



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

FIFTEENTH CONGRESS
Second Regular Session

House Bill No. 6336

Introduced by HON. JOSEPH EMILIO AGUINALDO ABAYA

EXPLANATORY NOTE

Accessible quality healthcare remains beyond the reach of majority of Filipinos. The Aquino Health Agenda report (2010) showed that around 60% of Filipinos who succumb to illness still die without medical attention. The country's infant mortality, with 25 deaths per 1000 live births (NDHS, 2008), and maternal mortality rates, with 200 deaths for every 100, 000 live births (UNICEF, 2004), rank among the highest in Asia. Because of the country's archipelagic nature, basic health statistics are even worse in rural, often isolated areas.

Isolation due to distance, weather conditions, and transportation, as well as poverty and situations of disasters or armed conflict continue to be significant barriers to access to health services.

There are also parts of the country where it is difficult to attract and retain health professionals, as well as obtain support for local health facilities to provide the necessary range of health care services. In 2005, the Health Human Resource Development Bureau (HHRDB) of the Department of Health (DOH) explained that the inadequacy and uneven distribution of health providers in the country is largely due to the migration of Filipino health and medical professionals for foreign employment. HHRDB

1 furthered that professionals who practice in the Philippines are
2 concentrated in urban areas. Even health care providers in medically
3 unserved and underserved areas are isolated from expert clinical
4 specialists and from information necessary to support them professionally.

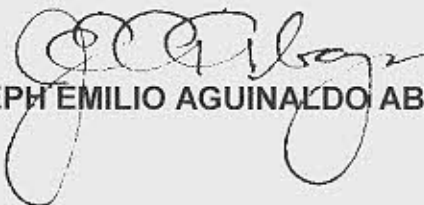
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6 Advances in information and communications technology (ICT) have
7 made the delivery of medical services and information across a distance
8 (telemedicine) a recognized and accepted approach for addressing
9 problems of uneven provider distribution and discontinuous and
10 inequitable health system development, especially in medically unserved
11 and underserved areas.

12
13 The World Health Organization (WHO) recognizes the use of information
14 and communications technology (ICT) to deliver medical services and
15 information across a distance (telemedicine) as an accepted approach in
16 addressing problems of uneven provider distribution and discontinuous
17 and inequitable health system development.

18
19 The use of telecommunications to deliver health services has the potential
20 to reduce costs and facilitate better access to health care in far flung
21 areas. Telehealth can lessen direct and indirect healthcare costs,
22 especially out-of-pocket expenses that are a major burden to patients and
23 their families. Based on the 2008 NDHS report, the average out-of-pocket
24 expenses in terms of transport and treatment for healthcare is P3966.
25 With telehealth, such expenses can be minimized.

26
27 At the same time, the private sector has become more actively engaged in
28 various forms of telemedicine, especially since most of them are attached
29 to ICT companies in one way or another. As the field of telemedicine
30 progresses, there is a need not only to unify existing systems but to
31 monitor and regulate current practices.

32
33 From the foregoing, the passage of this bill is earnestly sought.

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35
36

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13
14 **AN ACT**
15 **PROMULGATING A COMPREHENSIVE POLICY FOR**
16 **A NATIONAL SYSTEM FOR TELEHEALTH SERVICE**
17 **IN THE PHILIPPINES**
18

19 *Be it enacted by the Senate and the House of Representatives of the*
20 *Congress of the Philippines in session assembled:*
21

22
23 **SECTION 1. Short Title** – This Act shall be known as the “Telehealth Act
24 of 2012.”
25

26
27 **SECTION 2. Declaration of Policy** – It is the policy of the State to protect
28 and promote the right to health of the people, especially for those in
29 medically unserved and underserved areas.
30

31 The Aquino administration, through the Kalusugan Pangkalahatan, seeks
32 to use health information to support the “immediate and efficient provision
33 of health care and management of province-wide health systems”. At the
34 same time, the Department of Health (DOH), through its National eHealth
35 Strategic Framework, 2010-2016, recognizes the need to “capitalize on
36 ICT to reach and provide better health services to geographically isolated

1 and disadvantaged areas (GIDA), support the attainment of Millenium
2 Development Goals (MDGs) and dissemination of information to citizens
3 and providers (Telemedicine/mhealth Services)".
4
5

6 **SECTION 3. Objectives and Purpose** –The Telehealth Act shall provide
7 a policy framework and establish a National Telehealth System that will
8 govern the practice and development of telehealth in the country. The
9 National Telehealth System shall be a comprehensive, integrative,
10 sustainable, and progressive system that will facilitate inter-agency and
11 inter-sectoral coordination at various levels of governance (national and
12 local) covering both the public and private sectors.

13 The National Telehealth System shall:
14

15 (1) provide and support health care delivery, including diagnosis,
16 consultation, treatment, and transfer of care of patients, exchange of
17 health data, and education, specially in medically unserved and
18 underserved communities, multiple health care providers involved in
19 patient care, and health care providers, and managers involved in
20 educational and/or professional activities;
21

22 (2) provide a mechanism for gathering, collating, and making
23 available all health data using eHealth applications, from the local
24 health systems to various managers at different levels within the
25 health care system, including the Secretary of Health, and other
26 leaders/managers to enable timely and appropriate action.
27

28 (3) set standards and establish regulations regarding field of
29 telehealth
30

31 (4) address the problems of health provider distribution in medically
32 unserved and underserved areas of the state;
33

34 (5) strengthen the health systems and infrastructure;
35

36 (6) attract and retain health care providers in local areas;

1
2 (7) help reduce costs associated with health care and make health
3 care more accessible and affordable; and

4
5 (8) help improve health outcomes
6

7
8 **SECTION 4. Definitions** – Under this Act, the following terms shall have
9 the meanings respectively given to them below:

10
11 *eHealth* refers to the more broad term for describing the use of
12 information and communication technologies (ICT) for health.

13
14 *National Telehealth Reference Center* refers to the main agency
15 responsible for developing accreditation mechanisms for telehealth
16 and telemedicine systems, maintaining national databases and
17 case registries, training and assistance, and continuing education
18 for all telehealth practitioners

19
20 *Originating site* refers to the remote or rural site where the patient
21 and/or the telemedicine presenter is located during the telehealth
22 encounter or consult.

23
24 *Telemedicine* means the use of telecommunications technology to
25 provide health care services from a distance; more narrowly
26 focuses on the curative aspect.

27
28 *Telehealth* means the delivery of health related services and
29 information via telecommunications technology; it encompasses
30 preventive, promotive, curative, and palliative aspects.

31
32 *Telehealth Practitioner* refers to any health care provider or health
33 agency involved in a Telehealth System.
34

1 *Telehealth System* refers to an organized and structured
2 application of Telehealth, integrated in the regular workflow of
3 health care facilities.

4
5 *Telehealth Center* refers to the telehealth site where the specialist
6 is, at a distance from the patient or referring physician or health
7 professional from an originating site.

8
9 *Unserved and underserved areas* refers to communities such as
10 those isolated due to distance, physical terrain, poverty, or lack of
11 transportation and social services, as well as those in situations of
12 disasters, crisis, and armed conflict.

13
14
15 **SECTION 5. Telehealth as an Authorized Procedure** – The delivery of
16 health care via telehealth is recognized and encouraged as a safe,
17 practical, and necessary practice in the Philippines. All health care
18 providers shall be encouraged to participate in telehealth pursuant to the
19 Telehealth Act. In using telehealth procedures, health care providers shall
20 comply with all applicable State guidelines and shall follow established
21 State rules that are consistent with accepted safe clinical norms, as well
22 as security, confidentiality, and privacy protections for health information.

23
24 The Department of Health (DOH) and Philippine Health Insurance
25 Corporation (PHIC) shall require telehealth practitioners in both originating
26 and distant sites to undergo accreditation, through the National Telehealth
27 Reference Center.

28
29
30 **SECTION 6. Scope of the Act** – The Telehealth Act covers all existing
31 telehealth practitioners in both the public and private sector. It shall not alter
32 the scope of practice of any health care provider or authorize the delivery
33 of health care services in a setting, or in manner, not otherwise authorized
34 by law.

1 **SECTION 7. Lead Agency** – The Department of Health (DOH) shall be
2 the lead agency in implementing this Act. For purposes of achieving the
3 objectives of this Act, the DOH shall:

- 4
5 (1) Establish a National Telehealth Board
6 (2) Ensure the continuing relevance of the National Telehealth
7 Reference Center (NTRC) in terms of development, implementation,
8 and quality assurance of related health programs
9 (3) Coordinate with the Department of Science and Technology
10 (DOST)
11
12

13 **SECTION 8. National Telehealth Board** – To ensure the implementation
14 of this Act and to serve as the executive body of the National Telehealth
15 System, the National Telehealth Board shall be created and made an
16 integral part of the Office of the Secretary of the DOH.

17
18 The Board shall be composed of twelve members and shall be co-chaired
19 by the DOH and the DOST Secretaries. Other members of the Board shall
20 be as follows:

- 21
22 (1) the Executive Director of the National Institutes of Health (NIH),
23 as vice-chair;
24 (2) the Executive Director of the National Telehealth Reference
25 Center, as an *ex-officio* member;
26 (3) an Undersecretary of the Department of Interior and Local
27 Government;
28 (4) a representative of the League of Municipalities in the Philippines;
29 (5) a representative of the League of Provinces in the Philippines;
30 (6) a representative of the Philippine Health Insurance Corporation
31 (PHIC);
32 (7) a representative of the Association of Municipal Health Officers of
33 the Philippines (AMHOP);
34 (8) a representative of any accredited medical organization; and
35 (9) two community representatives of underserved areas, as
36 recommended by the NTRC.

1
2 All members of the Board, except for the co-chairs, vice-chair and
3 Executive Director of the NTRC, shall be appointed by the President of the
4 Phillipines and shall serve for a maximum of two consecutive two-year
5 terms, unless recalled and replaced by the respective group or sector that
6 have chosen them.

7
8 The Board shall:

- 9
10 (1) establish telehealth guidelines and regulations pertinent to its
11 practice and provision of service;
12
13 (2) provide recommendations to the National Telehealth System
14 pertinent to telehealth-related human resource development and
15 compensation, and other sustainability plans;
16
17 (3) recommend corrective measures and resolutions on issues
18 related to telehealth as deemed necessary;
19
20 (4) set and impose the appropriate penalties;
21
22 (5) conduct an annual review of reports on quality assurance by the
23 National Telehealth Reference Center;
24
25 (6) set policy and program recommendations for the further
26 development of telehealth;
27
28 (7) submit yearly assessments to the DOH; and
29
30 (8) meet at least twice a year.
31
32

33 **SECTION 9. The National Telehealth Reference Center** – The National
34 Telehealth Reference Center (NTRC) shall be established by the National
35 Telehealth Board as its executive arm, and will be initially housed by the
36 National Institutes of Health.

1 The NTRC shall be responsible for developing accreditation mechanisms
2 for telehealth and telemedicine systems, maintaining national databases
3 and case registries, training and assistance, and continuing education for
4 all telehealth practitioners throughout the country. It shall act serve as the
5 secretariat of the National Telehealth Board.

6
7 The NTRC shall be headed by an Executive Director who shall serve a
8 maximum of three two-year terms.

9
10
11 **SECTION 10. Establishment and Accreditation of Telehealth Centers**
12 **and Telehealth Practitioners** – The NTRC shall ensure that Telehealth

13 Centers are strategically organized across the country within five (5) years
14 upon enactment of this law to ensure that telehealth practitioners are
15 sufficiently equipped with skills for the ethical and safe practice of
16 telehealth. NTRC shall establish Regional Telehealth Centers in each
17 region in a DOH-retained hospital. This is in order to make accessible to
18 the public relevant telehealth services, compliant with the standards
19 approved by the National Telehealth Board upon the recommendation of
20 the NTRC. No Telehealth Center shall be allowed to operate unless it has
21 been duly accredited based on the standards set forth by the NTRC.

22
23 A Telehealth Center shall have the following minimum requirements: (i.)
24 be equipped with the needed ICT applications suitable for telehealth in the
25 country; (ii.) be supervised and staffed by trained personnel who have
26 been duly qualified by the NTRC; and (iii.) submit to periodic unannounced
27 inspection by NTRC in order to evaluate and ensure quality Telehealth
28 Center performance.

29
30
31 **SECTION 11. Quality Assurance** – The National Telehealth Reference
32 Center shall be responsible for drafting and ensuring technical standards
33 for Telehealth Centers, including establishing a standard accreditation
34 process and certification program. It shall also act as the principal
35 repository of technical information relating to telehealth standards and

1 practices, and shall provide technical assistance to Telehealth Centers
2 and originating sites needing such assistance.
3
4

5 **SECTION 12. Database** – All Telehealth Centers and originating sites
6 shall coordinate with the National Telehealth Reference Center for
7 consolidation of patient databases. The NTRC shall maintain and manage
8 a national database for consults on clinical cases, as well as health and
9 medical education exchanges made through the NTHS. It shall submit
10 reports annually to the Committee and to the DOH on the status of and
11 relevant health information derived from the database. A plan for long-
12 term outcome evaluation of telehealth service utilizing the cases registries
13 shall be developed within one (two) years of passage of this Act by the
14 NTRC in consultation with the Advisory Committee on Telehealth Service.
15 Implementation of this plan shall be the responsibility of the Advisory
16 Committee.
17
18

19 **SECTION 13. Penalties** – All individuals, groups, companies, and/or
20 entities practicing telehealth who violate the regulations and guidelines set
21 by the National Telehealth Board shall be subjected to penalties as set by
22 the Board, without prejudice to any criminal, civil, and administrative cases
23 arising thereof.
24
25

26 **SECTION 14. Financing** – The national government shall allocate an
27 initial funding of one hundred and thirty million pesos (Php 130,000,000)
28 from the General Appropriations Act, composed of one hundred million
29 pesos (Php 100,000,000) through the DOH and thirty million pesos (Php
30 30,000,000) from the DOST, for the implementation of the National
31 Telehealth System and the establishment of the National Telehealth
32 Reference Center. An amount of 70 million pesos (Php 70,000,000) shall
33 be appropriated annually thereafter, composed of fifty-five million pesos
34 (Php 55,000,000) from the DOH and fifteen million pesos (Php
35 15,000,000) from DOST.
36

1 Additional funding amounting to a minimum of fifteen million pesos (Php
2 15,000,000) annually shall be obtained from the PHIC for telehealth
3 transactions and/or systems.
4
5

6 **SECTION 15. Repealing Clause** – All general and special laws, decrees,
7 executive orders, proclamations and administrative regulations, or any
8 parts thereof, which are inconsistent with this Act are hereby repealed or
9 modified accordingly.
10
11

12 **SECTION 16. Separability** – If any part or provision of this Act shall be
13 declared or held to be unconstitutional or invalid, other provisions hereof
14 which are not affected thereby shall continue to be in full force and effect.
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17 **SECTION 17. Effectivity** – This Act shall take effect fifteen (15) days after
18 its publication in at least two (2) newspapers of general circulation.
19
20

21 Approved.
22