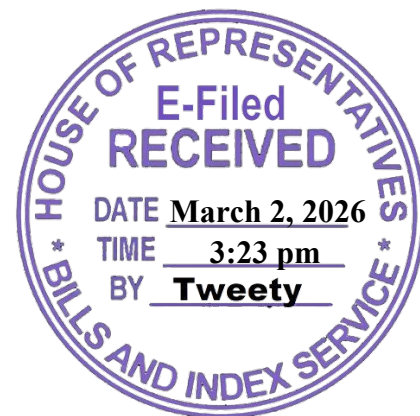


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8206



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

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution mandates the State to protect and promote the right to health of the people. Article XIII, Section 11 further directs the State to adopt an integrated and comprehensive approach to health development and to make essential health services available at affordable cost.

Despite improvements in health financing and service delivery, significant structural barriers persist in access to medical care—particularly in geographically isolated and disadvantaged areas (GIDAs). The maldistribution of physicians remains a continuing concern, with a substantial concentration of specialists in highly urbanized centers while rural and island communities face limited or irregular access to medical consultation. Travel costs, opportunity costs of lost workdays, and long waiting times further discourage timely health-seeking behavior.

Simultaneously, the burden of chronic diseases such as hypertension, diabetes, cardiovascular illness, and mental health conditions continues to rise. These conditions require sustained follow-up, monitoring, and patient engagement, services that are often logistically difficult for patients residing far from tertiary facilities. As digital connectivity improves nationwide and mobile device penetration expands, telemedicine has emerged as a practical mechanism to bridge service gaps without displacing traditional in-person care.

While telemedicine services are increasingly offered by hospitals, clinics, and independent platforms, the Philippines still lacks a comprehensive statutory framework defining the scope, standards, regulatory oversight, and professional accountability applicable to remote medical practice. Current telemedicine operations rely largely on administrative issuances, professional guidelines, and general medical practice laws. This regulatory gap creates uncertainty regarding physician liability, informed

consent requirements, establishment of physician-patient relationships, institutional accreditation, and compliance obligations.

The absence of a clear legislative framework may expose patients to uneven service standards and physicians to legal ambiguity. A defined statutory structure is therefore necessary to safeguard patient rights, ensure data protection, clarify regulatory jurisdiction, and promote responsible digital innovation in health care delivery.

This measure formally integrates telemedicine into Philippine health law by amending the Republic Act No. 2382 to expressly recognize and regulate the practice of medicine through telecommunication systems. It establishes minimum safeguards for informed consent, data privacy compliance, facility registration, and professional accountability, while affirming that only duly licensed physicians may diagnose and prescribe through remote platforms.

By institutionalizing standards for telemedicine practice, this bill strengthens continuity of care, expands access to specialty services in underserved areas, supports chronic disease management, and aligns health regulation with ongoing digital transformation under Universal Health Care.

In view of the foregoing, the approval of this bill is urgently sought.


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

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AN ACT
EXPANDING THE SCOPE OF MEDICAL PRACTICE THROUGH
PROVIDING GUIDELINES FOR TELEMEDICINE SERVICES, AMENDING
REPUBLIC ACT NO. 2382, OR THE MEDICAL ACT OF 1959, AND FOR
OTHER PURPOSES

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 “Telemedicine Act”.

SECTION 2. *Declaration of Policy.* – The State recognizes the right of the Filipino people to health and its obligation to remove barriers to the exercise of this right as much as practicable, especially during these uncertain times. The pandemic exposed the weaknesses of our health system and tested the ability of our health institutions to react and adapt to an extended period of national health emergency. It is therefore necessary to regulate the practice of telemedicine in the Philippines to ensure the protection of the health of Filipinos as more and more opt to acquire these novel services for their convenience.

SECTION 3. *Objectives.* – This Act provides for and shall govern the:

- a) Provision of access to telemedicine health services in medically underserved rural and urban areas;
- b) Standardization, upgrading, and maintenance of the distinct domain of telemedicine;
- c) Supervision and regulation of the practice and operations of telemedicine;
- d) Upholding of competence, values, and professional ethics of physicians who will engage in the practice of telemedicine.

SECTION 4. *Definition of Terms.* – As used in this Act, the following terms shall mean:

- a) *Practice of Medicine* refers to acts constituting the practice of medicine.

A person shall be considered as engaged in the practice of medicine when he or she (a) shall, for compensation, fee, salary or any other legal form of consideration paid to him directly or remotely examine any person, and diagnose, treat, operate, counsel, or prescribe any remedy for human disease, injury, deformity, physical, mental or physical condition, or any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed or recommended; or (b) shall by means of signs, cards, advertisements, written or printed matter, or through the radio and television, either offer or undertake by any means or method to diagnose, treat, operate, or prescribe any remedy for any human disease, injury, deformity, mental or physical condition; or, (c) shall falsely use the title of M.D. after his name.

- b) *Telemedicine*, as defined by the World Medical Association, refers to the practice of medicine over a distance, in which interventions, diagnostics, and treatment decisions and recommendations are based on data, documents, and other information transmitted through telecommunication systems.
- c) *Teleconsultation*, sometimes referred to as remote consultation or telehealth, refers to interactions that happen between a clinician and a patient for the purpose of providing diagnostic or therapeutic advice through electronic means.
- d) *Physician* refers to a professional duly-licensed to practice medicine or otherwise permitted to engage in the practice of medicine by the Medical Act of 1959.
- e) *Patient* refers to any person receiving medical advice or treatment.
- f) *Domain* refers to a specified field of knowledge or activity.
- g) *Telecommunication systems* refer to a collection of nodes and links including devices and technology used, to enable telecommunication.

SECTION 5. *Applicability.* – This law shall apply to all physicians or persons engaged in the industry of telemedicine, including hospitals and establishments which offer telemedicine to its patients through its physicians.

SECTION 6. *Enforcement.* - The Department of Health (DOH) shall regulate and supervise the telemedicine practice in the Philippines and shall be permitted to create an attached agency intended for this purpose.

SECTION 7. *Persons Allowed to Diagnose through Telemedicine.* - Only licensed physicians or those licensed by the Professional Regulatory Board of Medicine are allowed to diagnose and provide physician consultation services through telecommunication systems.

SECTION 8. *Privacy and Consent of Patients.* - The following general conditions shall be observed and complied with by the parties to telemedicine service:

- a. Prior to the rendering of health services through telemedicine, the physician who has the authority over the primary diagnosis shall obtain written informed consent duly signed by the patient. The consent procedure shall contain the following and ensure that the following information is given and explained to the patient:
 1. The individual retains the option to withhold or withdraw consent, at any time, without affecting the right to access to care or treatment which the individual would otherwise be entitled to;
 2. A clear explanation of the potential risks, consequences, and benefits of telemedicine;
 3. That all existing laws and stipulations on confidentiality shall apply;
 4. That the patient shall have access to all medical information transmitted during the teleconsultation, and copies of this information shall be made available to the patient;
 5. That any of the patient's identifiable images or information from the teleconsultation shall not be disseminated to other third parties without the patient's consent; and
 6. That the patient understands the written information provided and that this information has been discussed with the physician, or his or her representative or assignee.
- b. The written consent statement signed by the patient shall become part of the patient's medical record.
- c. The failure of the physician to comply with this section shall be penalized under this Act.
- d. Where the patient is a minor or is incapacitated or incompetent, such that he or she is unable give perfected informed consent, the patient's legal guardian shall sign in behalf of the patient.
- e. The physician or persons engaged in telemedicine, including hospitals or establishments which offer this service through its licensed physicians, shall have the obligations of a data controller under the Data Privacy Act of 2012.
- f. The patient shall have all the rights of a data subject under the Data Privacy Act of 2012.
- g. This section does not apply in an emergency situation in which a patient is unable to give informed consent and the representative of that patient is not available.

SECTION 9. *Establishment of physician-patient relationship.* - Upon compliance with the preceding paragraph, the physician and patient interacting through telecommunication services, for purposes of telemedicine practice, shall be considered to have established a physician-patient relationship, and all pertinent laws governing and related to the said relationship shall likewise apply.

SECTION 10. *Compliance required.* Hospitals, establishments, or persons allowed under this Act, to offer the delivery of medical services through telecommunication systems, or otherwise regarded as telemedicine practice, shall meet the following requirements:

- a. All persons and facilities including but not limited to clinics, hospitals, and medical establishments, which will undertake telemedicine practice shall be registered with the DOH as facilities rendering telemedicine;
- b. All personnel employed by, whether regular or contractual, the above-stated facilities, intended to handle all the data and telecommunication systems under this Act shall be licensed or certified by their respective board or agency, where licensure is required by law;
- c. All equipment and telecommunication systems intended to be used in carrying out telemedicine shall be duly declared upon registration with the DOH and the operating personnel for the equipment or system shall be licensed or certified, as required by law;
- d. All telemedicine services shall be available, at reasonable times, to all persons intending to avail such services. To the extent feasible, the facility shall make all services accessible to all.

SECTION 11. *Implementing Rules and Regulations.* - Department of Health (DOH), in consultation and coordination with the appropriate government agencies, representatives from the private sector, and other stakeholders, shall formulate and promulgate the implementing rules and regulations and other issuances as may be necessary to ensure the effective implementation of the provisions of this Act within ninety (90) days from the approval thereof. The implementing rules and regulations issued pursuant to this section shall take effect (30) days after its publication in any newspaper of general circulation.

SECTION 12. *Separability Clause.* - If any provision of this Act is held invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SECTION 13. *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 14. *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,