

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 7442



Introduced by **Rep. ANGELO MARCOS BARBA**
2nd District, Ilocos Norte

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

3
4 **EXPLANATORY NOTE**

5
6 In 1969, the international community, through Rehabilitation
7 International, had developed plans to promote and improve rehabilitation
8 services worldwide. The 1970s was even proposed to be proclaimed as the
9 “Decade of Rehabilitation”.¹ This was in response to the growing need for
10 rehabilitation facilities and services to assist the disabled.

11
12 Decades after, rehabilitation medicine needs around the world remained
13 unmet. Demand for rehabilitation services, however, continues to and will
14 continue to increase in light of global health and demographic trends,
15 including population ageing and the increasing number of people living with
16 consequences of diseases and injury.² The World Health Organization
17 therefore called on all nations for action towards scaling up rehabilitation
18 services and address the profound unmet needs that exist today.³ This was
19 dubbed as “Rehabilitation 2030”.

20
21 Rehabilitation plays a central role in “ensuring healthy lives and
22 promoting the well-being of all at all ages”.⁴ It is an essential part of the
23 continuum of care, along with prevention, promotion, treatment and
24 palliation.⁵ It should be considered as an essential component of integrated
25 health services.⁶

26
27 In line with Rehabilitation 2030 and the policy of the State to protect and
28 promote the right to health of all Filipinos, this bill aims to provide delivery of
29 expert rehabilitative care to Filipinos suffering from neuromusculoskeletal,

¹ Acton, N. (1969). The Proposed Decade of Rehabilitation. Bulletin of Prosthetic Research. Retrieved on 19 August 2020 from <https://www.rehab.research.va.gov/jour/69/6/1/1.pdf>

² Meeting Report. Rehabilitation 2030: A Call for Action, February 16-17, 2017. Retrieved on 19 August 2020 from https://www.who.int/disabilities/care/Rehab2030MeetingReport_plain_text_version.pdf

³ *Ibid.*

⁴ Sustainable Development Goal 3

⁵ Meeting Report. Rehabilitation 2030: A Call for Action, February 16-17, 2017. Retrieved on 19 August 2020 from https://www.who.int/disabilities/care/Rehab2030MeetingReport_plain_text_version.pdf

⁶ *Ibid.*

30 cardiovascular, pulmonary and other system disorders which produce
31 temporary or permanent disability.

32
33 Given the increased presence of rehabilitation medicine centers in the
34 country with the intention to deliver a comprehensive and effective
35 rehabilitative care to patients with unique needs, it is imperative that
36 standards be set for the establishment, management and operation of
37 rehabilitation medicine facilities. It is also equally important to establish
38 standards for the effective training and practice of Rehabilitation Medicine in
39 the country. This legislation would therefore ensure the protection and
40 promotion of the interest of the public.

41
42 In view of the foregoing, the immediate passage of this bill is earnestly
43 sought.

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1 **AN ACT PROVIDING STANDARDS FOR THE PRACTICE OF**
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3
4 *Be it enacted by the Senate and the House of Representatives of the*
5 *Philippines in Congress assembled:*

6
7 **SECTION 1. Short Title.** – This Act shall be known as the “Medical
8 Rehabilitation Standards Act”.

9
10 **SECTION 2. Declaration of Policy.** – It is the policy of the State to
11 protect and promote the right to health of the people through optimizing
12 function by masking the delivery of expert rehabilitative care to Filipinos
13 suffering from neuromusculoskeletal, cardiovascular, pulmonary and other
14 system disorders which produce temporary or permanent disability.

15
16 Toward this end, the State shall establish standards for the effective
17 practice of Rehabilitation Medicine and for the establishment, management
18 and operation of rehabilitation medicine facilities.

19
20 **SECTION 3. Definition of terms.** – As used in this Act, the following
21 terms shall mean:

- 22
23 a. *Physical and Rehabilitation Medicine* – the branch of medicine which
24 deals with the prevention, diagnosis, treatment and rehabilitation of
25 neuromusculoskeletal, cardiovascular, pulmonary and other system
26 disorders, which produce temporary or permanent disability in patients
27 as well as the performance of different diagnostic and therapeutic
28 procedures, including, but not limited to medical prescription,
29 procedures, injections, neuropsychology, nutrition, provision of
30 equipment and assistive devices, physical modalities, electromyography,
31 musculoskeletal sonology, manual therapy, therapeutic exercises,
32 prosthetics and orthotics. It also involves specialized medical care and
33 training of patients with loss of function so that he or she may obtain
34 his or her maximum potential, physically, psychologically, socially and
35 vocationally, providing special attention and care to prevent
36 complications or deterioration, and to assist in physiologic adaptation
37 of disability, impairment or handicap. In addition, the practice of
38 Physical and Rehabilitation Medicine uses agents such as heat, light,

1 water, electricity, therapeutic exercise and mechanical agents in its
2 treatment armamentarium.

- 3
- 4 b. *Medical Rehabilitation* – the process of helping a person achieve his or
5 her fullest physical, physiological, social, vocational, educational and
6 functional potential consistent with his or her physiologic and anatomic
7 impairments, environmental limitations and life plans;
- 8
- 9 c. *Physical and Rehabilitation Medicine Specialist* – a physician who is
10 licensed and registered with the Professional Regulation Commission
11 (PRC) and who completed three (3) years of residency training in
12 Physical and Rehabilitation Medicine in a training institution
13 accredited by the Philippine Academy of Rehabilitation Medicine
14 Specialty Board.
- 15
- 16 d. *Philippine Academy of Rehabilitation Medicine (PARM)* – a non-stock,
17 non-profit corporation, duly recognized by the PRC and Accredited
18 Professional Organization (APO) composed of Board Certified Physical
19 and Rehabilitation Medicine Specialists.
- 20
- 21 e. *Philippine Academy of Rehabilitation Medicine Specialty Board*
22 *(PARMSB)* – the recognized Specialty Board by PARM tasked with
23 examining and certifying competent specialty practitioners.
- 24
- 25 f. *Physical and Rehabilitation Medicine Center/Facility/Unit* – any
26 facility that renders services for the rehabilitation of physical
27 disabilities and which may be hospital-based or freestanding.
- 28
- 29 g. *Physical and Rehabilitation Medicine Team* – a group of medical and
30 allied health professionals concerned with the medical rehabilitation of
31 patients with disabilities. The team is composed of, but not limited to,
32 the following:
- 33
- 34 i. Physical and Rehabilitation Medicine Specialists
 - 35 ii. Physical Therapists
 - 36 iii. Occupational Therapists
 - 37 iv. Prosthetists and Orthotists
 - 38 v. Rehabilitation Nurses
 - 39 vi. Speech Pathologists
 - 40 vii. Social Workers
 - 41 viii. Vocational Counselors
 - 42 ix. Recreational Therapists
 - 43 x. Electromyographer
 - 44 xi. Musculoskeletal Sonographer
 - 45 xii. Certified Strength and Conditioning Coach
 - 46 xiii. SPED teachers
 - 47 xiv. Neuropsychologist
 - 48 xv. Physical Therapy Aide
- 49

50 **SECTION 4. Scope of Practice.** – The practice of Physical and
51 Rehabilitation Medicine includes that following:

1
2 A. Professional services related to the care of an individual patient,
3 rendered in the role of a physical primarily responsible for individual
4 patient care or as a consultant to another physician, namely:
5

- 6 1. History taking, examination of patients and/or performance of
7 specific diagnostic procedures like Electromyography and Nerve
8 Conduction velocity studies, Neuromusculoskeletal Ultrasound,
9 and Bone Densitometry for the purpose of establishing diagnosis
10 and evaluation of disability, impairment, functional capacity and
11 potential for rehabilitation;
12
- 13 2. Prescription and rendering of appropriate medical treatment which
14 may include any or all aspects of physical medicine as well as
15 rehabilitative measures, including but not limited to physical
16 therapy, occupational therapy, orthotic and prosthetic services,
17 joint and trigger point injections, ultrasound guided interventional
18 procedures;
19
- 20 3. Follow-up examination of patients in offices, hospitals,
21 rehabilitation facilities, extended care facilities or home for
22 purposes of re-evaluation and treatment modifications;
23
- 24 4. Appropriate consultation with other medical specialists;
25
- 26 5. Psychological counseling and conference with non-physical health
27 care professionals or family members concerning conduct of
28 patient's care or patient's progress; and
29
- 30 6. Examination of patient's records, preparation of reports, designing,
31 planning, and implementation of health programs for the
32 maintenance of health and prevention of disability; and
33 correspondence as well as appearance in court or providing
34 testimony pertaining to a patient.
35

36 B. Professional services related to the administration of rehabilitation
37 facilities or units, namely:
38

- 39 1. Professional general supervision of rehabilitation services in a
40 hospital-based rehabilitation center or unit or any other
41 freestanding units;
42
- 43 2. Planning, establishment and management of facilities, equipment,
44 and personnel for the performance of functions and activities of a
45 rehabilitation department or unit, or any other freestanding unit
46 that render limited rehabilitation services;
47
- 48 3. Maintenance of complete and accurate records and statistics;
49

- 1 4. Education of physicians and allied health care professionals in
2 Rehabilitation Medicine, both local and foreign, for programs
3 related to Physical and Rehabilitation Medicine;
4
- 5 5. Education of the public on health care issues pertaining to
6 Rehabilitation Medicine;
7
- 8 6. Promoting professional development of Rehabilitation Medicine
9 through research and medical education;
10
- 11 7. Designing, planning, and implementing health programs for
12 maintenance of health and prevention of disability;
13
- 14 8. Establishing linkages with government and non-government
15 agencies, both local and foreign, for programs related to
16 Rehabilitation Medicine;
17
- 18 9. Promotion of the team approach among medical and allied medical
19 health care professionals in the holistic care of patients; and
20
- 21 10. Setting standards for compensation of Physical and Rehabilitation
22 Medicine Services.
23

24 C. Guidelines for Practice in a Physical and Rehabilitation Medicine
25 Facility:
26

- 27 1. Every patient shall be examined and diagnosed by a Physical and
28 Rehabilitation Medicine Specialist. The Physical and Rehabilitation
29 Medicine Specialist recommends an individual treatment plan in
30 collaboration with the Physical and Rehabilitation Medicine team.
31 The treatment plan and rehabilitation program shall be regularly
32 reviewed on a team basis.
33
- 34 2. Medications and various forms of treatment shall be prescribed by
35 a Physical and Rehabilitation Medicine Specialist.
36
- 37 3. The Physical and Rehabilitation Medicine Specialist has the
38 primary responsibility of regularly following-up patients in his or
39 her charge and modifying or terminating treatment.
40
- 41 4. A Physical and Rehabilitation Medicine Specialist shall head the
42 facility or unit and collaborate with the Physical and Rehabilitation
43 Team in the delivery of rehabilitation medicine services. In areas
44 where there are no Physical and Rehabilitation Medicine Specialists,
45 a licensed physician shall head the facility or unit.
46
- 47 5. The Physical and Rehabilitation Medicine Specialist shall charge
48 professional fees in accordance with the standards of the Philippine
49 Medical Association and the Philippine Health Insurance System.
50

- 1 6. The Physical and Rehabilitation Medicine Specialist shall conduct
2 himself or herself in a manner consistent with the Code of Ethics of
3 the Accredited Professional Organization (APO).
4

5 **SECTION 5. *Qualifications to Practice Physical and Rehabilitation***
6 *Medicine.* – A physician is qualified to practice Physical and Rehabilitation
7 Medicine if he or she is a Board Certified/Board Eligible Physical and
8 Rehabilitation Medicine Specialist, who is of good moral character, and is a
9 member of the APO.
10

11 **SECTION 6. *Accreditation and Certification.*** – To ensure the highest
12 quality of professional medical rehabilitation service to the public and to the
13 medical community, the standards for the practice of Physical and
14 Rehabilitation Medicine and the certification of Physical and Rehabilitation
15 Specialists are hereby established.
16

17 A. Accreditation of the Physical and Rehabilitation Medicine Specialist
18

- 19 1. The physical and rehabilitation medicine practitioner is a graduate of a
20 PARMSB-accredited Physical and Rehabilitation Medicine Training
21 Institution and certified by the PARMSB as:
22
23 a. Board certified (Diplomate); and
24 b. Board eligible
25
26 2. A physical and rehabilitation medicine practitioner is duly recognized
27 as PARM Specialty Board-Certified upon compliance with and/or
28 submission of the following requirements:
29
30 a. Authenticated PRC ID as duly registered physician;
31 b. Certificate of completion of training in a PARMSB-accredited
32 Physical and Rehabilitation Medicine Training Institution; and
33 c. Certificate from PARMSB.
34
35 3. A physical and rehabilitation medicine practitioner is duly recognized
36 as PARM Specialty Board-Eligible upon compliance with and/or
37 submission of the following requirements
38 a. Authenticated PRC ID as duly registered physician;
39 b. Certificate of completion of training in a PARMSB-accredited
40 Physical and Rehabilitation Medicine Training Institution; and
41 c. Certificate of eligibility from PARMSB.
42

- 43 B. Continuing Certification of the Physical and Rehabilitation Medicine
44 Specialist – A certified Diplomate of the PARMSB shall undergo
45 re-certification every three (3) years through PARMSB in order to be
46 duly recognized as Physical and Rehabilitation Medicine Specialist.
47

48 **SECTION 7. *Regulatory Authority.*** – Technical standards and
49 requirements for the registration, operation, and maintenance of
50 rehabilitation and medicine facilities shall be implemented and regulated by

1 the Department of Health (DOH) – Health Facilities and Services Regulatory
2 Bureau.

3
4 **SECTION 8. *Management and Operation of a Rehabilitation Medicine***
5 ***Facility.*** – A physical and rehabilitation medicine facility shall be headed by a
6 Physical and Rehabilitation Medicine Specialist who is either a PARM
7 Specialty Board-Certified or PARM Specialty Board-Eligible in the said
8 facility.

9
10 A Board-certified Physical and Rehabilitation Medicine Specialist may
11 head not more than three (3) Rehabilitation Medicine facilities. In the absence
12 of a board-certified Physical and Rehabilitation Medicine Specialist, a
13 Board-eligible Physical and Rehabilitation Medicine Specialist may head the
14 facility, provided that he or she conforms with the requirements of PARM.

15
16 **SECTION 9. *Classification of Facilities.*** – Rehabilitation medicine
17 facilities shall be classified according to the institutional character, and extent
18 of services offered, as follows:

- 19
20 (1) As to institutional character, Physical and Rehabilitation
21 Medicine facilities are either hospital-based, if operating within a
22 hospital set-up; or freestanding, if operating on its own or part of
23 a facility other than a hospital.
24 (2) As to extent of services, Physical and Rehabilitation Medicine
25 facilities may be primary, secondary, tertiary, or home-based.
26 (3) As to function, Physical and Rehabilitation Medicine facilities,
27 may be utilized for training services and research or for services
28 alone.
29 (4) As to services, Physical and Rehabilitation Medicine facilities can
30 also be either general or specialized.

31
32 The bases for classification of the different categories of rehabilitation are:
33 (1) Physical and Rehabilitation Medicine Specialist qualification, (2) Allied
34 Health personnel staff qualification, (3) Physical and Rehabilitation Medicine
35 Services available and (4) Physical set-up and equipment.

36
37 **SECTION 10. *Primary Physical and Rehabilitation Medicine Facilities.***
38 – A primary physical and rehabilitation medicine facility shall have the
39 following:

- 40
41 1. At least one (1) PARM Specialty Board Certified or Eligible Physical
42 and Rehabilitation Medicine Specialist;
43 2. At least one (1) allied health professional;
44 3. Physical and Rehabilitation Medicine consultation and management
45 with physical therapy services;
46 4. Physical set-up;
47 5. Medical consultation area;
48 6. Treatment area to include at least an electrotherapy device and
49 superficial hearing modality, and activities of daily living (ADL)
50 training devices;

7. Gym area, to include parallel bars, mirror, weights and assistive devices such as cranes, 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.

SECTION 11. *Secondary Physical and Rehabilitation Medicine Facilities.*

– A secondary physical and rehabilitation medicine facility shall have the following:

1. At least one (1) PARM Specialty Board Certified or Eligible Physical and Rehabilitation Medicine Specialist;
2. At least one (1) licensed therapist and occupational therapist;
3. Physical and 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.

SECTION 12. *Tertiary Physical and Rehabilitation Medicine Facilities.* –

A tertiary physical and rehabilitation medicine facility shall have the following:

1. At least one (1) PARM Specialty Board Certified or Eligible Physical and Rehabilitation Medicine Specialist;
2. At least one (1) licensed therapist and occupational therapist;
3. Physical and Rehabilitation Medicine consultation and management, physical and occupational therapy, speech therapy, prosthetics, and orthotics in-house or referral services;
4. Compliance with the secondary category set-up and equipment, with two (2) additional superficial heating 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 PAMSB guidelines; and
6. A specialized facility which should cater to subspecialty condition in rehabilitation medicine, including cardiac, pain, pediatric, pulmonary, sports, among others, shall be hospital-based facility with a multi-disciplinary set-up.

SECTION 13. *Documentation, Recording, and Recordkeeping.* – An adequate and effective system of documentation, recording, and recordkeeping shall be maintained for all consultations and services in the facility. The rates for consultation and services shall likewise be recorded and shall be in accordance with the standards of the APO.

SECTION 14. *Application for Registration and Issuance of License for Physical and Rehabilitation Medicine Facilities.* – Applications for registration shall be filed by the owner of the facility or his or her duly

1 authorized representative with the DOH-Health Facilities and Services
2 Regulatory Bureau, together with an information sheet to be filled-up by the
3 Physical and Rehabilitation Medicine Specialist in-charge.

4
5 Upon receipt of the said application and payment of the license fee, the
6 PARM technical committee team will inspect the facility within sixty (60) days.
7 Certificates of licenses shall be issued and approved by the Head of the
8 DOH-Health Facilities and Services Regulatory Bureau. A provisional license
9 may be granted to facilities with incomplete requirements in special cases for
10 a period of one (1) year.

11
12 **SECTION 15. *Terms, Conditions, and Validity of the License.*** – The
13 license to operate a physical and rehabilitation medicine facility shall be for
14 period of two (2) years. Application for renewal of the license shall be made
15 during the last six (6) months of validity. The license must be placed in a
16 conspicuous place within the facility. A copy of the rules and regulations shall
17 be made readily available.

18
19 Investigation of all charges or complaints against a physical and
20 rehabilitation medicine facility shall be made to the APO, when the complaint
21 is against a Physical and Rehabilitation Medicine Specialist; and to the
22 DOH-Health Facilities and Services Regulatory Bureau (Bureau) for
23 appropriate investigation.

24
25 In case of violation of any of the standards provided in this Act, the license
26 to operate may be revoked.

27
28 **SECTION 16. *Penalties.*** – Any person, partnership, association, or
29 corporation, who establishes, operates, conducts, manages, or maintains a
30 physical and rehabilitation medicine facility, within the definition provided in
31 this Act, without first obtaining a license, or violates any provision of this Act
32 or its Implementing Rules and Regulations, shall be liable for a fine of not less
33 than Forty Thousand Pesos (PhP40,000.00) but not to exceed One Hundred
34 Thousand Pesos (PhP100,000.00) for the first offense; not less than One
35 Hundred Thousand Pesos (PhP100,000.00) but not to exceed Two Hundred
36 Thousand Pesos (PhP200,000.00) for the second offense; and not less than
37 Two Hundred Thousand Pesos (PhP200,000) for the third and subsequent
38 offense. Each day that a facility or other related facility shall operate after the
39 first violation shall be considered a subsequent offense.

40
41 In addition to the penalties specified in the preceding paragraph, the
42 Bureau, upon the approval of the Secretary of Health, may summarily order
43 the closure of any physical and rehabilitation medicine facility found
44 operating without a license.

45
46 **SECTION 17. – *Implementing Rules and Regulations.*** – In order to
47 effectively implement the provisions of this Act, the DOH-Health Facilities
48 and Services Regulatory Bureau, in coordination with the national
49 professional organization duly recognized by the Professional Regulation
50 Commission shall promulgate the rules and regulations, including the
51 technical standards and requirements for the registration, operation and

1 maintenance of the physical and rehabilitation medicine facilities, within
2 ninety (90) days after effectivity of this Act.

3
4 **SECTION 18. *Separability Clause.*** – If any provision of this Act is
5 declared invalid or unconstitutional, the other provisions not affected by such
6 declaration shall remain in full force and effect.

7
8 **SECTION 19. *Repealing Clause.*** – All laws, executive orders,
9 administrative orders, and rules and regulations inconsistent with this Act are
10 hereby repealed or amended accordingly.

11
12 **SECTION 20. *Effectivity Clause.*** – This Act shall take effect fifteen days
13 after its publication in the Official Gazette or in two (2) newspapers of general
14 circulation.

15
16
17 Approved,