



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. 6717



Introduced by **Representative KATRINA REIKO CHUA - TAI**
1st District, Zamboanga City

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

EXPLANATORY NOTE

To address the nationwide need for effective rehabilitative care due to chronic illnesses and an aging population, the Medical Rehabilitation Standards Act aims to establish comprehensive national standards, accreditation, and facility requirements to guarantee accessible, coordinated, and high-quality rehabilitation services for all Filipinos. Major non-communicable diseases remain the leading causes of death, emphasizing the critical need to strengthen nationwide rehabilitative services.

These statistics reflect millions of Filipinos at risk of losing mobility, clarity, and independence. Without skilled, timely rehabilitation, they endure not only medical complications but also the loss of dignity, hope, and the essential joys of life.

Health is more than just being free from illness; it is the ability to participate fully and meaningfully in society. Rehabilitation medicine helps people reclaim their lives, adapt to new challenges, and flourish. But without a unified legal framework, too many Filipinos are left behind, unable to access the consistent, high-quality care they deserve.

The Medical Rehabilitation Standards Act establishes the framework to fulfill Universal Health Care's promise, ensuring that every Filipino has the opportunity to recover, rebuild, and retain independence.

This Act responds to the World Health Organization's call to prioritize rehabilitation as a public health imperative, signaling the Philippines' commitment to compassionate leadership and global standards.

This proposed law sets clear definitions and boundaries for rehabilitation medicine, empowering physiatrists and allied health professionals to deliver care with confidence and excellence. By clarifying roles and responsibilities, the Act fosters teamwork and ensures that every patient receives safe, expert care wherever they are treated.

It also sets comprehensive standards for rehabilitation facilities, from small community clinics to tertiary hospitals, to ensure that all centers meet minimum requirements for personnel, infrastructure, equipment, and service capacity. These standards are designed to protect patients, guide facility development, and ensure consistent quality of rehabilitation services nationwide.

In addition, the law also introduces structured accreditation and certification, ensuring rehabilitation specialists are rigorously trained and assessed. This means those guiding patients on their recovery journeys are fully prepared, highly competent, and in step with the best practices worldwide. Responsive to health trends and advances in science, the Act creates mechanisms for oversight, research, and continuous improvement. Through these measures, rehabilitation services can remain current, evidence-based, and adaptable to the evolving needs of the population, ultimately strengthening the health system's capacity to support recovery and functional independence.

Moreover, this proposed law recognizes the indispensable role of private sector partners in expanding access, especially in underserved and remote communities. By supporting private health institutions, the Act encourages collaboration and capacity-building so quality rehabilitative care becomes a reality for Filipinos everywhere, regardless of location or means.

IN VIEW OF THE FOREGOING, immediate passage of this bill is earnestly sought.



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

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

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

8 **SECTION 2. Declaration of Policy.** - It is the policy of the State to protect and promote
9 the right to health of the people by optimizing physical, cognitive, and functional capacity
10 through the delivery of expert rehabilitative care to Filipinos suffering from
11 neuromusculoskeletal, cardiovascular, pulmonary, and other systemic conditions that may result
12 in temporary or permanent disability. To this end, the State shall ensure that rehabilitation
13 medicine services are accessible, equitable, effective, affordable, and aligned with nationally
14 recognized standards of care. Comprehensive standards for training, professional practice,
15 facility operations, quality assurance, and multi-sectoral collaboration in rehabilitation medicine
16 are hereby established to uphold the highest level of service for all Filipinos.

17 **SECTION 3. Definition of Terms.** - For the purposes of this Act, the following terms
18 are defined as follows:

19 **“Physical & Rehabilitation Medicine”** shall refer to the branch of medicine which deals
20 with the prevention, diagnosis, treatment and rehabilitation of neuromusculoskeletal,
21 cardiovascular, pulmonary and other system disorders which produce temporary or
22 permanent disability in patients as well as the performance of different diagnostic and
23 therapeutic procedures, including, but not limited to medical prescription, procedures,
24 injections, drug administration, prognostication, manual therapy, assessment and review
25 of interventions, neuropsychology, nutrition, provision of equipment and assistive
26 devices, physical modalities, electromyography, musculoskeletal sonology, manual
27 therapy, therapeutic exercises, prosthetics and orthotics. It also involves specialized
28 medical care and training of patients with loss of function so that he or she may obtain
29 his or her maximum potential, physically, psychologically, socially and vocationally,
30 providing special attention and care to prevent complications or deterioration, and to
31 assist in psychologic adaptation of disability, impairment or handicap. In addition, the
32 practice of Physical & Rehabilitation Medicine uses agents such as heat, light, water,
33 electricity, therapeutic exercises and mechanical agents in its treatment armamentarium.

1 ***“Medical Rehabilitation”*** shall refer to the process of helping a person achieve his
2 fullest physical, psychological, social, vocational, educational and functional potential
3 consistent with his or her psychological or anatomic impairments, environmental
4 limitations and life plans.

5 ***“Physical & Rehabilitation Medicine Specialist”*** shall refer to a physician who is
6 licensed and duly registered with the Professional Regulation Commission and who
7 completed three (3) years of residency training in Physical & Rehabilitation Medicine
8 Specialist Board.

9 ***“Philippine Academy of Rehabilitation Medicine (PARM)”*** shall refer to a non-stock,
10 non-profit corporation, duly recognized by the Professional Regulation Commission and
11 the accredited Professional Organization (APO) composed of Board Certified Physical
12 Rehabilitation Medicine Specialists.

13 ***“Philippine Academy of Rehabilitation Medicine Specialty Board (PARM SB)”*** shall
14 refer to the recognized Specialty Board by Philippine Academy of Rehabilitation
15 Medicine tasked with examining and certifying competent specialty practitioners.

16 ***“Physiatrist”*** shall refer to the synonym for Physical & Rehabilitation Medicine
17 Specialist. They shall be qualified by the PARM Specialty Board as:

18 ***“Board Eligible Physical & Rehabilitation Medicine Specialist”*** shall refer to one who
19 completed residency training in a residency training program accredited by the PARM
20 specialty Board but who has not successfully completed the PARM Specialty Board
21 examination.

22 ***“Board Certified (Diplomate)”*** shall refer to those have passed Part I (written) and Part
23 II (oral) of the Diplomate Board Examination given by the PARM Specialty Board
24 examination.

25 ***“Psychiatric Medicine”*** shall refer to the branch of medicine which focuses on the
26 diagnosis, treatment and prevention of mental, emotional and behavioral disorder.

27 ***“Psychiatrist”*** shall refer to A medical doctor who specializes in mental health to assess
28 and treat, if possible, both the mental and physical aspect of any psychiatric or physical
29 disorders or illnesses. To qualify, they shall be a bonafide member of the Philippine
30 Psychiatric Association Incorporated (PPAI) and in good standing.

31 ***“Physical & Rehabilitation Medicine Center/Facility/Unit”*** shall refer to any facility
32 that renders services for the rehabilitation of physical disabilities and which may be
33 hospital-based or free-standing.

34 ***“Physical & Rehabilitation Medicine Team”*** shall refer to a group of medical and allied
35 health professionals concerned with the medical rehabilitation of patients with physical
36 disabilities. The team is composed of, but not limited to, the following:

- 37 1. Physical & Rehabilitation Medicine Specialists;
38 2. Psychiatrist;
39 3. Physical Therapists;
40 4. Occupational Therapists;
41 5. Prosthetists and Orthotists;
42 6. Rehabilitation Nurses

- 7. Speech Pathologists;
- 8. Social Workers;
- 9. Vocational Counselors;
- 10. Recreational Therapists;
- 11. Electromyographer;
- 12. Musculoskeletal Sonographer;
- 13. Certified Strength & Conditioning Coach;
- 14. SPED Teachers;
- 15. Neuropsychologist;
- 16. Physical Therapy Aide;
- 17. Therapist Certified by The Department of Health.

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, psychological test, 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;

- 3. Maintenance of complete and accurate records and statistics;
- 4. Education of physician 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, 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 facility or unit and collaborate with the physical & rehabilitation team in the delivery of rehabilitation medicine services; and
 - 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. Accreditation and Certification. – This Act aims to establish the standards for the practice of Physical & Rehabilitation Medicine and the certification of Physical & Rehabilitation Medicine Specialists in order to ensure the highest quality of professional medical rehabilitation service to the public and to the medical community.

- a. Accreditation of the Physical & Rehabilitation Medicine Specialist; 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.
- b. Certification of necessary specialist.

1 **SECTION 6. *Regulatory Authority.*** - Technical standards and requirements for the
2 registration, operation, and maintenance of rehabilitation medicine facilities shall be
3 implemented and regulated by the Department of Health (DOH) – Health Facilities and
4 Services Regulatory Bureau (HFSRB).

5 **SECTION 7. *Management and Operation of a Rehabilitation Medicine Facility.*** –
6 A Physical & Rehabilitation Medicine Facility shall be headed by a Physical &
7 Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or Eligible
8 Physical Rehabilitation Medicine specialist in the said facility.

9 **SECTION 8. *Classification of Facilities.*** – Rehabilitation Medicine facilities shall be
10 classified according to the institutional character, and extent of services offered. The bases for
11 the classification of the different categories of Rehabilitation facilities are: (1) Physical and
12 Rehabilitation Medicine Specialist qualification, (2) Allied Health personnel staff qualification,
13 (3) Physical and Rehabilitation Medicine services available and (4) Physical set-up and
14 equipment.

15 a. Categories

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

26 b. **A Primary Physical & Rehabilitation Medicine facility shall have the**
27 **following:**

- 28 1. At least one (1) PARM Specialty Board Certified or Board eligible
29 Physical & Rehabilitation Medicine Specialist;
30 2. At least one (1) allied rehabilitation health professional;
31 3. Physical & Rehabilitation Medicine consultation and management
32 with physical therapy services;
33 4. Physical set-up;
34 5. Medical consultation area;
35 6. Treatment area to include at least an electrotherapy device and
36 superficial heating modality and activities of daily living (ADL)
37 training devices;
38 7. Gym area, to include parallel bars, mirror, weights and assistive
39 devices such as canes, crutches, and walkers among others;
40 8. Evaluation tools;
41 9. Adequate utilities such as water, electricity and consumables; and
42 10. First Aid kit with basic CPR equipment

43 c. **A Secondary Physical & Rehabilitation Medicine facility shall have the**
44 **following:**

- 45 1. At least one (1) PARM Specialty Board certified or Board Eligible Physical
46 & 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 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 multidisciplinary set-up.

SECTION 9. *Management and Operation of a Rehabilitation Medicine Facility.* –

A Physical and Rehabilitation Medicine Facility shall be headed by a Physical & Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or Board Eligible Physical and Rehabilitation Medicine specialist in the said facility. An adequate and effective system of documentation, recording and record keeping 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 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, FARM technical 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 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.

1 **SECTION 12. *Penalties.*** – Any person, partnership, association, or corporation who
2 establishes, operates, conducts, manages or maintain a rehabilitation medicine facility within
3 the meaning of this Act without first obtaining a license or violates any provision of this Act
4 or its implementing Rules and Regulations shall be liable to fine of not less than Forty
5 Thousand Pesos (Php 40,000.00) but not to exceed One Hundred Thousand Pesos (Php
6 100,000.00) for the second offense, and not less than Two Hundred Thousand Pesos (Php
7 200,000.00) but not to exceed Four Hundred Thousand Pesos (Php 400,000.00) for the third
8 and each subsequent offense. Each day that a facility or other related facility shall operate
9 after the first violation shall be considered a subsequent offense. In addition to the penalties
10 specified in the preceding paragraph, the approval of the Secretary of Health, may summarily
11 order the closure of any rehabilitation medicine facility found without a license.

12 **SECTION 13. *Oversight and Technical Working Group (TWG).*** - To ensure
13 continual relevance, quality improvement, and responsiveness of rehabilitation medicine
14 practice, a Technical Working Group (TWG) on Rehabilitation Medicine Standards is
15 hereby created under the DOH.

16 The TWG shall be composed of representatives from:

- 17 1. Department of Health – Chair
- 18 2. Philippine Academy of Rehabilitation Medicine (PARM)
- 19 3. Professional Regulation Commission (PRC)
- 20 4. Commission on Higher Education (CHED)
- 21 5. Philippine Health Insurance Corporation (PhilHealth)
- 22 6. Two representatives from recognized private healthcare institutions
- 23 7. One representative from patient or disability advocacy groups

24 The TWG shall have the following powers and functions:

- 25 1. Regularly review, update, and recommend enhancements to the national
- 26 standards for rehabilitation medicine practice and facility operations;
- 27 2. Recommend updates to training programs, continuing professional
- 28 development, and certification systems;
- 29 3. Provide technical guidance to DOH in the formulation of implementing
- 30 rules and policies;
- 31 4. Oversee compliance trends, monitor implementation gaps, and propose
- 32 corrective measures;
- 33 5. Submit an annual Oversight Report to the DOH Secretary, PRC, and the
- 34 Congressional Committee on Health.

35 **SECTION 14. *Research, Development, and Adoption of Best Practices.*** - The State
36 recognizes the critical role of scientific research and innovation in strengthening
37 rehabilitation medicine. DOH, in coordination with PARM, academic institutions, and
38 research bodies, shall:

- 39 1. Promote and fund research projects on rehabilitation medicine, including
- 40 clinical outcomes, technology adoption, assistive devices, tele-
- 41 rehabilitation, and community-based rehabilitation;
- 42 2. Encourage local and international collaboration for knowledge exchange
- 43 and benchmarking of global best practices;
- 44 3. Establish a national repository of evidence-based guidelines and
- 45 protocols for rehabilitation medicine;
- 46 4. Facilitate pilot programs for advanced rehabilitation technologies and
- 47 innovative care models;
- 48 5. Ensure that research findings inform updates to national standards,
- 49 training, and clinical protocols.

1 **SECTION 15. *Recognition and Incentives for Private Health Care Institutions.* -**

2 To encourage wider access and participation in the implementation of this Act, the State
3 shall recognize private healthcare institutions that meet or exceed the mandated standards
4 for rehabilitation medicine practice. The DOH, in consultation with PARM and PhilHealth,
5 shall establish a Recognition and Incentive Program for private facilities that demonstrate
6 excellence in rehabilitation care, which may include:

- 7 a. Priority access to government training programs, capacity-building initiatives,
8 and research collaborations;
9 b. Eligibility for PhilHealth incentive packages or enhanced reimbursement rates
10 for accredited services;
11 c. Public acknowledgment through an annual DOH-PARM Excellence in
12 Rehabilitation Medicine Award;
13 d. Consideration for government grants or tax incentives consistent with existing
14 laws, when participating in community-based programs serving indigent
15 patients.

16 Recognition shall be based on periodic performance assessments, quality indicators,
17 patient outcomes, and compliance with standards established under this Act.

18 **SECTION 16. *Separability Clause.*** – If any part or provision of the Act shall be
19 held unconstitutional or invalid, other Provisions hereof which are not affected hereby shall
20 continue to be in full force and effect.

21 **SECTION 17. *Repealing Clause.*** – All laws, decrees, rule and regulation
22 inconsistent with the provision of this Act hereby repealed or modified accordingly.

23 **SECTION 18. *Effectivity.*** – This shall take effect after fifteen (15) days from its
24 publication in two (2) national newspaper of the general circulation.

25 **Approved,**