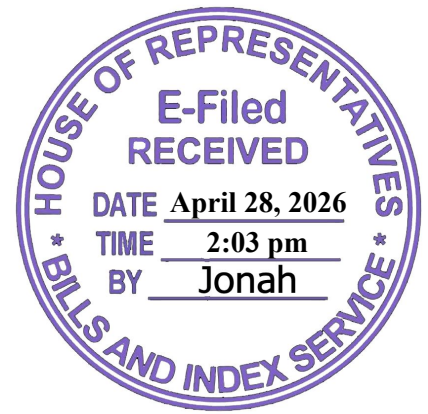


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. 8975



Introduced by **Representative ERIC G. YAP**

EXPLANATORY NOTE

This bill seeks to expand quality healthcare access to medically unserved and underserved geographically isolated and disadvantaged areas (GIDAs) via information and communications technology (ICT), referred to as the National eHealth System (NeHS). It mandates secure health information sharing across providers, and regulates telehealth services to ensure the protection of personal health data and the delivery of safe and efficient healthcare.

Building on lessons from the COVID-19 pandemic, this proposed measure addresses gaps in the country's healthcare delivery system while making use of the transformative potential of digital technologies to ensure continuity of care to all citizens, especially during public health emergencies. Despite ongoing reforms, many Filipinos, particularly those in remote communities, continue to experience inadequate medical services because of distance, cost, and the limited availability of healthcare professionals. This bill strengthens the country's digital infrastructure and integrates it with existing healthcare systems. Its passage will enable patients to consult healthcare providers without the burden of travel. It will likewise allow healthcare providers to deliver more informed and coordinated health service delivery.

This bill further aligns with and strengthens the implementation of Republic Act No. 11223, otherwise known as the "*Universal Health Care Act*", by enhancing service delivery networks and promoting equitable access to health through digital innovation. This vital piece of legislation affirms the State's commitment to the fundamental right to health. It ensures that no Filipino is deprived of care because of distance or circumstance, and that every patient is given a fair and equal opportunity to receive timely and quality healthcare.

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


HON. ERIC G. YAP

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House Bill No. **8975**

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AN ACT
ESTABLISHING THE PHILIPPINE ELECTRONIC HEALTH OR HEALTH
SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE, AND
APPROPRIATING FUNDS THEREFOR

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

ARTICLE I
GENERAL PROVISIONS

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

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. Toward this end, the State shall institutionalize a system of providing wide access to quality health information and services using information and communication technology (ICT), referred to as the National eHealth System (NeHS), resulting in better health outcomes for every Filipino, and further recognizing whole-of-society and whole-of-government approaches.

The NeHS shall be integrated, comprehensive, interoperable, progressive, secure and sustainable based on best current and future practices, and shall facilitate inter-agency and inter-sectoral coordination at various levels of governance covering both the public and private sectors. It shall recognize eHealth as supplemental and complementary 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 patient, exchange of health data and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (GIDAs).

SEC. 3. *Objectives.* – This Act shall provide a holistic framework that establishes a NeHS, which shall:

a. Set policies, standards, priorities, plans, programs and projects that promote and ensure streamlined and safely regulated delivery of eHealth services to reduce inequalities, achieve universal health care, and better health outcomes; and

b. Clarify roles of agencies, institutions, and entities regarding their performance and accountabilities in building national and local eHealth capacity and measuring results.

SEC. 4. *Scope and Application.* – This Act covers all existing health care providers and other entities developing and using eHealth systems, services and applications and tools, whether public or private, including relevant standard equipment in the field of health and ancillary services that use ICT and are complementary to existing minimum modalities or standards of health care and other means of access to information.

SEC. 5. *Definition of Terms.* – As used in this Act:

a. Compliant eHealth services and applications refer to the requirements of a defined architecture of eHealth standards that enable services and systems, allow for interoperability of health services and information exchange across geographic, organizational, network, vendor boundaries, and ensure data protection in accordance with Republic Act (RA) No.10173, otherwise known as the “*Data Privacy Act of 2012*”, and other related laws and issuances;

b. eHealth or Electronic health refers to the use of cost-effective and secure information and communications technology for health care practice, also referred to as digital health;

c. eHealth data services refer to key architectural data registries of the health sector needed to enable and support large scale health information interoperability and exchange;

d. eHealth System refers to the interplay of enabling and foundational elements essential for a successful national Health implementation, namely, (1) governance and accountability, (2) standards and interoperability, (3) services and operations, (4) telehealth, (5) human resources, (6) infrastructure, (7) strategy and investment, (8) monitoring and compliance, and (9) research and development;

e. eHealth services and applications refer to the solutions, products and innovations with defined objectives to serve its intended clients or users, such as health information systems, electronic medical record systems, electronic health record system, enterprise resource planning system, ePharmacy system laboratory system, radiology system, electronic prescription system, human resource information system, registry systems, mobile health, telehealth,

telemedicine, wearables, and biomedical and related devices with IT component;

f. Electronic health record (EHR) refers to a computerized health record used to capture, store, access and share information of a patient between and across health care providers and health-related entities;

g. Electronic medical record (EMR) refers to a computerized medical record used to capture, store and share information of a patient to health care providers in an institution or organization;

h. Electronic prescription (ePrescription) refers to a system that allows healthcare providers to write and send prescriptions in an automated or electronic way to a pharmacy with capability to receive such;

i. Geographically isolated and disadvantaged areas (GIDAs) refer to barangays specifically disadvantaged due to the presence of both physical and socio-economic factors. For a barangay to be classified as GIDA, both physical and socioeconomic factors must be present:

1. Physical factors are characteristics that limit the delivery of and/or access to basic health services to communities that are difficult to reach due to distance, weather conditions, and transportation difficulties;

2. Socioeconomic factors are social, cultural, and economic characteristics of the community that limit access to and utilization of health services;

j. Health sector enterprise architecture refers to the blueprint on which eHealth services and applications shall be developed, implemented, and scaled up; and

k. Information and communications technology refers to all technologies for the communication of information, which include data, application or information systems, internet, network, connectivity, telecommunications, among others.

SEC. 6. *Implementing Agency.* – The Department of Health (DOH) shall be the lead implementing agency to carry out the provisions of this Act. The DOH shall strengthen and transform its existing Knowledge Management and Information Technology Service (KMITS) into a full-fledged Bureau, to be called as the National eHealth Information and Services Bureau (NeHISB), and which shall perform the overall management and administration of this Act. The additional plantilla position to be created for this purpose shall be submitted to the Department of Budget and Management (DBM) for evaluation and approval.

The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination Council as provided in Sec. 8 hereof.

SEC. 7. *Regional and Local Implementation Structures and Staffing Pattern.* – To assist in the implementation of this Act, the regional organizational structures shall be lodged under the Center for Health Development of the DOH while local organizational structures shall be subject to the discretion of the local government units (LGUs) in relation to Section 76 of RA No. 7160, otherwise known as the “*Local Government Code of 1991*”.

ARTICLE II

GOVERNANCE AND ACCOUNTABILITY

SEC. 8. *Creation of the eHealth Policy and Coordination Council.* – There shall be created an independent body to be known as the eHealth Policy and Coordination Council, hereby referred to as the Council, to provide and promote 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, DOH-Chairperson;
- b. Secretary, DICT-Co-Chairperson;
- c. President & Chief Executive Officer, PhilHealth - Co-Chairperson;
- d. Secretary, DOST;
- e. Secretary, Department of Social Welfare and Development (DSWD);
- f. Secretary, Department of Interior and Local Government (DILG);
- g. Secretary, DBM;
- h. Chancellor, University of the Philippines - Manila (UPM);
- i. Chairman, Professional Regulation Commission (PRC);
- j. Chairperson, Commission on Higher Education (CHED);
- k. Chairperson, National Privacy Commission (NPC);
- l. National Statistician, Philippine Statistics Authority (PSA);
- m. Two (2) representatives from professional medical or health societies;
- n. One (1) representative from patients’ group; and
- o. One (1) representative from the ICT industry associations.

The heads of government agencies may be represented by a designated official whose rank shall not be lower than Assistant Secretary or its equivalent. Members representing the private sector shall be appointed by the President of the Philippines not later than thirty (30) days after the effectivity of this Act and shall serve for a term of three (3) years, renewable upon recommendation of the Council for a maximum of two (2) consecutive terms.

The government agency-members of the Council shall have the authority to act upon and decide on all urgent matters pending the formation of the Council and the appointment of members from the private sector by the President of the Philippines.

SEC. 9. *Powers and Duties of the Council.* – The Council shall exercise the following powers and functions:

- a. Define and promote over-all eHealth policies, standards and regulations at all levels of health care system, public and private;
- b. Ensure integration and coordination of national and local eHealth strategies and initiatives; and
- c. Submit yearly assessments and accomplishment reports to the Senate Committee on Health and Demography, and the House of Representatives Committee on Health for performance monitoring and evaluation.

SEC. 10. *Ensuring Broader Participation in Health Implementation.* – The Council shall create multi-sectoral groups, composed of both the private and public sectors to ensure broader stakeholder participation and for the furtherance of its objectives.

Setting up of the sub-structures or mechanisms shall be in accordance with RA No. 11223, otherwise known as the “*Universal Health Care Act*”, and other related issuances.

ARTICLE III

STANDARDS AND INTEROPERABILITY

SEC. 11. *Health Sector Enterprise Architecture.* – The NeHS shall be operated within the health sector enterprise architecture that aligns and ensure that health and health-related data are made available and accessible anytime and anywhere to various stakeholders, business processes for health are streamlined and integrated, and services and applications are usable, safe, efficient and effective, following the health care business model provided under RA No 11223, otherwise known as the “*Universal Health Care Act*”, and other related issuances.

Rationalization for safety and cost effectiveness, scope and standards for design and use of technologies in the health sector shall also be defined in this architecture.

All health care providers and health-related entities shall adopt a health enterprise architecture as defined and guided by the Council.

SEC. 12. *Standards Compliance.* – All health care providers and health-related entities shall comply with the data standards to allow interoperability and health information exchange, and ensure data protection in accordance with RA No. 10173, otherwise known as the “*Data Privacy Act of 2012*”, and other related laws and issuances.

These standards shall include, inter alia, patient identifier, health care provider identifiers, and terminology and messaging standards, and shall be in accordance with the Philippine Government interoperability and data security framework, and other relevant standards.

ARTICLE IV SERVICES AND APPLICATIONS

SEC. 13. *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 business processes and data services in the health sector as laid out in the Health Sector Enterprise Architecture which shall comply with regulatory requirements and may be subjected to health technology assessment.

SEC. 14. *Scope of eHealth Services and Applications.* – eHealth services shall include the following areas:

a. Mandatory eHealth Data Services:

1. Master Person Index
2. Master Provider (Human Resources) Index
3. Master Facility Index
4. Terminology or Health Services Registry
5. National Immunization Registry

b. Compliant eHealth Services and Applications:

1. Electronic Health Record/Electronic Medical Record
2. Health Information Exchange
3. Health Facility Operations and Management

4. Disease Registries
5. TeleHealth/TeleMedicine
6. Human Resources in eHealth
7. Supply Chain Management

ARTICLE V TELEHEALTH

SEC. 15. *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.

SEC. 16. *Standards of Practice and Certification of Individuals and Entities Providing TeleHealth Services.* – To complement the regulations of telehealth services and eHealth-related devices, the PRC and the DOH, in consultation with PhilHealth, UPM-National TeleHealth Center, DICT, academia, medical and specialty societies, non-government organizations, and the private and business sectors, shall set the standards of practice and implement a certification mechanism for health care providers and health-related entities providing telehealth services.

ARTICLE VI HUMAN RESOURCES

SEC. 17. *Human Resource in eHealth.* – Health care professionals shall plan, design, build, operate, use, maintain and support eHealth services and applications.

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

SEC. 18. *Human Resource for eHealth Development Plan.* – The DOH, PRC, CHED, and TESDA shall formulate the Human Resource for eHealth Development Plan which shall develop new curricula, integrate changes in existing curricula, create formal and non-formal training programs, and continuing professional development programs concerning the practice of eHealth. 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.

ARTICLE VII INFRASTRUCTURE

SEC. 19. *ICT Infrastructure.* – The DICT, in coordination with DOH, PhilHealth, and DOST, shall establish and maintain the necessary national ICT infrastructure to implement eHealth services and applications.

SEC. 20. *National Health Data Center.* – The PhilHealth, in coordination with the DOH, DICT and DOST, shall establish and maintain the National eHealth Data Center, and implement an agile and sustainable data management and governance framework and system in support of RA No. 11223, otherwise known as the “*Universal Health Care Act*”, and in compliance with RA No. 10173, otherwise known as the “*Data Privacy Act of 2012*” for data protection.

ARTICLE VIII STRATEGY AND INVESTMENT

SEC. 21. *National eHealth Strategic Framework and Plan.* – The Council shall spearhead the development and monitoring of the strategic framework and plan to serve and guide the operations of the NeHS.

SEC. 22. *Financing the eHealth Strategic Framework and Plan.* – Financing for the NeHS by DOH, PhilHealth and other partners, as defined by the Council, shall be made available to scale up eHealth implementation at the national level.

SEC. 23. *Private Sector Participation.* – The DOH shall promulgate rules regarding the participation of the private sector, including public-private partnerships, and other suitable arrangements, in the provision of eHealth services, applications, and ICT infrastructure.

ARTICLE IX MONITORING AND COMPLIANCE

SEC. 24. *Monitoring and Compliance.* – The Council shall measure and monitor the performance and progress of the implementation of this Act.

ARTICLE X RESEARCH AND DEVELOPMENT

SEC. 25. *Research and Development.* – Consistent with RA No. 10532, otherwise known as the “*Philippine National Health Research System Act of 2013*”, and the mandate of the DOST, the DOST-Philippine Council for Health Research and Development (DOST-PCHRD), in consultation with DOH, PRC, CHED, DICT, PhilHealth, UPM-National TeleHealth Center, academia, regional health research consortia, medical and specialty societies, non-government organizations, and the private and business sectors, shall ensure the development of new eHealth services and applications 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, including creation of formal and non-formal capability building programs for the development of a pool of eHealth researchers and innovators, which are aligned with the research agenda;

c. Establishment and strengthening of centers of excellence of eHealth policy studies, research and development; and

d. Establishment and adherence of mechanisms that strengthen eHealth innovation research and strategy to the health technology assessment process as provided under RA No. 11223, otherwise known as the “*Universal Health Care Act*”, and that integrate explicit use of evidence into the policy and decision-making process and national eHealth standards, and support the growth of research consortia on eHealth;

A separate unit within the PCHRD shall handle and manage eHealth related activities and programs. The human resource requirement of such unit shall be determined by PCHRD in consultation with the DOH, CSC, and DBM.

ARTICLE XI ADMINISTRATIVE PENALTIES

SEC. 26. *Rules and Procedures for Administrative Violations and Complaints.* – The Council shall promulgate rules and procedures relating to administrative violations and complaints, insofar as they relate to the establishment and operations of the NeHS.

ARTICLE XII MISCELLANEOUS PROVISIONS

SEC. 27. *Appropriations.* – The amount necessary for the implementation of this Act shall be included in the Annual General Appropriations Act.

SEC. 28. *Implementing Rules and Regulations.* – Within one hundred eighty days (180) 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 Office of PhilHealth, the Chancellor of UPM, the Chairman of the PRC, 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.

SEC. 29. *Transitory Provisions.* – The transformation of KMITS into a full-fledged Bureau and the formulation of the internal organic structure and regional and local implementation structures, staffing pattern, operating system, and

the revised budget of the DOH for health information technology shall be completed within six (6) months from the promulgation of the Implementing Rules and Regulations of this Act, during which time, the existing KMITS and regional and local implementation personnel shall continue to serve in holdover capacities until a full and permanent Bureau is constituted and functioning, and new appointments are issued.

SEC. 30. *Separability Clause.* – If any part or provision of this Act is held invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 31. *Repealing Clause.* – All general and special laws, decrees, executive orders, proclamations and administrative regulation, or parts thereof which are inconsistent with this Act are hereby repealed, amended and modified accordingly.

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

Approved,