



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. **2092**



Introduced by Representative Antonio “Tonypet” T. Albano

EXPLANATORY NOTE

In the past decade, Rehabilitation Medicine as a field of specialization experienced growth in all aspects. The number of trainees, graduates, and certified diplomats and fellows has increased tremendously. There has also been a markedly fast pace at which rehabilitation centers have sprouted throughout the country, all with the noble intent of delivering expert rehabilitative care to Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary, and other system disorders.

However, many of these rehabilitation centers are not headed by physiatrists (medical specialists who trained a minimum of three (3) years in Rehabilitation Medicine) but by other medical and allied health professionals. By the nature of their training, physiatrists are in the best position to head rehabilitation centers and supervise the allied rehabilitative professionals: physical therapist, occupational therapists, speech therapist, orthotists, and prosthetists.

In the medical field, it is the physiatrist who is the specialist in medical rehabilitation and who is trained to evaluate and treat patients with physical disabilities from the rehabilitation standpoint, and to manage and administer Rehabilitation Medicine departments, centers, clinics or other similar facilities.

It is the objective of this proposed Rehabilitation Medicine Act to set standards for the training and practice of Rehabilitation Medicine as well as technical and operational standards for rehabilitation centers to enable them to function at the highest level of standards as headed and supervised by duly trained and certified physiatrists. This way, the interests of the Filipino patients who seek treatment from these centers are fully protected.

In view of the foregoing, immediate approval of this bill is earnestly sought.


ANTONIO "TONYPET" T. ALBANO



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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 the House of Representatives of the Philippines in Congress assembled:

1 **SECTION 1. Short Title.** – This Act shall be known as the
2 “Medical Rehabilitation Standards Act of 2019”.

3 **SEC. 2. Declaration of Policy.** – It is the policy of the State to
4 protect and promote the right to health of the people by making the
5 delivery of expert rehabilitative care to Filipinos suffering from
6 neuromusculoskeletal, cardiovascular, pulmonary and other system
7 disorders which produce temporary or permanent disability
8 accessible, effective and affordable. Toward this end, standards for
9 the effective practice of Rehabilitation Medicine and for the
10 establishment, management and operations of rehabilitation facilities
11 are hereby established.

1 **SEC. 3. Definitions.** – As used in this Act, the following terms

2 shall mean:

3 (a) *Rehabilitation Medicine* - the branch of medicine which deals
4 with the prevention, diagnosis, treatment and rehabilitation
5 of neuromusculoskeletal, cardiovascular, pulmonary and
6 other system disorders which produce temporary or
7 permanent disability in patients as well as the performance
8 of different diagnostic procedures, including, but not limited
9 to, electromyography and other electrodiagnostic
10 techniques. It also involves specialized medical care and
11 training of patients with loss of any function so that they
12 may obtain or be able to function to their maximum
13 potential, physically, psychologically, socially and
14 vocationally, providing special attention and care to prevent
15 complications or deterioration, and to assist in physiologic
16 adaptation of disability. In addition, the practice of
17 Rehabilitation Medicine uses agents such as heat, light,
18 water, electricity, therapeutic exercise and mechanical
19 agents in its treatment armamentarium.

20 (b) *Medical Rehabilitation* – the process of helping a person
21 reach the fullest physical, psychological, social, vocational
22 and educational potential consistent with his or her

1 physiologic or anatomic impairments, environmental
2 limitations and life plans.

3 (c) *Physiatrist* - a physician who is licensed and duly registered
4 with the Professional Regulation Commission and who
5 completed three (3) years of residency training in
6 Rehabilitation Medicine in a Philippine Board Rehabilitation
7 Medicine-accredited training institution.

8 (d) *Philippine Board of Rehabilitation Medicine (PBRM)* – a non-
9 stock, non- profit corporation, duly recognized by the
10 Professional Regulation Commission and the Philippine
11 Medical Association composed of Board Certified
12 Rehabilitation Medicine Specialists tasked with accrediting
13 and evaluating training institutions specializing in
14 Rehabilitation Medicine, and certifying graduates of these
15 training institutions.

16 (e) *Rehabilitation Medicine Practitioner/Psychiatrist* - a licensed
17 physician who completed a residency training program in
18 Rehabilitation Medicine in a Philippine Board of
19 Rehabilitation Medicine (PBRM) accredited training
20 institution. They shall be qualified by the PBRM as:

21 A) Board Eligible Physiatrist – refers to one who completed
22 residency training in a PBRM-accredited residency
23 training program but who has not successfully completed
24 the specialty board examination.

1 B) Board Certified (Diplomate) – refers to those have passed
2 Part I (written) and Part II (oral) of the Diplomate Board
3 Examination given by the Philippine Board of
4 Rehabilitation Medicine (PBRM).

5 (f) *Rehabilitation Medicine Center/Facility/Unit* – any facility
6 that renders services for the rehabilitation of physical
7 disabilities and which may be hospital-based or free-
8 standing.

9 (g) *Rehabilitation Medicine Team* – a group of medical and allied
10 health professionals concerned with the medical
11 rehabilitation of patients with physical disabilities. The team
12 is headed by a physiatrist and is composed of, but not
13 limited to, the following:

- 14 1. Physical Therapists
- 15 2. Occupational Therapists
- 16 3. Prosthetists and Orthotists
- 17 4. Rehabilitation Nurses
- 18 5. Speech Pathologists
- 19 6. Social Workers
- 20 7. Vocational Counselors
- 21 8. Recreational Therapists

22 **SEC. 4. Scope of Practice.** – The practice of Rehabilitation
23 Medicine includes:

1 (a) Professional services related to the care of an individual
2 patient, rendered either as a physician primarily responsible
3 for individual patient care or as a consultant to another
4 physician, and consists of:

5 1. History taking, examination of patients, performance
6 of specific diagnostic procedures for the purpose of
7 establishing diagnosis and evaluation of disability,
8 impairment, functional capacity and potential for
9 rehabilitation;

10 2. Prescription and rendering of appropriate medical
11 treatment which may include any or all aspects of
12 physical medicine as well as rehabilitative measures,
13 including but not limited to physical therapy,
14 occupational therapy, speech therapy and orthotic
15 and prosthetic services.

16 3. Follow-up examination of patients in offices, hospitals,
17 rehabilitation facilities, extended care facilities or
18 home for purposes of re-evaluation and treatment
19 modifications;

20 4. Appropriate consultation with other medical
21 specialists;

- 1 5. Counseling and conference with non-physician health
2 care professionals or family concerning conduct of
3 patient's care or patient's progress; and
- 4 6. Examination of patient's records, preparation of
5 reports, designing, planning, and implementation of
6 health programs for the maintenance of health and
7 prevention of disability; and correspondence as well as
8 appearance in court or providing testimony pertaining
9 to a patient.

10 (b) Professional services related to the administration of
11 rehabilitation facilities or units consist of:

- 12 1. Professional general supervision of rehabilitation
13 services in a hospital-based rehabilitation center or
14 unit of any other free standing units that render
15 limited rehabilitation services, convalescent home and
16 private homes, for quality assurance and appropriate
17 utilization of services;
- 18 2. Planning, establishment and management of facilities,
19 equipment and personnel for the performance of
20 functions and activities of a rehabilitation department
21 or unit, or any other free standing unit that render
22 limited rehabilitation services, convalescent home and

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

1 (c) Guidelines for Practice in a Rehabilitation Medicine Facility:

- 2 1. Every patient shall be examined and diagnosed by a
3 physiatrist. The physiatrist recommends, prescribes
4 and supervises an individual treatment plan. The
5 treatment plan and rehabilitation program shall be
6 regularly reviewed on a team basis.
- 7 2. Medications and various other therapies shall be
8 prescribed by a physiatrist.
- 9 3. The physiatrist has the primary responsibility of
10 regularly following-up on patients in his charge and
11 modifying or terminating treatment.
- 12 4. A physiatrist shall head the facility/unit and shall
13 supervise the delivery of rehabilitation medicine
14 services rendered by other members of the
15 Rehabilitation Medicine team. In areas where there is
16 no physiatrist, a licensed physician shall head the
17 facility unit.
- 18 5. If a physicians is not competent to manage a patient,
19 he shall consult or refer to another physiatrist or
20 physician who is competent in the particular disease
21 or condition requiring treatment.
- 22 6. A Board certified physiatrist may head not more than
23 three (3) Rehabilitation Medicine facilities. In the

1 absence of a Board Certified physiatrist, a Board
2 eligible physiatrist may head the facility, provided that
3 he conforms to the requirements of the PBRM.

4 7. The physiatrist shall charge professional fees in
5 accordance with the standards of the Philippine
6 Medical Association and the Philippine Health
7 Insurance System (PHILHEALTH).

8 8. The physiatrist shall conduct himself in a manner
9 consistent with the Code of Ethics of the Philippine
10 Medical Association.

11 **SEC. 5. *Qualifications to Practice.*** – A physician who is a
12 Board Certified/Board Eligible physiatrist, of good moral character
13 and is a member of the Philippine Medical Association is qualified to
14 practice Rehabilitation Medicine.

15 **SEC. 6. *Accreditation and Certification.*** – This Act aims to
16 establish the standards for the practice of Rehabilitation Medicine
17 and the certification of Rehabilitation Medicine practitioners in order
18 to ensure the highest quality of professional rehabilitation service
19 to the public and to the medical community.

20 (a) Accreditation of the Physiatrist

1 1. A Rehabilitation Medicine Practitioner eligible for
2 accreditation is a graduate of a Philippine Board of
3 Rehabilitation Medicine (PBRM) – accredited
4 Rehabilitation Medicine training institution and
5 certified by the PBRM as:

6 1.a Board certified (Diplomate)

7 1.b Board Eligible

8 2. A Rehabilitation Medicine Practitioner is duly
9 recognized as PBRM Board Certified upon compliance
10 with and submission of the following requirements;

11 2.a. Authenticated Professional Regulation
12 Commission (PRC) ID as a duly registered physician.

13 2.b. Certificate of completion of training in a PBRM
14 accredited Rehabilitation Medicine training
15 institution.

16 2.c. Certificate from the Philippine Board of
17 Rehabilitation Medicine (PBRM).

18 3. A Rehabilitation Medicine Practitioner is duly
19 recognized as PBRM Board Eligible upon compliance
20 with and submission of the following requirements:

21 3.a. Authenticated Professional Regulation
22 Commission (PRC) ID as duly registered physician

1 3.b. Certificate of completion of training in a PBRM
2 accredited Rehabilitation Medicine training
3 institution.

4 3.c. Certificate of Eligibility from PBRM.

5 4. A Rehabilitation Medicine Practitioner, who is duly
6 recognized as PBRM Board Eligible, must upgrade to a
7 PBRM Board Certified status within five (5) years after
8 graduation from a PBRM-accredited Rehabilitation
9 Medicine training institution. Forfeiture of this Board
10 eligibility status is incumbent upon review and
11 evaluation of the PBRM Board of Governors.

12 (b) Continuing Certification of Rehabilitation Medicine
13 Specialists – A Certified Diplomate of the Philippine Board of
14 Rehabilitation Medicine, in order to be duly recognized as a
15 rehabilitation Medicine specialist, must undergo re-
16 certification every three (3) years through PBRM
17 accreditation.

18 **SEC. 7. Technical Standards and Requirements for the**
19 **Registration, Operation and Maintenance of Rehabilitation**
20 **Medicine Facilities.** – Technical standards and requirements for the
21 registration, operation and maintenance or rehabilitation medicine

1 facilities shall apply to all entities performing the activities and
2 functions of Rehabilitation Medicine facilities. These shall include the
3 evaluation and treatment of all conditions requiring rehabilitation of
4 physical disabilities. These standards and requirements shall be
5 formulated to protect and promote the health of the people through
6 the implementation of standards to ensure proper management and
7 adequate support for Rehabilitation Medicine facilities.

8 **SEC. 8. *Regulatory Authority*** – Technical standards and
9 requirements for the registration and maintenance of Rehabilitation
10 Medicine Facilities in the Philippines shall be implemented and
11 regulated by the Department of Health-Bureau of Health Facilities
12 and Services (DOH-BHFS).

13 **SEC. 9. *Classification of Facilities***. – Rehabilitation Medicine
14 facilities shall be classified according to the institutional character,
15 and extent of services offered. The bases for the classification of the
16 different categories of Rehabilitation facilities are: (1) Physiatrist
17 qualification, (2) Allied Health personnel staff qualification, (3)
18 rehabilitation Medicine services available and (4) Physical set-up and
19 equipment.

20 (a) Categories

1. As to institutional character, Rehabilitation Medicine facilities are either hospital based (if operating within a hospital set-up) or free standing (if operating on its own or part of a facility other than a hospital).
2. As to the extent of services, Rehabilitation Medicine facilities maybe primary, secondary, tertiary, or home-based.
3. As to function, a 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 rehabilitation Medicine facility shall have the following:

1. At least one (1) PBRM eligible physiatrist;
2. At least one (1) allied rehabilitation health professional;
3. 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 electro therapy device and superficial heating modality, and ADFL 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 Rehabilitation Medicine facility shall have the following:

1. At least one (1) PBRM Board certified Physiatrist;
2. At least one (1) licensed therapist and occupational therapist;
3. Rehabilitation Medicine consultation and management, physical therapy 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.

1 (d) A tertiary Rehabilitation Medicine facility shall have the
2 following:

- 3 1. At least one (1) PBRM Board certified physiatrist;
- 4 2. At least one (1) licensed physical therapist and
5 occupational therapist;
- 6 3. Rehabilitation Medicine consultation and
7 management, physical, occupational therapy,
8 prosthetist and orthotist in-house or referral
9 services, speech therapy in-house or referral services;
- 10 4. Compliance with the secondary category set-up and
11 equipments, with additional two (2) superficial healing
12 modalities, medium frequency modality, mechanized
13 traction, ultraviolet or cold laser intermittent
14 compression unit, mechanized intermittent traction
15 and tilt table with additional gym equipment.
- 16 5. A Training/Service and Research facility, which shall
17 fulfill all the requirements as a residency training
18 institution in accordance with PBRM guidelines.
- 19 6. A specialized facility which should cater to sub-
20 specialty conditions in rehabilitation medicine
21 including cardiac, pain, pediatric, pulmonary, sports,
22 among others, shall be a hospital-based facility with a
23 multi-disciplinary set-up.

1 **SEC. 10. Management and Operation of a Rehabilitation**

2 **Medicine Facility.** – A Rehabilitation Medicine Facility shall be
3 headed by a Rehabilitation Medicine specialist who is either a PBRM
4 Certified or Eligible Rehabilitation Medicine specialist in the said
5 facility. An adequate and effective system of documentation,
6 recording and records keeping must be maintained for all
7 consultations and services in the facility. The rates for consultation
8 and services shall be in accordance with the standards of the
9 Philippine Medical Association and PHILHEALTH.

10 **SEC. 11. Application for Registration and Issuance of**

11 **License.** – Applications for registration and issuance of a license shall
12 be filed by the owner of the facility or his duly authorized
13 representative with the DOH-Bureau of Health Facilities and Services
14 (DOH-BHFS), together with an information sheet to be filled-up by
15 the physiatrist-in-charge. Upon receipt of the said application
16 together with the payment of the license fee, a technical committee
17 will inspect the facility within sixty (60) days. Certificates of licenses
18 shall be issued and approved by the Head of the Bureau of Health
19 Facilities Services. A provisional license may be granted to facilities
20 with 28 insufficient requirements for a period not exceeding one (1)
21 year.

SEC. 12. *Terms and Validity of License.* – The license to operate will only be 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 displayed in a conspicuous place within the facility. A copy of the rules and regulations should also be readily available. Any violation of any of the standards provided in this Act shall be a ground for a license to be revoked. Charges or complaints against a Rehabilitation Medicine facility or any of its personnel shall be submitted for investigation to the PBRM when complaint is against a physiatrist, and to the Department of Health-Bureau of Health Facilities and Services for other complaints.

SEC. 13. *Penalties.* – Any person, partnership, association or corporation who shall establish, operate, conduct, manage 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 imposed a fine of not less than Two Hundred Thousand Pesos (P200,000.00) but not exceeding Three Hundred Thousand Pesos (P300,000.00) for the first offense, and not less than Four Hundred Thousand Pesos (P400,000.00) but not exceeding Five Hundred Thousand Pesos (P500,000.00) for the second offense, and not less than Five Hundred Thousand Pesos (P500,000.00) but not to exceed Seven Hundred Fifty Thousand Pesos (P750,000.00) for the third

1 offense and each of the subsequent offenses. Each day that a
2 facility or other related facility shall operate after the first violation
3 shall be considered a subsequent offense.

4 In addition to the penalties specified in the preceding
5 paragraph, the DOH-BHFS, upon the approval of the Secretary, may
6 summarily order the closure of any rehabilitation medicine facility
7 found operating without a license.

8 **SEC. 14. *Implementing Rules and Regulations (IRR).*** – The
9 DOH-BHFS, in coordination with the national professional
10 organization duly recognized by the Professional Regulation
11 Commission, shall promulgate the rules and regulations, including
12 the technical standards and requirements for the registration,
13 operation and maintenance of rehabilitation medicine facilities,
14 within ninety (90) days after the effectivity of this Act.

15 **SEC. 15. *Separability Clause.*** – If any part or provision of the
16 Act shall be held unconstitutional or invalid, other provisions hereof
17 which are not affected thereby shall continue to be in full force and
18 effect.

1 **SEC. 16. *Repealing Clause.*** – All laws, decrees, rules and
2 regulations inconsistent with the provisions of this Act are hereby
3 repealed or modified accordingly.

4 **SEC. 17.** – The This Act shall take effect fifteen (15) days after
5 its publication in the Official Gazette or in any two (2) newspapers of
6 general circulation.

Approved,