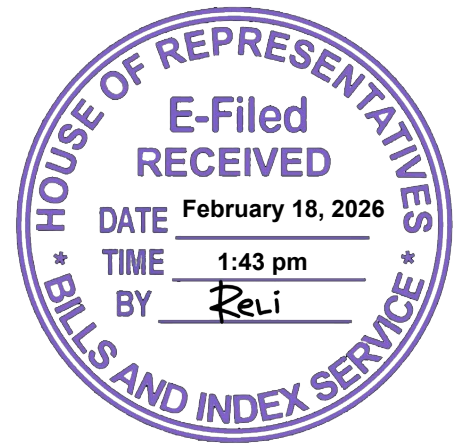


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7851



Introduced by **ANG PROBINSYANO**
Party-List Representative Alfred Delos Santos

EXPLANATORY NOTE

Article II, Section 15 of the Constitution places on the State the responsibility for protecting and promoting people's right to health. This is operationalized in Article XIII, Section 11, which mandates the State with adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost.

The digitalization of medical services is the new frontier in Philippine public health. Early into the COVID-19 pandemic, the Department of Health sought to tap into this form of health services with COVID-19 hotlines 02-894-COVID (26843) and 1555.¹ Then the DOH was able to set up 24/7 hotlines both for "COVID-19 medical advice and health concerns unrelated to the virus": 1) (02) 8424-1724 for Telimed Management Inc and Medgate; and 2) (02) 7798-8000: Globe and TM users.²

We must eagerly pursue the institutionalization and development of eHealth, especially since our experiences with the COVID-19 pandemic have proven it to be so useful:³

Cisco mobilized its country digitization acceleration program dubbed UGNAYAN 2030, a collaboration platform that focuses on enabling key critical digital initiatives to build the country's digital resilience. Launched during the pandemic year, UGNAYAN 2030 served as a catalyst in providing remote work technology that built the foundation for telehealth in the country.

Through UGNAYAN 2030, Cisco Philippines extended support to the [DOH] in building its capacity to conduct online consultations, virtual meetings, and respond to large volumes of calls from patients all over the country via Cisco

¹ <https://news.abs-cbn.com/news/04/07/20/doh-launches-247-hotline-in-metro-manila-for-free-medical-consultations>

² Id.

³ <https://mb.com.ph/2021/04/22/doh-logs-2300000-minutes-in-conference-calls-and-telemedicine-over-cisco-webex/>

Webex licenses and devices. Hundreds of Webex licenses were distributed to various health facilities all over the country.

Over the past year, the DOH conducted 17,400 sessions over Webex, amounting to over 2.3 million minutes of meetings and consultations. In the past three months alone, the DOH has engaged with over 100,000 stakeholders and patients per month.

x x x “Because of the pandemic, health institutions had to make many of its offline services available online, which is a complicated process. With Cisco Webex, DOH was able to set up its online conferencing infrastructure quickly and continue to serve the public when they needed it the most.”

It is evident that as envisioned, telemedicine has been working well in terms of enabling patient referral systems and in minimizing health workers’ exposure to COVID-19.⁴

Given these advantages, then, it would only be prudent for us to seize this momentum and have the DOH build on whatever lessons it has gained in the course of digitizing a lot of its services.

Hence, the need for this Bill. It shall develop, regularly update, and implement a health sector enterprise architecture while also setting up the ICT infrastructure needed for swift, reliable telemedicine services. It shall rationalize eHealth services and applications. It shall provide means for regulating telehealth services and eHealth-related devices, as well as enforcing standards of practice and certification requirements for individuals and entities providing telehealth services. Finally, it shall secure the funding for the massive endeavor of scaling up eHealth implementation at the national level and keeping it running, even after the COVID-19 pandemic has passed.

It is for the foregoing premises that the approval of this Bill is earnestly sought.


ALFRED C. DELOS SANTOS
Representative, Ang Probinsyano Party-List

⁴ <https://doh.gov.ph/press-release/DOH%27S-TELEMEDICINE-INITIATIVE-STRENGTHENS-PROVISION-OF-PRIMARY-HEALTH-CARE-SERVICES>

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7851

Introduced by **ANG PROBINSYANO**
Party-List Representative Alfred Delos Santos

**AN ACT ESTABLISHING THE ELECTRONIC HEALTH (eHEALTH)
SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE
USING INFORMATION AND COMMUNICATIONS TECHNOLOGY,
AND APPROPRIATING FUNDS THEREFOR**

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

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

SECTION 2. *Declaration of Policy.* – It shall be State policy 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) to improve health outcomes for every Filipino and recognize public and private partnerships.

The 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. The State 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 a patient, exchange of health data, and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (GIDAS).

SECTION 3. *Statement of Objectives.* – This Act shall have the following objectives:

- a) Provide a policy framework and establish a system that shall direct and regulate the practice of eHealth;

- b) Set policies, standards, regulations, and services in eHealth to reduce inequalities, achieve universal health care, and improve health outcomes;
- c) Realize health information exchange to measure and monitor health system performance and responsiveness; and
- d) Enable the citizenry with access to health information and health services, including telehealth, needed for better management and control of their own health.

SECTION 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 includes all other eHealth solutions, services, and applications including relevant standard equipment in the field of health and ancillary services that utilize ICT and complements existing minimum modalities or standards of healthcare and other access to information.

SECTION 5. *Definition of Terms.* – The following terms, as used in this Act, shall be understood thusly:

- a) eHealth System. – Interplay of enabling elements essential for a successful eHealth implementation—which include governance, accountability, strategy, investment, human resources, standards, interoperability, monitoring, compliance, research and development, infrastructure, services, and applications;
- b) eHealth Services and Applications. – Solutions and products with defined objectives to serve their intended clients or users, such as health information systems, electronic medical record (EMR) systems, electronic health record (EHR) systems, hospital information systems, ePharmacy systems, laboratory systems, radiology systems, registry systems, mobile health, telehealth, telemedicine, wearables, and biomedical and related devices with ICT component;
- c) Electronic Health (eHealth). – Use of cost-effective and secure ICT for health;
- d) Electronic Health Record (EHR). – Computerized health records used to capture, store, access, and share information for a patient between healthcare organizations and providers;
- e) Electronic Medical Record (EMR). – Computerized medical records used to capture, store, and share information between healthcare providers in an organization;
- f) Geographically isolated and disadvantaged areas (GIDAS). – Communities with marginalized populations, separated from the mainstream society and characterized by: 1) distance, weather conditions, and transportation difficulties; and 2) high poverty incidence, presence of vulnerable sector/s, or the condition of being in or having to recover from a crisis or armed conflict;

- g) Health Sector Enterprise Architecture. – Blueprint on which eHealth services and applications shall be developed, implemented, and scaled up;
- h) Health Knowledge Resources. – 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 sources;
- i) Information and Communications Technology (ICT). – All technologies for the communication of information, which includes data, application or information systems, internet, network, connectivity, and telecommunications, among others;
- j) Mobile Health (mHealth). – Services and information supported by mobile technology, such as mobile phones, wearables, and handheld computers;
- k) Personal Health Record. – Computerized health record created and maintained by an individual;
- l) TeleHealth. – Delivery of health-related services and information, at a distance, which encompasses preventive, promotive, curative, and palliative aspects and includes 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; and
- m) Telemedicine. – Remote diagnosis and treatment of patients by means of telecommunications technologies.

SECTION 6. *Implementing Agency.* – The Department of Health (DOH) shall be the lead implementing agency for carrying 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 the Knowledge Management and Health Information Technology Bureau (“the Bureau”), which shall perform the overall management and administration of this Act. Additional plantilla positions may be created for this purpose.

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

SECTION 7. *eHealth Policy and Coordination Council.* – There shall be created an independent body to be known as the eHealth Policy and Coordination Council (“the Council”), for providing and promoting 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 of Health, as chairperson;
- b) Secretary of Information and Communications Technology, as co-chair;
- c) President and Chief Executive Officer of the Philippine Health Insurance Corporation (PhilHealth), as co-chair;

- d) Secretary of Science and Technology;
- e) Secretary of Social Welfare and Development;
- f) Secretary of Interior and Local Government;
- g) Secretary of Budget and Management;
- 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) Two (2) representatives from professional medical or health societies;
- m) One (1) representative from patients' group; and
- n) One (1) representative from the IT industry associations.

SECTION 8. *Powers and Duties.* – 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 the stakeholders;
- d) Submit yearly assessments to the Senate Committee on Health and Demography and the House of Representatives Committee on Health; and
- e) Promulgate rules and procedures, relating to administrative violations and complaints, insofar as they relate to the establishment and operations of the National eHealth System.

SECTION 9. *Sub-structure for Broader Stakeholder Participation.* – The Council shall create multi-sectoral groups, composed of both the private and public sectors, to ensure broader stakeholder participation.

SECTION 10. *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 are easily made available and accessible, business processes are harmonized and integrated, and services and applications are usable, safe, efficient, and effective.

SECTION 11. *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 Republic Act No. 10173 (“Data Privacy Act”) and other related laws and issuances.

These standards include, among others, patient identifier, provider identifier, health facility identifier, and terminology and messaging standards.

These standards shall be in accordance with the Philippine eGovernment interoperability framework and other relevant standards.

SECTION 12. *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.

SECTION 13. *Scope of eHealth Services and Applications.* – eHealth includes 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

SECTION 14. *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.

SECTION 15. *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 shall, in consultation with Professional Regulatory Commission (PRC), PhilHealth, UPM – National TeleHealth Center, DICT, the academe, medical and specialty societies, non-government organizations (NGOs), and the private business sectors, set the standards of practice and implement a certification mechanism for individuals and entities providing telehealth services.

SECTION 16. *Human Resource in eHealth.* – The human resources for eHealth are health professionals who shall plan, design, build, operate, use, maintain, and support the eHealth services and applications.

The DOH, CHED, DICT, Technical Education and Skills Development Authority (TESDA), and PRC, in consultation with medical and specialty societies, IT professional associations, and the academe, 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.

SECTION 17. *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 items, plantilla positions, and other employment opportunities for human resource in government hospitals and institutions to manage and enable eHealth in healthcare and related services.

SECTION 18. *ICT Infrastructure.* – The DICT, in coordination with DOH, PhilHealth, and the Department of Science and Technology (DOST), shall establish the necessary national ICT infrastructure to implement eHealth services and applications.

SECTION 19. *National Health Data Center.* – The DICT, in coordination with DOH, PhilHealth, and DOST, shall establish the necessary national ICT infrastructure to implement eHealth services and applications.

SECTION 20. *National eHealth Strategic Framework and Plan.* – The PhilHealth shall, in coordination with the DOH, DICT, and DOST, establish and maintain the national health data center, in support to Republic Act No. 11223 (“Universal Health Care Act”) and in compliance with Republic Act No. 10173 (“Data Privacy Act of 2012”).

SECTION 21. *Financing 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.

SECTION 22. *Public-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 partners and other suitable arrangements.

SECTION 23. *Monitoring and Compliance.* – The Council shall measure and monitor the performance and progress of the implementation of this Act.

SECTION 24. *Research and Development.* – Consistent with Republic Act No. 10532 (“Philippine National Health Research System Act of 2013”) and the mandate of DOST, the DOST – Philippine Council for Health Research and Development (DOST-PCHRD) shall, in consultation with DOH, CHED, DICT, PhilHealth, UPM – National TeleHealth Center, academia, regional health research consortia, medical and specialty societies, NGOs, and the private business sectors, 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 research; and
- d) Adherence of eHealth research outputs to the health technology assessment process as provided in the Universal Health Care Act.

SECTION 25. *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 development agencies, state universities and colleges (SUCs), private entities, and NGOs are encouraged to provide financial support for eHealth research and development.

SECTION 26. *Administrative Penalties.* – Any person or entity who violates the provision under Sections 12, 15, and 16 of this Act shall, after due notice and hearing, be penalized by the following schedule of administrative fines:

- a) For the first offense, the person or entity shall receive a written admonition with a warning that the next offense shall be penalized;
- b) For the second offense, the person or entity shall be fined an amount of fifty thousand pesos (PhP 50,000.00); and
- c) For the third offense, the person or entity shall be fined an amount of one hundred thousand pesos (PhP 100,000.00) and revocation of certificate to operate telehealth services and ehealth related devices.

The schedule of fines under this Act may be increased by the Council every five years.

The administrative penalties shall be without prejudice to criminal liability in accordance with Republic Act No. 10173 (“Data Privacy Act”) and other related laws.

SECTION 27. *Transitory Provisions.* – Within ninety (90) days from the effectivity of this Act, during the transformation of KMITS into a full-fledged Bureau, the existing KMITS shall serve in a holdover capacity until a full and permanent bureau is constituted.

SECTION 28. *Appropriations.* – 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 law. Further, other sources of funds may 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).

SECTION 29. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the Secretary of DOH shall, after consultation with the Secretaries of DICT and DOST, the President and Chief Executive Officer of PhilHealth, Chancellor of UPM, the Chairperson of CHED, the National Statistician of PSA, and representatives of medical and paramedical associations and societies , and other stakeholders, promulgate the necessary rules and regulations implementing the provisions of this Act.

SECTION 30. *Separability Clause.* – If any provision or part of this Act is held invalid or unconstitutional, the remaining provisions or parts unaffected shall remain in full force and effect.

SECTION 31. *Repealing Clause.* – All laws, executive orders, presidential decrees or issuances, letters of instruction, administrative orders, rules, and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 32. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,