

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

NINETEENTH CONGRESS
Second Regular Session

House Bill No. **9419**



**INTRODUCED BY REPRESENTATIVES RALPH WENDEL P. TULFO,
JOCELYN P. TULFO, ERWIN T. TULFO, EDVIC G. YAP, AND ERIC GO YAP**

**AN ACT ESTABLISHING A PHILIPPINE eHEALTH SYSTEM AND SERVICES
IN SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING
FUNDS THEREFOR**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them. As we continue to live in the digital age, it becomes imperative to adopt measures providing health services vis-à-vis technological advances to elevate the people's right to health to a right to eHealth.

Telehealth or eHealth involves the use of technology in the diagnosis, treatment, monitoring, and management of patients, including video conferencing, remote patient monitoring, mobile health applications, and more traditional methods of communication such as text, email, voice, and video calls.¹ However, in the Philippines, there is still no existing legal framework for the implementation of telehealth despite its effectivity in improving health outcomes and lowering risks of hospitalization and readmission.²

Although the pandemic may have already been lifted globally, it has exposed us to the benefits of telehealth, a safer and more convenient healthcare alternative. By adopting a holistic framework establishing a National eHealth System, this proposed bill endeavors to address present barriers to telehealth, such as poor internet connectivity, technological illiteracy, and lack of access to gadgets.³

¹ Noceda, A.V.G., Acierto, L.M.M., Bertiz, M. *et al.* Patient satisfaction with telemedicine in the Philippines during the COVID-19 pandemic: a mixed methods study. *BMC Health Serv Res* (2023).

² Kichloo, A., Albosta, M., Dettloff, K., Wani, F., El-Amir, Z., Singh, J., Aljadah, M., Chakinala, R. C., Kanugula, A. K., Solanki, S., & Chugh, S. (2020). Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA. *Family medicine and community health*, 8(3), e000530.

³ Macariola, A. D., Santarin, T. M. C., Villafior, F. J. M., Villaluna, L. M. G., Yonzon, R. S. L., Fermin, J. L., Kee, S. L., Aldahoul, N., Karim, H. A., & Tan, M. J. T. (2021). Breaking Barriers Amid the Pandemic:

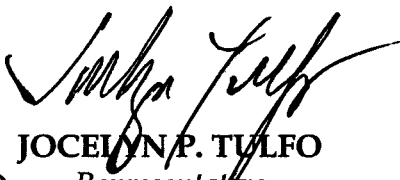
By institutionalizing the Philippine eHealth system, we seek to provide a safe, efficient, and effective alternative that addresses the needs of Filipino patients and an improved health system in the digital age.

In view of the foregoing, the urgent passing of this bill is earnestly sought.



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1 **AN ACT ESTABLISHING A PHILIPPINE eHEALTH SYSTEM AND SERVICES**
2 **IN SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING**
3 **FUNDS THEREFOR**
4

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

5
6 **ARTICLE I**
7 **GENERAL PROVISIONS**
8

9 **SECTION 1. *Short Title.*** – This Act shall be known as the “eHealth System and
10 Services Act of 2023”.
11

12 **SEC. 2. *Declaration of Policy.*** – It is the policy of the State to protect and promote
13 the right to health of all Filipinos and instill health consciousness among them.
14 Towards this end, the State shall institutionalize a system of providing wide access to
15 quality health information and services using information and communication
16 technology (ICT), referred to as the National eHealth System (NEHS), resulting in
17 better health outcomes for every Filipino, and further recognizing whole-of-society
18 and -government approaches.
19

20 The NEHS shall be comprehensive, integrated, interoperable, progressive, secure,
21 and sustainable based on best current and future practices, and shall facilitate inter-
22 agency and inter-sectoral coordination at various levels of governance covering both

1 the public and private sectors. It shall recognize eHealth as supplemental and
2 complementary with other healthcare delivery methods to the extent allowable by
3 existing laws, provide and support healthcare delivery, including diagnosis,
4 consultation, treatment, transfer of care of patient, exchange of health data and
5 education, especially in medically unserved and underserved geographically isolated
6 and disadvantaged areas (GIDAs).

7
8 **SEC. 3. Objectives.** – This Act shall provide a holistic framework that establishes a
9 NEHS, which shall:

10
11 (a) Set policies, standards, priorities, plans, programs, and projects that promote
12 and ensure streamlined and safely regulated delivery of eHealth services to
13 reduce inequalities, and achieve universal health care and better health
14 outcomes;

15
16 (b) Clarify roles of agencies, institutions, and entities regarding their
17 performance and accountabilities in building national and local eHealth
18 capacity and measuring results; and

19
20 (c) Enable the citizenry with suitable access to their own health information
21 needed for better management and control of their own health.

22
23 **SEC. 4. Scope and Application.** – This Act covers all existing healthcare providers
24 and health-related entities developing and using eHealth systems, services,
25 applications, and tools, whether public or private. It shall cover all eHealth solutions,
26 services, and applications including relevant standard equipment in the field of health
27 and ancillary services that use ICT and are complementary to existing minimum
28 modalities or standards of health care and other means of access to information.

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

2
3 (a) *Compliant eHealth Services and Applications* refer to solutions, products, and
4 innovations that are compliant with defined architecture of eHealth standards
5 that enable services and systems, allow for interoperability of health services
6 and information across geographic, organizational, network and vendor
7 boundaries, and ensure data protection in accordance with Republic Act (R.A.)
8 No. 10173, otherwise known as the “Data Privacy Act”, and other related laws
9 and issuances.

10
11 (b) *eHealth Data Services* refer to key architectural data registries of the health sector
12 enterprise needed to enable and support large scale health information
13 interoperability and exchange;

14
15 (c) *eHealth System* refers to the interplay of enabling (governance and
16 accountability; strategy and investment; human resources; standards and
17 interoperability; monitoring and compliance; research and development) and
18 foundational (infrastructure; services and applications) elements essential for a
19 successful national eHealth implementation;

20
21 (d) *Electronic Health or eHealth* refers to the use of cost-effective and secure
22 information communications technology for health, also referred to as digital
23 health;

24
25 (e) *Electronic Health Record (EHR)* refers to a computerized health record used to
26 capture, store, access, and share information of a patient between and across
27 health care providers and health-related entities;

28
29 (f) *Electronic Medical Record (EMR)* refers to a computerized medical record used to
30 capture, store, and share information of a patient between health care providers
31 in an institution or organization;

1 (g) *Electronic Prescription (ePrescription)* refers to a system that allows healthcare
2 providers to write and send prescriptions in an automated or electronic way to
3 a pharmacy with capability to receive such;

4
5 (h) *Geographically Isolated and Disadvantaged Areas (GIDAs)* refer to barangays
6 specifically disadvantaged due to the presence of both physical and
7 socioeconomic factors. For a barangay to be classified as GIDA, both physical
8 and socioeconomic factors must be present.

9
10 1) Physical factors are characteristics that limit the delivery of and/or access
11 to basic health services to communities that are difficult to reach due to
12 distance, weather conditions, and transportation difficulties; and

13
14 2) Socioeconomic factors are social, cultural, and economic characteristics
15 of the community that limit access to and utilization of health services;

16
17 (i) *Health Passport* refers to the portable personal health record of a patient linked
18 to the electronic health/medical record whereby patients exercise control;

19
20 (j) *Health Sector Enterprise Architecture* refers to the blueprint on which eHealth
21 services and applications shall be developed, implemented, and scaled up; and

22
23 (k) *Information and Communications Technology* refers to all technologies for the
24 communication of information, which includes data, application or information
25 systems, internet, network, connectivity, telecommunications, among others.

26
27 **SEC. 6. Implementing Agency.** – The Department of Health (DOH) shall be the lead
28 implementing agency to carry out the provisions of this Act, including its components.
29 The DOH shall strengthen and transform its existing Knowledge Management and
30 Information Technology Service (KMITS) into a full-fledged bureau, to be named as
31 the National eHealth Information and Services Bureau (NeHISB), which shall perform

1 the overall management and administration of this Act. Corresponding plantilla
2 positions shall be created for this purpose.

3
4 The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination
5 Council as provided in Section 7 hereof.

6
7 **SEC. 7. *Regional and Local Implementation Structures and Staffing Pattern.*** - To
8 assist in the implementation of this Act and subject to the approval of the Department
9 of Budget and Management, the DOH, in consultation with the Philippine Health
10 Insurance Corporation (PhilHealth), the Department of Information and
11 Communications Technology (DICT), and the Department of Science and Technology
12 (DOST) shall determine the regional and local implementation structures and create
13 divisions or units as it may deem necessary, and shall appoint officers and employees
14 with permanent appointments and supported with an adequate yearly budget in
15 accordance with the civil service law, rules, and regulations.

16
17 Setting up of the regional and local implementation structures shall support the
18 organization and integration of local health systems into province- and city-wide
19 health system in accordance with R.A. No. 11223, otherwise known as the "Universal
20 Health Care Act" and other related issuances.

21
22 **ARTICLE II**
23 **GOVERNANCE AND ACCOUNTABILITY**
24

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

30
31 (a) Secretary, DOH - Chairperson

1 (b) Secretary, DICT – Co-Chairperson

2 (c) President & Chief Executive Officer, PhilHealth – Co-Chairperson

3
4 Members:

5
6 (d) Secretary, DOST;

7 (e) Secretary, National Economic Development Authority (NEDA);

8 (f) Secretary, Department of Social Welfare and Development (DSWD);

9 (g) Secretary, Department of Interior and Local Government (DILG);

10 (h) Secretary, Department of Budget and Management (DBM);

11 (i) Chancellor, University of the Philippines – Manila (UPM);

12 (j) Chairperson, Professional Regulation Commission (PRC);

13 (k) Chairperson, Commission on Higher Education (CHED);

14 (l) Chairperson, National Privacy Commission (NPC);

15 (m) National Statistician, Philippine Statistics Authority (PSA);

16 (n) One (1) representative from the Philippine Hospital Association (PHA);

17 (o) One (1) representative from the Private Hospital Association of the Philippines
18 (PHAPi);

19 (p) One (1) representative from the Provincial Health Officers Association of the
20 Philippines (PHOAP);

21 (q) One (1) representative from the Association of Municipal Health Officers of the
22 Philippines (AMHOP);

23 (r) Two (2) representatives from professional medical or health societies;

24 (s) One (1) representative from patients group; and

25 (t) One (1) representative from the ICT industry associations.

26
27 The heads of government agencies may be represented by an official whose rank
28 shall not be lower than an Assistant Secretary or its equivalent. Members representing
29 the private sector shall be appointed by the President of the Philippines not later than
30 thirty (30) days after the date of enactment of this Act and shall serve for a term of

1 three (3) years, renewable upon recommendation of the Council for a maximum of
2 two (2) consecutive terms.

3
4 The government agency-members of the Council shall have the authority to act
5 upon and decide on all urgent matters pending the formation of the Council and the
6 appointment of members from the private sector by the President of the Philippines.

7
8 **SEC. 9. Powers and Duties of the Council.** – The Council shall exercise the following
9 powers and functions:

10
11 (a) Define and promote overall eHealth policies, standards, and regulations at
12 all levels of healthcare system, public and private;

13
14 (b) Ensure integration and coordination of national and local eHealth strategies
15 and initiatives; and

16
17 (c) Submit yearly assessments and accomplishment reports to the Senate
18 Committee on Health and Demography and the House of Representatives
19 Committee on Health for performance monitoring and evaluation.

20
21 **SEC. 10. Creation of the Sub-Structure or Mechanism.** – The Council shall create
22 multi-sectoral groups, composed of both the private and public sectors to ensure
23 broader stakeholder participation and for the furtherance of its objectives.

24
25 Setting up of the sub-structures or mechanisms shall be in accordance with the
26 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 a health sector enterprise architecture that aligns and ensures 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 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 healthcare 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 the Data Privacy Act and other related laws and issuances.

These standards shall include, *inter alia*, patient identifier, healthcare provider identifiers, terminology and messaging standards, and shall be in accordance with the Philippine eGovernment interoperability framework security 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

1 the automation and interoperability of the various mandatory business processes and
2 data services in the health sector as laid out in the Health Sector Enterprise
3 Architecture and which may be subjected to health technology assessment and shall
4 comply with regulatory requirements.
5

6 **SEC. 14. *Scope of eHealth Services and Applications.*** – eHealth shall include the
7 following areas:
8

9 (a) Mandatory eHealth Data Services:

- 10 1) Master Person Index
- 11 2) Master Provider (Human Resources) Index
- 12 3) Master Facility Index
- 13 4) Terminology or Health Services Registry
- 14 5) National Immunization Registry

15
16 (b) Compliant eHealth Services and Applications, including but not limited to:

- 17 1) Electronic Health Record and Electronic Medical Record
- 18 2) eLaboratory and ePrescription
- 19 3) Health Passport
- 20 4) Health Data/Information Exchange
- 21 5) Health Facility Operations and Management
- 22 6) Disease Registries
- 23 7) Telehealth/Telemedicine and Mobile Health (mHealth)
- 24 8) Human Resources in eHealth
- 25 9) Supply Chain Management
- 26 10) Enterprise Resource Planning

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 PRC and the DOH, in consultation with PhilHealth, UPM – National Telehealth Center, DICT, the 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 health care providers and health-related entities providing telehealth services.

ARTICLE VI

HUMAN RESOURCES

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

The DOH, PRC, CHED, DICT, and Technical Education and Skills Development Authority (TESDA), in consultation with medical and specialty societies, IT professional associations, and the 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 for eHealth Development Plan.* – The DOH, PRC, CHED, and TESDA shall formulate the Human Resource for eHealth Development Plan which shall develop new curricula, integrate changes in existing curricula, create formal and non-formal training programs, and continuing professional development

1 programs concerning the practice of eHealth. There shall also be creation of personnel
2 service items, plantilla positions, and other employment opportunities for human
3 resources in government hospitals and institutions to manage and enable eHealth in
4 healthcare and related services.

5
6 **ARTICLE VII**
7 **INFRASTRUCTURE**
8

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

12
13 **SEC. 20. *National Health Data Center.*** – The PhilHealth, in coordination with the
14 DOH, DICT, and DOST, shall establish and maintain the National eHealth Data
15 Center, and implement an agile and sustainable data management and governance
16 framework and system in support to the Universal Health Care Act and in compliance
17 with the Data Privacy Act of 2012 for data protection.

18
19 **ARTICLE VIII**
20 **STRATEGY AND INVESTMENT**
21

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

25
26 **SEC. 22. *Financing the eHealth Strategic Framework and Plan.*** – Financing for the
27 NEHS by the DOH, PhilHealth, and other partners, as defined by the Council, shall
28 be made available to scale up eHealth implementation at the national level.

29
30 **SEC. 23. *Private Sector Participation.*** – The DOH shall promulgate rules regarding
31 the participation of the private sector in the provision of eHealth services,

1 applications, and ICT infrastructure, including public-private partnerships, and other
2 suitable arrangements.

3
4 **ARTICLE IX**
5 **MONITORING AND COMPLIANCE**
6

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

9
10 **ARTICLE X**
11 **RESEARCH AND DEVELOPMENT**
12

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

- 21
- 22 (a) Formulation of eHealth research priority areas under the National Unified
23 Health Research Agenda (NUHRA) and other research agendas;
 - 24 (b) Funding and mobilizing resources for researches on eHealth, including creation
25 of formal and non-formal capability building programs for the development of
26 a pool of eHealth researchers and innovators, which are aligned with the
27 research agenda;
 - 28 (c) Establishment and strengthening of centers of excellence of eHealth policy
29 studies, research, and development; and
 - 30 (d) Establishment and adherence of mechanisms that strengthen eHealth
31 innovation research and strategy to the health technology assessment process
32 as provided under the Universal Health Care Act, and that integrate explicit use

1 of evidence into the policy and decision-making process and national eHealth
2 standards, and support the growth of research consortia on eHealth.

3
4 A separate unit within the PCHRD shall handle and manage eHealth-related
5 activities and programs. The human resource requirement of such a unit shall be
6 determined by PCHRD in consultation with DOH, Civil Service Commission (CSC),
7 and DBM.

8
9 **SEC. 26. *Funding Source for Research and Development.*** – The DOH, PhilHealth,
10 DOST, DICT, CHED, and DILG shall allocate at least 1% of their respective annual
11 regular budget in support of eHealth research and development. Other government
12 agencies, state universities and colleges (SUCs), private entities, and non-government
13 organizations are encouraged to provide financial support for eHealth research and
14 development.

15
16 **ARTICLE XI**
17 **ADMINISTRATIVE PENALTIES**
18

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

23
24 **ARTICLE XII**
25 **MISCELLANEOUS PROVISIONS**
26

27 **SEC. 28. *Transitory Provisions.*** – The transformation of KMITS into a full-fledged
28 Bureau and the formulation of the internal organic structure and regional and local
29 implementation structures, staffing pattern, operating system, and the revised budget
30 of the Department for health information technology shall be completed within six (6)
31 months from the effectivity of the Implementing Rules and Regulations (IRR) of this
32 Act, during which time, the existing KMITS and regional and local implementation

1 personnel shall continue to serve in holdover capacities until a full and permanent
2 Bureau is constituted and functioning, and new appointments are issued.

3
4 **SEC. 29. Appropriations.** – The amount needed for the initial implementation of
5 this Act shall be taken from the current fiscal year’s appropriation of the DOH for
6 health information technology.

7
8 For the succeeding years, the amount needed for eHealth in the DOH budget and
9 in the budget of other agencies with specific mandates provided in this Act shall be
10 based on the strategic plan formulated by the Council, in coordination with other
11 stakeholders. The amount shall be included in the National Expenditure Program
12 (NEP) as basis for the General Appropriations Bill.

13
14 Further, other sources of funds can come from the Private Sector Participation
15 Program, Joint DOH-PhilHealth-DICT-DOST undertakings on eHealth, and Medium-
16 Term Information and Communications Technology Harmonization Institute
17 (MITHI).

18
19 **SEC. 30. Implementing Rules and Regulations.** – Within one hundred eighty (180)
20 days from the effectivity of this Act, the Secretary of DOH, after consultation with the
21 Secretaries of DICT and DOST, the President and Chief Executive Officer of
22 PhilHealth, the Chancellor of UPM, the Chairperson of the PRC, the Chairperson of
23 CHED, the National Statistician of PSA, and representatives of medical and
24 paramedical associations and societies, and other stakeholders, shall promulgate the
25 necessary rules and regulations implementing the provisions of this Act.

26
27 **SEC. 31. Separability Clause.** – If any provision of this Act is held invalid or
28 unconstitutional, the remaining parts or provisions not affected shall remain in full
29 force and effect.

1 **SEC. 32. *Repealing Clause.*** - All general and special laws, decrees, executive
2 orders, proclamations and administrative regulation, or any parts thereof, which are
3 inconsistent with this Act are hereby repealed, amended or modified accordingly.

4
5 **SEC. 33. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication
6 in the Official Gazette or in any newspaper of general circulation.

7
8 *Approved,*