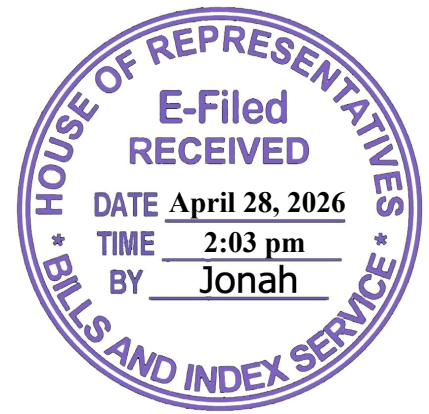


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. **8972**



Introduced by **Representative ERIC G. YAP**

EXPLANATORY NOTE

This bill seeks to formally establish a National Telemedicine Council and institutionalize the use of telemedicine as an avenue to deliver essential healthcare services across the Philippines. It ensures that Filipinos, especially those in remote communities, have access to clinical specialists in their region and to that of the public hospitals nationwide, within the safety and comfort of their own homes.

Teleconsultation services have become increasingly accessible through mobile applications, hotlines, and official platforms of the Department of Health (DOH), as well as private providers. However, there is a disconnect between existing policy frameworks and actual ground experience. While Joint Administrative Order No. 2021-0001, through the DOH, Department of the Interior and Local Government (DILG), and the Philippine Health Insurance Corporation (PhilHealth), provides the guidelines on the implementation of telemedicine in the delivery of individual-based health services¹, its intended benefits remain unevenly realized in geographically isolated and disadvantaged areas due to lagging digital infrastructure.

This measure strengthens the delivery of essential healthcare services in remote areas and enables the strategic use of information and communication technology (ICT) during emergencies, disasters and states of calamity. It further mandates the education and training of health personnel to ensure competence in telemedicine systems and establishes the necessary regulatory oversight to ensure compliance with Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”.

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



HON. ERIC G. YAP

¹ DOH-DILG-PHILHEALTH JAO 2021-0001. *Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services.*
<https://law.upd.edu.ph/wp-content/uploads/2022/06/DOH-DILG-PHIC-Joint-Administrative-Order-No-2021-0001.pdf>

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House Bill No. **8972**

Introduced by **Representative ERIC G. YAP**

AN ACT
INSTITUTIONALIZING A NATIONAL TELEMEDICINE SYSTEM IN THE PHILIPPINES

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*”.

SEC. 2. *Declaration of Policy.* – The State shall protect and promote the right to health of the people and instill health consciousness among them. Hence, it is the policy of the State to utilize innovative information and communication technology (ICT) to ensure healthcare reaches all Filipinos, particularly those farm far-flung and underserved rural areas.

It shall likewise be the policy of the State to protect the fundamental human right to privacy of communication while ensuring the free flow of information to promote health and wellness, especially in times of emergencies and calamities, in accordance with Republic Act (RA) No. 10173, otherwise known as the “*Data Privacy Act of 2012*”.

SEC. 3. *Definition of Terms.* – As used in this Act:

a. Telemedicine, also referred to as telehealth or electronic healthcare, refers to 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 using telemedicine systems as well as the development of applications and programs for the furtherance of health; and

b. Information and Communications Technology refers to a broad range of systems and tools used for managing and communicating information, which 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;
4. Modern medical devices for patient care and diagnosis.

SEC. 4. *Objectives.* – The objectives of this Act are:

- a. To create an innovative, unified, and comprehensive policy framework for the practice and development of telemedicine in the country;
- b. To provide healthcare services, including consultation, diagnosis, treatment and prescription of medicines especially in areas that have inadequate or are far from traditional healthcare institutions and professionals;
- c. To allow the use of information and communication technology in the delivery of healthcare services in time 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. 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 Communication Technology;
- c. Secretary of Science and Technology;
- d. Privacy Commissioner of the National Privacy Commission (NPC);
- e. President of the Philippine Health Insurance Corporation;
- f. Director-General of the Food and Drug Administration;
- g. Presidents of healthcare professional associations such as the Philippine Medical Association, Philippine Nurses Association, and the Philippine Pharmacists Associations; and
- h. 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 a national integrated database system for medical information;
- d. Establish and provide for a mechanism of accreditation for electronic healthcare providers;
- e. Establish a system for electronic prescription of medicine;
- f. Capacitate and train existing and new healthcare professionals on the provision of health services;
- g. Ensure interoperability of the national telemedicine database with the existing Health Information Exchange (HIE) systems; and
- h. Set quality standards for systems, professionals and services.

The Council shall convene as frequently as necessary to perform its mandated functions.

SEC. 7. *Implementing Agency and Secretariat.* – The Department of Health shall be the lead agency in implementing this Act. For this purpose, an Office of Telemedicine shall be created under the Department which shall serve as the Secretariat for the Council. The Office for Telemedicine shall be headed by a Director.

SEC. 8. *Practice of Medicine.* – The provision of Telemedicine services shall be limited to licensed healthcare professionals acting within the scope of their respective professions. A telemedicine consultation shall be deemed to establish a professional-client relationship, carrying the same legal responsibilities as an in-person consultation.

SEC. 9. *Emergency and Disaster Response.* – The Council shall establish protocols for the enhanced utilization of Telemedicine during declared states of calamity or public health emergencies.

SEC. 10. *Privacy and Data Security.* – All telemedicine providers shall comply with the provisions of RA 10173, otherwise known as the “Data Privacy Act of 2012”. All electronic health records and communications shall be encrypted and stored in accordance with the guidelines set by the NPC and the Department of Information

and Communications Technology. Any unauthorized breaches of confidentiality shall be penalized under RA No. 10173, and RA No. 10175, otherwise known as the “Cybercrime Prevention Act of 2012”.

SEC. 11. *Standard of Care.* – The standard of care for telemedicine shall be the same as that required for in-person healthcare services. No practitioner shall be exempt from liability for professional negligence due to the medium of communication used.

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

SEC. 13. *Implementing Rules and Regulations.* – The Council, in coordination with the NPC and PRC, shall promulgate the necessary rules and regulations for the effective implementation of this Act within ninety (90) days from its effectivity.

SEC. 14. *Separability Clause.* – If any provision of this Act is declared invalid or unconstitutional, the remaining provisions shall continue to be in full force and effect.

SEC. 15. *Repealing Clause.* – All other laws, decrees, executive orders, issuances, rules and regulations, or part thereof inconsistent with this Act are hereby likewise repealed or amended accordingly.

SEC. 16. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette in at least two (2) newspapers of general circulation.

Approved,