



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
First Regular Session



House Bill No. 6586

Introduced by **HON. JOSEPHINE VERONIQUE “Jaye” R. LACSON - NOEL**
Malabon City, Lone District

EXPLANATORY NOTE

As the population of the world age, worsening cases of physical and neurological illnesses, diseases and disabilities are rapidly increasing. Recently, the World Health Organisation (WHO) has concluded that the demographic and epidemiological trends are high and the increasing global unmet need for potential rehabilitation is calling the need for the passage of relevant laws as an aid of solution.

The latest survey conducted by the Department of Health (DOH) shows that these diseases are the primary causes of death among filipinos: (1) Heart-related Diseases with 24.4% share to total deaths; (2) Vascular System Diseases with 10.9% share to total deaths; (3) Malignant Neoplasms with 10.5% share to total deaths; (4) Pneumonia with 8.8% share to total deaths; (5) Accidents with 7% total share to deaths; (6) Diabetes Milletus with 6.1% share to total deaths; (7) Tuberculosis with 4.6% share to total deaths; (8) Chronic Lower Respiratory Diseases with 4.2% share to total deaths; (9) Digestive System Diseases with 4% share to total deaths; and (10) Genitourinary System Diseases with 3.9% share to total deaths.¹

World Health Organization’s declaration of Alma Ata entered in to in 1978 so states that: “All governments should formulate national policies, strategies and plans of actions to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country’s resources and to use available external resources rationally.

Thus, it is the primary thrust of this government to provide a good quality of health care and medical services to its people with rehabilitative needs through the indispensable contributions of both the public and private operators of such kind of facilities.

1. <https://filipinotimes.net/feature/2018/11/01/top-3-fatal-diseases-philippines-revealed/>

The absence of rehabilitative standards would allow many of our brethren receive different levels of care from different facilities, or worst, minimal or none at all.

In cooperation with the WHO's Alma Ata declaration, it is the fervent hopes of this proposed legislation to: (1) show the country's commitment towards a high standard of rehabilitative care in recognition of the WHO's declaration; and (2) establish a uniform standard for rehabilitative care. We got on track when the Universal Health Care was passed into law which provides people the guarantee that equal access to medical and health care services shall be afforded to them.

IN VIEW OF THE FOREGOING, approval of this bill is earnestly sought.


JOSEPHINE VERONIQUE "Jaye" R. LACSON - NOEL



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

Be in 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 2020***”

SECTION 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 to Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary and other system disorders which produce temporary or permanent disability accessible, effective and affordable. Toward this end, standards for the effective practice of Rehabilitation medicine and for the establishment, management and operations of rehabilitation facilities are hereby established.

SECTION 3. Definitions. – As used in this Act, the following terms shall mean:

Physical & 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 psychologic adaptation of disability, impairment or handicap. In addition, the practice of Physical & Rehabilitation Medicine uses agents such as heat, light, water, electricity, therapeutic exercises and mechanical agents in its treatment armamentarium.

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

Physical & 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 & Rehabilitation Medicine Specialist Board.

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 Rehabilitation Medicine Specialists.

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.

Physiatrist – synonym for Physical & Rehabilitation Medicine Specialist. They shall be qualified by the PARM Specialty Board as:

Board Eligible Physical & 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.

Board Certified (Diplomate) – refers to those who have passed Part I (written) and Part II (oral) of the Diplomate Board Examination given by the PARM Specialty Board examination.

Psychiatric Medicine - the branch of medicine which focuses on the diagnosis, treatment and prevention of mental, emotional and behavioral disorder.

Psychiatrist - A medical doctor who specializes in mental health to assess and treat, if possible, both the mental and physical aspect of any psychiatric or physical disorders or illnesses. To qualify, they shall be a bonafide member of the Philippine Psychiatric Association Incorporated (PPAI) and in good standing.

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

Physical & 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:

1. Physical & Rehabilitation Medicine Specialists
2. Psychiatrist
3. Physical Therapists
4. Occupational Therapists
5. Prosthetists and Orthotists
6. Rehabilitation Nurses

7. Speech Pathologists
8. Social Workers
9. Vocational Counselors
10. Recreational Therapists
11. Electromyographer
12. Musculoskeletal Sonographer
13. Certified Strength & Conditioning Coach
14. SPED Teachers
15. Neuropsychologist
16. Physical Therapy Aide
17. Therapist Certified by The Department of Health

SECTION 4. Scope of Practice. – The Practice of Physical & 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:
 1. History taking, examination of patients, psychological test, 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;
 2. 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;
 3. Follow-up examination of patients in offices, hospitals, rehabilitation facilities, extended care facilities or home for purposes of re-evaluation and treatment modifications;
 4. Appropriate consultation with other medical specialists;
 5. Psychological counseling and conference with non-physician health care professionals or family members concerning conduct of patient's care or patient's progress; and
 6. 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:**
 1. 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;
 2. 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;

3. Maintenance of complete and accurate records and statistics;
4. Education of physician and allied health care professionals in Rehabilitation Medicine, both local and foreign, for programs related to Physical & Rehabilitation Medicine;
5. Education of the public on health care issues pertaining to Rehabilitation Medicine through research and medical education;
6. Promoting professional development of Rehabilitation Medicine through research and medical education;
7. Designing, planning and implementing health programs for maintenance of health and prevention of disability;
8. Establishing linkages with government and non-government agencies, both local and foreign, programs related to Rehabilitation Medicine;
9. Promotion of the team approach among medical and allied medical health care professionals in the holistic care of patients; and
10. Setting standards for compensation of Physical & Rehabilitation Medicine services.

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

1. Every Patient shall be examined and diagnosed by a Physical & Rehabilitation Medicine specialist. The Physical & Rehabilitation Medicine specialist recommends an individual treatment plan in collaboration with the Physical & Rehabilitation Medicine Team. The treatment plan and rehabilitation program shall be regularly reviewed on a team basis;
2. Medications and various other forms of treatment shall be prescribed by a physical & rehabilitation medicine specialist;
3. The physical & rehabilitation medicine specialist has the primary responsibility of regularly following-up on patients in his charge and modifying or terminating treatment;
4. A Physical & Rehabilitation Medicine Specialist shall head facility or unit and collaborate with the physical & rehabilitation team in the delivery of rehabilitation medicine services; and
5. The Physical & Rehabilitation Medicine Specialist shall conduct himself in a manner consistent with the code of ethics of the Accredited Professional Organization (APO).

SECTION 6. Accreditation and Certification. – This Act aims to establish the standards for the practice of Physical & Rehabilitation Medicine and the certification of Physical & Rehabilitation Medicine Specialists in order to ensure the highest quality of professional medical rehabilitation service to the public and to the medical community.

- a. Accreditation of the Physical & Rehabilitation Medicine Specialist; A Physical & Rehabilitation Medicine Specialist eligible for accreditation is a graduate of a residency training institution accredited by the Philippine Academy of Rehabilitation Medicine Specialty Board and recognized by the Accredited Professional Organization.
- b. Certification of necessary specialist.

SECTION 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.

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

SECTION 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

1. As to **institution 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).
2. As to the **extent of services**, a Physical and Rehabilitation Medicine Facility may be primary, secondary, tertiary, or home-based.
3. As to **function**, a Physical and Rehabilitation Medicine facility can may be utilized for training services and research or for services alone.
4. As to **services**, a Rehabilitation Medicine facility can also be either general or specialized.

b. A Primary Physical & Rehabilitation Medicine facility shall have the following:

1. At least one (1) PARM Specialty Board Certified or Board eligible Physical & Rehabilitation Medicine Specialist;
2. At least one (1) allied rehabilitation health professional;
3. Physical & 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 electrotherapy device and superficial heating modality and activities of daily living (ADL) training devices;
7. Gym area, to include parallel bars, mirror, weights and assistive devices such as canes, crutches, and walkers among others;
8. Evaluation tools;
9. Adequate utilities such as water, electricity and consumables; and
10. First Aid kit with basic CPR equipment

c. A Secondary Physical & Rehabilitation Medicine facility shall have the following:

1. At least one (1) PARM Specialty Board certified or Board Eligible Physical & Rehabilitation Medicine specialist;
2. At least one (1) licensed therapist and occupational therapist;
3. Rehabilitation Medicine consultation and management, physical 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) PARM Specialty Board certified Physical & Rehabilitation Medicine Specialist.
2. At Least one (1) Licensed physical therapist and occupational therapist;
3. Physical & Rehabilitation Medicine consultation and management, physical therapy, occupational therapy, speech therapy; prosthetics and orthotics in-house or referral services.
4. Compliance with the secondary category set-up and equipment, with additional two (2) superficial modalities, medium frequency modality, 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 in accordance with PARM SB guidelines.
6. 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 multidisciplinary set-up.

SECTION 10. Management and Operation of a Rehabilitation Medicine Facility. – A Physical and Rehabilitation Medicine Facility shall be headed by a Physical & 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 record 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 Accredited Professional Organization and PhilHealth.

SECTION 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, FARM technical 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.

SECTION 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 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 & Rehabilitation Medicine Specialist) and to the Department of Health (DOH) Health Facilities and Services Regulatory Bureau for appropriate investigation.

SECTION 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 not less than Forty Thousand Pesos (Php 40,000.00) but not to exceed One Hundred Thousand Pesos (Php 100,000.00) for the second offense, and not less than Two Hundred Thousand Pesos (Php 200,000.00) but not to exceed Four Hundred Thousand Pesos (Php 400,000.00) 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 approval of the Secretary of Health, may summarily order the closure of any rehabilitation medicine facility found without a license.

SECTION 14. Implementing Rules and Regulations (IRR). – To implement to provisions of this Act, The Department of Health (DOH) Health Facilities and Services Regulatory Bureau, in coordination with 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.

SECTION 15. 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 16. Repealing Clause. – All laws, decrees, rule and regulation inconsistent with the provision of this Act hereby repealed or modified accordingly.

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

Approved,