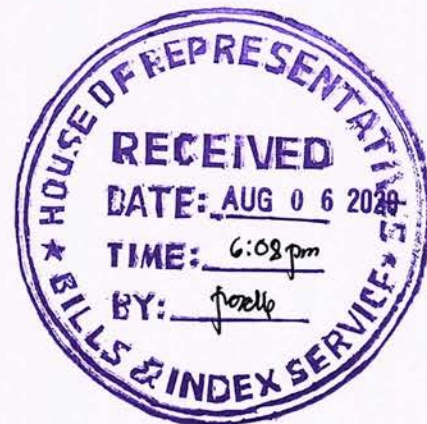




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session



HOUSE BILL NO. 7318

Introduced by Representative Sharon S. Garin

EXPLANATORY NOTE

Section 15, Article II of the Constitution provides:

"Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them."

Moreover, Section 11, Article XIII of the Constitution states, in part:

"Section 11. 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. xxx."

Even before the global onslaught of the coronavirus disease 2019 (COVID-19) pandemic, access to health care services was already one of the main challenges faced by Filipinos. This is felt even more in rural and underserved areas in the country. The COVID-19 pandemic has further revealed loopholes in the country's healthcare system. As parts of the country encountered mounting medical emergencies, the people's lack of access to needed healthcare services was more evident in the face of lockdowns and quarantines.

During the COVID-19 pandemic, health care providers have resorted to telemedicine, electronic prescription, and other digital health (eHealth) services in providing basic health care services to people. Through these eHealth services people are provided a safer way to access health services at a minimal cost.

In 2018, the World Health Organization acknowledged the digital technologies' major role in improving public health and called on Member States to prioritize the development and greater use of digital technologies in healthcare services. Thus, the term, electronic health, or eHealth was coined.

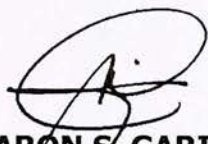
In its broadest sense, eHealth is concerned with improving the flow of information, supporting and facilitating the delivery of quality and responsive health services, and managing health systems through the use of technologies. It will enable widespread access of health services for Filipinos even in the remote or in geographically isolated and disadvantaged areas.

Thousands of Filipinos cannot go personally to hospitals and medical facilities to get medical attention because of distance, immobility, lack of transportation or lack of rooms and wards in hospitals or medical facilities. Having access to doctors remotely is an important part of improving the delivery of healthcare most specially in the rural areas. With eHealth, and its broad reach and ease of use, more patients would be attended to. eHealth is an innovative way to ensure access to essential healthcare services.

With 73 million Filipino internet users and 173.2 million mobile connections in January 2020 alone, the use of an eHealth system will revolutionize access and facilitate the delivery of health care services in the country. eHealth can be used by the government as an enabling instrument to support a resilient system not only to address the disparities in the delivery of healthcare services but also help achieve public health priorities.

By embracing technology and establishing the National eHealth System, and supporting the Philippine eGovernment master plan of linking government data centers to create a secure network for government information systems, as advanced by this bill, we will be taking the right step in improving the country's delivery of healthcare services.

The approval of this bill is earnestly sought.



SHARON S. GARIN
AAMBIS-Owa Party-list



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HOUSE BILL NO. 7318

Introduced by Representative Sharon S. Garin

AN ACT
ESTABLISHING THE NATIONAL ELECTRONIC HEALTH SYSTEM AND
PROVIDING FUNDS THEREFOR

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

ARTICLE I
GENERAL PROVISIONS

SECTION 1. **Short Title.** – This Act shall be known as the "*National eHealth System Act.*"

SEC. 2. **Declaration of Policy.** – It is the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. Towards this end, the State recognizes the advancements in information and communications technology (ICT) and adopts an integrated and comprehensive approach to improve the public health system by institutionalizing electronic health or eHealth in the public health institutions, including hospitals, clinics, and health care

centers in the local government units (LGUs) and in the barangays. The State likewise recognizes the role of the private sector in promoting and improving the delivery of health care services to the people.

SEC. 3. ***Definitions of Terms.*** – As used in the Act:

(a) *eHealth* refers to the use of cost-effective and secure ICT in support of health and health-related fields, including health care services, health surveillance, health education, literature, knowledge and research;

(b) *eHealth service* refers to technology-based professional consultations, patient monitoring, clinical observation, patient assessment, and any other health service that utilize ICT;

(c) *eHealth system* refers to an organized and structured application of eHealth, integrated in the regular workflow of healthcare providers and facilities;

(d) *Health care provider* refers to any of the following:

(1) Health care professional including a doctor of medicine, nurse, midwife, dentist, or other skilled allied professional or practitioner duly licensed to practice in the Philippines;

(2) Health facility including a public or private facility or institution devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of medical and nursing care;

(3) Community-based health care organization or an association of members of the community organized for the purpose of improving the health status of that community;

(4) Pharmacies or drug outlets including any establishment which sells or offers to sell any health product directly to the general public as defined in Republic Act (RA) No. 9711, otherwise known as the "*Food and Drug Administration (FDA) Act of 2009*;" and

(5) Laboratories and diagnostic clinics including any facility where tests are done on specimens from the human body to obtain information about the health status of a patient for the prevention, diagnosis and treatment of diseases.

(e) *Interoperability* refers to the use of commonly accepted standards regardless of jurisdiction, device, equipment, software, service provider, and other relevant factors, without need of proprietary interfaces; and

(f) *Geographically isolated and disadvantaged areas (GIDAS)* refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by:

(1) Physical factors, such as those isolated due to distance, weather conditions and transportation difficulties like island, upland, lowland, landlock, hard to reach and unserved and underserved communities; and

(2) Socio-economic factors such as high poverty incidence, presence of vulnerable sector, communities recovering from armed conflict.

SEC. 4. **Objectives.** – This Act has the following objectives:

(a) Establish an eHealth system to accelerate the delivery of healthcare services consistent with RA 11223, also known as the "*Universal Health Care Act*;"

64 (b) Provide eHealth policy framework and standards that are strategic,
65 progressive, sustainable and facilitate coordination at various level of governance in
66 public health;

67 (c) Develop nationwide infrastructure for ICT in LGUs, including the barangays
68 to promote fast, convenient, equitable, and affordable access to universal healthcare
69 services;

70 (d) Utilize ICT to deliver eHealth services to improve access, timeliness, and
71 availability of healthcare services, improve health outcomes, and reduce inequalities,
72 particularly in rural and other medically unserved, geographically isolated and
73 disadvantaged areas in the country;

74 (e) Facilitate secured access, exchange, and sharing of health and medical
75 information; and

76 (f) Ensure integration, alignment and interoperability among various
77 government eHealth initiatives and programs in accordance with the national agenda
78 and priorities.

79 The provisions of this Act shall not alter the scope of practice of health care
80 providers or authorize the delivery of health care services in a setting or in a manner
81 not authorized by law.

82 SEC. 5. **Coverage.** – This Act shall cover all health care providers, institutions
83 and entities developing and using eHealth systems and applications, whether public
84 or private. The Act shall also cover entities that provide other eHealth solutions,
85 services and applications 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.

ARTICLE II

NATIONAL eHEALTH SYSTEM

SEC. 6. ***National eHealth System.*** – The National eHealth System is created to provide Filipinos immediate access to health care services, including exchange of information and content for patients and health care providers by using ICT such as mobile devices, computers and other gadgets capable of wireless connection to access health care services remotely.

The National eHealth System is a comprehensive, integrative, sustainable, measurable, synchronized, interoperable, and progressive system. It is based on best practices and facilitates inter-agency and inter-sectoral coordination at various level of governance covering the delivery of health services to the public. It recognizes eHealth as equal with other health care delivery methods to the extent allowable by existing laws. eHealth provides and supports health care delivery, including diagnosis, consultation, treatment, transfer or care of patient, exchange of health data and education specially in medically unserved, geographically isolated and disadvantaged areas.

SEC. 7. ***Scope of eHealth Services and Solutions.*** – All covered health care providers and entities shall provide and implement eHealth services and solutions, subject to the provisions of this Act, including the following:

(a) Telehealth – the delivery of health-related services and information using ICT to enable the diagnosis, consultation, treatment, education, care management,

109 and self-management of a patient at a distance from health providers. It encompasses
110 preventive, promotive, curative and palliative health care;

111 (b) Telemedicine – the practice of providing remote healthcare services via
112 real-time two-way communication between the patient and the healthcare provider;

113 (c) Electronic medical record or electronic health record – a system that
114 contains encoded documentation of patient's health information and clinical history,
115 which include information such as test results, procedures and medication to support
116 actions of healthcare professionals;

117 (d) Electronic prescription or e-Prescription – an electronic generation of a
118 physician's prescription, transmission and filling of medical prescription;

119 (e) Virtual healthcare teams – medical professionals who collaborate and share
120 information on patients with digital equipment;

121 (f) Mobile health or mHealth – medical and public health practice supported
122 by mobile devices such as mobile phones, patient monitoring devices, personal digital
123 assistants and other wireless devices;

124 (g) Social media for eHealth – the use of online communications channels
125 dedicated to community-based input, interaction content-sharing and collaboration to
126 give the health care industry the opportunities to engage with patients and healthcare
127 professionals;

128 (h) Electronic registries – electronic databases on specific medical subjects
129 which contain data on births, mortality, or other subjects of medical or epidemiological
130 interest and may be accessed by authorized users through the use of ICT;

(i) Health information exchange – the solution which enables data sharing and exchange between health care providers and facilities, and supports access to the patients record across providers in many geographic areas of the country;

(j) Knowledge management system – any kind of information technology system that retrieves information, improves cooperation and collaboration, locates knowledge sources, manage repositories, and enhance knowledge management;

(k) Patient eHealth self-education – the patient’s use of internet through personal computer or mobile devices to research on medical, information and search for health care facilities available in the area; and

(l) Directories of healthcare professionals and institutions – electronic databases of individuals and institutions providing health care which are usually searchable by location, specialization, professional association or credentials.

SEC. 8. ***Implementing Agency.*** – The Department of Health (DOH) is the lead agency responsible for the implementation of the provisions of this Act and its components.

The DOH shall strengthen and transform its existing Knowledge Management and Information Technology Services into a bureau, to be known as the eHealth Knowledge Management and Sharing Bureau, which shall perform the overall administration and management under this Act and shall serve as the secretariat to the eHealth Policy and Coordination Council. Additional plantilla positions may be created for the purpose by the Secretary of Health, subject to the approval of the Department of Budget and Management.

Within three (3) years from the effectivity of this Act, the DOH shall implement a comprehensive National eHealth System strategically organized across the country.

ARTICLE III

eHEALTH POLICY AND GOVERNANCE

SEC. 9. ***eHealth Policy and Coordinating Council.*** – The eHealth Policy and Coordinating Council, herein referred to as the Council, is created to provide policy direction, relevant policies, and guidelines for the effective implementation of this Act.

The Council is composed of the following:

- (a) Secretary of Health, as chairperson;
- (b) Secretary of Information and Communications Technology, as vice-chairperson;
- (c) Secretary of Science and Technology;
- (d) Secretary of Social Welfare and Development;
- (e) Secretary of the Interior and Local Government;
- (f) President of Philippine Health Insurance Corporation;
- (g) Chairperson, National Privacy Commission;
- (h) National Statistician, Philippines Statistics Authority;
- (i) Representative from professional medical or health societies; and
- (j) Representative from the ICT industry associations; as members.

175 The representatives from the professional medical or health societies and the
176 ICT industry associations shall be appointed by the President of the Philippines upon
177 the recommendation of the Secretary of Health and Secretary of Information and
178 Communications Technology, respectively. They shall serve for a term of three (3)
179 years, subject to reappointment for another term.

180 SEC. 10. ***Powers and Duties of the Council.*** – The Council shall exercise
181 the following powers and duties:

182 (a) Establish eHealth policies, regulations, and standards as well as design
183 effective developmental strategies for eHealth integration into the mainstream health
184 delivery;

185 (b) Formulate strategic interoperability standards to ensure cost-effective
186 implementation of this Act;

187 (c) Set out policy direction and coordinated efforts in the implementation of an
188 eHealth system and the delivery of eHealth services at the national level and at the
189 LGUs, and ensure alignment of the system and services with the overall health goals
190 of the government;

191 (d) Set policies and guidelines for the further advancement and
192 development of eHealth and set out necessary regulatory mechanisms;

193 (e) Create and identify vital, essential and appropriate eHealth and
194 telehealth initiatives and services necessary for the successful implementation of the
195 provisions of this Act;

196 (f) Submit a yearly assessment to the Committee on Health and Demography
197 of the Senate, and the Committee on Health of the House of Representatives; and

(g) Meet and convene at least twice a year.

ARTICLE IV

TELEHEALTH

SEC. 11. ***Accreditation of eHealth Centers and eHealth Practitioners.*** –

The DOH shall ensure that health care providers offering eHealth services and solutions are equipped with skills for the safe practice of eHealth and the necessary ICT that will enable them to effectively provide eHealth services. No eHealth practitioner and eHealth center shall operate without the necessary accreditation based on standards set by the DOH.

SEC. 12. ***Certification of Providers.*** – To complement the regulations of telehealth services and eHealth-related devices, the DOH shall, in consultation with the Professional Regulatory Commission, Philippine Health Insurance Corporation, University of the Philippines-Manila - National TeleHealth Center, Department of Information and Communications Technology (DICT), academia, medical and specialty societies, non-government organizations, the private and business sectors, set the standards of practice and implement a certification mechanism for health care providers offering telehealth services.

ARTICLE V

STANDARDS AND INTEROPERABILITY

SEC. 13. ***Standards Compliance.*** – All health care providers and entities covered by the provisions of this Act shall comply with the standards defined by the Council based on established clinical and service guidelines. eHealth services given must be the same regardless of whether a health care provider delivers health care

221 services in person or through the eHealth system. The attending physician is primarily
222 accountable for the delivery of healthcare services.

223 SEC. 14. ***Interoperability of eHealth Information Technology.*** – All
224 health care providers and health-related entities shall comply with the data standards,
225 as defined by the Council, to allow interoperability and health information exchange,
226 and ensure data protection in accordance with the Data Privacy Act of 2012 and other
227 related laws and issuances. The Council shall mandate the interoperability framework
228 and standards, which must be in accordance with the national eGovernment
229 interoperability framework and established standards. These standards must facilitate
230 interoperability among systems and devices, provide unqualified privacy and security,
231 and address the unique needs of the eHealth system.

232 ARTICLE VI

233 ICT INFRASTRUCTURE

234 SEC.15. ***ICT Infrastructure.*** – The DOH shall, in accordance with the
235 standards mandated by the Council, build the required ICT infrastructure to implement
236 the National eHealth System.

237 It shall likewise spearhead the maintenance and management of secured and
238 protected national health database and national data warehouse.

239 SEC. 16. ***National Health Data Center.*** – The Philippine Health Insurance
240 Corporation shall, in coordination with the DOH, DICT and the Department of Science
241 and Technology, establish and maintain the national health data center, and
242 implement an agile and sustainable data management and governance framework and

system in support to the Universal Health Care Act and in compliance with the Data Privacy Act of 2012 for data protection.

SEC. 17. ***Preservation and Protection of Security of eHealth Data.*** – All data under the eHealth shall be considered protected under the Data Privacy Act of 2012 and shall be governed by established rules for access, authentication, transmission storage and audit while taking into account the need for timely and efficient exchange of health information to improve quality of care and ensure the prompt availability of health information necessary to make immediate medical decision.

ARTICLE VII

LOCAL GOVERNMENT SUPPORT

SEC. 18. ***Integration of Local Government Health System.*** – The DOH and the Department of the Interior and Local Government (DILG) shall assist LGUs integrate into the National eHealth system and ensure that LGUs meet the minimum ICT infrastructure and eHealth manpower requirements for them to properly provide eHealth services to their constituents.

SEC. 19. ***Local Government Unit Support.*** – The LGUs shall enact ordinances to increase their capability and broaden their existing health programs and policies to complement efforts and programs of the National Government under this Act.

Furthermore, the LGUs shall implement initiatives to improve health care delivery in the unserved and underserved geographically isolated and disadvantage areas under their jurisdiction.

266 SEC. 20. ***Geographically Isolated and Disadvantage Areas (GIDAs).*** –

267 The DOH, in coordination with the DILG through the LGUs, shall annually update the
268 list of unserved and underserved GIDAs in the country, which list shall be used as a
269 basis for prioritization of eHealth services allocation.

270 **ARTICLE VIII**

271 **PRIVATE SECTOR PARTICIPATION**

272 SEC. 21. ***Private Sector Participation.*** – The Secretary of Health shall
273 promulgate rules on the participation of the private sector in providing eHealth services
274 and applications, including public-private partnerships, and other suitable
275 arrangements.

276 **ARTICLE IX**

277 **RESEARCH AND DEVELOPMENT**

278 SEC. 22. ***Research and Development.*** – The DOH shall, in coordination with
279 the DOST and DICT, healthcare societies and boards, the academe, and other research
280 institutions, regularly evaluate existing tools and technologies used for eHealth to
281 ensure cost efficiency, quality and safety.

282 SEC. 23. ***Funding Source for Research Development.*** – The DOH,
283 Philippine Health Insurance Corporation, DICT, DOST, and DILG shall allocate at least
284 one percent (1%) of their respective annual regular budget in support of eHealth
285 research and development budgetary requirement.

286 **ARTICLE X**

287 **MISCELLANEOUS PROVISIONS**

288 SEC. 24. ***Administrative Violations and Complaints.*** – The Council shall
289 promulgate rules and procedures relating to administrative violations and complaints,
290 insofar as they relate to the establishment and operations of the National eHealth
291 System.

292 SEC. 25. ***Implementing Rules and Regulations.*** – Within sixty (60) days
293 from the approval of this Act, the Council shall promulgate the necessary rules and
294 regulations for the effective implementation of this Act.

295 SEC. 26. ***Appropriations.*** – The amount necessary to carry out the initial
296 implementation of this Act shall be charged against the current year's appropriations
297 of the DOH. Thereafter, the amount necessary for the continued implementation of
298 this Act shall be included in the annual General Appropriations Act.

299 SEC. 27. ***Separability Clause.*** – If any part or provision of this Act is declared
300 unconstitutional or invalid, the remaining parts or provisions not affected shall remain
301 in full force and effect.

302 SEC. 28. ***Repealing Clause.*** – All laws, decrees, executive orders, rules and
303 regulations, and parts or provisions thereof that are contrary to or inconsistent with
304 the provisions of this Act are repealed, amended, or modified accordingly.

305 SEC. 29. ***Effectivity.*** – This Act shall take effect fifteen (15) days after its
306 publication in the *Official Gazette* or in a newspaper of general circulation.

307 Approved,