

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

EIGHTEENTH CONGRESS
Second Regular Session

7422
House Bill No. _____



Introduced by REP. JOEY SARTE SALCEDA

AN ACT
ESTABLISHING PHILIPPINE ELECTRONIC HEALTH SYSTEMS, PROMOTING
THE DEVELOPMENT OF ELECTRONIC HEALTH AND TELEMEDICINE
INDUSTRIES, AND THE DELIVERY OF HEALTH SERVICES USING
INFORMATION AND COMMUNICATIONS TECHNOLOGIES, AND FOR OTHER
PURPOSES

EXPLANATORY NOTE

The COVID-19 pandemic was the ultimate stress test for the public health system. It emphasized vulnerabilities in urgent need of change and action. One such area is the remote delivery of health services. Because our conventional health resources were occupied with pandemic treatment and management, most other medical needs have been sidestepped, both essential processes and elective procedures.

The following findings lead us to the need for a framework for the development of electronic health systems in the country:

The lack of primary care, specialty providers, and transportation are significant barriers full implementation of universal health care.

There are glaring geographical disparities as far as the distribution of basic medical facilities are concerned. The number of hospital beds per 100,000 persons is a quick illustration of such disparities, and the inequities in access to healthcare that such disparities create.

Hospital beds per 100,000, 2016

Area	Hospital beds per 100,000
NCR	23.1
Rest of Luzon	8.2
Visayas	7.8
Mindanao	8.3
PHILIPPINES	10.1

Sources: Philippine Statistics Authority, 2016; Department of Health-HFSRB, 2016

Accentuating geographic disparities in facilities is access to health professionals. Parts of the country have difficulty attracting and retaining health professionals and supporting local health facilities to provide a continuum of health care.

Health workers in institutions per 10,000 population, 2017

Region	Doctors	Nurses	Midwives	Medical Technologists
NCR	10.6	12.6	3.3	3.2
CAR	6.4	15.8	9.9	2.2
I	4.0	11.2	5.6	1.4
II	3.4	12.1	6.9	1.4
III	3.6	7.5	3.J	1.2
IV-A	2.8	6.5	2.J	0.6
IV-B	1.9	5.8	5.2	0.6
V	2.5	7.8	5.1	0.9
VI	3.1	7.2	4.9	1.0
VII	3.1	10.4	4.3	1.3
VIII	2.6	7.0	4.1	1.3
IX	2.6	9.5	4.8	1.1
X	2.9	9.3	5.2	0.9
XI	3.0	7.1	3.0	1.0
XII	2.3	7.6	48	1.0
CARAGA	2.1	7.9	5.J	1.1
ARMM	0.9	4.2	2.6	0.3
Philippines	3.9	8.6	4.1	1.3

Source: The Philippines Health System Review, WHO

While the “Doctors for the Barrios” programs and similar initiatives have encouraged heroic individuals to serve in underserved communities, clearly, a systemic solution is both a necessity and, given the high penetration rate of cellphones in the country, an opportunity. Universal health care should not be dependent on the individual virtue and heroism of doctors, but on virtuous systems.

An even more unacceptable fact is that Filipinos are often one serious sickness away from poverty, and lack of access to primary care that could have been provided by telehealth facilities (such as early and timely check-ups) make health care costs for even initially curable diseases expensive.

A 2013 study suggests that about 1 million Filipinos fall into poverty every year due to out of pocket expenses¹.

¹ Ulep VGT, Dela Cruz NA (2013). Analysis of out-of-pocket expenditures in the Philippines - Policy Notes. Philippine Institute for Development Studies (<https://think-asia.org/bitstream/handle/11540/6839/pidspn1621.pdf?sequence=1>, accessed 18 July 2018).

Opportunities for telemedicine and eHealth

The market statistics and research company Statista estimates that this year, some 75.66 million Filipinos have access to a smartphone². This very high smartphone penetration rate (almost 70%) is an opportunity to link a high-access technology with a low-access service (healthcare).

There are already existing telemedicine facilities in the country, such as the National Telehealth Center. There are also private-sector initiatives, but these are primarily in the business process outsourcing (BPO) sector, and whose services are available primarily to persons living abroad.

The stunted growth of telemedicine is in part due to regulatory uncertainty. There is not yet an existing telemedicine and eHealth framework in the country.

This bill aims to address this vacuum in regulatory framework by instituting a national policy framework for the regulation and promotion of eHealth as an industry and as a dependable health service system.

The bill has the following main areas:

1. Establishes the components of electronic health systems;
2. Identifies the structure for leadership and governance of the sector, identifying the Department of Health (DOH) as its primary regulator, and setting fundamental policies for coordination and governance of the sector;
3. Enables and regulates eHealth services and solutions;
4. Sets basic sector standards and mechanisms for interoperability with conventional and other modes of healthcare service delivery, by defining standards of eHealth systems and services, and promoting synergies between different modes;
5. Sets mechanisms for policymaking, monitoring, and compliance, including the formulation of required policies, guidelines and compliance mechanisms to support the attainment of the quality and acceptable eHealth systems and services. This would also make telehealth services accredited with PhilHealth;
6. Promotes and regulates the necessary health and supporting infrastructure;
7. Lays the regulatory foundations for human resources in the eHealth system;
8. Develops a framework for strategy and investment in the eHealth sector; and
9. Identifies strategies for industry development, such as promoting the accreditation of eHealth with insurance providers, training medical and non-medical support personnel, and ensuring eligibility to industry-promoting incentives, among others.

Optimization of national health outcomes

Because the Philippine Health Insurance Corporation (PhilHealth) will be able to access a significant volume of timely patient data digitally, telehealth, especially if they make primary care more accessible, would help the country's health policymakers optimize the country's health outcomes. Health policy will be able to benefit from data-driven decisions.

As telehealth leaves an electronic record of patient care, it is also less susceptible to fraud. Together with patient data, which would also make PhilHealth's actuarial projections more

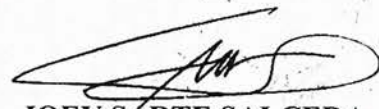
² <https://www.statista.com/statistics/558756/number-of-mobile-internet-user-in-the-philippines/>

robust, these benefits will be immensely favorable for the sustainability of the country's national health insurance program.

Finally, the establishment of telehealth facilities will provide livelihood opportunities for the country's health professionals without having to displace them physically to high-demand, high-wage areas.

As a mode for delivering universal health care, eHealth optimizes the country's strength in ICT and mobile phone penetration as well as its growing health BPO industry. By leveraging the country's unique strengths to address a weakness in the country's human capital development strategies, this bill yields health, economic, and social synergies that have not fully developed in the absence of a concrete regulatory framework.

In view of the foregoing, the approval of this bill is urgently sought.



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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 “Philippine E-Health and Telemedicine Development Act of 2020.”

SECTION 2. Declaration of Policy—The State shall protect and promote the universal and inalienable right to quality and accessible health services of the people. Towards this end, the State shall encourage the use of electronic modes of delivery of basic health services as a means of expanding access to primary health care.

SECTION 3. Objectives – The Philippine E-Health and Telemedicine Development Act aims to create a basic regulatory and development framework for health and medical services delivered through the use of Information and Communication Technology (ICT).

The Philippine eHealth Systems and Services shall be comprehensive, integrative, sustainable, measurable, synchronized, interoperable, and progressive, based on international and local 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 electronically-delivered health services (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, health learning, access to health goods and facilitate health education and promotion, especially in medically unserved and underserved or geographically isolated and disadvantaged areas (GIDA); 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;
- b) develop infrastructure for ICT for health to promote equitable, affordable, and universal access to health services;
- c) set policies and standards, and establish regulations regarding the field of eHealth;
- d) designate national and regional centers and networks of excellence for eHealth best practices, policy coordination, and technical support for healthcare delivery; and
- e) facilitate the exchange and access to secured personal health information, including health providers sharing 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 a 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
- e) 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.
- f) **“Information and Communications Technology”** refers to the following:
 - a. Compressed digital interactive video, audio, or data transmission;
 - b. Real-time synchronous video or web-conferencing communications;
 - c. Secure web-based communication
 - d. Still image capture or asynchronous store and forward; and
 - e. Modern smart medical device use for diagnosis and health care services.
- g) **“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.
- h) **“Originating site”** refers to the site where the patient is located at the time of provision of health care services through telecommunication systems.
- i) **“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.
- j) **“Licensable Healthcare Professionals”** refer to health care professionals applying for the license to practice telehealth services
- k) **“eHealth Practitioner”** refers to any health care provider
- l) **“eHealth Center”** refers to health agency involve in a Telehealth System.
- m) **“eHealth systems”** refers to an organized and structure application of eHealth, integrated in the regular workflow of health care facilities

- n) **“telehealth”** means the delivery of health-related services and information via telecommunication technology. It encompasses preventive, promotive, curative, and palliative aspects.
- o) **“telemedicine”** means the use of telecommunication technology to provide health care services from a distance; focuses more on the curative/treatment aspect.
- p) **“Unserved and underserved areas”** refer to communities such as those isolated due to distant, 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 application system 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 setting 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.

ARTICLE II

ELECTRONICALLY DELIVERED HEALTH SERVICES (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 system and services and allow the eHealth outcomes to be achieved in consonance with universal health access:

- 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, and securely share 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 solutions including 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 not limited to health workers who will be

using eHealth in their line of works, health care providers, information and communication technology 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.
- h) **Industry development** – Policies and support programs that create an overall regulatory environment conducive for the growth and development of the eHealth and telemedicine sector.

ARTICLE 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 Systems and Services
- 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), the Department of Trade and Industry (DTI), and various health services providers and facilities including the academe and patient groups, and other stakeholder; and
- d) Create or identify an office to coordinate the development and implementation of a National eHealth System and Services among agencies concerned and provide direction and guidance to all DOH offices and attached agencies including the local government units and the private sector providing these services.

SECTION 8. 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), a 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:

- a) **Chair:** Secretary, Department of Health; and as members
- b) Secretary, Department of Science and Technology;
- c) Secretary, Department of Information and Communication Technology;
- d) Secretary, Department of Social Welfare and Development;
- e) Secretary, Department of Interior and Local Government;
- f) Secretary, Department of Trade and Industry;
- g) President and Chief Executive Officer, Philippine Health Insurance Corporation;
- h) Chancellor, University of the Philippines – Manila;
- i) Commissioner, Professional Regulatory Commission
- j) Commissioner, Commission on Higher Education
- k) Commissioner, National Privacy Commission
- l) Commissioner, National Anti-Poverty Commission

- m) President, Philippine Hospital Association;
- n) President, Philippine Medical Association;
- o) President, Philippines Nurses Association;
- p) President, Philippine Pharmacists Association;
- q) A representative from the Association of Municipal Health Officers/Provincial Health Officer/City Health Officer; and
- r) Two (2) representatives from a duly organized patient group.

Members of the Committee shall be appointed or designated 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.

SECTION 9. Functions of the Committee. The Committee shall exercise the following functions:

- 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 ensures alignment of the systems 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 on cases;
- f) Create Technical Working Group, other Committees, and Experts Groups to assist in the development of the eHealth solutions and services and corresponding, frameworks, policies, plans, standards and guidelines;
- g) Create or identify the telehealth licensing and regulatory standards and mechanisms and body to implement these;
- h) Submit yearly assessments to House of Representative and Senate Committee on Health; and
- i) Convene at least twice a year.

ARTICLE IV

eHEALTH SERVICES AND SOLUTIONS

SECTION 10. 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 content for the general public, patients, providers, insurance, and others which may be supplied by government or private businesses.

SECTION 11. 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 health care services from a distance; focuses more on the curative/treatment aspect.
- d) “electronic learning or eLearning” 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 during patient’s encounters with health service providers or professionals.
- f) “electronic prescription or ePrescription” 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 healthcare professionals through online communications channels dedicated to community-based input, interaction, content-sharing and collaboration.
- j) “Health Information Exchange” refers to the solution which enables data sharing and exchange between health care providers and facilities, and support access to the patient’s record across providers in many geographic areas of the country
- k) “Knowledge Management System” refers to any kind of IT system that stores and retrieves information, improves cooperation and collaboration, locates knowledge sources, manage repositories, and enhance knowledge management.
- l) “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 health care facilities available in their area.

SECTION 12. 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 a distance from health care providers. However, it shall not be understood to modify the scope of medical practice or any health care provider or authorize the delivery of health care service in a setting or manner not otherwise authorize by the law.

SECTION 13. Electronic Medical/Health Record (EMR/EHR) – All data in EMR/EHR shall be considered protected health data and shall be governed by established rules for access, authentications, storage and auditing, and transmittal.

- a) **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.
- b) **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 from duly concerned bodies.

SECTION 14. 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.

ARTICLE V STANDARDS AND INTEROPERABILITY

SECTION 15. Standards – Standards shall be introduced and imposed to facilitate interoperability among systems and devices, provide unqualified privacy and security and to address unique needs. 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 and ensure acceptable standards of care and to protect interest of service recipients. The appropriate Committees 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 framework shall be defined and must be in consonance to national eGovernment interoperability framework and established international and national standards.

SECTION 17. Secure Health Information Exchange (HIE) – The DOH, DOST, 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.

ARTICLE VI POLICY AND COMPLIANCE

SECTION 18. Principles –The following principles shall be adhered to in the development and provision of eHealth systems and services

- a) **Ethics**– All stakeholders engaged in the development and provision of eHealth systems and services must adhere to the basic principles of transparency, trust, privacy, ownership, dignity, legitimate purpose and proportionality.
- b) **Privacy and Security of Information**– A culture of privacy within the Philippine eHealth Systems and Services shall be promoted and enforced in accordance with the pertinent provisions of Republic Act 10173, otherwise known as the Data Privacy Act of 2012, and other existing laws and regulations. The appropriate Committee shall formulate specific guidelines and procedures to maintain the integrity of medical

records and protect the patient's medical information against any unlawful disclosure and processing.

- c) **Consent** – No individual shall be provided eHealth service without the person's consent. A properly informed consent shall require disclosure of all necessary information that a reasonable person should use in making an informed decision, in a format and language that is readily understandable to the individual, and without coercion influencing the choice. Security measures shall be established based on the degree of sensitivity.
- d) **Dignity** – The patient dignity must be preserved at all times by establishing an appropriate advocacy process to ensure that patients are protected from inappropriate use of their personal information.
- e) **Proportionality** – All those responsible for the deployment of eHealth application that involves the collection, use, and storage of personal information shall consider issues of proportionality and balance the right of the individual over those of society.

SECTION 19. Establishment and Accreditation of eHealth Centers 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 DOH 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. Practitioners shall be accredited by the PhilHealth for reimbursement purposes.

SECTION 20. Basic requirements for a telehealth center – A Telehealth Center shall have the following minimum requirements:

- a) Equipped with the needed ICT 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.

ARTICLE VII INFRASTRUCTURE

SECTION 21. ICT Infrastructure –The required ICT infrastructure to implement eHealth systems and services shall conform to the national ICT infrastructure plan and standards.

SECTION 22. 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 23. 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 24. National Health Databases and Data warehouse – The DOH in cooperation with DICT 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 VIII HUMAN RESOURCES

SECTION 25. Human Resources ICT Competencies – Minimum ICT or eHealth competencies shall be established and imposed to medical and paramedical professionals practicing eHealth, and such competencies acquisition shall be part of the medical and allied medical curricula.

SECTION 26. Capability Building Plans & Policies – Human resource plans and policies shall be fully taken into account any unique human resource and operations requirements involved in delivering eHealth services especially for telehealth and telemedicine.

The following are to be considered:

- a) Licensable health care professionals must hold 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 IX STRATEGY AND INVESTMENT

SECTION 27. eHealth Strategic Framework –The DOH shall spearhead the regular development and review of eHealth strategic framework and plans to serve to guide the implementation eHealth Systems and Services.

SECTION 28. Monitoring &Evaluation System – A robust metric for monitoring and evaluation for eHealth to assess and analyze the impact of eHealth systems and services shall be established.

SECTION 29. Appropriation – The amount necessary to carry out the provisions of this Act shall be included in the General Appropriation of the year following its enactment into a law thereafter.

SECTION 30. Financing eHealth Services – Financing for applicable eHealth services by PhilHealth and other partners, shall be defined by the National eHealth Steering Committee with the PhilHealth Board.

SECTION 31. Private Sector participation–The government shall encourage private sector's 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 standards and regulatory frameworks.

ARTICLE X INDUSTRY DEVELOPMENT

SECTION 32. Prioritization in the national development agenda – The development of an eHealth and telemedicine industry in the Philippines, particularly as a strategic direction for both the country's medical sector and the ICT and business process outsourcing industries, shall be given due priority in the country's national development agenda.

Towards this end, for the first (5) years upon the effectivity of this Act, the telemedicine and eHealth industries in the Philippines shall be included in the country's investment priorities plan (IPP) or its successor plans. Afterwards, the said industries shall be subject to the same evaluation mechanisms used by the Department of Trade and Industry (DTI) and the Board of Investments (BOI) for determining which industries shall be included in the IPP.

SECTION 33. Promotion of recognition of eHealth by insurance sector – Establishing the parity of eHealth and conventional medical services in key areas of health, the DOH, in coordination with the Insurance Commission (IC), shall promote the recognition of eHealth as a health service covered by relevant private-sector insurance plans.

SECTION 34. Support services by non-medical professionals. – The DOH shall issue a list of technical support services for eHealth and telemedicine (such as data encoding, management of information systems, and others) which may be performed by non-medical professionals. The Technical Education and Skills Development Authority (TESDA) shall formulate programs for such support services where a technical-vocational education will suffice.

SECTION 35. Development of ICT competencies of graduates of medical-related programs – The Commission on Higher Education (CHED) shall encourage the formulation of courses and programs that will equip graduates of medical-related college degree programs for delivering medical services through eHealth or telemedicine services.

ARTICLE X RESEARCH AND DEVELOPMENT

SECTION 36. 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:

- 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.

ARTICLE XI FINAL PROVISIONS

SECTION 37. Rules and Regulations – Within ninety (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 38. Separability – 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 39. Repealing Clause – All general and special laws, decrees, executive orders, proclamations and administrative regulation, or any parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SECTION 40. Effectivity – This act shall take effect fifteen (15) days after publication in the *Official Gazette* or a newspaper of general circulation.

Approved,