

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

'04 JUN 30 P10:13

Senate Bill No. **1097**

RECEIVED BY: *[Signature]*

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**Introduced by: Senator Franklin M. Drilon**

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### EXPLANATORY NOTE

In the past decade, Rehabilitation Medicine as a specialty has experienced growth in all aspects. The number of trainees, graduates, and certified diplomats and fellows has increased tremendously.

Alarming, however, is the 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 which produce temporary or permanent disability. Unfortunately, not all these rehabilitation centers are rendering what they purport to render.

Moreover, many of these rehabilitation centers are not headed by physiatrist (a medical specialist who has trained a minimum of 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 physiatrist who is the specialist in medical rehabilitation and who is thus tasked to evaluate and treat patients with physical disabilities from the rehabilitation standpoint, and to manage and administer Rehabilitation Medicine departments, center, clinics or other similar facilities.

It is the objective of the proposed Rehabilitation Medicine Standard Act to set standards for the training and practice of Rehabilitation Medicine and set technical and operational standards for rehabilitation centers which will function at the highest level of standard and be headed and supervised by duly trained and certified physiatrists (medical specialists in rehabilitation medicine) and thereby protect the interest of the Filipino patients who seek treatment from these centers.

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

*[Signature]*  
**FRANKLIN M. DRILON**

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

*Be in 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. *Declaration of Policy.* - It is the policy of the State to  
protect and promote the right to health of the people by an accessible  
delivery of expert rehabilitative care to Filipinos suffering from  
neuromusculoskeletal, cardiovascular, pulmonary and other system  
disorders which produce temporary or permanent disability. This shall  
be realized by standardizing the practice of Rehabilitation Medicine and  
standardizing the establishment, management and operational aspects of  
rehabilitation facilities.

Section 3. *Definitions.* - As used in this Act, the following terms shall  
mean:

- a. Rehabilitation Medicine - 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 as well as the performance of different diagnostic  
procedures, including, but not limited to, electromyography and  
other electrodiagnostic techniques. It also involves specialized  
medical care and training of patients with loss of function so that

s/he may obtain his/her maximum potential, physically, psychologically, social 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 agents such as heat, light, water, electricity, therapeutic exercise and mechanical agents in its treatment armamentarium.

- b. Medical Rehabilitation – 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 – a physician who is licensed and duly registered with the Professional Regulation Commission and who has completed three years of residency training in Rehabilitation Medicine in a Philippine Board Rehabilitation Medicine-accredited training institution.
- d. Philippine Board of Rehabilitation Medicine (PBRM) – a non-stock, non-profit corporation, duly recognized by the Professional Regulation Commission and the Philippine Medical Association, 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.
- e. Rehabilitation Medicine Practitioner/Physiatrist – a licensed physician who has completed a residency training program in Rehabilitation Medicine in a Philippine Board of Rehabilitation Medicine (PBRM) accredited training institution. They shall be qualified by the PBRM as:
  - A) Board Eligible Physiatrist – refers to those who have completed the residency training in a PBRM-accredited residency training program but who have not successfully completed the specialty board examination.
  - B) Board Certified (Diplomate) – refers to those who have passed Part I (written) and Part II (oral) of the Diplomate Board Examination given by the Philippine Board of Rehabilitation Medicine (PBRM).

- f. Rehabilitation Medicine Center/Facility/Unit – any facility that renders services for the rehabilitation of physical disabilities. This may be hospital-based or free standing.
- g. Rehabilitation Medicine Team – a group of medical and allied health professionals concerned with the medical rehabilitation of patients with physical disabilities. The team is headed by a physiatrist 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 4. *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; and
  6. Examination of patient's records, preparation of reports and correspondence, appearance in testimony pertaining to patient.
- b. Professional services related 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 home 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 for rehabilitation department or unit, or any other free standing unit that render limited rehabilitation services, convalescent home and private homes, for quality assurance and appropriate utilization of services;
  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. Providing professional development of Rehabilitation Medicine through research and medical education;
  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 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 physiatrist.
3. The physiatrist has the primary responsibility of regularly following patients in his charge and modifying or terminating treatment.
4. A physiatrist shall head the facility/unit and shall supervise the delivery of rehabilitation medicine services rendered by other members of the Rehabilitation Medicine team. In areas where there is no physiatrist, a licensed physician shall head the facility or unit.
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 that he conforms with the requirements of the PBRM.
7. The physiatrist shall charge professional fees in accordance with the standards of the Philippine Medical Association and the Philippine Health Insurance System (PHILHEALTH).
8. The physiatrist shall conduct himself in a manner consistent with the Code of Ethics of the Philippine Medical Association.

Section 5. *Qualifications to Practice.* – A physician is qualified to practice Rehabilitation Medicine if s/he is a Board Certified/Board Eligible physiatrist who is of good moral character and is a member of the Philippine Medical Association.

Section 6. *Accreditation and Certification.* – This 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)
  - 1.b Board Eligible
2. A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board Certified upon compliance with and/or submission of the following requirements:
  - 2.a Authenticated Professional Regulation Commission (PRC) ID as duly registered physician.
  - 2.b Certificate of completion of training in a PBRM-accredited Rehabilitation Medicine training institution.
  - 2.c 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:
  - 3.a Authenticated Professional Regulation Commission (PRC) ID as duly registered physician.
  - 3.b Certificate of completion of training in a PBRM-accredited Rehabilitation Medicine training institution.
  - 3.c 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 7. – *Technical Standards and Requirements for the Registration, Operation and Maintenance of Rehabilitation Medicine Facilities in the Philippines.* – Technical standards and requirements for the registration, operation and maintenance of rehabilitation medicine facilities 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 shall be formulated to protect and promote the health of the people by the operation of standard, properly managed and adequately supported Rehabilitation Medicine facilities.

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

Section 9. *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) Psychiatrist 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 a hospital).
  2. As to extent, 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 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 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 PBRM Board certified physiatrist
  2. At least one licensed Physical therapist and 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 hospital-based facility with a multi-disciplinary set-up.

Section 10. *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 Philippine Medical Association and PHILHEALTH.

Section 11. *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 with the DOH-Bureau of

Health Facilities and Services together with an Information sheet to be filled up 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 for special cases for a period of one (1) year.

Section 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 placed in a conspicuous place within the facility. A copy of the rules and regulations 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 PBRM (when complaint is against the physiatrist) and to the Department of Health-Bureau of Health Facilities and Services for appropriate investigation.

Section 13. *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 Pesos (P50,000.00) for the first offense, and not less than Fifty Thousand Pesos (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 a 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 14. *Implementing Rules and Regulations (IRR)* – To implement the provisions of this Act, the Department of Health – Bureau of Health Facilities and Services ( DOH-BHFS ), in coordination with the national professional organization duly recognized by the Professional Regulation Commission, shall promulgate the rules and regulations, including the technical standards and requirements for the registration, operation and maintenance of rehabilitation medicine facilities, within ninety (90) days after the effectivity of this Act..

Section 15. *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 16. *Repeating Clause* – All laws, decrees, rules and regulations inconsistent with the provision of this Act are hereby repealed or modified accordingly.

Section 17. *Effectivity* – This Act shall take effect fifteen (15) days after its approval.

Approved,