 9. Linkages with government and non-government agencies both local and abroad, for programs related to Rehabilitation Medicine;
 10. Promotion of the team approach among other medical and allied medical health care professionals in the holistic care of patients;
 11. Setting standards for compensation of Rehabilitation Medicine services rendered.
- c. Guidelines for practice in a Rehabilitation Medicine Facility:
1. Every patient shall be examined and diagnosed by a physiatrist. The physiatrist recommends, prescribes and supervises an individual treatment plan. The treatment plan and rehabilitation program shall be regularly reviewed on a team basis.
 2. Medications and various other therapies shall be prescribed by a Board Certified or Board Eligible Physiatrist. Physicians without competence in physiatry shall not make prescriptions, even upon reliance on the competence of a non-physician practitioner.
 3. The physiatrist has the primary responsibility of regularly following patients in his charge and modifying or terminating treatment. No physician who is not a physiatrist shall prescribe a physiatric program even upon reliance on the competence of a non-physician practitioner, or allied health professional.
 4. A Board Certified Physiatrist shall head the facility/unit and shall supervise the delivery of Rehabilitation Medicine services rendered by other members of the rehabilitation team (i.e. PT, OT, ST, technicians, nurses).
 5. If a physiatrist is not competent to manage a patient, he shall consult or refer to another physiatrist who is competent in the particular disease or condition he is treating.
 6. A board certified physiatrist may head not more than three (3) Rehabilitation Medicine facilities. In the absence of a board certified physiatrist, a board eligible physiatrist may head the facility, provided he conforms with the requirements of the PERM.
 7. The physiatrist shall charge professional fees in accordance with the standards of the PARM and the Phil Health Insurance System (PHILHEALTH).
 8. The physiatrist shall conduct himself in a manner consistent with the Code of Ethics of the Philippine Medical Association.

SECTION 4. - Qualifications to Practice - A Physician is qualified to Practice Rehabilitation Medicine if he/she is a Board Certified/Board Eligible physiatrist who is of good moral character and is a member of good standing of the Philippine Medical Association and the Philippine Academy of Rehabilitation Medicine.

SECTION 5. - Accreditation and Certification - The Rehabilitation Medicine Standard Act shall have the following standards for the practice, training and certification of Rehabilitation Medicine practitioners in order to ensure the highest quality of professional rehabilitation service to the public and to the medical community:

- a. Categories
 1. As to institutional character, Rehabilitation Medicine facilities are either hospital-based (if operating within a hospital set-up) or freestanding (if operating on its own or part of a facility other than hospital).
 2. As to extent, a Rehabilitation Medicine facilities maybe primary, secondary or tertiary, or home-based.
 3. As to function, a Rehabilitation Medicine facility may be utilized for training, service and research, and or service alone.
 4. As to service, a Rehabilitation Medicine facility can also be either general or specialized.
- b. A primary Rehabilitation Medicine facility shall have the following:
 1. At least one (1) Philippine Board of Rehabilitation Medicine (PBRM) eligible Physiatrist
 2. At least one (1) licensed Physical Therapist
 3. Rehabilitation Medicine Consultation and Management with Physical Therapy services
 4. Physical set-up
 5. Medical Consultation area
 6. Treatment area to include at least a plinth, electrical stimulation unit, superficial heating modality
 7. Gym area to include parallel bars, postural mirror, weights and assisitive devices (canes, crutches and walker)
 8. Evaluation tools
 9. Adequate utilities (water, electricity and consumables)
 10. First aid kit with Basic CPR equipment
- c. A secondary Rehabilitation Medicine facility shall have the following:
 1. At least one PBRM board certified Physiatrist
 2. At least one licensed Physical Therapist and Occupational Therapist
 3. Rehabilitation Medicine consultation and Management, Physical Therapy and Occupational Therapy services. b.4 Compliance with the primary category set-up plus deep heating modality, manual traction and restorator/bicycle ergometer for the gym area
- d. A tertiary Rehabilitation Medicine facility shall have the following:
 1. At least one (1) Board Certified Physiatrist
 2. At least two (2) licensed Physical Therapists and one licensed Occupational Therapist
 3. Rehabilitation Medicine Consultation and Management, Physical, Occupational Therapy, Prosthetist/Orthotist referral services
 4. Compliance with the secondary category set-up and equipment, with additional two superficial heating modalities, medium frequency modality, mechanized traction, ultraviolet or cold laser intermittent compression unit, mechanized intermittent traction and tilt table with additional gym equipment.
 5. A Training / Service and Research facility, which shall fulfill all the requirements as a residency training institution shall be established in accordance with PBRM guidelines.
 6. A Specialized facility shall be hospital-based with a multi-disciplinary set-up capable of catering to subspecialty conditions in Rehabilitation Medicine (Cardiac, Pain, Pediatric, Pulmonary, Sports, among others).
 7. A freestanding clinic must be headed by a board certified or board eligible physiatrist with at least one (1) licensed physical therapist with a certificate in Basic Life Support.

SECTION 8. - Management and Operation of a Rehabilitation Facility – A Rehabilitation Facility shall be headed by a Rehabilitation Medicine specialist who is either a Philippine Board of Rehabilitation Medicine certified or eligible Rehabilitation Medicine Specialist who must assume technical, and administrative supervision and control of the activities in the said facility. An adequate and effective system of documentation, recording, and record keeping must be maintained for all consultations and treatment in the facility. The rates for consultation and services shall be in accordance with the standards of the PARM and the PHILHEALTH.

SECTION 9. - Application for Registration and Issuance of License – Applications for registration and issuance of a license shall be filed by the owner or his duly authorized representative to DOH-Bureau of Facilities and Services together with an Information sheet to be filled up by the Physiatrist in charge. Upon receipt of the said application together with the license fee, a technical committee team will inspect the facility within sixty (60) days. Certificates of licenses shall be issued and approved by the Head of the Bureau of Health Facilities and Services. A provisional license may be granted to facilities with insufficient requirements or for special cases for a period of one (1) year.

SECTION 10. - Terms and Validity of License - The license to operate will only be valid for a period of two (2) years from its date of issuance. Application for renewal of the license shall be made during the last six (6) months of validity. The license must be placed in a conspicuous place within the facility. A copy of the rules and regulation should also be readily available. Upon violation of the standards provided, a license may be revoked. Investigation of all charges or complaints against a Rehabilitation facility or any of its personnel shall be made to the PARM and the PBRM (when complaint is against the physiatrist) and to the Department of Health-Bureau of Health Facilities and Services for appropriate investigation.

SECTION 11. - Separability Clause – If any part or provision of the Act shall be held unconstitutional or invalid, other provisions hereof which are not affected hereby shall continue to be in full force and effect.

SECTION 12. - Repealing Clause – All laws, orders, decrees, rules and regulations inconsistent with the provision of this Act are hereby repealed or modified accordingly.

SECTION 13. - Effectivity - This Act shall take effect fifteen (15) days after its approval.

Approved,