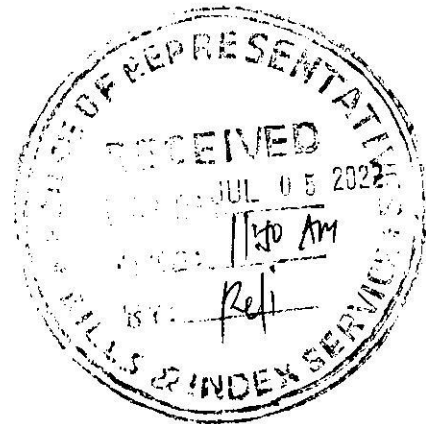


NINETEENTH CONGRESS)
OF THE REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

House Bill No. **1184**

Introduced by Representative Christian Tell A. Yap

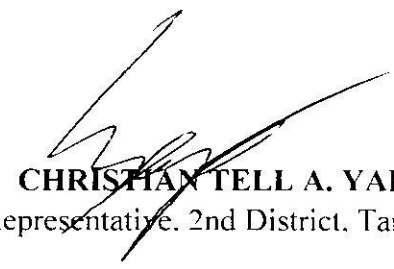
EXPLANATORY NOTE

One of the main challenges of Philippine health care system today is access to health care services. Based on the data from the Department of Health (DOH), 70% of the population living in rural areas are still struggling with no or limited access to quality inpatient and outpatient care services. This is because only 13% of the healthcare providers and 40% of the tertiary hospitals are situated in non-urban areas. On the average, according to DOH, it takes around 39 minutes for Filipinos to travel to a local health facility. Moreover, delayed access to timely, reliable, accurate and complete health information contributions to the challenges faced by health care professional.

Through the use of ICT, eHealth enables the diagnosis, consultation, treatment, education care management, and self-management of patients from health providers. eHealth not only seeks to address current disparities in service care delivery, it also improves the flow of health information to help achieve the Universal Healthcare goal of a more responsive healthcare system.

This legislation aims to utilize information and communications technology for healthcare, particularly in rural and underserved areas. Furthermore, this bill seeks to promote eHealth as equal with other healthcare delivery methods

For the foregoing reasons, the approval of this bill is earnestly sought.


CHRISTIAN TELL A. YAP
Representative, 2nd District, Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. **1134**

Introduced by Representative Christian Tell A. Yap

AN ACT
ESTABLISHING THE PHILIPPINE ELECTRONIC HEALTH OR eHEALTH
SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE,
AND APPROPRIATING FUNDS THEREFOR

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

ARTICLE I

TITLE, DECLARATION OF POLICY, AND GENERAL PRINCIPLES

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. Toward this end, the State shall institutionalize a system of providing wide access to quality health information and services using information and communication technology (ICT), referred to as the National eHealth System (NeHS), resulting in better health outcomes for every Filipino, and further recognizing whole-of-society and whole-of-government approaches.

The NeHS shall be integrated, comprehensive, interoperable, progressive, secure and sustainable based on best current and future 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 supplemental and complementary 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 data and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (GIDAs).

SEC. 3. *Objectives.* - This Act shall provide a holistic framework that establishes NeHS, which shall:

1 a) Set policies, standards, priorities, plans, programs and projects that promote and ensure
2 streamlined and safely regulated delivery of eHealth services to reduce inequalities, achieve
3 universal health care, and better health outcomes; and

4 b) Clarify roles of agencies, institutions, and entities regarding their performance and
5 accountabilities in building national and local eHealth capacity and measuring results.

6 **SEC. 5. Definition of Terms.** - As used in this Act:

7 a) **Compliant eHealth services and applications** refer to the requirement of
8 a defined architecture of eHealth standards that enable services and systems.
9 allow interoperability of health services and information exchange across
10 geographic organizational, network, vendor boundaries, and ensure data
11 protection in accordance with Republic Act (R.A.) No. 10173, otherwise
12 known as the "Data Privacy Act" and other related laws and issuances;

13 b) **eHealth or Electronic health** refers to the use of cost-effective and
14 secure and communications technology for health care practice, also referred
15 to as digital health;

16 c) **eHealth data services** refer to key architectural data registries of the health
17 sector needed to enable and support large scale health information
18 interoperability and exchange;

19 d) **eHealth System** refers to the interplay of enabling and foundational
20 elements essential for a successful national eHealth implementation, namely,
21 (1) governance and accountability, (2) standards and interoperability, (3)
22 services and operations, (4) telehealth, (5) human resources, (6) infrastructure,
23 (7) strategy and investment, (8) monitoring and compliance, and (9) research
24 and development;

25 e) **eHealth services and applications** refer to the solutions, products and
26 innovations with defined objectives to serve its intended clients or users, such
27 as health information systems, electronic medical record systems, electronic
28 health record system, enterprise resource planning system, ePharmacy
29 system, laboratory system, radiology system, electronic prescription system,
30 human resource information system, registry systems, mobile health, telehealth,
31 telemedicine, wearables, and biomedical and related devices with ICT component;

32 f) **Electronic health record (EHR)** refers to a computerized health record used
33 to capture, store, access and share information of a patient between and across
34 health care providers and health-related entities;

35 g) **Electronic medical record (EMR)** refers to a computerized medical record
36 used to capture, store and share information of a patient to health care providers
37 in an institution or organization;

38 h) **Electronic prescription (ePrescription)** refers to a system that allows
39 healthcare providers to write and send prescriptions in an automated or
40 electronic way to a pharmacy with capability to receive such;

41 i) **Electronic prescription (ePrescription)** refers to a system that allows
42 healthcare providers to write and send prescriptions in an automated or
43 electronic way to a pharmacy with capability to receive such;

44 1. Physical factors are characteristics that limit the delivery of and/or
45 access to basic health services to communities that are difficult to reach
46 due to distance, weather conditions, and transportation difficulties;

47 2. Socioeconomic factors are social, cultural, and economic
48 characteristics of the community that limit access to and utilization of
49 health services;

50 j) **Health sector enterprise architecture** refers to the blueprint on which eHealth
51 services and applications shall be developed, implemented, and scaled up; and

k) Information and communications technology refers to all technologies for the communication of information, which include data, application or information systems, internet, network, connectivity, telecommunications, among others.

SEC.6. *Implementing Agency.* - The Department of Health (DOH) shall be the lead implementing agency to carry out the provisions of this Act. The DOH shall strengthen and transform its existing Knowledge Management and Information Technology Service (KMITS) into a full-fledged Bureau, to be called as the National eHealth Information and Services Bureau (NeHISB), and which shall perform the overall management and administration of this Act. The additional plantilla position to be created for this purpose shall be submitted to the Department of Budget and Management (DBM) for evaluation and approval.

The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination Council as provided in Sec. 8 hereof.

SEC. 7. *Regional and Local Implementation Structures and Staffing Pattern.* - To assist in the implementation of this Act, the regional organizational structures shall be lodged under the Center for Health Development of the DOH while local organizational structures shall be subject to the discretion of the local government units (LGUs) in relation to Section 76 of RA No. 7160 or the "Local Government Code of 1991."

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, hereby referred to as the Council, 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, DOH - Chairperson
- b) Secretary, DICT- Co-Chairperson
- c) President & Chief Executive Officer, PhilHealth - Co-Chairperson
- d) Secretary, DOST:
- e) Secretary, Department of Social Welfare and Development (DSWD);
- f) Secretary, Department of Interior and Local Government (DILG);
- g) Secretary, DBM:
- h) Chancellor, University of the Philippines - Manila (UPM):
- i) Chairman, Professional Regulation Commission (PRC);
- j) Chairperson, Commission on Higher Education (CHED);
- k) Chairperson, National Privacy Commission (NPC);
- l) National Statistician, Philippine Statistics Authority (PSA);
- m) Two (2) representatives from professional medical or health societies:
- n) One (1) representative from patients' group; and
- o) One (1) representative from the ICT industry associations

The heads of government agencies may be represented by a designated official whose Rank shall not be lower than 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 effectivity 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.

The government agency-members of the Council shall have the authority to act upon and decide on all urgent matters pending the formation of the Council and the appointment of from the private sector by the President of the Philippines.

SEC. 9. Powers and Duties of the Council. - The Council shall exercise the following powers and functions:

- a) Define and promote over-all eHealth policies, standards and regulations at all levels of health care system, public and private;
- b) Ensure integration and coordination of national and local eHealth strategies and initiatives; and
- c) Submit yearly assessments and accomplishment reports to the Senate Committee on Health and Demography and the House of Representatives Committee on Health for performance monitoring and evaluation.

SEC. 10. *Ensuring Broader Participation in eHealth Implementation.* – 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.

Setting up of the sub-structures or mechanisms shall be in accordance with R.A. No. 11223, otherwise known as the "Universal Health Care Act" and other related issuances.

ARTICLE III

STANDARDS AND INTEROPERABILITY

SEC. 11. *Health Sector Enterprise Architecture.* - The NeHS shall be operated within the health sector enterprise architecture that aligns and ensure that health and health-related data are made available and accessible anytime and anywhere to various stakeholders. business processes for health are streamlined and integrated, and services and applications are usable, safe, efficient and effective. following the health care business model provided under R.A. No. 11223, otherwise known as the "Universal Health Care Act" and other related issuances. Rationalization for safety and cost effectiveness, scope and standards for design and use of technologies in the health sector shall also be defined in this architecture.

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

SEC. 12. *Standards Compliance.* -All health care providers and health-related entities shall comply with the data standards 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, health care provider identifiers, and terminology and messaging standards, and shall be in accordance with the Philippine eGovernment interoperability and data security framework, and other relevant standards.

ARTICLE IV

SERVICES AND APPLICATION

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 business processes and data services in the health sector as laid out in the Health Sector Enterprise Architecture which shall comply with regulatory requirements and may be subjected to health technology assessment.

SEC. 14. *Scope of eHealth Services and Applications.* - eHealth services shall include the following areas:

- A) Mandatory eHealth Data Services:
- 1) Master Person Index
 - 2) Master Provider (Human Resources) Index
 - 3) Master Facility Index
 - 4) Terminology or Health Services Registry

1 5) National Immunization Registry
2
3

- 4 B) Compliant eHealth Services and Applications:
5 1) Electronic Health Record/Electronic Medical Record
6 2) Health Information Exchange
7 3) Health Facility Operations and Management
8 4) Disease Registries
9 5) TeleHealth/TeleMedicine
10 6) Human Resources in eHealth
11 7) Supply Chain Management
12

13
14 **Article V**
15 **TELEHEALTH**
16

17 **SEC. 15. *Regulations of TeleHealth Services and eHealth Related Devices.*** – The
18 Council, through the DOH, shall establish and maintain a regulatory system for telehealth services
19 and eHealth-related devices.
20

21 **SEC. 16. *Standards of Practice and Certification of Individuals and Entities***
22 ***Providing TeleHealth Services.*** - To complement the regulations of telehealth services and
23 eHealth-related devices, the PRC and the DOH, in consultation with PhilHealth, UPM-
24 National TeleHealth Center, DICT, academia, medical and specialty societies, non-
25 government organizations, and the private and business sectors, shall set the standards of practice
26 and implement a certification mechanism for health care providers and health-related entities
27 providing telehealth services.
28

29 **ARTICLE VI**
30 **HUMAN RESOURCES**
31

32 **SEC. 17. *Human Resource in eHealth.*** - Health care professionals shall plan, design,
33 build, operate, use, maintain and support eHealth services and applications.
34

35 The DOH, PRC, CHED, DICT, and Technical Education and Skills Development Authority
36 (TESDA), in consultation with medical and specialty societies, IT professional associations, and
37 academia, shall establish the minimum competencies and impose the same on health, health-
38 related and digital health professionals. This shall be part of the curriculum of health and health-
39 related courses.
40

41 **SEC. 18. *Human Resource for eHealth Development Plan.*** -The DOH, PRC,
42 CHED, and TESDA shall formulate the Human Resource for eHealth Development Plan
43 which shall develop new curricula, integrate changes in existing curricula, create formal and
44 non-formal training programs, and continuing professional development programs concerning the
45 practice of eHealth. There shall also be creation of personnel services item, plantilla positions,
46 and other employment opportunities for human resource in government hospitals and institutions
47 to manage and enable eHealth in healthcare and related services.
48
49

50 **ARTICLE VII**
51 **INFRASTRUCTURE**
52

53 **SEC. 19. *ICT Infrastructure.*** -The DICT, in coordination with DOH, PhilHealth,
54 and DOST, shall establish and maintain the necessary national ICT infrastructure to implement
55 eHealth services and applications.
56

57 **SEC. 20. *National eHealth Data Center.*** - The PhilHealth, in coordination with
the DOH, DICT and DOST, shall establish and maintain the National eHealth Data Center.

1 and implement an agile and sustainable data management and governance framework and
2 system in support to R.A. No. 11223, otherwise known as the "Universal Health Care Act."
3 and in compliance with R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012"
4 for data protection.

5
6 **ARTICLE VIII**
7 **STRATEGY AND INVESTMENT**
8

9 **SEC. 21. *National eHealth Strategic Framework and Plan.*** - The Council shall
10 spearhead the development and monitoring of strategic framework and plan to serve and
11 guide the of the NeHS.
12

13 **SEC. 22. *Financing the eHealth Strategic Framework and Plan.*** - Financing for the
14 NeHS by DOH, PhilHealth and other partners, as defined by the Council, shall be made available
15 to scale up eHealth implementation at the national level.
16

17 **SEC. 23. *Private Sector Participation.*** - The DOH shall promulgate rules regarding
18 the participation of the private sector, including public-private partnerships, and other suitable
19 arrangements, in the provision of eHealth services, applications, and ICT infrastructure.
20

21 **ARTICLE IX**
22 **MONITORING AND COMPLIANCE**
23

24 **SEC. 24. *Monitoring and Compliance.*** - The Council shall measure and monitor
25 the performance and progress of the implementation of this Act.
26

27 **ARTICLE X**
28 **RESEARCH AND DEVELOPMENT**
29

30 **SEC. 25. *Research and Development.*** - Consistent with R.A. No. 10532, otherwise
31 known as the "Philippine National Health Research System Act of 2013," and the mandate of
32 the DOST, the DOST - Philippine Council for Health Research and Development
33 (DOST-PCHRD), in consultation with DOH, PRC, CHED, DICT, PhilHealth, UPM –
34 National TeleHealth Center, academia, regional health research consortia, medical and
35 specialty societies, non-government organizations, and the private and business sectors, shall
36 ensure the development of new eHealth services and applications through:
37

- 38 a) Formulation of eHealth research priority areas under the National
39 Unified Health Research Agenda (NUHRA), and other research agendas;
40 b) Funding and mobilizing resources for researches on eHealth, including
41 creation of and non-formal capability building programs for the development
42 of a pool of eHealth researchers and innovators, which are aligned with the
43 research agenda;
44 c) Establishment and strengthening of centers of excellence of eHealth
45 policy studies, research and development; and
46 d) Establishment and adherence of mechanisms that strengthen eHealth
47 innovation research and strategy to the health technology assessment
48 process as provided under R.A. No. 11223, otherwise known as the
49 "Universal Health Care Act," and that integrate explicit use of evidence into
50 the policy and decision-making process and national eHealth standards, and
51 support the growth of research consortia on eHealth;
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53 A separate unit within the PCHRD shall handle and manage eHealth related activities and
54 programs. The human resource requirement of such unit shall be determined by PCHRD in
55 consultation with the DOH, CSC and DBM.
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