

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 791



**Introduced by REPRESENTATIVES ANTONIO T. ALBANO and
RODOLFO B. ALBANO**

EXPLANATORY NOTE

In the past decade, Rehabilitation Medicine as a field of specialization experienced growth in all aspects. The number of trainees, graduates, and certified diplomats and fellows has increased tremendously. There has also been a markedly 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.

However, many of these rehabilitation centers are not headed by physiatrists (medical specialists who 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 the physiatrist who is the specialist in medical rehabilitation and who is trained to evaluate and treat patients with physical disabilities from the rehabilitation standpoint, and to manage and administer

Rehabilitation Medicine departments, centers, clinics or other similar facilities.

It is the objective of this proposed Rehabilitation Medicine Act to set standards for the training and practice of Rehabilitation Medicine as well as technical and operational standards for rehabilitation centers to enable them to function at the highest level of standards as headed and supervised by duly trained and certified psychiatrists. This way, the interests of the Filipino patients who seek treatment from these centers are fully protected.

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

A handwritten signature in black ink, appearing to read 'TonyPET Albano', written in a cursive style.

REP. ANTONIO "TONYPET" T. ALBANO

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

Be in 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
2 Rehabilitation Standards Act of 2019”

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

11 **SEC. 3. – Definitions.** – As used in this Act, the following terms shall
12 mean:

13 a. Rehabilitation Medicine – the branch of medicine which deals with
14 the prevention, diagnosis, treatment and rehabilitation of
15 neuromusculoskeletal, cardiovascular, pulmonary and other system

1 disorders which produce temporary or permanent disability in
2 patients as well as the performance of different diagnostic
3 procedures, including, but not limited to, electromyography and
4 other electrodiagnostic techniques. It also involves specialized
5 medical care and training of patients with loss of any function so
6 that they may obtain or be able to function to their maximum
7 potential, physically, psychologically, socially and vocationally,
8 providing special attention and care to prevent complications or
9 deterioration, and to assist in physiologic adaptation of disability. In
10 addition, the practice of Rehabilitation Medicine uses agents such
11 as heat, light, water, electricity, therapeutic exercise and mechanical
12 agents in its treatment armamentarium.

- 13 b. Medical Rehabilitation – the process of helping a person reach the
14 fullest physical, psychological, social, vocational and educational
15 potential consistent with his or her physiologic or anatomic
16 impairments, environmental limitations and life plans.
- 17 c. Physiatrist – a physician who is licensed and duly registered with
18 the Professional Regulation Commission and who completed three
19 (3) years of residency training in Rehabilitation Medicine in a
20 Philippine Board Rehabilitation Medicine-accredited training
21 institution.
- 22 d. Philippine Board of Rehabilitation Medicine (PBRM) – a non-stock,
23 non- profit corporation, duly recognized by the Professional
24 Regulation Commission and the Philippine Medical Association
25 composed of Board Certified Rehabilitation Medicine Specialists
26 tasked with accrediting and evaluating training institutions
27 specializing in Rehabilitation Medicine, and certifying graduates of
28 these training institutions.
- 29 e. Rehabilitation Medicine Practitioner/Psychiatrist – a licensed
30 physician who completed a residency training program in
31 Rehabilitation Medicine in a Philippine Board of Rehabilitation
32 Medicine (PBRM) accredited training institution. They shall be
33 qualified by the PBRM as:

1 A) Board Eligible Psychiatrist – refers to one who completed residency
2 training in a PBRM-accredited residency training program but
3 who has not successfully completed the specialty board
4 examination.

5 B) Board Certified (Diplomate) – refers to those have passed Part I
6 (written) and Part II (oral) of the Diplomate Board Examination
7 given by the Philippine Board of Rehabilitation Medicine (PBRM).

8 f. Rehabilitation Medicine Center/Facility/Unit - any facility that
9 renders services for the rehabilitation of physical disabilities and
10 which may be hospital-based or free-standing.

11 g. Rehabilitation Medicine Team – a group of medical and allied health
12 professionals concerned with the medical rehabilitation of patients
13 with physical disabilities. The team is headed by a psychiatrist and is
14 composed of, but not limited to, the following:

- 15 1. Physical Therapists
- 16 2. Occupational Therapists
- 17 3. Prosthetists and Orthotists
- 18 4. Rehabilitation Nurses
- 19 5. Speech Pathologists
- 20 6. Social Workers
- 21 7. Vocational Counselors
- 22 8. Recreational Therapists

23 **SEC. 4. Scope of Practice.** – The practice of Rehabilitation Medicine
24 includes:

25 a. Professional services related to the care of an individual patient,
26 rendered either as a physician primarily responsible for individual
27 patient care or as a consultant to another physician, and consists
28 of:

- 29
- 30 1. History taking, examination of patients, performance of specific
31 diagnostic procedures for the purpose of establishing diagnosis

1 and evaluation of disability, impairment, functional capacity and
2 potential for rehabilitation;

- 3 2. Prescription and rendering of appropriate medical treatment
4 which may include any or all aspects of physical medicine as well
5 as rehabilitative measures, including but not limited to physical
6 therapy, occupational therapy, speech therapy and orthotic and
7 prosthetic services.
- 8 3. Follow-up examination of patients in offices, hospitals,
9 rehabilitation facilities, extended care facilities or home for
10 purposes of re-evaluation and treatment modifications;
- 11 4. Appropriate consultation with other medical specialists;
- 12 5. Counseling and conference with non-physician health care
13 professionals or family concerning conduct of patient's care or
14 patient's progress; and
- 15 6. Examination of patient's records, preparation of reports,
16 designing, planning, and implementation of health programs for
17 the maintenance of health and prevention of disability; and
18 correspondence as well as appearance in court or providing
19 testimony pertaining to a patient.

20
21 b. Professional services related to the administration of rehabilitation
22 facilities or units consist of :

- 23 1. Professional general supervision of rehabilitation services in a
24 hospital-based rehabilitation center or unit or any other free
25 standing units that render limited rehabilitation services,
26 convalescent home and private homes, for quality assurance and
27 appropriate utilization of services;
- 28 2. Planning, establishment and management of facilities, equipment
29 and personnel for the performance of functions and activities of
30 a rehabilitation department or unit, or any other free standing
31 unit that render limited rehabilitation services, convalescent
32 home and private homes, for quality assurance and appropriate
33 utilization of services;

- 1 3. Maintenance of complete and accurate records and statistics;
- 2 4. Education of physicians and allied health care professionals in
- 3 Rehabilitation Medicine, both local and foreign, for programs
- 4 related to Rehabilitation Medicine;
- 5 5. Education of the public on health care issues pertaining to
- 6 Rehabilitation Medicine through research and medical education;
- 7 6. Promoting professional development of Rehabilitation Medicine
- 8 through research and medical education;
- 9 7. Designing, planning and implementing of health programs for
- 10 maintenance of health and prevention of disability;
- 11 8. Establishing linkages with government and non-government
- 12 agencies, both local and foreign, for programs related to
- 13 Rehabilitation Medicine;
- 14 9. Promotion of the team approach among medical and allied
- 15 medical health care professionals in the holistic care of patients;
- 16 and
- 17 10. Setting standards for compensation of Rehabilitation
- 18 Medicine services.

19 c. Guidelines for Practice in a Rehabilitation Medicine Facility:

- 20 1. Every patient shall be examined and diagnosed by a physiatrist.
- 21 The physiatrist recommends, prescribes and supervises an
- 22 individual treatment plan. The treatment plan and rehabilitation
- 23 program shall be regularly reviewed on a team basis.
- 24 2. Medications and various other therapies shall be prescribed by a
- 25 physiatrist.
- 26 3. The physiatrist has the primary responsibility of regularly
- 27 following-up on patients in his charge and modifying or
- 28 terminating treatment.
- 29 4. A physiatrist shall head the facility/unit and shall supervise the
- 30 delivery of rehabilitation medicine services rendered by other
- 31 members of the Rehabilitation Medicine team. In areas where

1 there is no physiatrist, a licensed physician shall head the facility
2 unit.

3 5. If a physicians is not competent to manage a patient, he shall
4 consult or refer to another physiatrist or physician who is
5 competent in the particular disease or condition requiring
6 treatment.

7 6. A Board certified physiatrist may head not more than three (3)
8 Rehabilitation Medicine facilities. In the absence of a Board
9 Certified physiatrist, a Board eligible physiatrist may head the
10 facility, provided that he conforms to the requirements of the
11 PBRM.

12 7. The physiatrist shall charge professional fees in accordance with
13 the standards of the Philippine Medical Association and the
14 Philippine Health Insurance System (PHILHEALTH).

15 8. The physiatrist shall conduct himself in a manner consistent with
16 the Code of Ethics of the Philippine Medical Association.

17 **SEC. 5. Qualifications to Practice.** – A physician who is a Board
18 Certified/Board Eligible physiatrist, of good moral character and is a member
19 of the Philippine Medical Association is qualified to practice Rehabilitation
20 Medicine.

21 **SEC. 6. Accreditation and Certification.** – This Act aims to establish
22 the standards for the practice of Rehabilitation Medicine and the certification
23 of Rehabilitation Medicine practitioners in order to ensure the highest quality
24 of professional rehabilitation service to the public and to the medical
25 community.

26 a. Accreditation of the Physiatrist

27 1. A Rehabilitation Medicine Practitioner eligible for
28 accreditation is a graduate of a Philippine Board of
29 Rehabilitation Medicine (PBRM) – accredited Rehabilitation
30 Medicine training institution and certified by the PBRM as:

31 1.a Board certified (Diplomate)

32 1.b Board Eligible

1 2. A Rehabilitation Medicine Practitioner is duly recognized as
2 PBRM Board Certified upon compliance with and submission
3 of the following requirements;

4 2.a. Authenticated Professional Regulation Commission
5 (PRC) ID as a duly registered physician.

6 2.b. Certificate of completion of training in a PBRM
7 accredited Rehabilitation Medicine training institution.

8 2.c. Certificate from the Philippine Board of Rehabilitation
9 Medicine (PBRM).

10 3. A Rehabilitation Medicine Practitioner is duly recognized as
11 PBRM Board Eligible upon compliance with and submission of
12 the following requirements:

13 3.a. Authenticated Professional Regulation Commission
14 (PRC) ID as duly registered physician

15 3.b. Certificate of completion of training in a PBRM
16 accredited Rehabilitation Medicine training institution.

17 3.c. Certificate of Eligibility from PBRM.

18 4. A Rehabilitation Medicine Practitioner, who is duly recognized
19 as PBRM Board Eligible, must upgrade to a PBRM Board
20 Certified status within five (5) years after graduation from a
21 PBRM-accredited Rehabilitation Medicine training institution.
22 Forfeiture of this Board eligibility status is incumbent upon
23 review and evaluation of the PBRM Board of Governors.

24 b. Continuing Certification of Rehabilitation Medicine Specialists - A
25 Certified Diplomate of the Philippine Board of Rehabilitation Medicine,
26 in order to be duly recognized as a rehabilitation Medicine specialist,
27 must undergo re-certification every three (3) years through PBRM
28 accreditation.

1 **SEC. 7. – Technical Standards and Requirements for the**
2 **Registration, Operation and Maintenance of Rehabilitation Medicine**

3 **Facilities.** – Technical standards and requirements for the registration,
4 operation and maintenance of rehabilitation medicine facilities shall apply to
5 all entities performing the activities and functions of Rehabilitation Medicine
6 facilities. These shall include the evaluation and treatment of all conditions
7 requiring rehabilitation of physical disabilities. These standards and
8 requirements shall be formulated to protect and promote the health of the
9 people through the implementation of standards to ensure proper
10 management and adequate support for Rehabilitation Medicine facilities.

11 **SEC. 8. Regulatory Authority** – technical standards and requirements
12 for the registration and maintenance of Rehabilitation Medicine Facilities in
13 the Philippines shall be implemented and regulated by the Department of
14 Health-Bureau of Health Facilities and Services (DOH-BHFS).

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

21 a. Categories

- 22 1. As to institutional character, Rehabilitation Medicine facilities are
23 either hospital based (if operating within a hospital set-up) or free
24 standing (if operating on its own or part of a facility other than a
25 hospital).
26 2. As to the extent of services, Rehabilitation Medicine facilities
27 maybe primary, secondary , tertiary, or home-based.
28 3. As to function, a Rehabilitation Medicine facility may be utilized
29 for training services and research or for services alone.
30 4. As to services, a rehabilitation Medicine facility can also be either
31 general or specialized.

32 b. A primary rehabilitation Medicine facility shall have the following:

1. At least one (1) 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 ADFL training devices;
7. Gym area, to include parallel bars, mirror, weights and assistive devices such as canes, crutches and walkers among others;
8. Evaluation tools;
9. Adequate utilities such as 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 therapist and occupational therapist;
3. Rehabilitation Medicine consultation and 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 and orthotist in-house or referral services, speech therapy in-house or referral services;
4. Compliance with the secondary category set-up and equipments, with additional two (2) superficial healing modalities, medium

1 frequency modality, mechanized traction, ultraviolet or cold laser
2 intermittent compression unit, mechanized intermittent traction
3 and tilt table with additional gym equipment.

4 5. A Training/Service and Research facility, which shall fulfill all the
5 requirements as a residency training institution in accordance
6 with PBRM guidelines.

7 6. A specialized facility which should cater to sub-specialty
8 conditions in rehabilitation medicine including cardiac, pain,
9 pediatric, pulmonary, sports, among others, shall be a hospital-
10 based facility with a multi-disciplinary set-up.

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

19 **SEC. 11. Application for Registration and Issuance of License.** –
20 Applications for registration and issuance of a license shall be filed by the
21 owner of the facility or his duly authorized representative with the DOH-
22 Bureau of Health Facilities and Services (DOH-BHFS), together with an
23 information sheet to be filled-up by the physiatrist-in-charge. Upon receipt of
24 the said application together with the payment of the license fee, a technical
25 committee will inspect the facility within sixty (60) days. Certificates of
26 licenses shall be issued and approved by the Head of the Bureau of Health
27 Facilities Services. A provisional license may be granted to facilities with
28 insufficient requirements for a period not exceeding one (1) year.

29 **SEC. 12. Terms and Validity of License.** - The license to operate will
30 only be valid for a period of two (2) years. Application for renewal of the license
31 shall be made during the last six (6) months of validity. The license must be
32 displayed in a conspicuous place within the facility. A copy of the rules and

1 regulations should also be readily available. Any violation of any of the
2 standards provided in this Act shall be a ground for a license to be revoked.
3 Charges or complaints against a Rehabilitation Medicine facility or any of its
4 personnel shall be submitted for investigation to the PBRM when complaint
5 is against a physiatrist, and to the Department of Health-Bureau of Health
6 Facilities and Services for other complaints.

7 **SEC. 13. Penalties.** – Any person, partnership, association or
8 corporation who shall establish, operate, conduct, manage or maintain a
9 rehabilitation medicine facility within the meaning of this Act without first
10 obtaining a license, or violates any provision of this Act or its implementing
11 rules and regulations shall be imposed a fine of not less than Two Hundred
12 Thousand Pesos (P200,000.00) but not exceeding Three Hundred Thousand
13 Pesos (P300,000.00) for the first offense, and not less than Four Hundred
14 Thousand Pesos (P400,000.00) but not exceeding Five Hundred Thousand
15 Pesos (P500,000.00) for the second offense, and not less than Five Hundred
16 Thousand Pesos (P500,000.00) but not to exceed Seven Hundred Fifty
17 Thousand Pesos (P750,000.00) for the third offense and each of the
18 subsequent offenses. Each day that a facility or other related facility shall
19 operate after the first violation shall be considered a subsequent offense.

20 In addition to the penalties specified in the preceding paragraph, the
21 DOH-BHFS , upon the approval of the Secretary, may summarily order the
22 closure of any rehabilitation medicine facility found operating without a
23 license.

24 **SEC. 14. Implementing Rules and Regulations (IRR).** – The DOH-
25 BHFS, in coordination with the national professional organization duly
26 recognized by the Professional Regulation Commission, shall promulgate the
27 rules and regulations, including the technical standards and requirements for
28 the registration, operation and maintenance of rehabilitation medicine
29 facilities, within ninety (90) days after the effectivity of this Act.

1 **SEC. 15. Separability Clause.** – If any part or provision of the Act shall
2 be held unconstitutional or invalid, other provisions hereof which are not
3 affected thereby shall continue to be in full force and effect.

4 **SEC. 16. Repealing Clause.** – All laws, decrees, rules and regulations
5 inconsistent with the provisions of this Act are hereby repealed or modified
6 accordingly.

7 **SEC. 17.** – This Act shall take effect fifteen (15) days after its publication
8 in the Official Gazette or in any two (2) newspapers of general circulation.

Approved.