

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



EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 2620

**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 physiatrists. 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.


REP. ANTONIO T. ALBANO


REP. RODOLFO B. ALBANO

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

*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
2 Rehabilitation Standards Act of 2019”

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

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

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

1 Medicine (PBRM) accredited training institution. They shall be
2 qualified by the PBRM as:

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

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

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

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

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

26 **SEC. 4. Scope of Practice.** – The practice of Rehabilitation Medicine
27 includes:

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

1. History taking, examination of patients, performance of specific diagnostic procedures for the purpose of establishing diagnosis and evaluation of disability, impairment, functional capacity and potential for rehabilitation;
2. Prescription and 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 re-evaluation 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, designing, planning, and implementation of health programs for the maintenance of health and prevention of disability; and correspondence as well as appearance in court or providing testimony pertaining to a patient.

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

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 the performance of functions and activities of a rehabilitation department or unit, or any other free standing unit that render limited rehabilitation services,

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

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

- 23 1. Every patient shall be examined and diagnosed by a physiatrist.
- 24 The physiatrist recommends, prescribes and supervises an
- 25 individual treatment plan. The treatment plan and rehabilitation
- 26 program shall be regularly reviewed on a team basis.
- 27 2. Medications and various other therapies shall be prescribed by
- 28 a physiatrist.
- 29 3. The physiatrist has the primary responsibility of regularly
- 30 following-up on patients in his charge and modifying or
- 31 terminating treatment.

- 1 4. A physiatrist shall head the facility/unit and shall supervise the
2 delivery of rehabilitation medicine services rendered by other
3 members of the Rehabilitation Medicine team. In areas where
4 there is no physiatrist, a licensed physician shall head the
5 facility unit.
- 6 5. If a physicians is not competent to manage a patient, he shall
7 consult or refer to another physiatrist or physician who is
8 competent in the particular disease or condition requiring
9 treatment.
- 10 6. A Board certified physiatrist may head not more than three (3)
11 Rehabilitation Medicine facilities. In the absence of a Board
12 Certified physiatrist, a Board eligible physiatrist may head the
13 facility, provided that he conforms to the requirements of the
14 PBRM.
- 15 7. The physiatrist shall charge professional fees in accordance with
16 the standards of the Philippine Medical Association and the
17 Philippine Health Insurance System (PHILHEALTH).
- 18 8. The physiatrist shall conduct himself in a manner consistent
19 with the Code of Ethics of the Philippine Medical Association.

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

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

29 a. Accreditation of the Physiatrist

- 30 1. A Rehabilitation Medicine Practitioner eligible for
31 accreditation is a graduate of a Philippine Board of

1 Rehabilitation Medicine (PBRM) – accredited Rehabilitation
2 Medicine training institution and certified by the PBRM as:

3 1.a Board certified (Diplomate)

4 1.b Board Eligible

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

8 2.a. Authenticated Professional Regulation Commission
9 (PRC) ID as a duly registered physician.

10 2.b. Certificate of completion of training in a PBRM
11 accredited Rehabilitation Medicine training institution.

12 2.c. Certificate from the Philippine Board of Rehabilitation
13 Medicine (PBRM).

14 3. A Rehabilitation Medicine Practitioner is duly recognized as
15 PBRM Board Eligible upon compliance with and submission
16 of the following requirements:

17 3.a. Authenticated Professional Regulation Commission
18 (PRC) ID as duly registered physician

19 3.b. Certificate of completion of training in a PBRM
20 accredited Rehabilitation Medicine training institution.

21 3.c. Certificate of Eligibility from PBRM.

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

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

6 **SEC. 7. - Technical Standards and Requirements for the**
7 **Registration, Operation and Maintenance of Rehabilitation Medicine**
8 **Facilities.** - Technical standards and requirements for the registration,
9 operation and maintenance of rehabilitation medicine facilities shall apply
10 to all entities performing the activities and functions of Rehabilitation
11 Medicine facilities. These shall include the evaluation and treatment of all
12 conditions requiring rehabilitation of physical disabilities. These standards
13 and requirements shall be formulated to protect and promote the health of
14 the people through the implementation of standards to ensure proper
15 management and adequate support for Rehabilitation Medicine facilities.

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

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

27 a. Categories

- 28 1. As to institutional character, Rehabilitation Medicine facilities
29 are either hospital based (if operating within a hospital set-up)
30 or free standing (if operating on its own or part of a facility other
31 than a hospital).

2. As to the extent of services, Rehabilitation Medicine facilities maybe primary, secondary , tertiary, or home-based.
3. As to function, a Rehabilitation Medicine facility may be utilized for training services and research or for services alone.
4. As to services, 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) 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 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 sub-specialty conditions in rehabilitation medicine including cardiac, pain, pediatric, pulmonary, sports, among others, shall be a hospital-based facility with a multi-disciplinary set-up.

SEC. 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 PBRM Certified or Eligible Rehabilitation Medicine specialist 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.

SEC. 11. Application for Registration and Issuance of License. –

Applications for registration and issuance of a license shall be filed by the owner of the facility or his duly authorized representative with the DOH-Bureau of Health Facilities and Services (DOH-BHFS), together with an