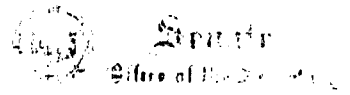


SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



16 JUL 19 1978

SENATE

S. No. 547

16 JUL 19 1978

Introduced by Senator Antonio "Sonny" F. Trillanes IV

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

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.

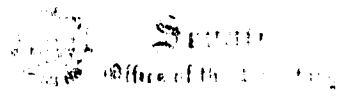
Moreover, many of these rehabilitation centers are not headed by a physiatrist - a medical specialist who has trained a minimum of three (3) years in Rehabilitation Medicine - but by other medical and allied health professionals. By the nature of their training, physiatrists are in the best position 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 a 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. This bill further sets technical and operational standard for rehabilitation centers which will function at the highest level of standard and be headed and supervised by duly trained and certified medical specialists in rehabilitation medicine, thereby protecting 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.


ANTONIO "SONNY" F. TRILLANES IV
Senator



2016 APR 19 12:48

SENATE

S. No. 547

RECEIVED BY:

Introduced by Senator Antonio "Sonny" F. Trillanes IV

AN ACT
PROVIDING FOR THE STANDARD 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:

1 **SECTION 1. Short Title.** - This Act shall be known as the "Medical Rehabilitation
2 Standards Act of 2016."
3

4 **SEC. 2. Declaration of Policy.** - It is the policy of the State to protect and promote
5 the right to health of the people by an accessible delivery of expert rehabilitative care to
6 Filipinos suffering from neuromusculoskeletal, cardiovascular, pulmonary and other system
7 disorders which produce temporary or permanent disability. This shall be realized by
8 standardizing the practice of Rehabilitation Medicine and standardizing the establishment,
9 management, and operational aspects of rehabilitation facilities.

10
11 **SEC 3. Definition of Terms.** - As used in this Act, the following terms shall mean:
12

13 A) Rehabilitation Medicine - the branch of medicine which deals with the prevention,
14 diagnosis, treatment and rehabilitation of neuromusculoskeletal, cardiovascular,
15 pulmonary and other system disorders which produce temporary or permanent
16 disability in patients as well as the performance of different diagnostic procedures,
17 including, but not limited to, electromyography and other electro diagnostic
18 techniques. It also involves specialized medical care and training of patients with
19 loss of function so that s/he may obtain his/her maximum potential, physically,
20 psychologically, socially and vocationally with special attention to prevent
21 unnecessary complications or deterioration and to assist in physiologic adaptation
22 to disability. In addition, the practice of Rehabilitation Medicine uses agents such
23 as heat, light, water, electricity, therapeutic exercise and mechanical agents in its
24 treatment armamentarium;
25

26 B) Medical Rehabilitation - the process of helping a person to reach the fullest
27 physical, psychological, social, vocational, avocational and educational potential
28 consistent with his or her physiologic or anatomic impairment, environmental
29 limitation and life plans;
30

31 C) Psychiatrist - a physician who is licensed and duly registered with the Professional
32 Regulation Commission and who has completed three years of residency training

1 in Rehabilitation Medicine in a Philippine Board Rehabilitation Medicine-
2 accredited training institution;

3
4 D) Philippine Board of Rehabilitation Medicine (PBRM) - a non-stock, non-profit
5 corporation, duly recognized by the Professional Regulation Commission and the
6 Philippine Medical Association, composed of Board Certified Rehabilitation
7 Medicine Specialists tasked with accrediting and evaluating training institutions
8 with a specialty in Rehabilitation Medicine, and certifying graduates of these
9 training programs;

10
11 E) Rehabilitation Medicine Practitioner/Physiatrist - a licensed physician who has
12 completed a residency training program in Rehabilitation Medicine in a Philippine
13 Board of Rehabilitation Medicine (PBRM) accredited training institution. They
14 shall be qualified by the PBRM as:

15
16 1) Board Eligible Physiatrist - refers to those who have completed the
17 residency training in a PBRM-accredited residency training program but
18 who have not successfully completed the specialty board examination; and
19

20 2) Board Certified (Diplomate) - refers to those who have passed Part I
21 (written) and Part II (oral) of the Diplomate Board Examination given by
22 the Philippine Board of Rehabilitation Medicine (PBRM).
23

24 F) Rehabilitation Medicine Center/Facility/Unit - any facility that renders services
25 for the rehabilitation of physical disabilities. This may be hospital-based or free
26 standing; and
27

28 G) Rehabilitation Medicine Team - a group of medical and allied health professionals
29 concerned with the medical rehabilitation of patients with physical disabilities.
30 The team is headed by a physiatrist and is composed of, but not limited to, the
31 following:

32 1) Physical Therapists;

33 2) Occupational Therapists;

34 3) Prosthetists And Orthotists;

35 4) Rehabilitation Nurses;

36 5) Speech Pathologists;

37 6) Social Workers;

38 7) Vocational Counselors; and

39 8) Recreational Therapists.
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49 **SEC. 4. *Scope of Practice.*** - The practice of Rehabilitation Medicine includes:
50

1 A) Professional services related to the care of an individual patient, either as a
2 physician primarily responsible for individual patient care or as a consultant to
3 another physician namely:
4

- 5 1) History taking, examination of patients and/or performance of
6 specific diagnostic procedures for purposes of establishing
7 diagnosis and/or evaluation of disability, impairment, functional
8 capacity and potential for rehabilitation;
9
- 10 2) Prescription and/or rendering of appropriate medical treatment
11 which may include any or all aspects of physical medicine as well
12 as rehabilitative measures, including but not limited to physical
13 therapy, occupational therapy, speech therapy and orthotic and
14 prosthetic services;
15
- 16 3) Follow-up examination of patients in offices, hospitals,
17 rehabilitation facilities, extended care facilities or home for
18 purposes of reevaluation and treatment modifications;
19
- 20 4) Appropriate consultation with other medical specialists;
21
- 22 5) Counseling and conference with non-physician health care
23 professionals or family concerning conduct of patient's care or
24 patient's progress; and
25
- 26 6) Examination of patient's records, preparation of reports and
27 correspondence, appearance in testimony pertaining to patient.
28

29 B) Professional services related to the administration of rehabilitation facilities or
30 limits, namely:
31

- 32 1) Professional general supervision of rehabilitation services in a
33 hospital-based rehabilitation center or unit, or any other free
34 standing units that render limited rehabilitation services,
35 convalescent home and private homes, for quality assurance and
36 appropriate utilization of services;
37
- 38 2) Planning, establishment and management of facilities, equipment
39 and personnel for functions and activities for rehabilitation
40 department or unit, or any other free standing unit that render
41 limited rehabilitation services, convalescent home and private
42 homes, for quality assurance and appropriate utilization of services;
43
- 44 3) Maintenance of adequate records and statistics;
45
- 46 4) Education of physicians and allied health care professionals of
47 Rehabilitation Medicine;
48
- 49 5) Education of the public on health care issues pertaining to
50 Rehabilitation Medicine;

- 1 6) Providing professional development of Rehabilitation Medicine
2 through research and medical education;
3
- 4 7) Designing/planning/implementing of health programs for
5 maintenance of health and prevention of disability;
6
- 7 8) Linkages with government and non-governmental agencies, both
8 local and abroad, for programs related to Rehabilitation Medicine;
9
- 10 9) Promotion of the team approach among medical and allied medical
11 health care professionals in the holistic care of patients; and
12
- 13 10) Setting standards for compensation of Rehabilitation Medicine
14 services rendered.
15

16 C) Guidelines for Practice in a Rehabilitation Medicine Facility:
17

- 18 1) Every patient shall be examined and diagnosed by a physiatrist.
19 The physiatrist recommends, prescribes and supervises an
20 individual treatment plan. The treatment plan and rehabilitation
21 program shall be regularly reviewed on a team basis.
22
- 23 2) Medications and other various therapies shall be prescribed by a
24 physiatrist.
25
- 26 3) The physiatrist has the primary responsibility of regularly
27 following patients in his charge and modifying or terminating
28 treatment.
29
- 30 4) A physiatrist shall head the facility/unit and shall supervise the
31 delivery of rehabilitation medicine services rendered by other
32 members of the Rehabilitation Medicine team. In areas where there
33 is no physiatrist, a licensed physician shall head the facility or unit.
34
- 35 5) If a physiatrist is non-competent to manage a patient, he shall
36 consult or refer to another physiatrist or physician specialist who is
37 competent in the particular disease or condition he is treating.
38
- 39 6) A Board Certified physiatrist may head not more than three (3)
40 Rehabilitation Medicine facilities. In the absence of a Board
41 Certified physiatrist, a Board eligible physiatrist may head the
42 facility, provided that he conforms with the requirements of the
43 PBRM.
44
- 45 7) The physiatrist shall charge professional fees in accordance with
46 the standards of the Philippine Medical Association and the
47 Philippine Health Insurance System (PhilHealth).
48
- 49 8) The physiatrist shall conduct himself in a manner consistent with
50 the Code of Ethics of the Philippine Medical Association.

1 **SEC 5. *Qualifications to Practice.*** - A physician is qualified to practice
2 Rehabilitation Medicine if s/he is a Board Certified/Board Eligible psychiatrist, who is of good
3 moral character, and is a member of the Philippine Medical Association.
4

5 **SEC. 6. *Accreditation and Certification.***- This Act aims to establish the standards for
6 the practice, and certification of Rehabilitation Medicine practitioners in order to ensure the
7 highest quality of professional rehabilitation service to the public and to the medical
8 community.
9

10 A) Accreditation of the Psychiatrist
11

12 1) The Rehabilitation Medicine Practitioner is a graduate of a Philippine Board
13 of Rehabilitation Medicine (PBRM) - accredited Rehabilitation Medicine
14 training institution and certified by the PBRM as:
15

16 a) Board certified (Diplomate); and
17

18 b) Board Eligible
19
20

21 2) A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board
22 Certified upon compliance with and/or submission of the following
23 requirements:
24

25 a) Authenticated Professional Regulation Commission (PRC) ID as
26 duly registered physician;
27

28 b) Certificate of completion of training in a PBRM accredited
29 Rehabilitation Medicine training institution; and
30

31 c) Certificate from the Philippine Board of Rehabilitation Medicine
32 (PBRM).
33

34 3) A Rehabilitation Medicine Practitioner is duly recognized as PBRM Board
35 Eligible upon compliance with and/ or submission of the following
36 requirements:
37

38 a) Authenticated Professional Regulation Commission (PRC) ID as
39 duly registered physician;
40

41 b) Certificate of completion of training in a PBRM accredited
42 Rehabilitation Medicine training institution; and
43

44 c) Certificate of eligibility from PBRM
45

46 4) A Rehabilitation Medicine Practitioner, who is duly recognized as PBRM
47 Board Eligible, must upgrade himself to PBRM Board Certified status within
48 five (5) years after graduation from a PBRM-accredited Rehabilitation
49 Medicine training institution. Forfeiture of this Board eligibility status is
50 incumbent upon review and evaluation of the PBRM Board of Governors.

1 B) Continuing Certification of the Rehabilitation Medicine Specialist. – A certified
2 Diplomate of the Philippine Board of Rehabilitation Medicine, in order to be duly
3 recognized as a Rehabilitation Medicine Specialist, must undergo recertification every
4 three (3) years through PBRM accreditation.
5

6 **SEC.7. *Technical Standards and Requirements for the Registration, Operation and***
7 ***Maintenance of Rehabilitation Medicine Facilities in the Philippines.*** – Technical standards
8 and requirements for the registration, operation and maintenance of rehabilitation medicine
9 facilities shall apply to all entities performing the activities and functions of Rehabilitation
10 Medicine facilities. These shall include the evaluation and treatment of all conditions
11 requiring rehabilitation of physical disabilities. These standards and requirements shall be
12 formulated to protect and promote the health of the people by the operation of standards,
13 properly managed and adequately supported Rehabilitation Medicine facilities.
14

15 **SEC. 8. *Regulatory Authority.*** – Technical standards and requirements for the
16 registration, operation and maintenance of Rehabilitation Medicine facilities in the
17 Philippines shall be implemented and regulated by the Department of Health – Bureau of
18 Health Facilities and Services (DOH-BHFS).
19

20 **SEC. 9. *Classification of Facilities.*** – Rehabilitation Medicine facilities shall be
21 classified according to its institutional character, and extent of services offered. The bases for
22 the classification of the different categories of Rehabilitation facilities are: (1) Psychiatrist
23 qualification, (2) Allied Health personnel staff qualification, (3) Rehabilitation Medicine
24 services available and (4) Physical set-up and equipment.
25

26 a) Categories:
27

- 28 1. As to institutional character, Rehabilitation Medicine facilities
29 are either hospital-based (if operating within a hospital set-up)
30 or freestanding (if operating on its own or part of a facility
31 other than a hospital);
32
- 33 2. As to extent, Rehabilitation medicine facilities maybe primary,
34 secondary or tertiary, or home-based;
35
- 36 3. As to function, Rehabilitation Medicine facilities may be
37 utilized for training, service and research, or service alone; and
38
- 39 4. As to service, Rehabilitation Medicine facilities can also be
40 either general or specialized.
41

42 b) A primary Rehabilitation Medicine facility shall have the following:
43

- 44 1. At least one (1) Philippine Board Rehabilitation Medicine
45 (PBRM) eligible psychiatrist;
46
- 47 2. At least one (1) allied rehabilitation health professional;
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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); and
10. First aid kit with basic CPR equipment.

c) A secondary Rehabilitation medicine facility shall have the following:

1. At least one (1) PBRM Board certified physiatrist;
2. At least one (1) licensed Physical therapist and Occupational therapist;
3. Rehabilitation Medicine Consultation Management, Physical Therapy 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) PBRM Board certified physiatrist;
2. At least one (1) 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); and
4. Compliance with 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;

- 1 5. A Training/Service and Research facility, which shall fulfill all
2 the requirements as a residency training institution in
3 accordance with PBRM guidelines;
4
- 5 6. A specialized facility, which should cater to sub-specialty
6 conditions in rehabilitation Medicine (Cardiac, Pain, Pediatric,
7 Pulmonary, Sports, among others), shall be a hospital-based
8 facility with a multi-disciplinary set-up.
9

10 **SEC. 10. *Management and Operation of a Rehabilitation Medicine Facility.*** - A
11 Rehabilitation Medicine Facility shall be headed by a Rehabilitation Medicine specialist who
12 is either a Philippine Board of Rehabilitation Medicine Certified or Eligible rehabilitation
13 Medicine specialist who must assume technical and administrative supervision and control of
14 the activities in the said facility. An adequate and effective system of documentation,
15 recording and records keeping must be maintained for all consultations and services in the
16 facility. The rates for consultation and services shall be in accordance with the standards of
17 the Philippine Medical Association and PhilHealth.
18

19 **SEC. 11. *Application for Registration and Issuance of License.*** - Applications for
20 registration and issuance of a license shall be filed by the owner or his duly authorized
21 representative with the DOH-BHFS together with an Information sheet to be filled up by the
22 physiatrist-in-charge. Upon receipt of the said application together with the license fee, a
23 technical committee team will inspect the facility within sixty (60) days. Certificates of
24 licenses shall be issued and approved by the Head of the Bureau of Health Facilities and
25 Services. A provisional license may be granted to facilities with insufficient requirements for
26 special cases for a period of one (1) year.
27

28 **SEC. 12. *Terms and Validity of License.*** - The license to operate will only be valid
29 for a period of two (2) years. Application for renewal of the license shall be made during the
30 last six (6) months of validity. The license must be placed in a conspicuous place within the
31 facility. A copy of the rules and regulations should also be readily available. Upon violation
32 of the standards provided, a license may be revoked. Investigation of all charges or
33 complaints against a Rehabilitation Medicine facility or any of its personnel shall be made to
34 the PBRM (when complaint is against the physiatrist) and to the Department of Health-
35 Bureau of Health Facilities and Services for appropriate investigation.
36

37 **SEC. 13. *Penalties.*** - Any person, partnership, association, or corporation who
38 establishes, operates, conducts, manages or maintains a rehabilitation medicine facility within
39 the meaning of this Act without first obtaining a license or violates any provision of this Act
40 or its Implementing Rules and Regulations shall be liable to a fine of not less than Twenty
41 Thousand Pesos (P20,000.00) but not to exceed Fifty Thousand Pesos (P50,000.00) for the
42 first offense, and not less than Fifty Thousand Pesos (P50,000.00) but not to exceed One
43 Hundred Thousand Pesos (P100,000.00) for the second offense, and not less than One
44 Hundred Thousand pesos (P100,000.00), but not to exceed Two Hundred Thousand Pesos
45 (P200,000.00) for the third and each subsequent offense. Each day that a facility or other
46 related facility shall operate after the first violation shall be considered a subsequent offense.
47 In addition to the penalties specified in the preceding paragraph, the Bureau, upon the
48 approval of the Secretary, may summarily order the closure of any rehabilitation medicine
49 facility found operation without a license.
50

1 **SEC. 14. *Implementing Rules and Regulations (IRR)*.** – To implement the
2 provisions of this Act, the Department of Health – Bureau of Health facilities and Services
3 (DOH-BHFS), in coordination with the national professional organization duly recognized by
4 the Professional Regulation Commission, shall promulgate the rules and regulations,
5 including the technical standards and requirements for the registration, operation and
6 maintenance of rehabilitation medicine facilities, within ninety (90) days after the effectivity
7 of this Act.
8

9 **SEC. 15. *Separability Clause*.** – If any part or provision of the Act shall be held
10 unconstitutional or invalid, other Provisions hereof which are not affected hereby shall
11 continue to be in full force and effect.
12

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

16 **SEC. 17. *Effectivity*.** – This shall take effect after fifteen (15) days from its
17 publication in two (2) national newspapers of general circulation.

Approved.