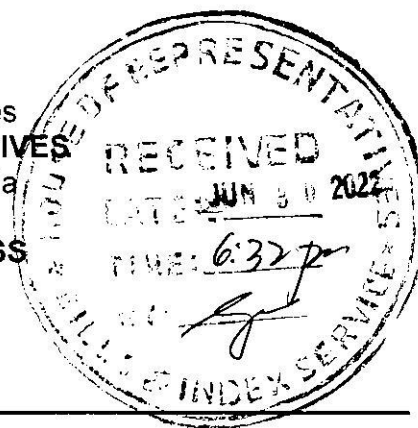


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
First Regular Session

House Bill No. 523



Introduced by Representatives Ron P. Salo

EXPLANATORY NOTE

The World Health Organization (WHO) defines eHealth as “the use of information and communication technologies (ICT) for health.” It is a relatively recent healthcare delivery method supported by electronic processes and ICTs. As early as 2005, the World Health Assembly (WHA) 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 services (58th WHA, 2005; Geneva, Switzerland). Since then, the Department of Health (DOH) harnessed the potential value of eHealth as an innovative measure to deliver cost-efficient and sustainable interventions towards an integrated and comprehensive approach to health development and universal access to healthcare. Specifically, its use has provided new and more efficient ways of improving the delivery of healthcare and making the health systems more efficient and responsive to people’s needs and expectations, and concomitantly, in promoting access to evidence-based information for decision making.

Under the Accelerating Human Capital Development Pillar of the Philippine Development Plan 2017-2022, one of the key cross-cutting strategies identified to improve nutrition and health for all is to *invest in eHealth and data collection mechanisms to address data gaps*. Moreover, under the Governance in Health and Service Delivery Pillars of the Department of Health’s Fourmula One Plus for Health Policy and Strategic Framework, eHealth has been identified as a strategic intervention to “*ensure generation and use of evidence in health policy development, decision-making, and program planning and implementation,*” and “*transparency and accountability measures at all levels instituted.*”

Given the growing prevalence of eHealth technologies and applications, and to achieve optimum and meaningful use of ICTs in health and to protect all the beneficiaries and stakeholders, this Bill aims to provide a policy framework and establish a national eHealth system that will direct and regulate the practice of eHealth in the country. Specifically, this measure will help direct and regulate action of providers; streamline and make systems and services interoperable; ensure patient safety and protection; define and guarantee quality of service; define and institutionalize governance mechanism to achieve coherence, cooperation and complementation; address issues on provision, access, availability, privacy and cybersecurity and information exchange, among others; support research,

development and innovation; avoid duplication among eHealth services and efforts among government agencies with the private sector; establish the critical infrastructure; and define a budget to finance and sustain it. The vision is "An ICT-enabled and integrated Philippine Healthcare System delivering quality health outcomes to all Filipinos" to support the attainment of Universal Health Care (UHC).

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


RON P. SALO
KABAYAN Partylist

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AN ACT
ESTABLISHING THE PHILIPPINE eHEALTH SYSTEM AND SERVICES IN
SUPPORT OF UNIVERSAL HEALTH CARE USING INFORMATION AND
COMMUNICATIONS TECHNOLOGY IN THE PHILIPPINES, AND APPROPRIATING
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 “eHealth System and Services Act”.

SEC. 2. Declaration of Policies. – 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 shall institutionalize a system of providing wide access and quality healthcare information and services through electronic means using information and communication technologies (ICT) or eHealth resulting in improved health outcomes for every Filipino, and further recognizing public and private partnership.

The national eHealth system shall be comprehensive, integrated, interconnected, sustainable, measurable, synchronized, interoperable, and progressive based on best practices, and shall facilitate inter-agency and inter-sectoral coordination at various levels of governance covering both the public and private sectors. It shall recognize eHealth as equal with other healthcare delivery methods to the extent allowable by existing laws, provide and support healthcare delivery, including diagnosis, consultation, treatment, transfer of care of patient, exchange of health data and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (GIDAs).

SEC. 3. Objectives. – This Act shall provide a policy framework and establish a national eHealth system that shall direct and regulate the practice of eHealth, which shall:

- a) Set policies, standards, regulations and services in eHealth to reduce

inequalities, achieve universal health care and improve health outcomes;

- b) Realize health information exchange to measure and monitor health system performance and responsiveness; and
- c) Enable the citizenry with access to health information and health services, including teleHealth, needed for better management and control of their own health.

SEC. 4. Scope and Application. – This Act covers all existing healthcare providers and other entities developing and using eHealth systems, services and applications, whether public or private. It shall cover all eHealth solutions, services and applications including relevant standard equipment in the field of health and ancillary services that use ICT and are complementary to existing minimum modalities or standards of health care and other access to information.

SEC. 5. Definition of Terms. – As used in this Act:

- a) **eHealth System** refers to the interplay of enabling (governance and accountability; strategy and investment; human resources; standards and interoperability; monitoring and compliance; research and development) and foundational (infrastructure; and services and applications) elements essential for a successful national eHealth implementation;
- b) **eHealth Services and Applications** refer to the solutions and products with defined objectives to serve its intended clients or users, such as Health Information Systems, EMR Systems, EHR System, Hospital Information System, ePharmacy System, Laboratory System, Radiology System, Registry systems, mobile health, teleHealth, telemedicine, wearables, and biomedical and related devices with ICT component;
- c) **Electronic Health or eHealth** refers to the use of cost-effective and secure information communications technology for health;
- d) **Electronic Health Record (EHR)** refers to a computerized health record used to capture, store, access and share information for a patient between healthcare organizations and providers;
- e) **Electronic Medical Record (EMR)** refers to a computerized medical record used to capture, store and share information between healthcare providers in an organization;
- f) **Geographic Isolated and Disadvantage 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 (island, upland, lowland, landlocked, hard to reach and unserved or underserved communities); and
(2) Socio-economic factors such as high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or

armed conflict;

- g) **Health Sector Enterprise Architecture** refers to the blueprint on which eHealth services and applications shall be developed, implemented and scaled up;
- h) **Health Knowledge Resources** refers to those services that manage and provide access to trusted information to support health care providers and individuals, including local and international online journals and resource collections, national electronic journals printed information, archives, and other information resources;
- i) **Information and Communications Technology** refers to all technologies for the communication of information, which includes data, application or information systems, internet, network, connectivity, telecommunications, among others;
- j) **Mobile Health** (mHealth) refers to the services and information supported by mobile technology, such as mobile phones, wearables, and handheld computers;
- k) **Personal Health Record** (PHR) refers to a computerized health record created and maintained by an individual;
- l) **TeleHealth** refers to the delivery of health-related services and information, at a distance, which encompasses preventive, promotive, curative, and palliative aspects. It is also a collection of means or methods for enhancing health care, public health, health research and health education delivery and support in the various health fields using telecommunications and virtual technologies;
- m) **Telemedicine** refers to the remote diagnosis and treatment of patients by means of telecommunications technologies.

SEC. 6. Implementing Agency. – The Department of Health (DOH) shall be the lead implementing agency to carry out the provisions of this Act, including its components. The DOH shall strengthen and transform its existing Knowledge Management and Information Technology Service (KMITS) into a full-fledged Bureau, to be named as Knowledge Management and Health Information Technology Bureau, which shall perform the overall management and administration of this Act. Additional plantilla positions shall be created for this purpose.

The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination Council as provided on Sec. 7 hereof.

SEC. 7. Regional and Local Implementation Structures and Staffing Pattern. – To assist in the implementation of this Act and subject to the approval of the Department of Budget and Management, the DOH shall determine the regional and local implementation structures and create divisions or units as it may deem necessary, and shall appoint officers and employees with permanent appointments

and supported with an adequate yearly budget in accordance with the civil service law, rules, and regulations.

ARTICLE II GOVERNANCE AND ACCOUNTABILITY

SEC. 8. Creation of the eHealth Policy and Coordination Council. – There shall be created an independent body to be known as the eHealth Policy and Coordination Council (eHPCC) to provide and promote relevant policies and guidelines for the effective coordination and implementation of this Act. The Council shall be composed of the following key officials:

- a) Secretary, Department of Health – Chairperson
- b) Secretary, Department of Information and Communications Technology (DICT) – Co-Chairperson
- c) President & Chief Executive Officer, Philippine Health Insurance Corporation (PhilHealth) – Co-Chairperson

Members:

- d) Secretary, Department of Science and Technology (DOST);
- e) Secretary, Department of Social Welfare and Development (DSWD);
- f) Secretary, Department of Interior and Local Government (DILG);
- g) Secretary, Department of Budget and Management (DBM);
- h) Chancellor, University of the Philippines – Manila (UPM);
- i) Chairperson, Commission on Higher Education (CHED);
- j) Chairperson, National Privacy Commission (NPC);
- k) National Statistician, Philippine Statistics Authority (PSA);
- l-m) Two (2) representatives from professional medical or health societies;
- n) One (1) representative from patients group; and
- o) One (1) representative from the IT industry associations.

The heads of government agencies may be represented by an official whose rank shall not be lower than an Assistant Secretary or its equivalent. Members

representing the private sector shall be appointed by the President of the Philippines not later than thirty (30) days after the date of enactment of this Act and shall serve for a term of three (3) years, renewable upon recommendation of the Council for a maximum of two (2) consecutive terms.

SEC. 9. Powers and Duties of the Council. – The Council shall exercise the following powers and 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 services and applications at the national level and ensure alignment of the system and services with the overall health and ICT goals of the government;
- c) Spearhead the activities that promote eHealth awareness and engage the participation of stakeholders; and
- d) Submit yearly assessments to the Senate Committee on Health and Demography and the House of Representatives Committee on Health.

SEC. 10. Creation of the Sub-Structure or Mechanism. – The Council shall create multi-sectoral groups, composed of both the private and public sectors to ensure broader stakeholder participation and for the furtherance of its objectives.

ARTICLE III STANDARDS AND INTEROPERABILITY

SEC. 11. Health Sector Enterprise Architecture. – The Council shall develop, regularly update, and implement a health sector enterprise architecture to provide guidance to align and ensure that data can easily be made available and accessible, business processes are harmonized and integrated, and services and applications are usable, safe, efficient and effective.

All health and health-related entities shall adopt a health enterprise architecture as defined and guided by the Council.

SEC. 12. Standards Compliance. – All health and health-related entities shall comply with the data standards, as defined by the Council to allow interoperability and health information exchange, and ensure data protection in accordance with R.A. No. 10173, otherwise known as the “Data Privacy Act” and other related laws and issuances.

These standards shall include, inter alia, patient identifier, provider identifier, health facility identifier, terminology and messaging standards, and shall be in accordance with the Philippine eGovernment interoperability framework and other relevant standards.

ARTICLE IV SERVICES AND APPLICATIONS

SEC. 13. Rationalization of eHealth Services and Applications. – Design, development, and implementation of eHealth services and applications shall focus on the automation and interoperability of the various mandatory eHealth business processes and data services as laid out in the Health Sector Enterprise Architecture.

SEC. 14. Scope of eHealth Services and Applications. – eHealth shall include the following areas:

- a) Mandatory eHealth Data Services:
 - 1) Master Person Index
 - 2) Master Provider Index
 - 3) Master Facility Index
 - 4) Terminology Registry
- b) Compliant eHealth Application:
 - 1) Electronic Medical Record
 - 2) Enterprise Resource Planning
 - 3) Laboratory, Radiology, and ePrescription
 - 4) Human Resources for Health Information System
 - 5) TeleHealth

Article V TELEHEALTH

SEC. 15. Regulations of TeleHealth Services and eHealth Related Devices.
– The Council, through the DOH, shall establish and maintain a regulatory system for telehealth services and eHealth-related devices.

SEC. 16. Standards of Practice and Certification of Individuals and Entities Providing TeleHealth Services. – To complement the regulations of telehealth services and eHealth-related devices, the DOH, in consultation with Professional Regulatory Commission (PRC), PhilHealth, UPM – National TeleHealth Center, DICT, academia, medical and specialty societies, non-government organizations, the private and business sectors, shall set the standards of practice and

implement a certification mechanism for individuals and entities providing telehealth services.

ARTICLE VI HUMAN RESOURCES

SEC. 17. *Human Resource in eHealth.* – The human resource for eHealth are health professionals who shall plan, design, build, operate, use, maintain and support the eHealth services and applications, and innovations.

The DOH, CHED, DICT, Technical Education and Skills Development Authority (TESDA), and Professional Regulation Commission (PRC), in consultation with medical and specialty societies, IT professional associations, and academia, shall establish the minimum competencies and impose the same on health, health-related and digital health professionals. This shall be part of the curriculum of health and health-related courses.

SEC. 18. *Human Resource Development Plan.* – The DOH, CHED, TESDA, and PRC shall formulate the Human Resource Development Plan which shall develop new curricula, integrate changes in existing curricula, create formal and non-formal training programs, and continuing professional development programs. There shall also be creation of personnel services item, plantilla positions, and other employment opportunities for human resource in government hospitals and institutions to manage and enable eHealth in healthcare and related services.

ARTICLE VII INFRASTRUCTURE

SEC. 19. *ICT Infrastructure.* – The DICT, in coordination with DOH, PhilHealth, and DOST, shall establish the necessary national ICT infrastructure to implement eHealth services and applications.

SEC. 20. *National Health Data Center.* – The PhilHealth, in coordination with the DOH, DICT and DOST, shall establish and maintain the national health data center, and implement an agile and sustainable data management and governance framework and system in support to R.A. No. 11223, otherwise known as the "Universal Health Care Act," and in compliance with R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012" for data protection.

ARTICLE VIII STRATEGY AND INVESTMENT

SEC. 21. *National eHealth Strategic Framework and Plan.* – The Council shall spearhead the development and monitoring of strategic framework and plan to serve and guide the operations of a national eHealth system.

SEC. 22. *Financing the eHealth Strategic Framework and Plan.* – Financing for the national eHealth system by DOH, PhilHealth and other partners, as defined by the Council, shall be made available to scale up eHealth implementation at the national level.

SEC. 23. *Private Sector Participation.* – The DOH shall promulgate rules regarding the participation of the private sector in the provision of eHealth services and applications, including public-private partnerships, and other suitable arrangements.

ARTICLE IX MONITORING AND COMPLIANCE

SEC. 24. *Monitoring and Compliance.* – The Council shall measure and monitor the performance and progress of the implementation of this Act.

ARTICLE X RESEARCH AND DEVELOPMENT

SEC. 25. *Research and Development.* – Consistent with the Republic Act No. 10532 otherwise known as the “Philippine National Health Research System Act of 2013,” and the mandate of the DOST, the DOST — Philippine Council for Health Research and Development (DOST-PCHRD), in consultation with DOH, CHED, DICT, PhilHealth, UPM – National TeleHealth Center, academia, regional health research consortia, medical and specialty societies, non-government organizations, the private and business sectors, shall ensure the development of new eHealth services, applications and innovations through:

- a) Formulation of eHealth research priority areas under the National Unified Health Research Agenda (NUHRA), and other research agendas;
- b) Funding and mobilizing resources for researches on eHealth which are aligned with the research agenda;
- c) Establishment and strengthening of centers of excellence of eHealth policy studies, research and innovation, including creation of formal and non-formal capability building programs; and
- d) Adherence of eHealth research outputs to the health technology assessment process as provided in the Universal Health Care Act.

A separate unit within the PCHRD shall handle and manage eHealth related activities and programs. The human resource requirement of such unit shall be determined by PCHRD in consultation with DOH, CSC and DBM.

SEC. 26. *Funding Source for Research and Development.* – The DOH, PhilHealth, DOST, DICT, CHED, and DILG shall allocate at least 1% of their respective

annual regular budget in support of eHealth research and development. Other government agencies, state universities and colleges (SUCs), private entities, and non-government organizations are encouraged to provide financial support for eHealth research and development.

ARTICLE XI ADMINISTRATIVE PENALTIES

SEC. 27. Rules and Procedures for Administrative Violations and Complaints. – The Council shall promulgate rules and procedures relating to administrative violations and complaints, insofar as they relate to the establishment and operations of the national eHealth system.

ARTICLE XII MISCELLANEOUS PROVISIONS

SEC. 28. Transitory Provisions. – The transformation of KMITS into a full-fledged Bureau and the formulation of the internal organic structure and regional and local implementation structures, staffing pattern, operating system, and the revised budget of the Department for health information technology shall be completed within six (6) months from the effectivity of this Act, during which time, the existing KMITS and regional and local implementation personnel shall continue to serve in holdover capacities until a full and permanent bureau is constituted and functioning, and new appointments are issued.

SEC. 29. Appropriations. – The amount needed for the initial implementation of this Act shall be taken from the current fiscal year's appropriation of the DOH for health information technology.

For the succeeding years, the amount needed for eHealth in the DOH budget and in the budget of other agencies with specific mandates provided in this Act shall be based on the strategic plan formulated by the Council, in coordination with other stakeholders. The amount shall be included in the National Expenditure Program (NEB) as basis for the General Appropriations Bill (GAB).

Further, other sources of funds can come from the Private Sector Participation Program, Joint DOH-PhilHealth-DICT-DOST undertakings on eHealth, and Medium-Term Information and Communications Technology Harmonization Initiative (MITHI).

SEC. 30. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the Secretary of DOH, after consultation with the Secretaries of DICT and DOST, the President and Chief Executive Office of PhilHealth, the Chancellor of UPM, the Chairperson of CHED, the National Statistician of PSA, and representatives of medical and paramedical associations and societies, and other stakeholders, shall promulgate the necessary rules and regulations implementing the provisions of this Act.

SEC. 31. Separability Clause. – If any part or provision of this Act is held invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 32. 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 and modified accordingly.

SEC. 33. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved.