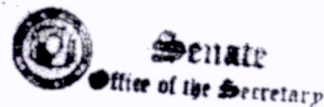


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



20 FEB -3 P5:09

**SENATE**

S. No. 1314

RECEIVED BY: 

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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

**EXPLANATORY NOTE**

Physiatry or commonly known as Rehabilitation Medicine is a branch of medicine that has a primary objective of restoring the functional ability of those who are physically impaired and disabled in order to restore and enhance their quality of life. Over the years, this sector has seen a tremendous growth as medical professionals practicing the said discipline has increased exponentially.

Throughout the country, rehabilitation centers have also been appearing rapidly, with the intention of delivering comprehensive rehabilitative care to patients with distinctive needs. To become effective in the provision of safe and patient-centered treatment, these physiatry centers must be headed by an expert physiatrist – a specialist who has completed at least three (3) years of rehabilitative medicine training. These physiatrists have a broad understanding in neurological, musculoskeletal, cardiovascular and rheumatological systems that will aid them in evaluating and properly treating patients from a wide range of age groups. Furthermore, they are able to supervise allied medical professionals and other members of the care team who play an integral part in the rehabilitative process of the patients, including but not limited to prosthetists, speech therapists, orthotists, physical therapists and occupational therapists.

In addition, the furnishing of these facilities with the appropriate equipment and right medical tools is vital to properly and accurately addressing the patients and

their needs, expert diagnosis should be guaranteed through a specific treatment plan to help these patients and fully restore their physical mobility and functions, eventually maximizing their independence for their day to day activities in life.

This bill seeks to set the proper standards in training and practice of Rehabilitation Medicine. Furthermore, this measure also has the objective of setting the proper guidelines, technically and operationally for rehabilitation facilities and medical personnel alike, ensuring top notch service and care provided to the patients thus protecting the interest of all who seek rehabilitative treatment.

In line with this, the passage of this measure into law is earnestly sought.


  
**RAMON BONG REVILLA, JR.**



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

1 Section 1. *Short Title.* – This Act shall be known as the “*Medical Rehabilitation*  
2 *Standards Act of 2019.*”

3 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and  
4 promote the right to health of the people through optimizing function by masking the  
5 delivery of expert rehabilitative care to Filipinos suffering from neuromusculoskeletal  
6 cardiovascular, pulmonary and other system disorders which produce temporary or  
7 permanent disability accessible, effective and affordable. Toward this end, standards  
8 for the effective practice of Rehabilitation Medicine and for the establishment,  
9 management and operations of rehabilitation facilities are hereby established.

10 Sec. 3. *Definition of Terms.* – As used in this Act, the following terms shall  
11 mean:

- 12 A. *Physical and Rehabilitation Medicine* - the branch of medicine which  
13 deals with the prevention, diagnosis, treatment and rehabilitation of  
14 neuromusculoskeletal, cardiovascular, pulmonary and other system  
15 disorders which produce temporary or permanent disability in patients  
16 as well as the performance of different diagnostic and therapeutic  
17 procedures, including, but not limited to medical prescription,  
18 procedures, injections, neuropsychology, nutrition, provision of

1 equipment and assistive devices, physical modalities, electromyography,  
2 musculoskeletal sonology, manual therapy, therapeutic exercises,  
3 prosthetics and orthotics. It also involves specialized medical care and  
4 training of patients with loss of function so that he or she may obtain his  
5 or her maximum potential, physically, psychologically, socially and  
6 vocationally, providing special attention and care to prevent  
7 complications or deterioration, and to assist in physiologic adaptation of  
8 disability, impairment or handicap. In addition, the practice of Physical  
9 & Rehabilitation Medicine uses agents such as heat, light, water,  
10 electricity, therapeutic exercise and mechanical agents in its treatment  
11 armamentarium.

- 12 B. *Medical Rehabilitation* - the process of helping a person achieve his  
13 fullest physical psychological, social, vocational, educational and  
14 functional potential consistent with his or her physiologic or anatomic  
15 impairments, environmental limitations and life plans;
- 16 C. *Physical & Rehabilitation Medicine Specialist* - a physician who is licensed  
17 and duly registered with the Professional Regulation Commission and  
18 who completed three (3) years of residency with the Professional  
19 Regulation Commission and who completed three (3) years of residency  
20 training in Physical & Rehabilitation Medicine in a training institution  
21 accredited by the Philippine Academy of Rehabilitation Medicine  
22 Specialty Board.
- 23 D. *Philippine Academy of Rehabilitation Medicine (PARM)* – a non-stock,  
24 non-profit corporation, duly recognized by the Professional Regulation  
25 Commission and the Accredited Professional Organization (APO)  
26 composed of Board Certified Physical & Rehabilitation Medicine  
27 Specialists.
- 28 E. *Philippine Academy of Rehabilitation Medicine Specialty Board (PARM*  
29 *SB)* – is the recognized Specialty Board by Philippine Academy of  
30 Rehabilitation Medicine tasked with examining and certifying competent  
31 specialty practitioners.
- 32 F. *Physiatrist* - synonym for Physical & Rehabilitation Medicine Specialist

1 They shall be qualified by the PARM Specialty Board as:

2 a) Board Eligible Physical & Rehabilitation Medicine Specialist –  
3 refers to one who completed residency training in a residency  
4 training program accredited by the PARM Specialty Board but who  
5 has not successfully completed the PARM Specialty Board  
6 examination.

7 b) Board Certified (Diplomate) – refers to those who passed Part I  
8 (written) and Part II (oral) of the Diplomate Board Examination  
9 given by the PARM Specialty Board examination.

10 G. Physical & Rehabilitation Medicine Center/Facility/Unit – any facility that  
11 renders services for the rehabilitation of physical disabilities and which  
12 may be hospital-based or free-standing.

13 H. Physical & Rehabilitation Medicine Team – a group of medical and allied  
14 health professionals concerned with the medical rehabilitation of  
15 patients with physical disabilities. The team is composed of, but not  
16 limited to, the following:

- 17 1. Physical & Rehabilitation Medicine Specialists
- 18 2. Physical Therapists
- 19 3. Occupational Therapists
- 20 4. Prosthetists and Orthotists
- 21 5. Rehabilitation Nurses
- 22 6. Speech Pathologists
- 23 7. Social Workers
- 24 8. Vocational Counselors
- 25 9. Recreational Therapists
- 26 10. Electromyographer
- 27 11. Musculoskeletal Sonographer
- 28 12. Certified Strength & Conditioning Coach
- 29 13. SPED Teachers
- 30 14. Neuropsychologist
- 31 15. Physical Therapy Aide

1           Sec. 4. *Scope of Practice.* – The practice of Physical & Rehabilitation Medicine  
2 includes:

3           A. Professional services related to the care of an individual patient, rendered  
4           in the role of a physical primarily responsible for individual patient care or  
5           as a consultant to another physician, and consists of

- 6                   1. History taking, examination of patients, performance of specific  
7                   diagnostic procedures like Electromyography and Nerve  
8                   Conduction Velocity studies, Neuromusculoskeletal Ultrasound,  
9                   and Bone Densitometry for the purpose of establishing diagnosis  
10                  and evaluation of disability, impairment, functional capacity and  
11                  potential for rehabilitation;
- 12                  2. Prescription and rendering of appropriate medical treatment  
13                  which may include any or all, aspects or physical medicine as well  
14                  as rehabilitative measures, including but not limited to physical  
15                  therapy, occupational therapy, speech therapy, orthotic and  
16                  prosthetic services, joint and trigger point injections, ultrasound  
17                  guided interventional procedures;
- 18                  3. Follow up examination of patients in offices, hospitals,  
19                  rehabilitation facilities, extended care facilities or home for  
20                  purposes of re-evaluation and treatment modifications;
- 21                  4. Appropriate consultation with other medical specialists;
- 22                  5. Psychological counseling and conference with non-physical health  
23                  care professionals or family members concerning conduct of  
24                  patient's care or patient's progress; and
- 25                  6. Examination of patient's records, preparation of reports,  
26                  designing, planning and implementation of health programs for  
27                  the maintenance of health and prevention of disability; and  
28                  correspondence as well as appearance in court or providing  
29                  testimony pertaining to a patient.

30           B. Professional services related to the administration of rehabilitation facilities  
31           or units consist of:

- 1 1. Professional general supervision of rehabilitation services in a  
2 hospital-based rehabilitation center or unit or any other freestanding  
3 units;
- 4 2. Planning, establishment and management of facilities, equipment  
5 and personnel for the performance of functions and activities of a  
6 rehabilitation department or unit, or any other free standing unit that  
7 render limited rehabilitation services.  
8 Convalescent home and private homes, for quality assurance and  
9 appropriate utilization of services;
- 10 3. Maintenance of complete and accurate and statistics;
- 11 4. Education of physicians and allied health care professionals in  
12 Rehabilitation Medicine, both local and foreign, for programs related  
13 to Physical & Rehabilitation Medicine;
- 14 5. Education of the public on health care issues pertaining to  
15 Rehabilitation Medicine through research ad medical education;
- 16 6. Promoting professional development of Rehabilitation Medicine  
17 through research and medical education;
- 18 7. Designing, planning and implementing health programs for  
19 maintenance of health and prevention of disability;
- 20 8. Establishing linkages with government and non-government  
21 agencies, both local and foreign, for programs related to  
22 Rehabilitation Medicine;
- 23 9. Promotion of the team approach among medical and allied medical  
24 health care professionals in the holistic care of patients; and
- 25 10. Setting standards for compensation of Physical & Rehabilitation  
26 Medicine services.

27 C. Guidelines for Practice in a Physical & Rehabilitation Medicine Facility:

- 28 1. Every patient shall be examined and diagnosed by a Physical &  
29 Rehabilitation Medicine specialist. The Physical and Rehabilitation  
30 Medicine specialist recommends an individual treatment plan in  
31 collaboration with the Physical & Rehabilitation Medicine team. The

1 treatment plan and rehabilitation program shall be regularly reviewed  
2 on a team basis.

- 3 2. Medications & various other forms of treatment shall be prescribed  
4 by a Physical & Rehabilitation Medicine specialist.
- 5 3. The Physical & Rehabilitation Medicine specialist has the primary  
6 responsibility of regularly following-up on patients in his charge and  
7 modifying or terminating treatment.
- 8 4. A Physical & Rehabilitation Medicine specialist shall head facility or  
9 unit and collaborate with the physical & rehabilitation team in the  
10 delivery of rehabilitation medicine services.
- 11 5. The Physical & Rehabilitation Medicine specialist shall conduct  
12 himself in a manner consistent with the Code of Ethics of the  
13 Accredited Professional Organization (APO).

14 Sec. 5. *Qualifications to Practice.* – A physician who is a Board Certified/Board  
15 Eligible Physical & Rehabilitation Medicine Specialists, of good moral character and is  
16 a member of the Accredited Professional Organization is qualified to practice Physical  
17 & Rehabilitation Medicine Specialists is qualified to practice Physical & Rehabilitation  
18 Medicine.

19 Sec. 6. *Accreditation and Certification.* – This Act aims to establish the  
20 standards for the practice of Physical & Rehabilitation Medicine and the certification  
21 of Physical & Rehabilitation Medicine Specialists in order to ensure the highest quality  
22 of professional medical rehabilitation service to the public and to the medical  
23 community.

- 24 a. Accreditation of the Physical & Rehabilitation Medicine Specialist – A Physical  
25 & Rehabilitation Medicine Specialist eligible for accreditation is a graduate  
26 of residency training institution accredited by the Philippine Academy of  
27 Rehabilitation Medicine Specialty Board and recognized by the Accredited  
28 Professional Organization.

29 Sec. 7. *Regulatory Authority.* – Technical Standards and Requirements for the  
30 Registration, Operation and Maintenance of Rehabilitation Medicine Facilities shall be  
31 implemented and regulated by the Department of Health (DOH) Health Facilities and  
32 Services Regulatory Bureau.



1           Sec. 8. *Management and Operation of a Rehabilitation Medicine Facility.* – A  
2 Physical & Rehabilitation Medicine Facility shall be headed by a Physical &  
3 Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or  
4 Eligible Physical Rehabilitation Medicine specialist in the said facility.

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

11           a. Categories

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

22           b. A Primary Physical & Rehabilitation Medicine facility shall have the following:

- 23           1. At least one (1) PARM Specialty Board Certified or Board eligible  
24           Physical & Rehabilitation Medicine Specialist;
- 25           2. At least one (1) allied rehabilitation health professional;
- 26           3. Physical & Rehabilitation Medicine consultation and management  
27           with physical therapy services;
- 28           4. Physical set-up;
- 29           5. Medical consultation area;
- 30           6. Treatment area to include at least an electrotherapy device and  
31           superficial hearing modality, and activities of daily living (ADL)  
32           training devices;

- 1 7. Gym area, to include parallel bars, mirror, weights and assistive
- 2 devices such as cranes, crutches & walkers among others;
- 3 8. Evaluation tools;
- 4 9. Adequate utilities such as water, electricity and consumables; and
- 5 10. First Aid kit with basic CPR equipment

6 c. A Secondary Physical & Rehabilitation Medicine facility shall have the  
7 following:

- 8 1. At least one (1) PARM Specialty Board certified or Board Eligible
- 9 Physical & Rehabilitation Medicine specialist;
- 10 2. At least one (1) licensed therapist and occupational therapist;
- 11 3. Rehabilitation Medicine consultation and management, physical and
- 12 occupational therapy services; and
- 13 4. Compliance with the primary category set-up plus deep heating
- 14 modality, manual traction and therapeutic exercise equipment for the
- 15 gym area.

16 d. A Tertiary Rehabilitation Medicine facility shall have the following:

- 17 1. At least one (1) PARM Specialty Board certified or Board Eligible
- 18 Physical & Rehabilitation Medicine specialist;
- 19 2. At least one (1) licensed therapist and occupational therapist;
- 20 3. Physical & Rehabilitation Medicine consultation and management,
- 21 physical and occupational therapy, speech therapy, prosthetics and
- 22 orthotics in-house or referral services.
- 23 4. Compliance with the secondary category set-up and equipment, with
- 24 additional two (2) superficial heating modalities, medium frequency
- 25 modality, ultraviolet or cold laser intermittent compression unit,
- 26 mechanized intermittent traction and tilt table with additional gym
- 27 equipment.
- 28 5. A Training/Service and Research facility, which shall fulfill all the
- 29 requirements as a residency training institution in accordance with
- 30 PARM SB guidelines.
- 31 6. A specialized facility which should cater to subspecialty condition in
- 32 rehabilitation medicine including cardiac, pain, pediatric, pulmonary,

1 sports, among others, shall be hospital based facility with a  
2 multidisciplinary set-up.

3 *Sec. 10. Management and Operation of a Rehabilitation Medicine Facility.* – A  
4 Physical and Rehabilitation Medicine Facility shall be headed by a Physical and  
5 Rehabilitation Medicine specialist who is either a PARM Specialty Board Certified or  
6 Board Eligible Physical and Rehabilitation Medicine specialist in the said facility. An  
7 adequate and effective system of documentation, recording and recordkeeping must  
8 be maintained for all consultations and services in the facility. The rates for  
9 consultation and services shall be in accordance with the standards of the Accredited  
10 Professional Organization and PhilHealth.

11 *Sec. 11. Application for Registration and Issuance of License.* – Applications for  
12 registration and issuance of a license shall be filed by the owner of the facility or his  
13 duly authorized representative with the Department of Health (DOH) Health Facilities  
14 and Services Regulatory Bureau, together with an information sheet to be filled up by  
15 the Physical and Rehabilitation Medicine Specialist-in-charge. Upon receipt of the said  
16 application together with the license fee, the PARM technical committee team will  
17 inspect the facility within sixty (60) days. Certificates of licenses shall be issued and  
18 approved by the Head of the Department of Health (DOH) Health Facilities and  
19 Services Regulatory Bureau. A provisional license may be granted to facilities with  
20 insufficient requirements for special cases for a period of one (1) year.

21 *Sec. 12. Terms and Validity of License.* – The license to operate valid for a  
22 period of two (2) years. Application for renewal of the license shall be made during  
23 the last six (6) months of validity. The license must be placed in a conspicuous place  
24 within the facility. A copy of the rules and regulations should also be readily available.  
25 In any violation of the standards provided, the license to operate may be revoked.  
26 Investigation of all charges or complaints against a Physical and Rehabilitation  
27 Medicine facility or any of its personnel shall be made to the Accredited Professional  
28 Organization (when compliant is against the Physical & Rehabilitation Medicine  
29 Specialist) and to the Department of Health (DOH) Health Facilities and Services  
30 Regulatory Bureau for appropriate investigation.

31 *Sec. 13. Penalties.* – Any person, partnership, association, or corporation who  
32 establishes, operates conducts, manages or maintain a rehabilitation medicine facility

1 within the meaning of this Act without first obtaining a license or violated any provision  
2 of this Act or its Implementing Rules and Regulations shall be liable to fine of not less  
3 than Forty Thousand Pesos (Php 40,000.00) but not exceed One Hundred Thousand  
4 Pesos (Php 100,000.00) for the first offense, not less than One Hundred Thousand  
5 Pesos (Php 100,000.00) but not to exceed Two Hundred Thousand Pesos (Php  
6 200,000.00) for the second offense, and not less than Two Hundred Thousand Pesos  
7 (Php 200,000.00) for the third and subsequent offense. Each day that a facility or  
8 other related facility shall operate after the first violation shall be considered a  
9 subsequent offense. In addition to the penalties specified in the preceding paragraph,  
10 the Department of Health (DOH)

11 *Sec. 14. Implementing Rules and Regulations (IRR).* – To implement provisions of  
12 this Act, the Department of Health (DOH) Health Facilities and Services Regulatory  
13 Bureau, in coordination with the national professional organization duly recognized by  
14 the Professional Regulation Commission, shall promulgate the rules and regulations,  
15 including the technical standards and requirements for the registration, operation and  
16 maintenance of the rehabilitation medicine facilities, within ninety (90) days after the  
17 effectivity of this Act.

18 *Sec. 15. Separability Clause.* – If any part or provision of the Act shall be held  
19 unconstitutional or invalid, other provisions hereof which are not affected shall  
20 continue to be in full force and effect.

21 *Sec. 16. Repealing Clause.* – All other laws, decrees, orders, rules and regulations  
22 or parts thereof which are inconsistent with or contrary to the provisions of this Act  
23 are hereby repealed, am ended or modified accordingly.

24 *Sec. 16. Effectivity.* – This Act shall take effect fifteen (15) days after its publication  
25 in at least two (2) national newspapers of general circulation.

26  
27 *Approved,*