

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 7114



INTRODUCED BY
REP. ALFRED VARGAS

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

EXPLANATORY NOTE

The World Health Organization (WHO) defines eHealth as the use of information and communication technologies (ICT) for health¹. It is a relatively recent healthcare practice supported by electronic processes and communication. 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 their health systems and services². Since about 2011, the increasing recognition of the need for better cyber-security and regulation may result in the need for these specialized resources to develop safer eHealth solutions that can withstand these growing threats.

Under the Philippine Health agenda (PHA) strategy, ACHIEVE, the "I" stands for "Invest(ing) 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 services³.

This proposed legislation aims to establish, institutionalize, and regulate a coherent, coordinated, and collaborative National eHealth System,

¹ World Health Organization. "eHealth" .<https://www.who.int/ehealth/en/> (Accessed July 8, 2020)

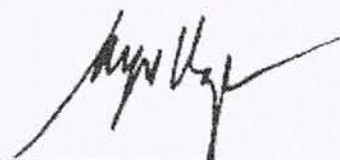
² 58th World Health Assembly. 2005. Geneva, Switzerland.

³ Department of Health. Philippine Health Agenda 2016-2022.

guided by the Philippines eHealth Strategic Framework and Plans for year 2013- 2017, organized by the Department of Health and Department of Science and Technology. This measure will help streamline and address issues on provision, access, availability, accountability, patient rights, electronic health data, security and information exchange, among others.

The Implementation of *Kalusugan Pangkalahatan* or Universal Health Care is directed towards ensuring the achievement of the health system goal of better health outcomes, sustained health financing, and responsive health system. Ultimately, investment in infrastructures which ensures equitable access to health care services, most especially those in geographically isolated and disadvantaged areas (GIDA) and particularly for the poor, disadvantaged, and vulnerable is the pivotal intent of this proposed legislation. It also underscores the need and importance of quality access to real-time information for evidence informed decision making.

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



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

**CHAPTER 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 health care 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 Philippines 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 health care delivery methods to the extent allowable by existing laws, provide and support health care delivery including diagnosis, consultation, treatment, transfer of care of patient, exchange of health data and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (CIDA);
- (b) Utilize information and communication technology (ICT) to deliver health services which has the potential to lessen costs, improve quality, change the conditions of practice, and improve access to health care, particularly in rural and other medically underserved areas;
- (c) Develop infrastructure for ICT for health to promote equitable affordable and universal access to health services;
- (d) Set policies and standards and establish regulations regarding field of eHealth.
- (e) Designate national and regional centers and networks of excellence for eHealth best practices, policy coordination, and technical support for healthcare delivery; and
- (f) Facilitate the exchange and access to secured personal health information, including health providers snaring and use health and medical information to improve care as well as public access to relevant information for the promotion of their own personal health.

SECTION 4. Definition. – For the purpose of this Act, the following definition shall apply:

- (a) “Act” refers to the Philippine eHealth Systems and Services Act
- (b) “Distant Site” refers to the site where e health care provider is located while providing these services via telecommunication systems.
- (c) “Electronic health or eHealth” refers to the use of cost-effective and secure information communication technology for health.
- (d) “Geographically isolated and Disadvantaged Areas (GIDAs)” refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by: (a) Physical factors such as those isolated due to distance, weather conditions and transportation difficulties (island, upland, lowland, landlocked, hard to reach and unserved/underserved communities): and (b) Socio-economic factors such as

high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict.

- (e) *"Information and Communications Technology"* refers to the following:
 - i. Compressed digital interactive video, audio, or data transmission;
 - ii. Real-time synchronous video or web-conferencing communications;
 - iii. Secure web-based communication;
 - iv. Still image capture or asynchronous store and forward; and
 - v. Modem smart medical device use for diagnosis and health care services.
- (f) *"Institutional Healthcare Provider"* refers an organization or institution that provides health care 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 health care services through telecommunication systems.
- (h) *"Professional Healthcare Provider"* refers to the healthcare practitioner or license 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 health care professionals applying for the license to practice telehealth services.
- (j) *"eHealth Practitioner"* refers to any health care provider.
- (k) *"Health Center"* refers to health agency involve in a Telehealth System.
- (l) *"eHealth systems"* refers to an organized and structure application of eHealth, integrated in the regular workflow of health care facilities.
- (m) *"Telehealth"* means the delivery of health- related services and information via telecommunication technology. It encompasses preventive, promotive, curative and palliative aspects.
- (n) *"Telemedicine"* means the use of telecommunication technology to provide health care services from a distance; focuses more on the curative/ treatment aspect.

- (o) *“Unserved and underserved areas”* refer to communities such as those isolated due to distance, physical terrain, poverty, or lack of transportation and social services, as well as those in situation of disaster, crisis, and armed conflict.

SECTION 5. *Scope of the Act.* – The Act covers all existing eHealth practitioner, institution, entities, services and related applications in both public and private. It shall not alter the scope of practice of any health care provider or authorize delivery of health care services in a getting or in a manner not authorized by law. It shall cover all other eHealth solutions and services including relevant standard equipment in the field of health and ancillary services that uses ICT and are complementary to existing minimum modalities or standards of health care and other access to information.

CHAPTER II

eHEALTH SYSTEMS’ COMPONENTS

SECTION 6. *The eHealth Components.* – The following components are the building blocks that shall be put in place to realize the national eHealth vision and allow the eHealth outcomes to be achieved.

- (a) *Leadership and Governance* – Directs and coordinates eHealth activities at all levels like hospitals and health care providers. Critical areas of governance are management of the eHealth agenda, stakeholders, engagement, strategic architecture, clinical safety, management and operation, monitoring and evaluation, and policy oversight.
- (b) *eHealth Services/ Solutions* – Required services and applications to enable widespread access to health care services, health information, health reports, health care activities; securely share 4 and exchange patient’s information in support to health system goals. These address the needs of the various stakeholders like individuals, health care providers, managers, officials, and others.
- (c) *Standards and Interoperability* – Defines standards of eHealth systems and services, and promotes and enables exchange of health information across geographical and health sector boundaries through use of common standards on data structure, terminologies and messaging. The implementation of software certification or accreditation where eHealth solutions must comply in order to be certified as able to exchange health information shall ensure compliance to eHealth data standards for interoperability.

- (d) *Policy and Compliance* – Formulation of the required policies, guidelines and compliance mechanisms to support the attainment of the quality and acceptable eHealth systems and services.
- (e) *Infrastructure* – Establishes and supports the ICT and medical base to enable provision of eHealth services and health information exchange to enable sharing of health information across geographical and health sector boundaries, and implementation of innovative ways to deliver health services and information.
- (f) *Human Resources* – Workforce or professionals that develop, operate, uses or implement the national eHealth environment such as the health workers who will be using eHealth in their line of works, health care providers, information and communication logy workers and others.
- (g) *Strategy and Investment* – Schemes and outlay that are needed to develop, operate and sustain the eHealth Systems and Services. These components support the development of a strategy and plans to serve as guide in the implementation of the eHealth agenda. Investment refers to the funding or amount needed for executing the strategies and plans.

CHAPTER III

LEADERSHIP AND GOVERNANCE

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

- (a) Establish an inter-agency and multi-sectoral National eHealth Steering Committee;
- (b) Spearhead the establishment of a National eHealth System and Service;
- (c) Coordinate with the Department of Science and Technology (DOST), the Department of Information and Communication Technology Office (DICT) and the Philippine Council for Health Research and Development (DOST-PCHRD), Philippine Health Insurance Corporation (PhilHealth), University of the Philippines- National Telehealth Center (UPM-NTHC), Medical and Paramedical Specialty Societies, Boards and Associations, Professional Regulation Commission (PRC) and various health services providers and facilities including the academe and patient groups, and other stakeholder; and
- (d) Create or identity an Office to coordinate the development and implementation of a National eHealth System and Services Network

among agencies concerned and provide direction and guidance to all DOH offices and attached agencies including the local government units and the private sector.

SECTION 8. National eHealth Steering Committee. – To ensure the implementation of this Act and to serve as an executive body of the Philippine National eHealth System and Services Network (PNeSSN), the National eHealth Steering Committee shall be created and made an integral part of the DOH. The composition of the Steering Committee shall be as follows:

Chairperson: Secretary, Department of Health:

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, Philippine 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 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 e Health services;
- (b) Direct and coordinate the eHealth system and services network at the national level and ensures alignment of the system and services network 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 on 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 these;
- (h) Submit yearly assessments to Senate Committee on Health; and
- (i) Convene at least twice a year.

CHAPTER IV

eHEALTH SERVICES AND SOLUTIONS

SECTION 9. *Service and Application.* – The National eHealth System shall provide tangible means for enabling services and systems including access to, and exchange and management of information and concern for the general public, patients, providers, insurance, and others which may be supplied by government or private businesses.

SECTION 10. *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) “*Telepath*” 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 health care 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.

- (f) *“Electronic prescription or e-prescription”* refers to an electronic generation of a physician’s prescription, transmission and filling of medical prescription.
- (g) *“Virtual healthcare teams”* refer to professionals who collaborate and share information on patients with digital equipment.
- (h) *“Mobile health or mHealth”* refers to medical and public health practice supported by mobile devices such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices.
- (i) *“Social Media for eHealth”* refers to the opportunities for the healthcare industry to engage with patients and health care professionals through online communications channels dedicated to community-based input, interaction, content- sharing and collaboration.
- (j) *“Patient Self Education about Healthcare”* refers to the patient’s use of internet through personal computers or mobile devices to research on medical and/ or pharmacological information, treatment options, or search for healthcare facilities available in their area.

SECTION 11. Telehealth and Telemedicine Services. – Telehealth is an approach of providing health care services and public health with the use of ICT to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at distance from health providers. However, it shall not be understood to modify the scope of medical practice or any health care provider or authorize the delivery of healthcare service in a setting or manner not otherwise authorize by the law.

SECTION 12. Electronic Medical/ Health Record (EMR/ HER). – All data in EMR/HER shall be considered protected health data and shall be governed by established rules for access, authentications, storage and auditing, and transmittal.

SECTION 12.1. Disclosure. – Disclosure of and accessibility to protected data in EMR/HER shall be limited and standardized following international and local rules and regulation. Patients may secure a copy of their EMR/HER upon request and shall provide informed consent if their EMR/EHR is shared with the 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.

SECTION 12.2. Covered Entities. – Covered entities may disclose protected health information to law enforcement Officials performing their Official duties and responsibilities as required by existing national and local laws and with proper order form duly concerned bodies.

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. eHealth shall not replace health care providers providing services in person or relegate them to less important role in the delivery of healthcare. The fundamental healthcare provider-patient relationship is not only to be preserved but also augmented and enhanced.

CHAPTER V

STANDARDS AND INTEROPERABILITY

SECTION 14. *Potential for Advancements.* – eHealth systems and services can potentially transform healthcare through mobile health delivery, personalized medicine, and social media eHealth applications. Reaching the potential for advancements in eHealth will only be achieved through information and communication technology standards efforts that facilitate interoperability among systems and devices of the developing world, and leverage existing ubiquitous technologies such as social media applications and mobile devices.

SECTION 15. *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. This must be compiled with by various providers, centers, and systems developers to enable consistent and accurate collection, and exchange of health information across health systems and the Services. The appropriate Committee as may be defined in this Act, shall define and regularly update, and impose standards for interoperability among various eHealth systems and services and shall ensure wide dissemination for easy access of all concerned.

SECTION 16. *Interoperability framework.* – The eHealth interoperability shall be defined and must be in consonance to national eGovernment interoperability framework and established internal standards.

SECTION 17. *Secure Health Information Exchange (HIE).* – The DOH, DCST, DICT and PhilHealth shall establish a secured health information exchange using a common trust framework and a common set of rules which serves as the foundation for electronic information exchange across geographical and health-sector boundaries. The HIE includes the physical infrastructure, standards, core services, and applications that will strengthen the national eHealth environment.

SECTION 18. *Establishment and Accreditation of eHealth Center and eHealth Practitioners.* – The Act shall ensure that telehealth centers are

strategically organized across the country within three (3) years upon enactment of this law to ensure that telehealth practitioners are sufficiently equipped with skills for the ethical safe practice of telehealth. Regional Telehealth Centers shall be established. No telehealth center shall be allowed to operate unless it has been duly accredited based on the standards set forth by the DOH. The Department of Health shall be the lead agency for the accreditation for the facilities as Telehealth centers, whereas the Professional Regulatory Commission shall be the lead agency for the accreditation of the Telehealth Practitioners in close coordination with the National eHealth Steering Committee. Practitioner shall be accredited by the PhilHealth for reimbursement purposes. A Telehealth Center shall have the following minimum requirements:

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

**CHAPTER VI
INFRASTRUCTURE**

SECTION 19. *ICT Infrastructure.* – The required ICT infrastructure to implement eHealth system and services shall conform to the national ICT infrastructure plan and standards.

SECTION 20. *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 EHR/EMR.

SECTION 21. *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 consults on clinical cases as well as health and medical education exchanges.

SECTION 22. *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.

CHAPTER VII HUMAN RESOURCES

SECTION 23. *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 24. *Capability Building Plans and Policies.* – Human Resource plans and policies shall be fully taken into account any unique human resource and operations requirement involved in delivering Telehealth and Telemedicine. The following are to be considered:

- (a) Licensable health care professionals must a valid Philippine licensed 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 polices related to telehealth and telemedicine.

CHAPTER VIII STRATEGY AND INVESTMENT

SECTION 25. *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 26. *Monitoring Evaluation System.* – Establishment of a robust metric for monitoring and evaluation for eHealth to assess and analyze the impact of eHealth systems and services.

SECTION 27. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations of the year following its enactment into a law thereafter.

SECTION 28. *Financing eHealth Services.* – Financing for applicable eHealth services by PhilHealth and other partners, as defined by the National eHealth Steering Committee.

SECTION 29. *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.

CHAPTER IX 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 ends, it shall:

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

SECTION 31. *Funding Source for Research Development.* – The research budget shall exceed 5% of the funding sources of the following government agencies:

- (a) Department of Health;
- (b) Department of Science and Technology; and
- (c) Department of Information and Communication Technology.

CHAPTER X FINAL PROVISIONS

SECTION 32. *Implementing Rules and Regulations.* – Within one hundred twenty (120) days from the approval of this Act, the Secretary of Health, after consultation with the DOST, DICT, University of the Philippines – Manila, PhilHealth, CHED, medical and paramedical associations and societies and other stakeholders, shall promulgate the rules and regulations implementing the provisions of this Act.

SECTION 33. *Separability Clause.* – If any part or provision of this Act shall be declared or held to be unconstitutional or invalid, other provisions

hereof which are not affected thereby shall continue to be in full force and effect.

SECTION 34. *Repealing Clause.* – All general and special laws, decrees, executive orders, proclamation and administrative regulation, or any parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SECTION 35. *Effectivity.* – This Act shall take effect fifteen (15) days after publication in the *Official Gazette* or a newspaper of general circulation.

Approved,