

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7866



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

**AN ACT ESTABLISHING A UNIFIED ELECTRONIC MEDICAL RECORDS FOR
ALL FILIPINOS, ESTABLISHING FOR THIS PURPOSE THE UNIFIED HEALTH
RECORDS SYSTEM UNDER THE DEPARTMENT OF HEALTH, AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The 1987 Constitution mandates the State to protect and promote the right to health of all Filipinos.¹ It likewise provides that the State shall adopt an integrated and comprehensive approach to health development to make health and other social services available to all.² These constitutional principles underscore the need for a healthcare system that is efficient, accessible, and responsive to the needs of the Filipino people.

At present, medical records in the country are mostly paper-based, and stored with fragmented health care providers. Patients who transfer from one hospital to another, or who see multiple doctors, therefore have to repeatedly submit the same information in order to provide an accurate medical history. However, this process is not efficient, prone to error, or susceptible to data loss as some critical information may be forgotten or left out.

This measure aims to establish a unified Electronic Medical Records System for all Filipinos in order to provide a secure and centralized digital platform to record and store patient health information. This bill seeks to cover all public health facilities under the DOH, local government units, government-owned or controlled health institutions,

¹ 1987 CONST. Article II, Sec. 15.

² 1987 CONST. Article XIII, Sec. 11.

and eventually all private hospitals, clinics, diagnostic centers, and other health service providers. This will allow healthcare providers to access relevant medical data to ensure a coordinated medical approach.

This type of system has also been adopted in other countries.³ For instance, New Zealand recently released a Health Digital Investment Plan, a 10-year roadmap to modernize their health sector, including having a single Electronic Medical Record system that will allow medical information to flow securely between doctors and hospitals.⁴

Under this measure, not only will health care providers be able to ensure efficient and coordinated medical services and treatment plans, patients can also easily view their electronic health records, grant or revoke consent for access to specific categories of sensitive data, and designate representatives to access their records. This way, patients will have ready access to their health information.

In view of the foregoing, the approval of this measure is earnestly sought.



BRIAN RAYMUND S. YAMSUAN

Representative

2nd District of Parañaque

³<https://www.eu-healthcare.fi/healthcare-in-finland/using-health-services-in-finland/medical-records-in-finland/>

⁴ <https://www.beehive.govt.nz/release/digitising-healthcare-put-patients-first>

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ALL FILIPINOS AND APPROPRIATING FUNDS THEREFOR**

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

SECTION 1. Short Title. – This Act shall be known as the “Unified Health Records Act”.

SECTION 2. Declaration of Policy. – 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 ensure the seamless, efficient, and coordinated delivery of health services, and security of patient health information through the establishment of a unified electronic medical records system.

SECTION 3. Definition of Terms. – For purposes of this Act, the following terms shall be defined as follows:

- (1) *Electronic Medical Records (EMR)* refer to the digital compilation of a patient’s medical profile, background, and history, including but not limited to, diagnoses, medications and prescriptions, allergies, treatment plans, immunization dates, laboratory results. It shall come in a standard electronic format;
- (2) *Health Facility* refers to any institution, whether public or private, that delivers health services, including hospitals, clinics, rural health units, barangay health stations, laboratories, virtual care entities, and other health service providers; and

- (3) *Interoperability* refers to the ability of health information systems, software, and applications to communicate, exchange, and use health data effectively and securely.

SECTION 4. Establishment, Maintenance, and Uploading of Electronic Medical Records. - The Department of Health (DOH), with the Department of Information and Communications Technology (DICT) and the Philippine Health Insurance Corporation (PhilHealth) shall establish a unified Electronic Medical Records (EMR) System that shall be the centralized digital infrastructure for managing electronic health records of all citizens of the Philippines.

The DOH and DICT shall be supported by:

- (a) The Philippines Health Insurance Corporation (PhilHealth) for financial claims, benefits, and fraud prevention mechanisms;
- (b) The National Privacy Commission (NPC) for data protection and compliance, and overseeing breach management;
- (c) The Department of the Interior and Local Government (DILG) for the coordination with local government health units; and
- (d) The Philippine Statistics Authority (PSA) to ensure identity authentication and portability.

Notwithstanding all provisions of existing laws to the contrary, health facilities shall establish and maintain electronic medical records, which shall be electronically uploaded on a regular basis. Health facilities shall likewise maintain hard copies of the electronic records to be printed and stored as back-up records.

SECTION 5. Coverage and Compliance. -This EMR System shall apply to:

- (a) All public health facilities under the DOH, LGUs, and government-owned or controlled health institutions, which shall fully integrate into the system within three (3) years from the effectivity of this Act; and
- (b) All private hospitals, clinics, diagnostic centers, and other health service providers, which shall integrate into the system within five (5) years, subject to phased accreditation and support mechanisms.

All digital health platforms and software vendors that seek interoperability with public systems shall comply with standards prescribed by the DOH and the DICT.

SECTION 6. Data Protection, Access Controls, and Privacy Safeguards. - The EMR System shall be governed by the principles of privacy, security, transparency, accountability, and data minimization. All personal and sensitive health data processed under this Act shall be protected in accordance with applicable privacy and data protection laws, regulations, and issuances. Data collected through the EMR

System shall be used solely for lawful health care delivery, public health surveillance, health systems management, or policy development. No part of a patient's health record may be accessed, shared, or used for purposes beyond the scope of this Act, unless with the patient's explicit consent or as otherwise provided by law. The DOH, in coordination with the DICT and NPC, shall ensure full compliance with privacy standards and cybersecurity protocols in the design, implementation, and ongoing operation of the EMR System.

SECTION 7. Access and User Registry. – Access to the EMR System shall be limited to verified and approved personnel under accredited health facilities.

- (a) Only accredited health facilities shall be permitted to access the EMR System. Each accredited entity shall declare to the DOH the names, roles, and professional credentials of its personnel authorized to access the system.
- (b) No individual shall be granted access to the EMR system unless their role and credentials have been approved by the DOH or its designated accrediting body. The DOH shall maintain a secure registry of EMR System users, including their declared roles, facility affiliation, and access privileges.
- (c) Health facilities shall update this list regularly and immediately notify the DOH of any change in employment, reassignment, or disqualification. For health professionals with multiple affiliations, system access shall be granted per role and per entity, and shall reflect only the level of access appropriate to each facility's scope and the user's approved responsibilities therein.
- (d) Access to the EMR System shall be limited to what is necessary to perform one's lawful and officially declared functions. Only licensed health professionals may create or modify clinical records, whether directly or through supervised encoding by support personnel.

SECTION 8. Patient Access. – Patients shall have access to their own electronic health records.

Patients shall have the right to:

- (a) Securely view their complete electronic health record through an official EMR System portal or application;
- (b) Grant or revoke consent for access to specific categories of sensitive data, subject to legally recognized exceptions such as medical emergencies or mandatory reporting;
- (c) Designate representatives or next of kin to access their records;
- (d) Request access to a system-generated audit log of interactions, subject to reasonable procedures and safeguards to be defined in the IRR.

Consent to access or disclose sensitive health data shall be informed, voluntary, and revocable at any time, without prejudice to ongoing care. No person shall be

compelled to unlock or disclose protected data beyond what is medically or legally required.

SECTION 9. Contextual and Emergency Access. -The EMR System shall allow conditional access for handling role-specific, contextual, and emergency situations.

(a) *Default Data Filtering.* The EMR System shall present to each user only the subset of information relevant to their role and the specific reason for system access, such as a diagnosis, referral, or laboratory test request. Broader access to historical or unrelated data shall require additional justification or patient consent, except in medical emergencies.

(b) *Emergency Override Protocols.* In life-threatening situations or public health emergencies, authorized providers may override access restrictions subject to system-logged justification and post-event review.

SECTION 10. Training and Capacity Building - The DOH shall allocate funds for training healthcare personnel, including physicians, nurses, administrative staff, and IT support teams, on the use and maintenance of the EMR system. This shall include online modules, in-person workshops, and continuous learning support.

SECTION 11. Appropriations. - The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH, the DICT, and other concerned government agencies. Thereafter, the funds necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SECTION 12. Implementing Rules and Regulations. - The Department shall create a special committee to draft the Implementing Rules and Regulations (IRR) governing this Act. Within three (3) months from the effectivity of this Act, the said special committee shall submit the IRR to the Secretary of the Department who shall approve the same within thirty (30) days.

SECTION 13. Separability Clause. - If any provision of this Act is declared unconstitutional, the remainder thereof not otherwise affected shall remain in full force and effect.

SECTION 14. Repealing Clause. – All laws, presidential decrees, executive orders, letters of instruction, proclamations, or administrative orders, rules or regulations that are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

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

Approved,