



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session



House Bill No. 4199

Introduced by CIBAC Party-List Representative
EDUARDO "BRO. EDDIE" C. VILLANUEVA

EXPLANATORY NOTE

Access to quality healthcare is a fundamental right of every Filipino. This is enshrined in Article II, Section 15 of the 1987 Philippine Constitution, which declares that "The State shall protect and promote the right to health of the people and instill health consciousness among them." Yet, for millions of Filipinos—especially those in rural, remote, and underserved areas—this right remains elusive due to long-standing barriers in the delivery of health services.

In 2022, the Department of Health (DOH) reported that more than 48% of deaths in the country were unattended by a health professional. This means that these individuals did not receive medical care at any point during the illness that caused their death.¹ Further compounding this issue is the disparity in the geographic distribution of healthcare professionals, who are heavily concentrated in Metro Manila and urban centers. Further studies, such as one by the University of Texas School of Public Health, show that only 15% of respondents in a selected Philippine town had ever undergone a medical check-up, despite over 60% reporting a family history of chronic illness. This points to a pressing need to provide alternative, scalable models of healthcare delivery to meet public health goals.²

One significant finding from a 2023 study published in BMC Health Services Research underscores this reality: while telemedicine was found to be an acceptable and feasible option for both healthcare providers and patients in the Philippines, systemic gaps in policy, infrastructure, training, and digital access continue to hinder its full-scale implementation. The study noted that community health workers and primary care physicians are willing to adopt telemedicine services, particularly in rural

¹ Philippine Statistics Authority. Registered Deaths in the Philippines, 2023. Published on 31 January 2025. Available at <https://psa.gov.ph/content/registered-deaths-philippines-2023> (Accessed on 10 July 2025).

² National Library of Medicine. Access to Health Care in Rural Area of the Philippines. Available at <https://pubmed.ncbi.nlm.nih.gov/15720056/> (Accessed on 10 July 2025).

areas, if sufficient government support and integration into the health system are ensured.³

The COVID-19 pandemic demonstrated how technology can bridge critical gaps in service delivery. From triaging patients remotely to ensuring continuity of care during lockdowns, telemedicine became not just an option, but a lifeline. Yet, despite its proven utility, telemedicine services in the Philippines still lack an institutionalized legal and policy framework. By advancing this measure, we take a meaningful step toward achieving universal health care and making health services truly inclusive, future-ready, and resilient.

This bill therefore seeks to institutionalize a national telemedicine system in the Philippines through the use of information and communications technology. It aims to provide a comprehensive and unified structure for delivering healthcare services remotely, ensuring quality, privacy, and accessibility across all regions. The proposed legislation will help capacitate health professionals, strengthen digital health infrastructure, and extend lifesaving medical attention to those who need it most—whether in urban poor communities, disaster zones, or the most remote barangays in the country.

The proposed measure also creates a National Telemedicine Council, composed of relevant agencies and stakeholders, to establish policies, standards, and guidelines for telemedicine practices. It mandates the creation of an Office for Telemedicine under the Department of Health, tasked with implementing the system and serving as the Council's secretariat. Importantly, this bill also ensures that patient rights, privacy, and the standard of care remain protected and upheld in all digital interactions.

Institutionalizing telemedicine is not merely about adopting technology—it is about ensuring that every Filipino, regardless of location or income, can exercise their right to timely, appropriate, and quality healthcare. It is about building a resilient, responsive health system that serves people not only in times of crisis but every day, wherever they are.

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


EDUARDO "BRO. EDDIE" C. VILLANUEVA

³ BMC Health Services Research. Patient Satisfaction with Telemedicine In The Philippines During the COVID-19 Pandemic: A Mixed Methods Study. Published on 22 March 2023. Available at <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09127-x> (Accessed on 10 July 2025).



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HOUSE BILL NO. 4199

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AN ACT
INSTITUTIONALIZING A NATIONAL TELEMEDICINE SYSTEM IN THE
PHILIPPINES, APPROPRIATING FUNDS THEREFOR AND FOR
OTHER PURPOSES

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

1 **SECTION 1. Short Title.** - This Act shall be known as the *"Telemedicine Act"*.

2
3 **SEC. 2. Declaration of Policy.** - It is the declared policy of the State to protect
4 and promote the right to health of all Filipinos and to instill health consciousness
5 among the population, as enshrined in the Constitution. In pursuit of this mandate, the
6 State recognizes the vital role of innovation and technology in achieving universal,
7 accessible, and responsive healthcare.

8
9 To this end, the State shall actively support, develop, and institutionalize
10 telemedicine and other digital health solutions as complementary modalities to
11 traditional healthcare delivery systems. These platforms shall be harnessed not only
12 to improve efficiency and access to medical services but also to bridge longstanding
13 disparities in health care, particularly in underserved, geographically isolated, and
14 disadvantaged areas. It shall likewise be the policy of the State to encourage and
15 strengthen initiatives for promoting health in times of emergencies and calamities
16 through the use of information and communications technology.

17
18 **SEC. 3. Objectives.** - The following are the objectives of this Act:

- 19
20 a) To create an innovative, unified, and comprehensive policy framework for
21 the practice and development of telemedicine in the Philippines;
22 b) To provide healthcare services, including consultation, diagnosis,
23 treatment, and prescription of medicines especially in areas that have
24 inadequate or are far from traditional healthcare institutions and
25 professionals;

- c) To allow the use of information and communication technology in the delivery of healthcare services especially in times of emergencies and disasters; and
- d) To strengthen the health system and infrastructure of the country that will enable it to serve all Filipinos and withstand any unforeseen events.

SEC. 4. Definition of Terms. - For the purposes of this Act, the following definitions shall apply:

- a) Telemedicine - also referred to as telehealth or electronic healthcare, is a system of delivering healthcare services through the use of information and communications technology as a complement to traditional healthcare systems. It includes the total management of a patient's health care from consultation, diagnosis, and treatment to prescription of medicine and record-keeping. It likewise includes the education and training of health personnel to capacitate them to use telemedicine systems as well as the development of applications and programs for the furtherance of health.
- b) Information and Communications Technology - includes but is not limited to:
 - 1) Digital interactive video, audio, and/or data transmission;
 - 2) Video or web-conferencing technology;
 - 3) Still image capture or asynchronous store and forward; and
 - 4) Modern medical devices for patient care and diagnosis.

SEC. 5. National Telemedicine Council. - A National Telemedicine Council, hereinafter referred to as "Council", is hereby established and composed of the following:

- a) Secretary of Health, who shall serve as Chairperson;
- b) Secretary of Information and Communications Technology;
- c) Secretary of Science and Technology;
- d) Secretary of the Interior and Local Government;
- e) President of the Philippine Health Insurance Corporation; Director-General of the Food and Drug Administration;
- f) Presidents of healthcare professional associations such as the Philippine Medical Association, Philippine Nurses Association, and the Philippine Pharmacists Association; and
- g) Director of the Office for Telemedicine.

SEC. 6. Functions of the Council. - The Council, with regard to Telemedicine in the Philippines, shall:

- a) Establish guidelines and regulations on the practice and provision of services;
- b) Create a national roadmap for the achievement and furtherance of the objectives of this Act;
- c) Establish and provide for a mechanism of accreditation for electronic healthcare providers;
- d) Establish a national integrated database system for medical information;
- e) Establish a system for electronic prescription of medicine;
- f) Spearhead and promote research and development activities;
- g) Capacitate and train existing and new healthcare professionals on the provision of health services; and
- h) Set quality standards for systems, professionals and services. The Council shall convene as frequently as necessary to perform its mandated functions.

1
2 **SEC. 7. Implementing Agency and Secretariat.** - The Department of Health
3 (DOH) shall be the lead agency in implementing this Act. For this purpose, an Office
4 for Telemedicine shall be created under the DOH which shall serve as the Secretariat
5 for the Council. The Office for Telemedicine shall be headed by a Director.
6

7 **SEC. 8. Practice of Medicine.** - The provision of Telemedicine services shall be
8 limited only to registered physicians. Telemedicine services shall be deemed as acts
9 constituting practice of medicine and shall result to the establishment of a doctor-
10 patient relationship.
11

12 **SEC. 9. Emergency.** - The Council shall establish special rules and systems for
13 the enhanced utilization of Telemedicine in times of emergencies and calamities.
14

15 **SEC. 10. Privacy.** - All medical records generated, including records maintained
16 via video, audio, electronic, or other means acquired through Telemedicine must
17 conform to the laws regarding the confidentiality of healthcare information of the
18 patient, rights to medical information, and recordkeeping requirements. Any violation
19 of this provision shall be penalized to the maximum extent under the law.
20

21 **SEC. 11. Standard of Care.** - The standard of care shall be the same as the
22 standard of care required in traditional or non-Telemedicine healthcare services.
23

24 **SEC. 12. Appropriations,** - The amount necessary for the initial implementation
25 this Act shall be taken from the current appropriations of the DOH. Thereafter, the
26 amount needed for the continued implementation of this Act shall be included in the
27 annual appropriations of the DOH as a distinct and separate item.
28

29 **SEC. 13. Implementing Rules and Regulations.** - Within ninety (90) days from
30 the effectivity of this Act, the Council shall promulgate the necessary rules and
31 regulations to effectively implement the provisions of this Act.
32

33 **SEC. 14. Separability Clause.** – If any portion or provision of this Act is declared
34 unconstitutional, the remainder hereof or any provisions not affected thereby shall
35 remain in force and effect.
36

37 **SEC. 15. Repealing Clause.** – Any law, presidential decree or issuance,
38 executive order, letter of instruction, rule, or regulation inconsistent with the provisions
39 of this Act is hereby repealed or modified accordingly.

40 **SEC. 16. Effectivity.** – This Act shall take effect fifteen (15) days after its
41 complete publication in the Official Gazette or in a newspaper of general circulation.
42

43 *Approved,*