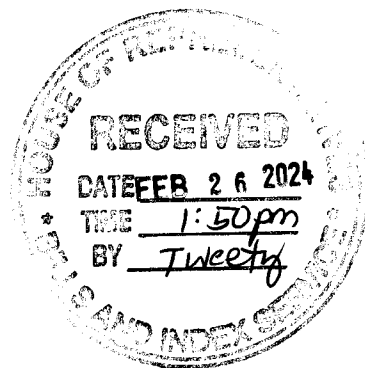




Republic of the Philippines

House of Representatives

Batasan Hills, Quezon City

Nineteenth Congress
Second Regular Session

HOUSE BILL NO. **9981**

Introduced by Representative **JOSEPHINE VERONIQUE “Jaye” R. LACSON-NOEL**

AN ACT REGULATING THE OPERATION AND MAINTENANCE OF COMMUNITY- BASED PHYSICAL THERAPY REHABILITATION CENTERS IN THE PHILIPPINES

EXPLANATORY NOTE

In the Philippines, there is a high prevalence of disability in our population. In 2016, around 12% of Filipinos aged 15 years and older experienced severe disability while 23% experienced mild disability.¹ Unfortunately, the expensive cost of modern healthcare practices and inadequate disability services for operation, maintenance and rehabilitation in the Philippines force some Filipinos to depend on traditional healing practices, commonly known as *hilot* or *tawas*, leaving them with untreated and worsened condition over time.

Despite countless endeavors of both the administration and our country's health department to improve health care services, facilities and infrastructures to provide accessible health unit and early proper diagnosis and recommendation to specialized medical practitioner and hospital for operation, medication and rehabilitation, there is no increase in the understanding of the situation of people with disabilities in the Philippines, their well-being and access to the community between people with and without disabilities.²

It is imperative for the government to prioritize the urgent medical, health and holistic care of those with temporary disability, more so, those with permanent disability who cannot afford to pay for hospital visits and treatments. Through the regulation of operation and maintenance of community-based physical therapy rehabilitation centers in the country, it is the fervent hope of this bill to bridge this gap in our system. As based on a study, having

¹ National Disability Prevalence Survey, Philippine Statistics Authority, 2019.

² Rapid assessment of disability in the Philippines: understanding prevalence, well-being, and access to the community for people with disabilities to inform the W-DARE project, Manjula, M. Et. Al., 2016.

a disability was reported as one of the barriers for people with disabilities participating in work, community meetings, religious and social activities.³

Let us strengthen our workforce to further our current socioeconomic developments.

In view of the foregoing, the immediate passage of the bill is sought.



JOSEPHINE VERONIQUE “JAYE” R. LACSON-NOEL

Representative

Malabon City, Lone District

³ Rapid assessment of disability in the Philippines: understanding prevalence, well-being, and access to the community for people with disabilities to inform the W-DARE project, Manjula, M. Et. Al., 2016.



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AN ACT
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PHYSICAL THERAPY REHABILITATION CENTERS IN THE PHILIPPINES

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. Title. This Act shall be known as the “*Community-Based Physical Rehabilitation Centers Act of 2024*”

SEC. 2. Declaration of Policy. It is the policy of the State to protect, promote and ensure the availability of community based physical therapy rehabilitation centers that are properly managed with adequate personnel and resources, with effective and efficient performance through compliance with quality standards.

SEC. 3. Establishment of Physical Therapy Rehabilitation Center (PTRC). There is hereby established in all capital cities of provinces, highly urbanized cities, and other strategic areas throughout the country Physical Therapy Rehabilitation Center which shall be community-based and maintained through the cooperation of their respective Local Government Units (LGUs) and the Department of Health (DOH). The DOH shall accredit each of the rehabilitation center to maintain quality medical services. Medical employees shall be maintained by the Regional Offices of the DOH while non-medical employees shall be maintained by the respective LGU.

SEC. 4. Community-Based Physical Therapy Rehabilitation Program. Every City or Municipality shall establish a Community Based Physical Therapy Rehabilitation Program, referred to as the “Program”. The program shall be a comprehensive government program that will carry out a consolidated model of treatment in the community with services ranging from diagnosis to treatment.

Sec. 5. Administration of the PTR Program. The administration of the PTR program shall be the responsibility of the DOH through its Regional Offices. The Secretary of Health shall, in consultation with proper NGOs concerned and leading physician in the country, promulgate within ninety (90) days from the effectivity of this Act, the necessary guidelines for the creation and implementation of the program.

Sec. 6. Roles of Local Government Units (LGUs) and the Department of Health (DOH). Upon the request of the LGUs which do not have existing PTRC, the establishment, operation and maintenance thereof shall be undertaken by the DOH. The DOH shall enter Memoranda of Agreements (MOA) with the concerned LGUs for the establishment of their respective areas.

It shall be the responsibility of the DOH to:

- a. Provide for the necessary equipment and supplies as well as the necessary physician and assistants of physician if needed.
- b. Conduct the necessary training, briefing and assessment of the physicians assigned in the PTRC.
- c. Undertake, monitor, assess and evaluate the Community-Based Physical Therapy Rehabilitation Program.

It shall be the responsibility of the LGUs to:

- a. Construction of an adequate facility wherein therapy and rehabilitation shall be conducted.
- b. Ensure that the construction of the said facility shall be on the DOH quality level.
- c. Provide funds for the construction of said facility.
- d. Responsible for the maintenance of the PTRC facility in their respective jurisdictions.

SEC. 7. Appropriations. The amount necessary for the implementation of this program shall be charged against existing appropriations of the DOH. Thereafter, the amounts needed for the full implementation of this Act shall be included in the budget of the DOH in the succeeding annual General Appropriations Act.

SEC. 8. Separability Clause. If for any reason any provision of this Act is declared to be unconstitutional or invalid, the remaining provisions not affected thereby shall continue to be in full force and effect.

SEC. 9. Repealing Clause. All other laws, decrees, executive orders, or rules and regulations or parts thereof inconsistent with or contrary to the provisions of this Act or its purposes are hereby amended or modified accordingly.

SEC. 10. Effectivity Clause. This Act shall take effect fifteen (15) days after the completion of its publication in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,