

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **5472**



Introduced by **MAGDALO Party-List Representative**
HON. GARY C. ALEJANO

EXPLANATORY NOTE

In the past decade, Rehabilitation Medicine as a specialty has experienced growth in all aspects. The number of trainees, graduates, and certified diplomats and fellows has increased tremendously.

Alarming, however, is the fast pace at which rehabilitation centers have sprouted throughout the country, all with the noble intent of delivering expert rehabilitative care to Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary, and other system disorders which produce temporary or permanent disability. Unfortunately, not all these rehabilitation centers are rendering what they purport to render.

Moreover, many of these rehabilitation centers are not headed by a physiatrist - a medical specialist who has trained a minimum of three (3) years in Rehabilitation Medicine - but by other medical and allied health professionals. By the nature of their training, physiatrists are in the best position to head rehabilitation centers and supervise the allied rehabilitative professionals: physical therapist, occupational therapists, speech therapist, orthotists, and prosthetists.

In the medical field, it is a physiatrist who is the specialist in medical rehabilitation and who is thus tasked to evaluate and treat patients with physical disabilities from the rehabilitation standpoint, and to manage and administer Rehabilitation Medicine departments, center, clinics or other similar facilities.

It is the objective of the proposed Rehabilitation Medicine Standard Act to set standards for the training and practice of Rehabilitation Medicine. This bill further sets technical and operational standard for rehabilitation centers which will function at the highest level of standard and be headed and supervised by duly trained and certified medical specialists in rehabilitation medicine, thereby protecting the interest of the Filipino patients who seek treatment from these centers.

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


GARY C. ALEJANO

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AN ACT
**PROVIDING FOR THE STANDARD FOR THE 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:*

1 **SECTION 1. Short Title.** - This Act shall be known as the "Medical Rehabilitation
2 Standards Act of 2017."

3
4 **SEC. 2. Declaration of Policy.** - It is the policy of the State to protect and promote
5 the right to health of the people by an accessible delivery of expert rehabilitative care to
6 Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary and other system
7 disorders which produce temporary or permanent disability. This shall be realized by
8 standardizing the practice of Rehabilitation Medicine and standardizing the establishment,
9 management, and operational aspects of rehabilitation facilities.

10
11 **SEC 3. Definition of Terms.** - As used in this Act, the following terms shall mean:

- 12
13 A) Rehabilitation Medicine - the branch of medicine which deals with the prevention,
14 diagnosis, treatment and rehabilitation of neuromusculoskeletal, cardiovascular,
15 pulmonary and other system disorders which produce temporary or permanent
16 disability in patients as well as the performance of different diagnostic procedures,
17 including, but not limited to, electromyography and other electro diagnostic
18 techniques. It also involves specialized medical care and training of patients with
19 loss of function so that s/he may obtain his/her maximum potential, physically,
20 psychologically, socially and vocationally with special attention to prevent
21 unnecessary complications or deterioration and to assist in physiologic adaptation
22 to disability. In addition, the practice of Rehabilitation Medicine uses agents such
23 as heat, light, water, electricity, therapeutic exercise and mechanical agents in its
24 treatment armamentarium;
25
26 B) Medical Rehabilitation - the process of helping a person to reach the fullest
27 physical, psychological, social, vocational, avocational and educational potential
28 consistent with his or her physiologic or anatomic impairment, environmental
29 limitation and life plans;
30

- 1 C) Physiatrist - a physician who is licensed and duly registered with the Professional
2 Regulation Commission and who has completed three years of residency training
3 in Rehabilitation Medicine in a Philippine Board Rehabilitation Medicine-
4 accredited training institution;
5
- 6 D) Philippine Board of Rehabilitation Medicine (PBRM) - a non-stock, non-profit
7 corporation, duly recognized by the Professional Regulation Commission and the
8 Philippine Medical Association, composed of Board Certified Rehabilitation
9 Medicine Specialists tasked with accrediting and evaluating training institutions
10 with a specialty in Rehabilitation Medicine, and certifying graduates of these
11 training programs;
12
- 13 E) Rehabilitation Medicine Practitioner/Physiatrist - a licensed physician who has
14 completed a residency training program in Rehabilitation Medicine in a Philippine
15 Board of Rehabilitation Medicine (PBRM) accredited training institution. They
16 shall be qualified by the PBRM as:
17
- 18 1) Board Eligible Physiatrist - refers to those who have completed the
19 residency training in a PBRM-accredited residency training program but
20 who have not successfully completed the specialty board examination; and
21
- 22 2) Board Certified (Diplomate) - refers to those who have passed Part I
23 (written) and Part II (oral) of the Diplomate Board Examination given by
24 the Philippine Board of Rehabilitation Medicine (PBRM).
25
- 26 F) Rehabilitation Medicine Center/Facility/Unit - any facility that renders services
27 for the rehabilitation of physical disabilities. This may be hospital-based or free
28 standing; and
29
- 30 G) Rehabilitation Medicine Team - a group of medical and allied health professionals
31 concerned with the medical rehabilitation of patients with physical disabilities.
32 The team is headed by a physiatrist and is composed of, but not limited to, the
33 following:
34
- 35 1) Physical Therapists;
36
- 37 2) Occupational Therapists;
38
- 39 3) Prosthetists And Orthotists;
40
- 41 4) Rehabilitation Nurses;
42
- 43 5) Speech Pathologists;
44
- 45 6) Social Workers;
46
- 47 7) Vocational Counselors; and
48
- 49 8) Recreational Therapists.
50

1 **SEC. 4. *Scope of Practice.*** - The practice of Rehabilitation Medicine includes:

2
3 A) Professional services related to the care of an individual patient, either as a
4 physician primarily responsible for individual patient care or as a consultant to
5 another physician namely:

- 6
7 1) History taking, examination of patients and/or performance of
8 specific diagnostic procedures for purposes of establishing
9 diagnosis and/or evaluation of disability, impairment, functional
10 capacity and potential for rehabilitation;
11
12 2) Prescription and/or rendering of appropriate medical treatment
13 which may include any or all aspects of physical medicine as well
14 as rehabilitative measures, including but not limited to physical
15 therapy, occupational therapy, speech therapy and orthotic and
16 prosthetic services;
17
18 3) Follow-up examination of patients in offices, hospitals,
19 rehabilitation facilities, extended care facilities or home for
20 purposes of reevaluation and treatment modifications;
21
22 4) Appropriate consultation with other medical specialists;
23
24 5) Counseling and conference with non-physician health care
25 professionals or family concerning conduct of patient's care or
26 patient's progress; and
27
28 6) Examination of patient's records, preparation of reports and
29 correspondence, appearance in testimony pertaining to patient.

30
31 B) Professional services related to the administration of rehabilitation facilities or
32 limits, namely:

- 33
34 1) Professional general supervision of rehabilitation services in a
35 hospital-based rehabilitation center or unit, or any other free
36 standing units that render limited rehabilitation services,
37 convalescent home and private homes, for quality assurance and
38 appropriate utilization of services;
39
40 2) Planning, establishment and management of facilities, equipment
41 and personnel for functions and activities for rehabilitation
42 department or unit, or any other free standing unit that render
43 limited rehabilitation services, convalescent home and private
44 homes, for quality assurance and appropriate utilization of services;
45
46 3) Maintenance of adequate records and statistics;
47
48 4) Education of physicians and allied health care professionals of
49 Rehabilitation Medicine;
50

- 1 5) Education of the public on health care issues pertaining to
2 Rehabilitation Medicine;
- 3 6) Providing professional development of Rehabilitation Medicine
4 through research and medical education;
- 5
- 6 7) Designing/planning/implementing of health programs for
7 maintenance of health and prevention of disability;
- 8
- 9 8) Linkages with government and non-governmental agencies, both
10 local and abroad, for programs related to Rehabilitation Medicine;
- 11
- 12 9) Promotion of the team approach among medical and allied medical
13 health care professionals in the holistic care of patients; and
- 14
- 15 10) Setting standards for compensation of Rehabilitation Medicine
16 services rendered.
- 17

18 C) Guidelines for Practice in a Rehabilitation Medicine Facility:

- 19
- 20 1) Every patient shall be examined and diagnosed by a physiatrist.
21 The physiatrist recommends, prescribes and supervises an
22 individual treatment plan. The treatment plan and rehabilitation
23 program shall be regularly reviewed on a team basis.
- 24
- 25 2) Medications and other various therapies shall be prescribed by a
26 physiatrist.
- 27
- 28 3) The physiatrist has the primary responsibility of regularly
29 following patients in his charge and modifying or terminating
30 treatment.
- 31
- 32 4) A physiatrist shall head the facility/unit and shall supervise the
33 delivery of rehabilitation medicine services rendered by other
34 members of the Rehabilitation Medicine team. In areas where there
35 is no physiatrist, a licensed physician shall head the facility or unit.
- 36
- 37 5) If a physiatrist is non-competent to manage a patient, he shall
38 consult or refer to another physiatrist or physician specialist who is
39 competent in the particular disease or condition he is treating.
- 40
- 41 6) A Board Certified physiatrist may head not more than three (3)
42 Rehabilitation Medicine facilities. In the absence of a Board
43 Certified physiatrist, a Board eligible physiatrist may head the
44 facility, provided that he conforms with the requirements of the
45 PBRM.
- 46
- 47 7) The physiatrist shall charge professional fees in accordance with
48 the standards of the Philippine Medical Association and the
49 Philippine Health Insurance System (PhilHealth).
- 50

- 1 8) The physiatrist shall conduct himself in a manner consistent with
2 the Code of Ethics of the Philippine Medical Association.

3
4 **SEC 5. *Qualifications to Practice.*** - A physician is qualified to practice
5 Rehabilitation Medicine if s/he is a Board Certified/Board Eligible physiatrist, who is of good
6 moral character, and is a member of the Philippine Medical Association.

7
8 **SEC. 6. *Accreditation and Certification.***- This Act aims to establish the standards for
9 the practice, and certification of Rehabilitation Medicine practitioners in order to ensure the
10 highest quality of professional rehabilitation service to the public and to the medical
11 community.

12
13 **A) Accreditation of the Physiatrist**

- 14
15 1) The Rehabilitation Medicine Practitioner is a graduate of a Philippine Board
16 of Rehabilitation Medicine (PBRM) - accredited Rehabilitation Medicine
17 training institution and certified by the PBRM as:

- 18
19 a) Board certified (Diplomate); and
20
21 b) Board Eligible

- 22
23
24 2) A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board
25 Certified upon compliance with and/or submission of the following
26 requirements:

- 27
28 a) Authenticated Professional Regulation Commission (PRC) ID as
29 duly registered physician;
30
31 b) Certificate of completion of training in a PBRM accredited
32 Rehabilitation Medicine training institution; and
33
34 c) Certificate from the Philippine Board of Rehabilitation Medicine
35 (PBRM).

- 36
37 3) A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board
38 Eligible upon compliance with and/ or submission of the following
39 requirements:

- 40
41 a) Authenticated Professional Regulation Commission (PRC) ID as
42 duly registered physician;
43
44 b) Certificate of completion of training in a PBRM accredited
45 Rehabilitation Medicine training institution; and
46
47 c) Certificate of eligibility from PBRM

- 48
49 4) A Rehabilitation Medicine Practitioner, who is duly recognized as PBRM
50 Board Eligible, must upgrade himself to PBRM Board Certified status within

1 five (5) years after graduation from a PBRM-accredited Rehabilitation
2 Medicine training institution. Forfeiture of this Board eligibility status is
3 incumbent upon review and evaluation of the PBRM Board of Governors.

- 4 B) Continuing Certification of the Rehabilitation Medicine Specialist. – A certified
5 Diplomate of the Philippine Board of Rehabilitation Medicine, in order to be duly
6 recognized as a Rehabilitation Medicine Specialist, must undergo recertification every
7 three (3) years through PBRM accreditation.
8

9 **SEC.7. Technical Standards and Requirements for the Registration, Operation and**
10 **Maintenance of Rehabilitation Medicine Facilities in the Philippines.** – Technical standards
11 and requirements for the registration, operation and maintenance of rehabilitation medicine
12 facilities shall apply to all entities performing the activities and functions of Rehabilitation
13 Medicine facilities. These shall include the evaluation and treatment of all conditions
14 requiring rehabilitation of physical disabilities. These standards and requirements shall be
15 formulated to protect and promote the health of the people by the operation of standards,
16 properly managed and adequately supported Rehabilitation Medicine facilities.
17

18 **SEC. 8. Regulatory Authority.** – Technical standards and requirements for the
19 registration, operation and maintenance of Rehabilitation Medicine facilities in the
20 Philippines shall be implemented and regulated by the Department of Health – Bureau of
21 Health Facilities and Services (DOH-BHFS).
22

23 **SEC. 9. Classification of Facilities.** – Rehabilitation Medicine facilities shall be
24 classified according to its institutional character, and extent of services offered. The bases for
25 the classification of the different categories of Rehabilitation facilities are: (1) Psychiatrist
26 qualification, (2) Allied Health personnel staff qualification, (3) Rehabilitation Medicine
27 services available and (4) Physical set-up and equipment.
28

29 a) Categories:

- 30
31 1. As to institutional character, Rehabilitation Medicine facilities
32 are either hospital-based (if operating within a hospital set-up)
33 or freestanding (if operating on its own or part of a facility
34 other than a hospital);
35
36 2. As to extent, Rehabilitation medicine facilities maybe primary,
37 secondary or tertiary, or home-based;
38
39 3. As to function, Rehabilitation Medicine facilities may be
40 utilized for training, service and research, or service alone; and
41
42 4. As to service, Rehabilitation Medicine facilities can also be
43 either general or specialized.
44

45 b) A primary Rehabilitation Medicine facility shall have the following:

- 46
47 1. At least one (1) Philippine Board Rehabilitation Medicine
48 (PBRM) eligible psychiatrist;
49

2. At least one (1) allied rehabilitation health professional;
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 an electro-therapy device and superficial heating modality, and ADL training devices;
7. Gym area, to include parallel bars, mirror, weights and assistive devices (canes, crutches and walker);
8. Evaluation tools;
9. Adequate utilities (water, electricity and consumables); and
10. First aid kit with basic CPR equipment.

c) A secondary Rehabilitation medicine facility shall have the following:

1. At least one (1) PBRM Board certified physiatrist;
2. At least one (1) licensed Physical therapist and Occupational therapist;
3. Rehabilitation Medicine Consultation Management, Physical Therapy and Occupational Therapy services; and
4. Compliance with the primary category set-up plus deep heating modality, manual traction and therapeutic exercise equipment for the gym area.

d) A tertiary Rehabilitation Medicine facility shall have the following:

1. At least one (1) PBRM Board certified physiatrist;
2. At least one (1) licensed Physical therapist and Occupational therapist;
3. Rehabilitation Medicine Consultation and Management, Physical, Occupational Therapy, Prosthetist/Orthotist (in house or referral services), speech therapy (in house or referral services); and
4. Compliance with secondary category set-up and equipment, with additional two superficial heating modalities, medium frequency modality, mechanized traction, ultraviolet of 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 in accordance with PBRM guidelines;

6. A specialized facility, which should cater to sub-specialty conditions in rehabilitation Medicine (Cardiac, Pain, Pediatric, Pulmonary, Sports, among others), shall be a hospital-based facility with a multi-disciplinary set-up.

SEC. 10. Management and Operation of a Rehabilitation Medicine Facility. - A Rehabilitation Medicine 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 records keeping must be maintained for all consultations and services in the facility. The rates for consultation and services shall be in accordance with the standards of the Philippine Medical Association and PhilHealth.

SEC. 11. 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 with the DOH-BHFS 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 for special cases for a period of one (1) year.

SEC. 12. Terms and Validity of License. - The license to operate will only be valid for a period of two (2) years. 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 regulations 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 Medicine facility or any of its personnel shall be made to the PBRM (when complaint is against the physiatrist) and to the Department of Health-Bureau of Health Facilities and Services for appropriate investigation.

SEC. 13. Penalties. - Any person, partnership, association, or corporation who establishes, operates, conducts, manages or maintains a rehabilitation medicine facility within the meaning of this Act without first obtaining a license or violates any provision of this Act or its Implementing Rules and Regulations shall be liable to a fine of not less than Twenty Thousand Pesos (P20,000.00) but not to exceed Fifty Thousand Pesos (P50,000.00) for the first offense, and not less than Fifty Thousand Pesos (P50,000.00) but not to exceed One Hundred Thousand Pesos (P100,000.00) for the second offense, and not less than One Hundred Thousand pesos (P100,000.00), but not to exceed Two Hundred Thousand Pesos (P200,000.00) for the third and each subsequent offense. Each day that a facility or other related facility shall operate after the first violation shall be considered a subsequent offense. In addition to the penalties specified in the preceding paragraph, the Bureau, upon the

1 approval of the Secretary, may summarily order the closure of any rehabilitation medicine
2 facility found operation without a license.

3
4 **SEC. 14. *Implementing Rules and Regulations (IRR).*** – To implement the
5 provisions of this Act, the Department of Health – Bureau of Health facilities and Services
6 (DOH-BHFS), in coordination with the national professional organization duly recognized by
7 the Professional Regulation Commission, shall promulgate the rules and regulations,
8 including the technical standards and requirements for the registration, operation and
9 maintenance of rehabilitation medicine facilities, within ninety (90) days after the effectivity
10 of this Act.

11
12 **SEC. 15. *Separability Clause.*** – If any part or provision of the Act shall be held
13 unconstitutional or invalid, other Provisions hereof which are not affected hereby shall
14 continue to be in full force and effect.

15
16 **SEC. 16. *Repealing Clause.*** – All laws, decrees, rules and regulations inconsistent
17 with the provision of this Act are hereby repealed or modified accordingly.

18
19 **SEC. 17. *Effectivity.*** – This shall take effect after fifteen (15) days from its
20 publication in two (2) national newspapers of general circulation.

Approved,