

SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

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SENATE
S. No. **1765**

RECEIVED BY: *Ji*

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article 13, Section 11 provides that:

SEC. 11. The State shall adopt and 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. There shall be a priority for the needs of the underprivileged, sick, elderly, disabled, women and children. The State shall endeavor to provide free medical care to paupers.

The World Health Organization estimates the number of Filipinos with disabilities at about one for every ten. Eighty percent live in rural areas where the benefit of development could hardly reach them.¹

In order to maximize our resources in fighting paralysis, we need to be able to coordinate our research activities and grants for programs to improve the quality of life for persons with paralysis and disabilities. By doing so, we will be able to prevent replication of efforts and build upon each other's successes instead and minimize wasted endeavors.

We also need to encourage activities centered on assisting the daily lives of our countrymen with disabilities. By establishing a grant program to institutions providing help to our fellow Filipinos with disabilities, we will be able to increase the effectiveness of worthy programs.

This bill seeks to coordinate all paralysis research and programs across the country.²

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO
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¹ <http://www.unescap.org/stat/meet/widd/paperphilippines2.htm>

² This bill was originally filed in the Fourteenth Congress, Second Regular Session.

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SENATE
S. No. **1765**

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1 AN ACT
2 PROVIDING FOR RESEARCH AND REHABILITATION ACTIVITIES RELATING TO
3 PARALYSIS AND OTHER PHYSICAL DISABILITIES

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

4 SECTION 1. *Short Title.* – This Act shall be known as the “Paralysis Research and
5 Rehabilitation Act.”

6 SECTION 2. *PCHRD Research.* – The Director of the Philippine Council for Health
7 Research and Development (PCHRD), referred to in this Act as the “Director,” pursuant to the
8 general authority of the Director, may develop mechanisms to coordinate all government funded
9 paralysis research and rehabilitation activities in order to further advance such activities and
10 avoid duplication of activities.

11 SECTION 3. *Paralysis Research Consortia.* – The Director may make awards of grants
12 to public or private entities to pay all or part of the cost of planning, establishing, improving, and
13 providing basic operating support for consortia in paralysis research.

14 SECTION 4. *Research.* – Each consortium under Section 3—

15 (A) may conduct basic, translational, and clinical paralysis research;

16 (B) may focus on advancing treatments and developing therapies in paralysis
17 research;

18 (C) may focus on one or more forms of paralysis that result from central nervous
19 system trauma or stroke;

1 (D) may facilitate and enhance the dissemination of clinical and scientific findings;
2 and
3 (E) may replicate the findings of consortia members or other researchers for scientific
4 and translational purposes.

5 SECTION 5. *Coordination of Consortia.* – The Director may, as appropriate, provide for
6 the coordination of information among consortia under Section 3 and ensure regular
7 communication among members of the consortia, and may require the periodic preparation of
8 reports on the activities of the consortia and the submission of the reports to the Director.

9 SECTION 6. *Organization of Consortia.* - Each consortium under Section 3 may use the
10 facilities of a single lead institution, or be formed from several cooperating institutions, meeting
11 such requirements as may be prescribed by the Director.

12 SECTION 7. *Public Input.* – The Director may provide for a mechanism to educate and
13 disseminate information on the existing and planned programs and research activities of the
14 PCHRD with respect to paralysis and through which the Director can receive comments from the
15 public regarding such programs and activities.

16 SECTION 8. *Research with Implications for Enhancing Daily Function for Persons with*
17 *Paralysis.* – The Director, pursuant to the general authority of the Director, may make awards of
18 grants to public or private entities to pay all or part of the costs of planning, establishing,
19 improving, and providing basic operating support to multicenter networks of clinical sites that
20 will collaborate to design clinical rehabilitation intervention protocols and measures of outcomes
21 on one or more forms of paralysis that result from central nervous system trauma, disorders, or
22 stroke, or any combination of such conditions,

23 SECTION 9. *Clinical Site Network.* – A multicenter network of clinical sites funded
24 through this section may--

1 (A) focus on areas of key scientific concern, including--

- 2 1. improving functional mobility;
- 3 2. promoting behavioral adaptation to functional losses, especially to prevent
4 secondary complications;
- 5 3. assessing the efficacy and outcomes of medical rehabilitation therapies and
6 practices and assisting technologies;
- 7 4. developing improved assistive technology to improve function and
8 independence; and
- 9 5. understanding whole body system responses to physical impairments,
10 disabilities, and societal and functional limitations; and

11 (B) replicate the findings of network members or other researchers for scientific and
12 translation purposes.

13 SECTION 10. *Coordination of Clinical Trials Networks.* – The Director may, as
14 appropriate, provide for the coordination of information among networks funded through this
15 section and ensure regular communication among members of the networks, and may require the
16 periodic preparation of reports on the activities of the networks and submission of reports to the
17 Director.

18 SECTION 11. *Programs to Improve Quality Of Life for Persons with Paralysis and*
19 *Other Physical Disabilities.* – The Secretary of Health (“Secretary”) may study the unique health
20 challenges associated with paralysis and other physical disabilities and carry out projects and
21 interventions to improve the quality of life and long-term health status of persons with paralysis
22 and other physical disabilities. The Secretary may carry out such projects directly and through
23 awards of grants or contracts.

24 SECTION 12. *Activities under the Program.* – Activities under Section 11 may include—

25 (A) the development of a national paralysis and physical disability quality of life
26 action plan, to promote health and wellness in order to enhance full participation, independent

1 living, self-sufficiency, and equality of opportunity in partnership with voluntary health agencies
2 focused on paralysis and other physical disabilities;

3 (B) support for programs to disseminate information involving care and rehabilitation
4 options and quality of life grant programs supportive of community-based programs and support
5 systems for persons with paralysis and other physical disabilities;

6 (C) in collaboration with other centers and national voluntary health agencies, the
7 establishment of a population-based database that may be used for longitudinal and other
8 research on paralysis and other disabling conditions; and

9 (D) the replication and translation of best practices and the sharing of information
10 across the country, as well as the development of comprehensive, unique, and innovative
11 programs, services, and demonstrations within existing local government unit (LGU) disability
12 and health programs which are designed to support and advance quality of life programs for
13 persons living with paralysis and other physical disabilities focusing on—

- 14 1. caregiver education;
- 15 2. promoting proper nutrition, increasing physical activity, and reducing tobacco
16 use;
- 17 3. education and awareness programs for health care providers;
- 18 4. prevention of secondary complications;
- 19 5. home- and community-based interventions;
- 20 6. coordinating services and removing barriers that prevent full participation and
21 integration into the community; and
- 22 7. recognizing the unique needs of underserved populations.

23 SECTION 13. *Grants.* – The Secretary may award grants in accordance with the
24 following:

- 25 (A) To LGU health and disability agencies for the purpose of—
- 26 1. establishing a population-based database that may be used for longitudinal and
27 other research on paralysis and other disabling conditions;

- 1 2. developing comprehensive paralysis and other physical disability action plans
2 and activities focused on the items listed in Section 12 (D);
- 3 3. assisting LGU-based programs in establishing and implementing partnerships
4 and collaborations that maximize the input and support of people with
5 paralysis and other physical disabilities and their constituent organizations;
- 6 4. coordinating paralysis and physical disability activities with existing LGU-
7 based disability and health programs;
- 8 5. providing education and training opportunities and programs for health
9 professionals and allied caregivers; and
- 10 6. developing, testing, evaluating, and replicating effective intervention
11 programs to maintain or improve health and quality of life.

12 (B) To private health and disability organizations for the purpose of—

- 13 1. disseminating information to the public;
- 14 2. improving access to services for persons living with paralysis and other
15 physical disabilities and their caregivers;
- 16 3. testing model intervention programs to improve health and quality of life; and
- 17 4. coordinating existing services with LGU-based disability and health
18 programs.

19 SECTION 14. *Appropriations.* —The amount necessary for the initial implementation of
20 this Act shall be charged against the appropriations of the Department of Education under the
21 current General Appropriations Act. Thereafter, such sum as may be necessary for its full
22 implementation shall be included in the annual General Appropriations Act as a distinct and
23 separate item.

24 SECTION 15. *Separability Clause.* — If any provision or part hereof is held invalid or
25 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
26 valid and subsisting.

1 SECTION 16. *Repealing Clause.* – Any law, presidential decree or issuance, executive
2 order, letter of instruction, administrative order, rule, or regulation contrary to or inconsistent
3 with the provisions of this Act is hereby repealed, modified, or amended accordingly.

4 SECTION 17. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
5 publication in at least two (2) newspapers of general circulation.

Approved,