

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

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. 5707



Introduced by **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

In the World Health Organization's Declaration of Alma Ata in 1978, four healthcare strategies were recognized: promotion, prevention, cure or treatment, and rehabilitation. Of the four strategies, Rehabilitation strategies had received the least attention. However, due to the rapidly aging world population, resulting from better healthcare and increased survival, noncommunicable diseases are becoming the primary source of mortality. People are living longer but with more disability.

Physical and Rehabilitation Medicine is the health strategy that will address the increasing prevalence of disability. The focus of Physical and Rehabilitation Medicine is to improve the lives of people living with health condition, whether it is acute, chronic or progressively debilitating.

The objective of Physical and Rehabilitation Medicine is specifically to optimize people's intrinsic health capacity, including strengthening psychological resources, facilitating the person's immediate environment and in the process improving his function and state of health.

World Health Organization (WHO) has recently concluded that demographic and epidemiological trends are in the process of transforming rehabilitation into the key health strategy of the 21st Century. In 2010, the WHO has described five main health care strategies: curative, rehabilitative, maintenance or supportive,

preventive and palliative strategies. Rehabilitation strategy aim to reduce the burden of disease and improve function.

As our population age, we need to produce more Physical and Rehabilitation Medicine Physicians and Centers in the community, primary, secondary and tertiary level to ensure that every Filipino will be able to optimize their function, community participation and productivity despite their disability.

In February 2017, WHO hosted "Rehabilitation 2030: A Call to Action", a meeting that brought about more than 200 rehabilitation experts from 46 countries. The stakeholders concluded that there is an increasing global unmet need for rehabilitation, calling for coordinated action and commitment amongst stakeholders to raise the profile of rehabilitation as a health strategy relevant to all people from all ages across the continuum of care.

The key actions identified were improving rehabilitation management and investment, building a high-quality rehabilitation workforce and services; and enhancing data collection on rehabilitation.

With this proposed measure, it will empower the Department of Health to standardize Physical and Rehabilitation Medicine centers, help produce more Physical and Rehabilitation Medicine specialists and paramedical professionals, improve delivery of safe and accessible physical and rehabilitation medicine services, increase public awareness through nationwide information, communication and education campaign on how Physical and Rehabilitation Medicine can minimize disability and optimize function.

The passage of this measure is earnestly sought.


ERIC OLIVAREZ

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**AN ACT PROVIDING FOR STANDARDS FOR THE PRACTICE
OF REHABILITATION MEDICINE 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
"Medical Rehabilitation Standards Act of 2019"

SEC. 2. Declaration of Policy. - It is the policy of the State
to protect and promote the right to health of the people through
optimizing function by making the delivery of expert rehabilitative
care accessible, effective and affordable to Filipinos suffering from
neuromusculoskeletal, cardiovascular, pulmonary and other
system disorders which produce temporary or permanent
disability. Toward this end, standards for the effective practice of
Rehabilitation Medicine, and for the establishment, management
and operations of rehabilitation facilities are hereby established.

SEC. 3. - Definitions. - As used in this Act, the following
terms shall mean:

a. Physical and Rehabilitation Medicine – 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 as well as the performance of different diagnostic and therapeutic procedures, including, but not limited to medical prescription, procedures, injections, drug administration, prognostication, manual therapy, assessment and review of interventions, neuropsychology, nutrition, provision of equipment and assistive devices, physical modalities, electromyography, musculoskeletal sonology, manual therapy, therapeutic exercises, prosthetics and orthotics. It also involves specialized medical care and training of patients with loss of function so that he or she may obtain his or her maximum potential, physically, psychologically, socially and vocationally; providing special attention and care to prevent complications or deterioration, and to assist in physiologic adaptation of disability, impairment or handicap. In addition, the practice of Physical and Rehabilitation Medicine uses agents such as heat, light, water, electricity, therapeutic exercise and mechanical agents in its treatment armamentarium.

b. Medical Rehabilitation – the process of helping a person achieve his fullest physical, psychological, social, vocational, educational and functional potential consistent with his or her physiologic or anatomic impairments, environmental limitations and life plans.

c. Physical and Rehabilitation Medicine Specialist – a physician who is licensed and duly registered with the Professional Regulation Commission and who completed three (3) years of residency training in Physical and Rehabilitation Medicine in a training institution accredited by the Philippine Academy of Rehabilitation Medicine Specialty Board. They shall be qualified by the PARM Specialty Board as:

- i. *Board Eligible Physical and Rehabilitation Medicine Specialist* – refers to one who completed residency training in a residency training program accredited by the PARM Specialty Board but who has not successfully completed the PARM Specialty Board examination.
- ii. *Board Certified (Diplomate)* – refers to those have passed Part I (written) and Part II (oral) of the Diplomate Board

Examination given by the PARM Specialty Board examination.

d. *Philippine Academy of Rehabilitation Medicine (PARM)* – a non-stock, non-profit corporation, duly recognized by the Professional Regulation Commission and the Accredited Professional Organization (APO) composed of Board Certified Physical and Rehabilitation Medicine Specialists.

e. *Philippine Academy of Rehabilitation Medicine Specialty Board (PARM SB)* – is the recognized Specialty Board by Philippine Academy of Rehabilitation Medicine tasked with examining and certifying competent specialty practitioners.

f. *Physiatrist* – synonym for Physical and Rehabilitation Medicine Specialist.

g. *Physical and Rehabilitation Medicine Facility* – any facility that renders services for the rehabilitation of physical disabilities and which may be hospital-based or free-standing.

h. *Physical and Rehabilitation Medicine Team* – a group of medical and allied health professionals concerned with the medical rehabilitation of patients with physical disabilities. The team is composed of, but not limited to, the following:

- i. Physical and Rehabilitation Medicine Specialists
- ii. Physical Therapists
- iii. Occupational Therapists
- iv. Prosthetists and Orthotists
- v. Rehabilitation Nurses
- vi. Speech Pathologists
- vii. Social Workers
- viii. Vocational Counselors
- ix. Recreational Therapists
- x. Electromyographer

- xi. Musculoskeletal Sonographer
- xii. Certified Strength and Conditioning Coach
- xiii. Special Education (SPED) Teachers
- xiv. Neuropsychologist
- xv. Physical Therapy Aide

SEC. 4. Scope of Practice. - The practice of Physical and Rehabilitation Medicine includes:

- a. *Professional services related to the care of an individual patient*, rendered in the role of a physician primarily responsible for individual patient care or as a consultant to another physician, and consists of:
 - i. History taking, examination of patients, performance of specific diagnostic procedures like Electromyography and Nerve Conduction Velocity studies, Neuromusculoskeletal Ultrasound, and Bone Densitometry for the purpose of establishing diagnosis and evaluation of disability, impairment, functional capacity and potential for rehabilitation;
 - ii. Prescription and rendering of appropriate medical treatment which may include any or all, aspects or physical medicine as well as rehabilitative measures, including but not limited to physical therapy, occupational therapy, speech therapy, orthotic and prosthetic services, joint and trigger point injections, ultrasound guided interventional procedures;
 - iii. Follow-up examination of patients in offices, hospitals, rehabilitation facilities, extended care facilities or home for purposes of re-evaluation and treatment modifications;
 - iv. Appropriate consultation with other medical specialists;
 - v. Psychological counseling and conference with non-physician health care professionals or family members concerning conduct of patient's care or patient's progress; and,
 - vi. Examination of patient's records, preparation of reports, designing, planning, and implementation of health programs for the maintenance of health and prevention

of disability; and correspondence as well as appearance in court or providing testimony pertaining to a patient

b. *Professional services related to the administration of rehabilitation facilities or units consist of:*

- i. Professional general supervision of rehabilitation services in a hospital-based rehabilitation center or unit or any other freestanding units that render limited rehabilitation services, convalescent home and private homes, for quality assurance and appropriate utilization of services;
- ii. Planning, establishment and management of facilities, equipment and personnel for the performance of functions and activities of a rehabilitation department or unit, or any other free-standing unit that render limited rehabilitation services;
- iii. Convalescent home and private homes, for quality assurance and appropriate utilization of services;
- iv. Maintenance of complete and accurate records and statistics;
- v. Education of physicians and allied health care professionals in Rehabilitation Medicine, both local and foreign, for programs related to Physical and Rehabilitation Medicine;
- vi. Education of the public on health care issues pertaining to Rehabilitation Medicine through research and medical education;
- vii. Promoting professional development of Rehabilitation Medicine through research and medical education;
- viii. Designing, planning and implementing health programs for maintenance of health and prevention of disability;
- ix. Establishing linkages with government and non-government agencies, both local and foreign, for programs related to Rehabilitation Medicine;
- x. Promotion of the team approach among medical and allied medical health care professionals in the holistic care of patients; and,
- xi. Setting standards for compensation of Physical and Rehabilitation Medicine services.

c. *Guidelines for Practice in a Physical and Rehabilitation Medicine Facility:*

- i. Every patient shall be examined and diagnosed by a Physical and Rehabilitation Medicine specialist. The Physical and Rehabilitation Medicine specialist recommends an individual treatment plan in collaboration with the Physical and Rehabilitation Medicine Team. The treatment plan and rehabilitation program shall be regularly reviewed on a team basis.
- ii. Medications and various other forms of treatment shall be prescribed by a physical and rehabilitation medicine specialist.
- iii. The physical and rehabilitation medicine specialist has the primary responsibility of regularly following-up on patients in his charge and modifying or terminating treatment.
- iv. A Physical and Rehabilitation Medicine Specialist shall head facility or unit and collaborate with the physical and rehabilitation team in the delivery of rehabilitation medicine services.
- v. The Physical and Rehabilitation Medicine Specialist shall conduct himself in a manner consistent with the Code of Ethics of the Accredited Professional Organization (APO)

SEC. 5. Qualifications to Practice. – A physician who is a Board Certified Physical and Rehabilitation Medicine Specialists, of good moral character and is a member of the Accredited Professional Organization is qualified to practice Physical and Rehabilitation Medicine.

SEC. 6. Accreditation and Certification. – A Physical and Rehabilitation Medicine Specialist eligible for accreditation should be a graduate of a residency training institution accredited by the Philippine Academy of Rehabilitation Medicine Specialty Board and recognized by the Accredited Professional Organization (APO).

SEC. 7. Regulatory Authority – Technical Standards and Requirements for the Registration, Operation and Maintenance of Rehabilitation Medicine Facilities shall be implemented and regulated by the Department of Health (DOH) Health Facilities and Services Regulatory Bureau.

SEC. 8. Management and Operation of a Rehabilitation Medicine Facility. – A Physical and Rehabilitation Medicine Facility shall be headed by a Physical and Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or Eligible Physical Rehabilitation Medicine specialist in the said facility.

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

a. Categories:

- i. As to *institutional character*, a Physical and 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 a hospital).
- ii. As to the *extent of services*, a Physical and Rehabilitation Medicine facilities maybe primary, secondary, tertiary, or home-based.
- iii. As to *function*, a Physical and Rehabilitation Medicine facility may be utilized for training services and research or for services alone.
- iv. As to *services*, a rehabilitation Medicine facility can also be either general or specialized.

b. A Primary Physical and Rehabilitation Medicine Facility shall have the following:

- i. At least one (1) PARM Specialty Board Certified or Board eligible Physical and Rehabilitation Medicine Specialist;
- ii. At least one (1) allied rehabilitation health professional;
- iii. Physical and Rehabilitation Medicine consultation and management with physical therapy services;
- iv. Physical set-up;
- v. Medical consultation area;

- vi. Treatment area to include at least an electrotherapy device and superficial heating modality, and activities of daily living (ADL) training devices;
- vii. Gym area, to include parallel bars, mirror, weights and assistive devices such as canes, crutches, and walkers among others;
- viii. Evaluation tools;
- ix. Adequate utilities such as water, electricity and consumables; and,
- x. First Aid kit with basic CPR equipment

c. *A Secondary Physical and Rehabilitation Medicine Facility* shall have the following:

- i. At least one (1) PARM Specialty Board certified or Board Eligible Physical and Rehabilitation Medicine specialist;
- ii. At least one (1) licensed therapist and occupational therapist;
- iii. Rehabilitation Medicine consultation and management, physical and occupational therapy services; and,
- iv. 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:

- i. At least one (1) PARM Specialty Board certified Physical and Rehabilitation Medicine Specialist;
- ii. At least one (1) licensed physical therapist and occupational therapist;
- iii. Physical and Rehabilitation Medicine consultation and management, physical therapy, occupational therapy, speech therapy, prosthetics and orthotics in-house or referral services;
- iv. Compliance with the secondary category set-up and equipment, with additional two (2) superficial heating modalities, medium frequency modality, ultraviolet or cold laser intermittent compression unit, mechanized intermittent traction and tilt table with additional gym equipment;
- v. A Training/Service and Research facility, which shall fulfill all the requirements as a residency training institution in accordance with PARM SB guidelines;

- vi. A specialized facility which should cater to subspecialty conditions in rehabilitation medicine including cardiac, pain, pediatric, pulmonary, sports, among others, shall be a hospital-based facility with a multidisciplinary set-up.

SEC. 10. Management and Operation of a Rehabilitation Medicine Facility. – A Physical and Rehabilitation Medicine Facility shall be headed by a Physical and Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or Board Eligible Physical and Rehabilitation Medicine specialist in the said facility. An adequate and effective system of documentation, recording and recordkeeping 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 Accredited Professional Organization 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 of the facility or his duly authorized representative with the Department of Health (DOH) Health Facilities and Services Regulatory Bureau, together with an information sheet to be filled up by the Physical and Rehabilitation Medicine Specialist-in-charge. Upon receipt of the said application together with the license fee, the PARM technical committee team will inspect the facility within sixty (60) days. Certificates of licenses shall be issued and approved by the Head of the Department of Health (DOH) Health Facilities and Services Regulatory Bureau. 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 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.

In any violation of the standards provided, the license to operate may be revoked. Investigation of all charges or complaints against a Physical and Rehabilitation Medicine facility or any of its

personnel shall be made to the Accredited Professional Organization (when complaint is against the Physical and Rehabilitation Medicine Specialist) and to the Department of Health (DOH) Health Facilities and Services Regulatory Bureau for appropriate investigation.

SEC. 13. Penalties. – Any person, partnership, association, or corporation who establishes, operates, conducts, manages or maintain 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 fine of:

First offense – not less than Forty Thousand Pesos (Php 40,000.00) but not to exceed One Hundred Thousand Pesos (Php 100,000.00);

Second offense – not less than One Hundred Thousand Pesos (Php 100,000.00) but not to exceed One Hundred Thousand Pesos (Php 100,000.00);

Third and each subsequent offense – not less than Two Hundred Thousand Pesos (Php 200,000.00) but not to exceed Four Hundred Thousand Pesos (Php 400,000.00).

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 aforementioned penalties, the Department of Health (DOH) Health Facilities and Services Regulatory Bureau, upon the approval of the Secretary of Health, may summarily order the closure of any rehabilitation medicine facility found without a license.

SEC. 14. Implementing Rules and Regulations (IRR). – to implement the provisions of this Act, the Department of Health (DOH) Health Facilities and Services Regulatory Bureau, in coordination with the national professional organization duly recognized by the Professional Regulation Commission, shall promulgate the rules and regulations, including the technical standards and requirements for the registration, operation and maintenance of the rehabilitation medicine facilities, within ninety (90) days after the effectivity of this Act.

SEC. 15. Separability Clause. – If any part or section shall be declared unconstitutional or invalid, such declaration shall not affect the other parts or sections of this Act.

SEC. 16. Repealing Clause. – All laws, decrees, rules and regulations inconsistent with any provision of this Act shall be deemed repealed or modified accordingly.

SEC. 17. Effectivity. – This shall take effect after fifteen (15) days from its publication in two (2) national newspaper of the general circulation or in the Official Gazette.

Approved.