

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila
SEVENTEETH CONGRESS
HOUSE BILL NO. 2186

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Introduced by Rep. Florida P. Robes

EXPLANATORY NOTE

When people suffer from physical impairments or disabilities due to acute illness or injury such as stroke, spinal cord injuries, heart surgery, amputation, joint replacement, sports injuries or spinal disorders, they undergo rehabilitation to restore their health and functional abilities under the supervision of a physiatrist or rehabilitation doctor. The sensitivity of the nature of intervention calls for a government regulation to ensure that the patient is given proper care according to technical standards and norms of practice. Hence, the practice of rehabilitation medicine must be regulated through the enforcement and implementation of guidelines based on international standards in order to prevent any untoward complications that may result in the process.

This bill which seeks to provide for the technical standards on the operation and maintenance of Medical Rehabilitation Facilities in the Philippines is in consonance with State policy to espouse an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to the people. With this said, the rehabilitation of patients to regain back or at least prevent further deterioration of his or her physical, physiological, health should be a pivotal concern of the government.

By providing standards in the practice of the profession of medical rehabilitation, patients are assured that they will be in good hands. It is for this reason that this bill should be given priority. Approval of this bill is earnestly sought.



FLORIDA P. ROBES

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

SEVENTEETH CONGRESS
First Regular Session

HOUSE BILL NO. 2186

Introduced by Honorable Florida P. Robes

AN ACT
PROVIDING FOR THE TECHNICAL STANDARDS ON THE OPERATION
AND MAINTENANCE OF MEDICAL REHABILITATION FACILITIES IN
THE PHILIPPINES 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.**”

SEC. 2. – Definition of Terms. – 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 Commissions and who has completed 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 Physiatrists** - refers to members of good standing of the Philippine Academy of Rehabilitation Medicine (PARM) who have passed the Diplomate examination given by the Philippine Board of Rehabilitation Medicine (PBRM).

g) **Board Eligible (BE) Physiatrists** - 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 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 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 Therapists
6. Social Workers
7. Vocational Counselors
8. Recreational Therapists

SEC. 3. - Guidelines for practice in a Rehabilitation Medicine Facility:

1. Every patient shall be examined and diagnosed by a board certified or board eligible physiatrist. The board certified or board eligible 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 board certified or board eligible physiatrist has the primary responsibility of regularly following patients in his charge and modifying or terminating treatment.
4. A board certified or 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 board certified or board eligible 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. 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 or board 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 or board eligible physiatrist shall conduct himself in a manner consistent with the code of ethics of the Philippine Medical Association.

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

SEC. 5. - 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.

SEC. 6. - 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).

SEC. 7. – 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) Board Certified or Board Eligible 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 facility 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 Philippine Board of Rehabilitation Medicine (PBRM) eligible Physiatrist
 2. At least one licensed allied rehabilitation health professional.
 3. Rehabilitation Medicine Consultation and Management with Physical or Occupational Therapy services
 4. Physical set-up
 5. Medical Consultation area
 6. Treatment area to include at least an electrotherapy 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 have all the requirements as a residency training institution in accordance with PBRM guidelines.
6. Specialized facility, the facility should cater to a subspecialty condition in Rehabilitation Medicine (Cardiac, Pain, Pediatric, Pulmonary, Sports, among others). Shall be a hospital-based facility with a multidisciplinary set-up.
7. A freestanding clinic must be headed by a board certified or board eligible physiatrist with at least one (1) licensed allied health professional with a certificate in Basic Life Support.

SEC. 8. - Management and Operation of a Rehabilitation 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 consultation and services shall be in accordance with the standards of the PARM and the PHILHEALTH.

SECT. 9. – 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 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. 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.

SEC. 10. - 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 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.

SEC. 11. – 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 (100,000.00) 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.

SEC. 12. – 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.

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

SEC. 14. – Effectivity – This Act shall take effect fifteen (15) days after its approval.

Approved,