

THIRTEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
First Regular Session

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SENATE
OFFICE OF THE SECRETARY

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SENATE

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S. No. 629

INTRODUCED BY HON. MANUEL B. VILLAR, JR.

EXPLANATORY NOTE

The thousands of severely disabled World War II veterans, the poliomyelitis epidemic in the 1950's, as well as disabling infectious diseases like tuberculosis and meningitis paved the way for the development of Rehabilitation Medicine – a specialty in the medical field that addresses the needs of disabled patients, enhances and restores their functional ability, and helps them reach their fullest potential.


Rehabilitation Medicine has grown over the past decade. There has been a tremendous increase in the number of graduates, trainees, certified diplomates and fellows of Rehabilitation Medicine. Rehabilitation centers have also sprouted at a fast pace throughout the country – a proof that 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, the disabled person and their family.

Sadly, a number of rehabilitation centers in the Philippines provide poor services due to the absence of physiatrists – medical specialists who underwent a minimum of three (3) years training in Rehabilitation Medicine.

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 medical rehabilitation specialists by nature of their training. Among the services they provide are the evaluation and treatment of patients with physical disabilities from the rehabilitation standpoint, and management of Rehabilitation Medicine departments, centers, clinics or other similar facilities. Hence, they are in the best position to head rehabilitation centers and supervise the allied rehabilitative professionals such as physical therapists, occupational therapists, speech therapists, orthotists, and prosthetists.

This bill aims to establish the standards for the practice and certification of Rehabilitation Medicine practitioners in order to ensure the highest quality of professional rehabilitation service to the public and to the medical community. It also ensures the utmost competence of rehabilitation centers and penalizes unlicensed rehabilitation medicine facilities.

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


MANUEL B. VILLAR, JR.
Senator

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AN ACT
PROVIDING FOR THE 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:

SECTION 1. - Short Title. – This Act shall be known as the “**Medical Rehabilitation Standards Act of 2004.**”

SECTION 2. - Definitions. – As used in this Act, the following terms shall mean:

- a. **Rehabilitation Medicine** - is the branch of medicine which deals with the prevention, diagnosis, treatment and rehabilitation of neuromusculoskeletal, cardiovascular, pulmonary and other system disorders which produce temporary or permanent disability in patients of both sexes and all ages, as well as the performance of different diagnostic procedures including but not limited to electromyography and other electrodiagnostic techniques. Rehabilitation Medicine involves specialized medical care and training of patients with loss of function so that he/she may obtain his/her maximum potential, physically, psychologically, socially and vocationally with special attention to prevent unnecessary complications or deterioration and to assist in physiologic adaptation to disability. In addition, the practice of Rehabilitation Medicine uses physical agents such as heat, light, water, electricity, therapeutic exercise and mechanical agents in its treatment armamentarium.
- b. **Medical Rehabilitation** - is the process "of helping a person to reach the fullest physical, psychological, social, vocational, avocational and educational potential consistent with his or her physiologic or anatomic impairment, environmental limitation, and life plans.
- c. **Physiatrist** - is a physician who is licensed and duly registered with the Professional Regulations Commission and who has completed three years of residency training in Rehabilitation Medicine in a Philippine Board of Rehabilitation Medicine-accredited training institution.
- d. **Philippine Academy of Rehabilitation Medicine (PARM)** – an organization of medical specialists and trainees in Rehabilitation that seeks to achieve excellence in physiatric practice, education and research.
- e. **Philippine Board of Rehabilitation Medicine (PBRM)** – a non-stock, non-profit corporation composed of Board Certified Rehabilitation Medicine Specialists tasked with accrediting and evaluating training institutions with a specialty in Rehabilitation Medicine, and certifying graduates of these training programs.

- f. **Board Certified Psychiatrists** - refers to members of good standing of the Philippine Academy of Rehabilitation Medicine (PARM) and who have passed the Diplomate examination given by the Philippine Board of Rehabilitation Medicine (PBRM).
- g. **Board Eligible (BE) Psychiatrists** - refer to those who have completed residency training in a PBRM-accredited residency training program and who have not been qualified by the PBRM as a diplomate.
- h. **Rehabilitation Medicine Center/Facility/Unit** – any facility that renders services for the rehabilitation of physical disabilities. This maybe hospital based or free standing.
- i. **Rehabilitation Medicine Team** – is a group of medical and allied health professionals concerned with the medical rehabilitation of patients with physical disabilities. The team is headed by a psychiatrist and is composed of, but not limited to, the following:
 1. Physical Therapists
 2. Occupational Therapists
 3. Prosthetists and Orthotists
 4. Rehabilitation Nurses
 5. Speech Pathologists
 6. Social Workers
 7. Vocational Counselors
 8. Recreational Therapists

SECTION 3. - Scope of Practice. - The practice of Rehabilitation Medicine includes:

- a. Professional services related to the care of an individual patient, either as a physician primarily responsible for individual patient care or as a consultant to another physician namely:
 1. History taking, examination of patients, and/or performance of specific diagnostic procedures for purposes of establishing diagnosis and/or evaluation of disability, impairment, functional capacity and potential for rehabilitation.
 2. Prescription and/or rendering of appropriate medical treatment which may include any or all aspects of physical medicine as well as rehabilitative measures, including but not limited to physical therapy, occupational therapy, speech therapy and orthotic and prosthetic services;
 3. Follow-up examination of patients in offices, hospitals, rehabilitation facilities, extended care facilities or home for purposes of reevaluation and treatment modifications;
 4. Appropriate consultation with other medical specialists;
 5. Counseling and conference with non-physician health care professionals or family concerning conduct of patient's care or patient's progress;
 6. Examination of patient's records, preparation of reports and correspondence, appearance in testimony pertaining to patient.
- b. Professional services not directly related to individual patient care but relevant to the administration of rehabilitation facilities or units, namely:
 1. Professional general supervision of rehabilitation services in a hospital-based rehabilitation center or unit or any other free standing units that render limited rehabilitation services, convalescent homes and private homes, for quality assurance and appropriate utilization of services;
 2. Planning, establishment and management of facilities, equipment and personnel for functions and activities of the rehabilitation department or unit, or any other free standing unit hat render limited rehabilitation services, convalescent homes, and private homes for quality assurance and utilization of service.
 3. Maintenance of adequate records and statistics;
 4. Education of physicians and allied health care professionals in Rehabilitation Medicine;
 5. Education of the public on health care issues pertaining to Rehabilitation Medicine;
 6. Providing professional development of Rehabilitation Medicine through research and medical education;

7. Designing/planning/ implementing of community-based Rehabilitation Medicine programs in rural areas;
 8. Designing/ planning /implementing of health programs for maintenance of health and prevention of disability;
 9. Linkages with government and non-government agencies both local and abroad, for programs related to Rehabilitation Medicine;
 10. Promotion of the team approach among other medical and allied medical health care professionals in the holistic care of patients;
 11. Setting standards for compensation of Rehabilitation Medicine services rendered;
- c. Guidelines for practice in a Rehabilitation Medicine Facility:
1. Every patient shall be examined and diagnosed by a physiatrist. The physiatrist recommends, prescribes and supervises an individual treatment plan. The treatment plan and rehabilitation program shall be regularly reviewed on a team basis.
 2. Medications and various other therapies shall be prescribed by a Board Certified Eligible Physiatrist.
 3. The Board Certified/ Board Eligible physiatrist has the primary responsibility of regularly following patients in his charge and modifying or terminating treatment.
 4. A Board Certified/ Board Eligible Physiatrist shall head the facility/unit and shall supervise the delivery of Rehabilitation Medicine services rendered by other members of the rehabilitation medicine team.
 5. If a physiatrist is not competent to manage a patient, he shall consult or refer to another physiatrist or physician specialist who is competent in the particular disease or condition he is treating.
 6. A Board Certified physiatrist may head not more than three (3) Rehabilitation Medicine facilities. In the absence of a Board Certified physiatrist, a Board Eligible physiatrist may head the facility, provided he conforms with the requirements of the PBRM.
 7. The Board Certified/ Eligible physiatrist shall charge professional fees in accordance with the standards of the PARM and the Philippine Health Insurance System (PHILHEALTH).
 8. The Board Certified/ Eligible physiatrist shall conduct himself in a manner consistent with the Code of Ethics of the Philippine Medical Association.

SECTION 4. - Qualifications to Practice. - A Physician is qualified to Practice Rehabilitation Medicine if he/she is a Board Certified/Board Eligible physiatrist who is of good moral character; and is a member of the Philippine Medical Association and the Philippine Academy of Rehabilitation Medicine.

SECTION 5. - Accreditation and Certification. - The Rehabilitation Medicine Standard Act aims to establish the standards for the practice and certification of Rehabilitation Medicine practitioners in order to ensure the highest quality of professional rehabilitation service to the public and to the medical community:

a. Accreditation of the Physiatrist

1. The Rehabilitation Medicine Practitioner is a graduate of a Philippine Board of Rehabilitation Medicine (PBRM)-accredited Rehabilitation Medicine training institution and certified by the PBRM as
 - 1a. Board Certified (Diplomate)
 - 1b. Board Eligible
2. A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board Certified upon compliance with and/or submission of the following requirements:
 - 2a. Authenticated Professional Regulations Commission (PRC) ID as duly licensed physician
 - 2b. Certificate of completion of training in a PBRM-accredited Rehabilitation Medicine training institution
 - 2c. Certificate from the Philippine Board of Rehabilitation Medicine (PBRM)

3. A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board Eligible upon compliance with and/or submission of the following requirements:
 - 3a. Authenticated Professional Regulations Commission (PRC) ID as duly licensed physician
 - 3b. Certificate of completion of training in a PBRM-accredited Rehabilitation Medicine training institution
 - 3c. Certificate of eligibility from PBRM
4. A Rehabilitation Medicine Practitioner, who is duly recognized as PBRM Board eligible, must upgrade himself to PBRM Board Certified status within five (5) years after graduation from a PBRM-accredited Rehabilitation Medicine training institution. Forfeiture of this Board eligibility status is incumbent upon review and evaluation of the PBRM Board of Governors.

b. Continuing Certification of the Rehabilitation Medicine Specialist

A Certified Diplomate of the Philippine Board of Rehabilitation Medicine, in order to be duly recognized as a Rehabilitation Medicine specialist, must undergo recertification every three (3) years through PBRM accreditation.

SECTION 6. – Technical Standards and Requirements for the Registration, Operation and Maintenance of Rehabilitation Medicine Facilities in the Philippines. - shall apply to all entities performing the activities and functions of Rehabilitation Medicine facilities. These shall include the evaluation, and treatment of all conditions requiring rehabilitation of physical disabilities. These standards and requirements are formulated to protect and promote the health of the people by the operation of standard, properly managed and adequately supported Rehabilitation Medicine facilities.

SECTION 7. – Regulatory Authority. - Implementation of the Technical Standards and Requirements for the Registration, Operation and Maintenance of Rehabilitation Medicine Facilities in the Philippines shall be regulated by the Department of Health - Bureau of Health Facilities and Services (DOH-BHFS) through a technical committee with representatives from the Philippine Academy of Rehabilitation Medicine (PARM).

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

a. Categories

1. As to institutional character, Rehabilitation Medicine facilities are either hospital-based (if operating within a hospital set-up) or freestanding (if operating on its own or part of a facility other than hospital)
2. As to extent, a Rehabilitation Medicine facilities maybe primary, secondary or tertiary, or home-based.
3. As to function, a Rehabilitation Medicine facility may be utilized for training, service and research, and or service alone.
4. As to service, 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) Philippine Board of Rehabilitation Medicine (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 ADL training devices

7. Gym area to include parallel bars, mirror, weights and assistive devices (canes, crutches and walker)
 8. Evaluation tools
 9. Adequate utilities (water, electricity and consumables)
 10. First aid kit with Basic CPR equipment
- c. A secondary Rehabilitation Medicine facility shall have the following:
1. At least one PBRM board certified Physiatrist
 2. At least one licensed Physical Therapist and Occupational Therapist
 3. Rehabilitation Medicine Consultation and Management, Physical Therapy and Occupational Therapy services.
 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) Board Certified Physiatrist
 2. At least two (2) licensed Physical Therapists and one licensed Occupational Therapist
 3. Rehabilitation Medicine Consultation and Management, Physical, Occupational Therapy, Prosthetist/Orthotist in house or referral services, Speech Therapy in house or referral services
 4. Compliance with the secondary category set-up and equipment, with additional two superficial heating modalities, medium frequency modality, mechanized traction, 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 PBRM guidelines.
 6. A Specialized facility which should cater to subspecialty conditions in Rehabilitation Medicine (Cardiac, Pain, Pediatric, Pulmonary, Sports, among others) shall be a hospital-based facility with a multi-disciplinary set-up.
 7. A freestanding clinic which must be headed by a board certified or board eligible physiatrist with at least one (1) allied health professional with a certificate in Basic Life Support.

SECTION 9. - Management and Operation of a Rehabilitation Medicine Facility. – A Rehabilitation Medicine Facility shall be headed by a Rehabilitation Medicine specialist who is either a Philippine Board of Rehabilitation Medicine certified or eligible Rehabilitation Medicine Specialist who must assume technical, and administrative supervision and control of the activities in the said facility. An adequate and effective system of documentation, recording, and records 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 PARM and the PHILHEALTH.

SECTION 10. – Application for Registration and Issuance of License. – Applications for registration and issuance of a license shall be filed by the owner or his duly authorized representative to DOH-Bureau of Facilities and Services together with an Information sheet to be filled out by the physiatrist-in-charge. Upon receipt of the said application together with the license fee, a technical committee team will inspect the facility within sixty (60) days. Certificates of licenses shall be issued and approved by the Head of the Bureau of Health Facilities and Services. A provisional license may be granted to facilities with insufficient requirements or for special cases for a period of one (1) year. The provisional license however shall not be extended beyond one (1) year. During the one (1) year period the facility shall submit a quarterly report as to their progress in complying with the requirements mandated under this Act. Failure to comply with the reportorial requirement may result to the revocation of the provisional license even before the expiration of the one (1) year period.

SECTION 11. – 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 placed in a conspicuous place within the facility. A copy of the rules and regulation should also be readily available. Upon violation of the standards

provided, a license may be revoked. Investigation of all charges or complaints against a rehabilitation medicine facility or any of its personnel shall be made to the PARM and the PBRM (when complaint is against the psychiatrist) and to the Department of Health-Bureau of Health Facilities and Services for appropriate investigation.

SECTION 12. – Penalties. – Any person, partnership, association, or corporation who establishes, operates, conducts, manages or maintains 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 liable to a fine of not less than twenty thousand pesos (P20,000.00) but not to exceed fifty thousand (P50,000.00) for the first offense, and not less than fifty thousand (P50,000.00) but not to exceed one hundred thousand pesos (P100,000.00) for the second offense and not less than one hundred thousand pesos (P100,000.00) but not to exceed two hundred thousand pesos (P200,000.00) for the third and each subsequent offense. Each day that the health facility or other related facility shall operate after the first violation shall be considered a subsequent offense.

In addition to the penalties specified in the preceding paragraph, the Bureau upon the approval of the Secretary, may summarily order the closure of any rehabilitation medicine facility found operating without a license.

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

SECTION 13. – Effectivity – This Act shall take effect fifteen (15) days after its approval.

Approved,