

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



HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 7153

INTRODUCED BY REP. VICTOR A. YAP

AN ACT
ESTABLISHING THE PHILIPPINE eHEALTH SYSTEM AND SERVICES IN
THE DELIVERY OF HEALTH SERVICES WITH THE USE OF
INFORMATION AND COMMUNICATIONS TECHNOLOGY AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution provides that "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

As early as 2005, the World Health Assembly recognized the potential of eHealth to strengthen health systems and improve quality, safety and access to care, and encouraged Member States to take action to incorporate eHealth into health systems and services (58th World Health Assembly, 2005; Geneva, Switzerland).

Under the Philippine Health Agenda (PHA) Strategy, ACHIEVE, "I" is to "Invest in eHealth and data for decision making." The PHA 2016-2022 identifies this guarantee on access to health interventions through functional Service Delivery Networks which shall be enabled by telemedicine to expand access to specialty services.

This bill aims to establish, institutionalize, and regulate a coherent, cordoned and collaborative National eHealth System, guided by a national policy and strategic framework. This measure will help streamline and address issues on provision, access, availability, accountability, patient rights, electronic health data, security, information exchange, among others. It is a revolutionary attempt to modernize the health sector in the country by utilizing ICT to deliver medical services to the unserved and underserved population particularly those in the provinces.

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

A handwritten signature in black ink, appearing to be "Victor A. Yap", written over a horizontal line.

REP. VICTOR A. YAP
Second District, Province of Tarlac

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AN ACT
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DELIVERY OF HEALTH SERVICES WITH THE USE OF INFORMATION AND
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THEREFOR

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

ARTICLE I
GENERAL PROVISIONS

SECTION 1. Short Title — This Act shall be known as the "Philippine eHealth Systems and
Services Act."

SECTION 2. Declaration of Policy — The State shall protect and promote the right to
health of the people and instill health consciousness among them. Hence, it is the intent of the
Legislature to institutionalize a system of providing wide access and quality healthcare
services through electronic means using Information and Communication Technologies (ICT)
or eHealth resulting in improved health outcomes for every Filipino.

SECTION 3. Objectives — The eHealth Act shall provide a policy framework and establish
a National eHealth System that will direct and regulate the practice of eHealth in the
Philippines.

The Philippine eHealth Systems and Services shall be comprehensive, integrative,
sustainable, measurable, synchronized, interoperable, and progressive based on best practices,
and shall facilitate inter-agency and inter-sectoral coordination at various level of governance
covering both the public and private sectors. It shall:

- a) recognize eHealth as equal with other healthcare delivery methods to the extent
allowable by existing laws, provide and support healthcare delivery, including
diagnosis, consultation, treatment, transfer of care of patient, exchange of health data

1 and education, especially in medically unserved and underserved geographically
2 isolated and disadvantaged areas (GIDAS);

3
4 b) utilize ICT to deliver health services which has the potential to lessen costs, improve
5 quality, change the conditions of practice, and improve access to healthcare,
6 particularly in rural and other medically underserved areas;

7
8 c) develop infrastructure for ICT for health to promote equitable, affordable, and
9 universal access to health services;

10
11 d) set policies and standards, and establish regulations regarding the field of eHealth;

12
13 e) designate national and regional centers and networks of excellence for eHealth best
14 practices, policy coordination, and technical support for healthcare delivery; and

15
16 f) facilitate the exchange and access to secured personal health information, including
17 health providers sharing and use health and medical information to improve care as
18 well as public access to relevant information for the promotion of their own personal
19 health.

20
21 **SECTION 4. Definition** — For purposes of this Act the following definition shall apply:

22
23 a) “Act” refers to the Philippine eHealth Systems and Services Act;

24
25 b) “Distant Site” refers to the site where a healthcare provider is located while providing
26 these services via telecommunication systems;

27
28 c) “Electronic health or eHealth” refers to the use of cost-effective and secure
29 information communication technology for health;

30
31 d) “Geographically Isolated and Disadvantaged Areas (GIDAS)” refer to communities
32 with marginalized population physically and socio-economically separated from the
33 mainstream society and characterized by: a. Physical factors such as those isolated due
34 to distance, weather conditions and transportation difficulties (island, upland, lowland,
35 landlocked, hard to reach and unserved/underserved communities); and b. Socio-
36 economic factors such as high poverty incidence, presence of vulnerable sector,
37 communities in or recovering from situation of crisis or armed conflict;

e) "Information and Communications Technology (ICT)" refers to the following:

1. Compressed digital interactive video, audio, or data transmission;
2. Real-time synchronous video or web-conferencing communications;
3. Secure web-based communication;
4. Still image capture or asynchronous store and forward; and
5. Modem smart medical device use for diagnosis and healthcare services.

f) "Institutional Healthcare Provider" refers to an organization or institution that provides healthcare and related services, including but not limited to the provision of inpatient and outpatient care, diagnostic or therapeutic services, laboratory services, medicinal drugs, nursing care, assisted living, elderly care and housing, including retirement communities, and equipment used or useful for the provision of healthcare and related services;

g) "Originating site" refers to the site where the patient is located at the time of provision of healthcare services through telecommunication systems;

h) "Professional Healthcare Provider" refers to the healthcare practitioner or licensed individual, which includes medical doctors, nurses, pharmacist, physical therapist, and midwives, who provides healthcare within the scope of his profession license;

i) "Licensable Healthcare Professionals" refer to healthcare professionals applying for the license to practice telehealth services;

j) "eHealth Practitioner" refers to any healthcare provider;

k) "Health Center" refers to a health agency involved in a Telehealth System;

l) "eHealth systems" refers to an organized and structure application of eHealth, integrated in the regular workflow of healthcare facilities;

m) "Telehealth" means the delivery of health-related services and information via telecommunication technology. It encompasses preventive, promotive, curative, and palliative aspects;

1 n) "Telemedicine" means the use of telecommunication technology to provide healthcare
2 services from a distance which focuses more on the curative/treatment aspect.

3
4 o) "'Unserved and underserved areas" refer to communities such as those isolated due to
5 distance, physical terrain, poverty, or lack of transportation and social services, as well
6 as those in situation of disaster, crisis, and armed conflict.

7
8 **SECTION 5. Scope** — This Act covers all existing eHealth practitioner, institution, entities,
9 services and related applications in both public and private. It shall not alter the scope of
10 practice of any healthcare provider or authorize delivery of healthcare services in any manner
11 not authorized by law. It shall cover all other eHealth solutions and services including
12 relevant standard equipment in the field of health and ancillary services that uses ICT and are
13 complementary to existing minimum modalities or standards of healthcare and other access to
14 information.

15
16 **ARTICLE II**
17 **LEADERSHIP AND GOVERNANCE**
18

19 **SECTION 6. Lead Agency** — The Department of Health (DOH) shall be the lead agency in
20 implementing this Act. For purpose of achieving the objectives of the Act, the DOH shall:

- 21 a) Establish an inter-agency and multi-sectoral National eHealth Steering Committee;
22
23 b) Spearhead the establishment of a National eHealth System and Service;
24
25 c) Coordinate with the Department of Science and Technology (DOST), the Department
26 of Information and Communication Technology Office (DICT) and the Philippine
27 Council for Health Research and Development (DOST-PCHRD), Philippine Health
28 Insurance Corporation (PhilHealth), University of the Philippines- National Telehealth
29 Center (UPM-NTHC), Medical and Paramedical Specialty Societies, Boards and
30 Associations, Professional Regulation Commission (PRC) and various health services
31 providers and facilities including the academe and patient groups, and other
32 stakeholder; and
33
34 d) Create or identify an Office to coordinate the development and implementation of a
35 National eHealth System and Services among agencies concerned and provide
36 direction and guidance to all DOH offices and attached agencies including the local
37 government units and the private sector.
38

SECTION 7. National eHealth Steering Committee — To ensure the implementation of this Act and to serve as an executive body of the Philippine eHealth System and Services (PNeHSS), the National eHealth Steering Committee shall be created and made an integral part of the DOH.

The Secretary of the Department of Health shall act as Chairperson.

The following will serve as members:

- a) Secretary, Department of Science and Technology;
- b) Secretary, Department of Information and Communication Technology;
- c) Secretary, Department of Social Welfare and Development;
- d) Secretary, Department of Interior and Local Government;
- e) President and Chief Executive Officer, Philippine Health Insurance Corporation;
- f) Chancellor, University of the Philippines — Manila;
- g) Commissioner, Professional Regulatory Commission;
- h) Commissioner, Commission on Higher Education;
- i) Commissioner, National Privacy Commission;
- j) Commissioner, National Anti-Poverty Commission;
- k) President, Philippine Hospital Association;
- l) President, Philippine Medical Association;
- m) President, Philippines Nurses Association;
- n) President, Philippine Pharmacists Association;
- o) A representative from the Association of Municipal Health Officers/PHO/CHO; and
- p) Two (2) representatives from a duly organized patient group.

Members of the Committee shall be appointed by the President of the Philippines and shall serve for three (3) years for a maximum of two (2) consecutive terms, unless recalled, replaced or resigned from office. The Committee shall exercise the following function:

- a) Establish eHealth policies, standards, regulations, and ethical frameworks pertinent to use, practice and provision of eHealth services;
- b) Direct and coordinate the eHealth system and services at the national level and ensure alignment of the system and services with the overall health goals of the government;
- c) Spearhead the activities that promote eHealth awareness and engages the participation of stakeholders;
- d) Formulate responsive plans and strategies for the development of a national eHealth environment in coordination with major stakeholders and affected sectors;

- e) Set and develop policies and programs for the further advancement of eHealth, and impose necessary regulatory mechanisms including penalties upon hearing and deciding cases;
- f) Create Technical Working Group, other Committees, and Experts Group to assist in the development of the eHealth Projects;
- g) Create or identify the Telehealth Licensing and Regulatory mechanisms and body to implement the provisions of this Act;
- h) Submit yearly assessments to the Senate Committee on Health and House of Representatives Committee on Health; and
- i) Convene at least twice a year.

ARTICLE III eHEALTH SERVICES AND SOLUTIONS

SECTION 8. Service and Application— The National eHealth System shall provide tangible means for enabling services and systems including access to, exchange and management of information and content for the general public, patients, providers, insurance, and others which may be supplied by government or private businesses.

SECTION 9. Scope of eHealth Services and Solutions — eHealth is an umbrella term that covers the following areas:

- a) "Health informatics" refers to interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning
- b) "Telehealth" means the delivery of health related services and information via telecommunication technology. It encompasses preventive, promotive, curative, and palliative aspects.
- c) "Telemedicine" means the use of telecommunication technology to provide healthcare services from a distance; focuses more on the curative/treatment aspect.
- d) "Electronic learning or e-learning" refers to learning utilizing electronic technologies to access educational curriculum outside of a traditional classroom.
- e) "Electronic Medical Record/Electronic Health Record" refers to software systems that contains encoded form of documentation of patients' health information.

- 1 f) "Electronic prescription or e-prescription" refers to an electronic generation of a
2 physician's prescription, transmission and filling of medical prescription.
3
- 4 g) "Virtual healthcare teams" refer to professionals who collaborate and share
5 information on patients with digital equipment".
6
- 7 h) "Mobile health or mHealth" refers to medical and public health practice supported by
8 mobile devices such as mobile phones, patient monitoring devices, personal digital
9 assistants (PDAs), and other wireless devices.
10
- 11 i) "Social media for eHealth" refers to the opportunities for the healthcare industry to
12 engage with patients and healthcare professionals through online communications
13 channels dedicated to community-based input, interaction, content-sharing and
14 collaboration.
- 15 j) "Health Information Exchange" refers to the solution which enables data sharing and
16 exchange between healthcare providers and facilities, and support access to the
17 patient's record across providers in many geographic areas of the country.
18
- 19 k) "Knowledge Management system" refers to any kind of IT system that stores and
20 retrieves information, improves cooperation and collaboration, locates knowledge
21 sources, manage repositories, and enhance knowledge management.
22
- 23 l) "Patient Self Education about Healthcare" refers to the patient's use of internet through
24 personal computers or mobile devices to research on medical and/or pharmacological
25 information, treatment options, or search for healthcare facilities available in their
26 area.
27

28 **SECTION 10. Telehealth and Telemedicine Services** — Telehealth is an approach of
29 providing healthcare services and public health with the use of ICT to enable the diagnosis,
30 consultation, treatment, education, care management, and self-management of patients at
31 distance from health providers. However, it shall not be understood to modify the scope of
32 medical practice or any healthcare provider or authorize the delivery of healthcare service in a
33 setting or manner not otherwise authorize by the law.
34

35 **SECTION 11. Electronic Medical/Health Record (EMR/EHR)** - All data in EMR/EHR
36 shall be considered protected health data and shall be governed by established rules for
37 access, authentications, storage and auditing, and transmittal.
38

SECTION 11.1. Disclosure — Disclosure of and accessibility to protected data in EMR/EHR shall be limited and standardized following international and local rules and regulation. Patients may secure a copy of their EMR/EHR upon request and shall provide informed consent if their EMR/EHR is shared with third parties except when these are processed for the production of aggregate health statistics, for social health insurance claims based on established guidelines, for public health emergency concerns and national security.

The Data in the EMR/EHR shall be encrypted and any unauthorized access of EMR/EHR shall be punishable under the Data Privacy Act.

SECTION 12. Creation of EMR/EHR —EMR/EHR can be created by the following professionals if it is necessary for the medical care of the patients:

1. Doctors;
2. Dentists;
3. Pharmacists, pharmacist assistants, pharmacy engineers;
4. Psychotherapists;
5. Hospital assistants in preparation for their assisting occupation, insofar as this is permissibly required for their occupational tasks and their access is being carried out under supervision of the aforementioned persons.

SECTION 13. Standards of Care — The standards of care to be provided shall be based on established clinical or service guidelines and services given must be the same regardless of whether a healthcare provider provides healthcare services in person or electronically. The primary accountable for the healthcare delivery shall be the attending physician.

ARTICLE IV

STANDARDS AND INTEROPERABILITY

SECTION 14. Standards — Standards shall be introduced and imposed to facilitate interoperability among systems and devices, provide unqualified privacy and security and to address the unique needs of the people. This must be complied with by various providers, centers, and systems developers to enable consistent and accurate collection, and exchange of health information across health systems and services. The appropriate Committee as may be mandated in this Act shall define and regularly update, and impose standards for

1 interoperability among various eHealth systems and services and ensure wide dissemination
2 for easy access of all concerned .
3

4 **SECTION 15. Interoperability framework** - The eHealth interoperability shall be defined
5 and must be in consonance with national eGovernment interoperability framework and
6 established internal standards.
7

8 **SECTION 16. Secure Health Information Exchange (HIE)** - The DOH, DOST, DICT and
9 PhilHealth shall establish a secured health information exchange using a common trust
10 framework and a common set of rules which serves as the foundation for electronic
11 information exchange across geographical and health-sector boundaries. The HIE includes the
12 physical infrastructure, standards, core services, and applications that will strengthen the
13 national eHealth environment.
14

15 **SECTION 17. Establishment and Accreditation of eHealth Centers and eHealth**
16 **Practitioners** — This Act shall ensure that telehealth centers are strategically organized
17 across the country within three (3) years upon effectivity of this Act to ensure that telehealth
18 practitioners are sufficiently equipped with skills for the ethical safe practice of telehealth.
19 Regional Telehealth Centers shall be established. No telehealth center shall be allowed to
20 operate unless it has been duly accredited based on the standards set forth by the DOH. The
21 Department of Health shall be the lead agency for the accreditation for the facilities as
22 Telehealth centers, whereas the Professional Regulatory Commission shall be the lead agency
23 for the accreditation of the Telehealth Practitioners in close coordination with the National
24 eHealth Steering Committee. Practitioner shall be accredited by the PhilHealth for
25 reimbursement purposes. A Telehealth Center shall have the following minimum
26 requirements:
27

- 28 a) Equipped with the needed applications suitable for telehealth in the country;
- 29 b) Be supervised and staffed by trained personnel; and
- 30 c) Undergo periodic unannounced inspection by the DOH in order to evaluate and
31 ensure quality telehealth center performance.

32 **ARTICLE V** 33 **INFRASTRUCTURE** 34 35

36 **SECTION 18. ICT Infrastructure** — The required ICT infrastructure to implement eHealth
37 system and services shall conform to the national ICT infrastructure plan and standards.
38

SECTION 19. Medical Devices and eHealth Solutions - Software platform that connects existing or new medical devices and gateways shall be defined and regulated to ensure seamless data transfers based on established industry and national standards and standardization of EMR/EHR.

SECTION 20. Telehealth Centers Database — All telehealth centers and originating sites shall coordinate with DOH for consolidation of pertinent databases. DOH shall maintain and manage a national database for consultations on clinical cases as well as health and medical education exchanges.

SECTION 21. National Health Databases and Data Warehouse — The DOH shall spearhead the maintenance and management of a secured and protected national health database and national health data warehouse or defined shared EMR/EHR and of consultations on clinical cases as well as health and medical education exchanges and other eHealth applications.

ARTICLE VI HUMAN RESOURCES

SECTION 22. Human Resources ICT Competencies — Minimum ICT or eHealth competencies shall be established and imposed to medical and paramedical professionals practicing eHealth and be part of the medical and allied medical curricula.

SECTION 23. Capability Building Plans & Policies — Human resource plans and policies shall fully take into account in delivering Telehealth and Telemedicine. The following are to be considered:

- a) Licensable healthcare professionals must have a valid Philippine license based on the requirement of the Professional Regulation Commission (PRC);
- b) Appropriate policies concerning cases wherein a licensed telehealth practitioner in the Philippines intending to provide telehealth services to patient in another country should be in place;
- c) In any event, a telehealth center should have policies and procedures to ensure that all relevant staff have the appropriate competencies to practice safe telehealth services; and

d) Telehealth centers should ensure regular review of human resource plans and policies related to telehealth and telemedicine.

ARTICLE VII

STRATEGY AND INVESTMENT

SECTION 24. eHealth Strategic Framework - The DOH shall spearhead the development and monitoring of strategic framework and plans to serve to guide the implementation eHealth Systems and Services.

SECTION 25. Monitoring Evaluation System — There shall be established a robust metric for monitoring and evaluation for eHealth to assess and analyze the impact of eHealth systems and services.

SECTION 26. Appropriation — The amount necessary to carry out the provisions of this Act shall be included in the General Appropriation of the year following its effectivity.

SECTION 27. Financing eHealth Services - Financing for applicable eHealth services by PhilHealth and other partners, as defined by the National eHealth Steering Committee shall be made available.

SECTION 28. Private Sector participation — The government shall encourage private sectors investment on eHealth systems and services subject to existing laws and regulation through the appropriate government agencies and must be compliant to the established national eHealth systems and services.

SECTION 29. Tax Incentive. – Any private corporation that will engage in providing eHealth services shall not be required to pay any national or local tax within its first two (2) years of operation.

ARTICLE VIII RESEARCH AND DEVELOPMENT

SECTION 30. Research and Development — The DOH, in coordination with DOST and DICT, the specialty societies and boards, the academe, and other research institutions shall regularly endeavor to evaluate existing tools and technologies used for eHealth to ensure the cost efficiency, appropriateness, safety and equality of services provided to the patients in particular, and the health sector in general. Towards this end, it shall:

- 1 a) Develop a research agenda;
- 2 b) Establish centers of excellence for eHealth research that will endeavor to produce high
- 3 quality research on distance learning for basic and continuing professional education;
- 4 and
- 5 c) Provide access to current specialized, accredited knowledge for clinical care, public
- 6 health, other health research publications and databases.

7

8 **SECTION 31. Funding Source for Research Development** — The research budget shall

9 not be less than 5% of the funding sources of the following government agencies:

- 10 a) Department of Health;
- 11 b) Department of Science and Technology; and
- 12 c) Department of Information and Communication Technology.

13

14 **ARTICLE IX**

15 **LIABILITIES**

16

17 **SECTION 32. LIABILITY OF SUPERVISING PERSONS.** – Persons who directly

18 supervise and control staff members entitled to fill EMR/EHR are liable for injuries

19 associated with inaccurate or deficient summary reports provided by these staff members.

20

21 **SECTION 33. LIABILITY OF EHEALTH CENTERS.** – eHealth centers are liable for

22 injuries associated with inaccurate or defective treatment caused by their software and

23 database.

24

25 **ARTICLE X**

26 **FINAL PROVISIONS**

27

28 **SECTION 34. Implementing Rules and Regulations** — Within ninety (90) days from the

29 effectivity of this Act, the Secretary of Health, after consultation with the DOST, DICT,

30 University of the Philippines - Manila, PhilHealth, CHED, medical and paramedical

31 associations and societies and other stakeholders, shall promulgate the rules and regulations

32 implementing the provisions of this Act.

33

34 **SECTION 35. Separability** — If any part or provision of this Act shall be declared or held

35 to be unconstitutional or invalid, other provisions hereof which are not affected thereby shall

36 continue to be in full force and effect.

1 **SECTION 36. Repealing Clause** — All general and special laws, decrees, executive orders,
2 proclamations and administrative regulation, or any parts thereof which are inconsistent with
3 this Act are hereby repealed, amended or modified accordingly.

4

5 **SECTION 37. Effectivity** - This act shall take effect fifteen (15) days after publication in the
6 Official Gazette or a newspaper of general circulation.

7

8 *Approved,*