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REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

*Introduced by Representative Rufus B. Rodriguez and
Representative Maximo B. Rodriguez, Jr.*

House Bill No. 6456

EXPLANATORY NOTE

It is a declared state policy under our 1987 Philippine Constitution that the “*State shall protect and promote the right to health of the people and instill health consciousness among them.*” This policy is further emboldened under Article XIII on Social Justice and Human Rights, providing that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost and establish a special agency for disabled persons for their rehabilitation, self-development, and self-reliance, and their integration into the mainstream of society.

The Universal Healthcare Act is a testament that the Philippine government gives utmost priority in providing the quality healthcare every Filipino deserves. In the recent rules and regulations implementing the said law, the Philippine government has recognized the critical need to improve healthcare services for individuals with disabilities, chronic conditions, and those recovering from medical or neurologic injury or surgery. Benefits packages for rehabilitation treatments are now covered by PhilHealth.

Moreover, Republic Act No. 7277, otherwise known as the Magna Carta for Disabled Persons, expressly provides that “people with disabilities shall be given rehabilitation, opportunities for self-development and self-reliance to prepare them for full integration into the mainstream of society”. Executive Order No. 437 issued by former President Macapagal-Arroyo encouraged local government unites to adopt the Community-Based Rehabilitation (CBR) Program in delivering services to their constituents with disabilities and to allocate funds to support the program.

Physical and Rehabilitation Medicine services play a vital role in enhancing the quality of life, independence, and mobility of affected individuals, contributing to their overall well-being and integration into society. We yield to the idea of ensuring healthy lives and promoting well-being for all at all ages. Rehabilitation 2030 is a call for action, to scale up rehabilitation programs and services so that countries can be prepared to address the evolving needs of populations up to 2030 and beyond.

The Philippine Academy of Rehabilitation Medicine (PARM) is at the forefront of training of leaders in rehabilitative care in the Philippines. There is a need to make Physical and Rehabilitation Medicine services more accessible, especially in underserved and remote communities. House Resolution No. 321, of the 19th Congress was adopted by the House of Representatives on June 9, 2025, congratulating PARM on its 50th Anniversary and commending its invaluable contributions in optimizing functional capacity and enhancing the quality of life of Persons with Disabilities. This recognition underscores the vital role of PARM in strengthening and advancing the country’s healthcare system.

The establishment of Physical and Rehabilitation Medicine (PRM) Centers in local government units ensures access to rehabilitation services for a wider range of patients—not only persons

with disabilities. These centers will support recovery from illness, injury, surgery, and age-related conditions while promoting prevention, early detection, and management of functional decline. The program strengthens training, research, and service delivery to enhance wellness, independence, and participation across *all stages of life*. Inclusion of the Philippine Academy of Rehabilitation Medicine in a broader, more inclusive approach is essential to better serve the Filipino community-

The World Health Organization (WHO) emphasizes the importance of connecting Community-Based Inclusive Development (CBID) with government policies, ensuring that it is driven by the priorities of persons with disabilities and their families, and supported across all levels of government. The core goal of CBID is to foster inclusive, resilient communities where individuals with disabilities are empowered, informed, and mobilized. In this collaborative environment, together with the wider community, efforts should focus on creating accessible, affordable, and high-quality services and systems, both mainstream and specialized, to cater to the diverse needs of the population. CBID is a bottom-up approach that aligns with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and contributes to the achievement of the Sustainable Development Goals (SDGs). By including the Philippine Academy of Rehabilitation Medicine in this expanded framework, we can ensure a more holistic and inclusive system that benefits all Filipinos.

The practice of Physical and Rehabilitation Medicine has grown over the past five decades. There has been a tremendous increase in the number of graduates, trainees, certified diplomates and fellows of Physical and Rehabilitation Medicine. Rehabilitation centers have also sprouted at a fast pace throughout the country – a proof the Rehabilitation Medicine produces real benefits which can be measured in terms of improved function, fewer complications, better coordination, cost-effectiveness and the general education of health professionals, but more importantly - patients and their families.

The need for Physiatrists as heads and supervisors of rehabilitation centers cannot be overemphasized. These health professionals are recognized in the medical field as the Physical and Rehabilitation Medicine Specialists by nature of their training. Among the services they provide are the evaluation and treatment of patients with or without physical disabilities from the rehabilitation standpoint, and management of Physical and Rehabilitation Medicine Departments, centers, clinics, or other similar facilities. Hence, they are in the best position to head Physical and Rehabilitation Medicine centers and supervise the allied rehabilitative professionals.

This bill aims to establish the standards for the development of Physical and Rehabilitation Medicine Centers in local government units to ensure that every Filipino has access to the specialized care of a physiatrist, creating a more inclusive, equitable healthcare system that gives every person the chance to heal, thrive, and live their fullest life.

In view of the foregoing, immediate approval of this measure is earnestly requested.


RUFUS B. RODRIGUEZ


MAXIMO B. RODRIGUEZ, JR.

HOUSE OF REPRESENTATIVES

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AN ACT

INSTITUTIONALIZING A NATIONAL PROGRAM FOR THE DEVELOPMENT OF PHYSICAL AND REHABILITATION MEDICINE CENTERS IN LOCAL GOVERNMENT UNITS, PROVIDING FOR STANDARDS, TECHNICAL ASSISTANCE, AND FUNDING SUPPORT THEREFOR, AND FOR OTHER PURPOSE.

SECTION 1. Short Title. – This Act shall be known as the “National Physical and Rehabilitation Medicine Centers’ Development Act”.

SECTION 2. Declaration of Policy. –

It is the policy of the State to protect and promote the right to health of the people and adopt an integrated and comprehensive approach to health development by enhancing the quality of life, independence, and mobility of affected individuals, contributing to their overall well-being and integration into society.

Towards this end, the establishment of community-based Physical and Rehabilitation Medicine (PRM) Centers in Local Government Units shall be institutionalized to make quality rehabilitation services accessible to all who need them. These centers shall complement—rather than replace—the hospital-based Physical Medicine and Rehabilitation services.

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

- (a) **Persons with Disabilities** - include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others (UNCRPD Article 1)
- (b) **Persons with Disabilities Affairs Office (PDAO)** – refers to the office created pursuant to Republic Act No. 10070 to ensure the implementation of programs and services for persons with disabilities in every province, city and municipality.
- (c) **Philippine Academy of Rehabilitation Medicine, Inc. (PARM)** – refers to the duly accredited professional organization of Physical and Rehabilitation Medicine physicians in the Philippines that promotes the advancement of the specialty and the delivery of quality rehabilitation care.
- (d) **Physical and Rehabilitation Medicine** – Physical and Rehabilitation Medicine (PRM) is a medical specialty focused on improving the functional abilities and quality of life for individuals affected by physical impairments or limitations, regardless of their cause. This branch of medicine addresses a wide range of conditions, including those resulting from injury, illness, congenital disorders, and age-related changes. It encompasses the prevention, diagnosis, and treatment of functional impairments across diverse populations, aiming to enhance physical, cognitive, and emotional well-being. Physical and Rehabilitation Medicine also plays a vital role in physical pre-rehabilitation and rehabilitation following surgery, trauma, neurological disorders

helping individuals regain independence and achieve optimal levels of function, promoting overall health and quality of life.

- (e) **Physical and Rehabilitation Medicine Centers** - A facility, clinic, or center established in local government units that provides a range of rehabilitation services—including but not limited to physical therapy, occupational therapy, speech therapy, and other allied health interventions—aimed at supporting recovery, restoring function, and improving the quality of life of persons with disabilities and other individuals requiring rehabilitative care due to illness, injury, surgery, or age-related conditions. It shall also serve as a step-down facility for patients transitioning from hospital care back to the community.
- (f) **Physiatrist** – refers to a Philippine Licensed Physician who specializes in Physical and Rehabilitation Medicine, duly accredited by PARM, focusing on diagnosing, treating, and managing conditions related to disability, physical impairments, and recovery from injury, with the goal of improving a patient's quality of life and functional abilities.

SECTION 4. Establishment of Physical and Rehabilitation Medicine Centers-

The local government units (LGUs) with DOH, Persons with Disability Affairs Office, in coordination with their Social Welfare Development Office and the Philippine Academy of Rehabilitation Medicine (PARM) is mandated to establish and develop Physical and Rehabilitation Medicine Centers in all provinces, cities and municipalities. These centers shall be designed to provide comprehensive and accessible rehabilitative care for persons with physical disabilities, those recovering from surgeries or injuries, and those with chronic conditions that require long-term rehabilitation in accordance with the mandates of existing laws, rules and regulations.

SECTION 5. Guiding Principles – Physical and Rehabilitation Medicine Centers in local government units shall be established based on the following principles:

- (a) Republic Act No. 7277, otherwise known as the Magna Carta for Disabled Persons, expressly provides that “people with disabilities shall be given rehabilitation, opportunities for self-development and self-reliance to prepare them for full integration into the mainstream of society”.
- (b) Republic Act No. 10070 on the role of national agencies and local government units stating that they may enter into joint ventures with organizations or associations of PWDs to explore livelihood opportunities and other undertakings that shall enhance the health, physical fitness and the economic and social well-being of PWDs.
- (c) Aligned with the *Rehabilitation 2030* global strategy, these programs will promote the provision of rehabilitation services as a critical component of universal health coverage, ensuring that rehabilitation is integrated into national health systems and accessible to all, particularly marginalized populations. The services will focus on strengthening local capacities, increasing access to quality care, and promoting equitable rehabilitation opportunities for everyone.
- (d) In line with the principles of *Community-Based Inclusive Development (CBID)*, the programs will be designed to empower individuals with disabilities and their families, ensuring that rehabilitation services are not only community-centered but also foster inclusion, participation, and equal opportunities. This approach will contribute to building inclusive communities that are equipped to provide long-term support for individuals living with disabilities, while promoting the social model of disability, where the emphasis is on reducing societal barriers rather than focusing solely on the medical model.

SECTION 6. Functions and Responsibilities of the Department of Health (DOH) – The Department of Health shall:

- (a) Develop guidelines and protocols for the establishment of Physical and Rehabilitation Medicine centers in local government units.
- (b) Issue licenses to operate in-hospital and out-of-hospital rehabilitation facilities, as well as to healthcare professionals, including Psychiatrists, Physical Therapists, and Occupational Therapists, who provide services in these centers.
- (c) Provide technical assistance and financial support to LGUs for the establishment and maintenance of Physical and Rehabilitation Medicine Centers in accordance with existing budgeting and auditing rules and regulations.
- (d) Ensure the availability of necessary facilities, equipment and resources to support Physical and Rehabilitation centers in underserved urban and rural communities.
- (e) Monitor and evaluate the effectiveness of Physical and Rehabilitation programs to ensure high-quality service delivery.

SECTION 7. Involvement of Local Government Units (LGUs). - Local government units shall primarily establish Physical and Rehabilitation Medicine Centers within their respective jurisdictions and shall:

- (a) Coordinate with the Department of Health, Philippine Academy of Rehabilitation Medicine, Psychiatrists, and other government agencies to ensure the effective delivery of rehabilitation services;
- (b) Manage the Physical and Rehabilitation Medicine Centers in coordination with PDAO and their Local Social Welfare and Development Office.
- (c) Develop local physical rehabilitation plans based on the specific needs of their communities, prioritizing areas with a high incidence of individuals requiring rehabilitation;
- (d) Ensure that Physical and Rehabilitation Medicine services are made accessible to all citizens, including those in remote, underserved, or geographically isolated areas, through the establishment of mobile rehabilitation units, outreach programs, or the utilization of telerehabilitation technologies and the like.
- (e) Allocate funds for the said purpose in accordance with existing budgeting and auditing rules and regulations.

SECTION 8. Functions and Responsibilities of the Philippine Academy of Rehabilitation Medicine (PARM) – The Philippine Academy of Rehabilitation Medicine (PARM) shall be responsible for the following:

- (a) Providing professional expertise and guidance in the development of standards, guidelines, and best practices for community-based Physical Medicine and Rehabilitation services.
- (b) Assisting in the training and continuing education of healthcare professionals, particularly Psychiatrists, therapists (Physical Therapist, Occupational Therapist, Speech and Language Pathologist), and other allied health personnel, involved in community-based rehabilitation programs.
- (c) Collaborating with the Department of Health, the LGU and other stakeholders to ensure that Physical and Rehabilitation Medicine services are accessible, effective, and culturally appropriate for diverse communities, particularly in underserved and remote areas.
- (d) Promoting research, innovation, and the development of new rehabilitation techniques and strategies to improve patient outcomes, particularly in the context of community-based care.
- (e) Providing a network of Psychiatrists who can be consulted by local government units and health centers in the establishment and improvement of community-based rehabilitation programs.
- (f) Advocating for policy and legislative changes that support the development and expansion of Physical and Rehabilitation Medicine services throughout the country.

SECTION 9. Appropriations and Funding. - The amount necessary for the implementation of this Act shall be charged against the appropriations of the Department of Health in the annual General Appropriations Act (GAA). The DOH and LGUs shall also explore other funding mechanisms, such as public-private partnerships, grants, and international assistance, to ensure the sustainability of the physical and rehabilitation centers.

SECTION 10. Monitoring and Evaluation. – The Department of Health shall establish a system for the regular monitoring and evaluation of Physical and Rehabilitation Medicine centers to ensure that they are effectively meeting the needs of the target populations. The evaluation shall include an assessment of service delivery, resource allocation, and outcomes for individuals receiving rehabilitation services.

SECTION 11. Implementing Rules and Regulations – To implement the provisions of this Act, the Department of Health in coordination with the Philippine Academy of Rehabilitation Medicine duly recognized by the Philippine Regulation Commission, shall promulgate the rules and regulations, including the technical standards and requirements for the registration, operation and maintenance of Physical and Rehabilitation Medicine Centers, within one hundred twenty (120) days after the effectivity of this Act.

SECTION 12. 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 13. Repealing Clause – All laws, orders, decrees, rules and regulations inconsistent with the provision of this Act are hereby repealed or modified accordingly.

SECTION 14. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved,