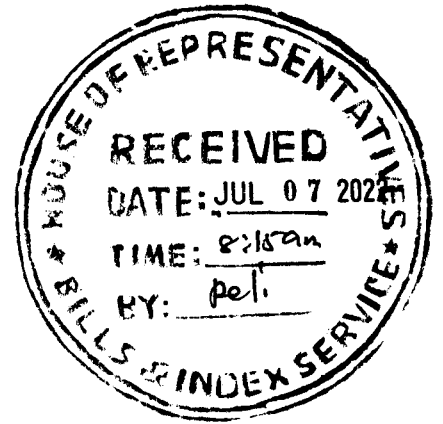


**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City**

**NINETEENTH CONGRESS
First Regular Session**

House Bill No. 1501



Introduced by Honorable Florida P. Robes

EXPLANATORY NOTE

Article XIV, Section 15 of the 1987 Philippine Constitution provides:

“The State shall protect and promote the right to health of the people
and instill health consciousness among them.”

The world’s population in the 21st century is ageing: virtually every country in the world is going through exponential growth in the number of older people in their population.

The World Health Organization has declared that globally, the population aged 65 and over is growing faster than all other age groups. According to data from World Population Prospects: the 2019 Revision, by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050.

Aside from the ageing population, each country also has to address persons with disabilities, who like the older people in society, are also in need of immediate, effective and proper attention especially when it comes to healthcare.

This trend in population has far-reaching and long-term impact primarily in healthcare and also in labor, social justice, transportation, services, housing and economy among others. The Philippines has to make these sectors productive members of society. As such, despite their limitations, their specific and unique needs have to be woven into policies and programmes at all levels in government to give them the quality of life they deserve.

One of the areas that is of utmost importance to these specific sectors in population is physical and rehabilitation medicine. This branch of medicine focuses on improving the lives of people living with disability or health condition, whether acute, chronic or progressively debilitation, to enable to participate in education, the work force, the civic life and generally improve the quality of their lives.

Article 26, Habilitation and Rehabilitation, of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) calls for: "... appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life".

In February 2017, the WHO hosted "Rehabilitation 2030: A Call to Action", which urged the more than 200 rehabilitation experts from 46 countries to help address the increasing unmet need for rehabilitation by spearheading coordinated actions and commitment to raise the profile of rehabilitation as a health strategy relevant to all people from all ages.

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

In the Philippines, while physical and rehabilitation medicine has greatly improved with the increase in the number of trainees, graduates, and certified diplomats and fellows in the field. The number of rehabilitation centers had also grown all over the country. However, efforts and policies are still not sufficient to make Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary, and other system disorders are properly treated and/or managed.

It is the objective of this 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.

This proposed law will likewise help the Department of Health standardize Physical and Rehabilitation Medicine Centers, help produce more Physical and Rehabilitation Specialists and paramedical professionals, improve delivery of safe and accessible physical and rehabilitation medicine services, increase public awareness through nationwide lay fora and education campaign on how Physical and Rehabilitation Medicine can minimize disability and optimize function.

In view of the foregoing, the passage of this measure is urged.


FLORIDA P. ROBES

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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"

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:

a. **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 physiologic adaptation of disability, impairment or handicap. In addition, the practice of Physical & 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 & 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 in a training institution accredited by the Philippine Academy of Rehabilitation Medicine Specialty Board.

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 & Rehabilitation Medicine Specialists.

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

f. **Physiatrist** (synonym for Physical & Rehabilitation Medicine Specialist) - They shall be qualified by the PARM SB as:

1) 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 SB examination.

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

g. 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.

h. 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. Physical Therapists
3. Occupational Therapists
4. Prosthetists and Orthotists
5. Rehabilitation Nurses
6. Speech Pathologists
7. Social Workers
8. Vocational Counselors
9. Recreational Therapists
10. Electromyographer
11. Musculoskeletal Sonographer
12. Certified Strength & Conditioning Coach
13. SPED Teachers
14. Neuropsychologist
15. Physical Therapy Aide

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, 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.

Convalescent home and private homes, for quality assurance and appropriate utilization of services;

3. Maintenance of complete and accurate records and statistics;

4. Education of physicians 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, for 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 the facility or unit and collaborate with the physical & rehabilitation team in the delivery of rehabilitation medicine services.

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 5. Qualifications to Practice. - A physician who is a Board Certified/Board Eligible Physical & Rehabilitation Medicine Specialist, of good moral character and is a member of the Accredited Professional Organization is qualified to practice Physical & Rehabilitation Medicine.

SECTION 6. Accreditation and Certification. - 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.

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. 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.

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 **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).
2. As to the **extent of services**, a Physical and Rehabilitation Medicine facilities maybe primary, secondary, tertiary, or home-based.
3. As **to function**, a Physical and Rehabilitation Medicine facility 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 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 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 a multidisciplinary set-up.

SECTION 10. 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.

SECTION 11. 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 & Rehabilitation Medicine Specialist) and to the Department of Health (DOH) Health Facilities and Services Regulatory Bureau for appropriate investigation.

SECTION. 12. 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 Fifty Thousand Pesos (Php 50,000.00) but not to exceed One Hundred Thousand Pesos (Php 100,000.00) for the first offense, and not less than One Hundred Thousand Pesos (Php 100,000.00) 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 with imprisonment of at least six (6) months but not more than six (6) years. Each day that a facility or other related facility shall operate after the first violation shall be considered a subsequent offense. *Provided*, that in addition to the penalties specified in the preceding paragraph, 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. *Provided further*,

that operator/s of a rehabilitation medicine facility found guilty of operating a rehabilitation center without a license shall no longer be allowed to operate or maintain another rehabilitation center facility.

SECTION 13. Implementing Rules and Regulations (IRR). – to implement 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.

SECTION 14. 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 15. Repealing Clause. – All laws, decrees, rules and regulation inconsistent with the provision of this Act hereby repealed or modified accordingly.

SECTION 16. Effectivity. – This shall take effect after fifteen (15) days from its publication in two (2) national newspaper of the general circulation.

Approved.