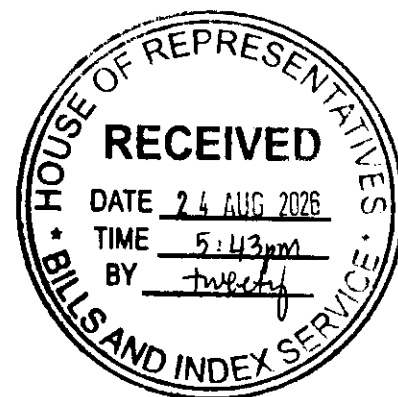


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. **10916**



Introduced by Representative ELMER V. CATULPOS
(I Tahanan Party-List)

EXPLANATORY NOTE

In a barangay far from the town center, a mother finishes a medical consultation without leaving her home — a licensed doctor on the other end of an ordinary cellphone call, exactly as the Department of Health's own telemedicine guidelines allow. The prescription arrives on her phone. At the first botika, it is accepted without question. At the second, a week later, for the same refill: "Pa-print po ninyo, at baka kailangan ng orihinal." She does not know which pharmacy is right. Neither, in truth, does the law.

Here is what happened, and almost no one was told. At the height of the pandemic, the Food and Drug Administration did something quietly historic: it authorized every licensed physician to issue prescriptions electronically — by email, by message, as an image — and ordered every pharmacy in the country to honor them as equal to paper. Millions of Filipinos used it. It worked. And then its legal effectivity, which had been tied to the emergency, quietly ran out *in September 2021, per the effectivity clause of the reissued circular*. No law replaced it. The habit survived; the right did not. Ang sistemang pinagkatiwalaan ng milyun-milyong Pilipino ay hindi dapat mamatay dahil lamang natapos ang emergency. Today, whether an honest electronic prescription is honored depends on the branch, the mood, and the memory of a rule that no longer binds — at ang kawalang-katiyakang iyan ay pinapasan ng pasyente at ng parmasyutiko, na kapwa walang kasalanan.

And even at its best, the pandemic system had a hole that was never closed: a prescription that is merely a photograph can be dispensed twice. Shown at one pharmacy, filled, then shown at another — the image does not know it has already been used. A paper prescription can at least be stamped; a screenshot is immortal. The Republic has no national means for a pharmacist to verify that a prescription is genuine, unaltered, still valid, and not yet fully dispensed. That gap is an open door — to abuse of medicines, to fabricated prescriptions, and to the same shadow market that counterfeit drugs call home.

This Representation begins, as always, with gratitude — because the present administration has already proven that government digitalization can serve the poorest, not just

the connected. Medical assistance that once required a politician's guarantee letter now moves through the eGovPH platform with two requirements and no *padrino*; tens of millions of Filipinos use that platform today. PhilHealth's GAMOT benefit now promises *seventy-five (75)* free essential medicines, up to *Twenty Thousand Pesos (P20,000.00)* yearly, through thousands of accredited clinics and pharmacies — and PhilHealth has begun building a web application through which its accredited physicians will issue the prescriptions for that benefit. “*Sa ating ginawang mga pagbabago, mas marami pa itong matutulungan, anumang antas sa lipunan.*” The pieces exist. What the Republic lacks is the rail that connects them: one national system through which any prescription, from any licensed prescriber, on any platform, can be verified and honored at any licensed pharmacy. That rail is what this bill builds.

The design is proven abroad and simple to say. The prescription is created as a structured electronic record and stored, in secure form, in a National e-Prescription Exchange. The patient receives not the record but a token — a code, sent by text message or email, or printed on paper — which is a key, never the medical file itself. At any licensed pharmacy, anywhere in the Philippines, the pharmacist scans or enters the token, sees that the prescription is genuine and what remains to be dispensed, dispenses, and the system marks it: partially filled, or closed. The same prescription can never be filled twice. A refill issues a fresh token after each dispensing, so the mother of a hypertensive father consults once and refills for months, each fill on record. Advanced economies have run this exact architecture nationwide. Nothing in it is beyond us; the eGovPH era has proven that.

Three principles govern every section, and this Representation states them plainly because each answers a fear. First, technology-neutral, exactly as the Department of Health's telemedicine guidelines already provide: no law requires a video call, and this bill requires none — an ordinary phone consultation with a licensed physician, judged clinically adequate by that physician, may end in a valid e-Reseta, because what protects the patient is the doctor's license and judgment, not the camera. Second, the prescription belongs to the patient. Ang reseta ay pag-aari ng pasyente, hindi ng platform, hindi ng botika, at hindi ng gobyerno — the patient fills it at any licensed pharmacy of the patient's choosing, and no platform may steer, lock, or condition it to a favored outlet. Third, walang maiiwan: the token travels by ordinary text message that reaches a keypad cellphone worth a few hundred pesos; it can be printed on paper at the health center; and a patient with no phone at all may be verified at the counter with an ordinary government ID under assisted procedures. A system built for the poorest Filipino first is a system that works for everyone.

The bill is likewise honest about what must move carefully. Prescriptions for dangerous drugs under the special licensing regime of the law are excluded entirely, remaining under the stricter rules of the Dangerous Drugs Board and the Philippine Drug Enforcement Agency, which may adopt a secure module only when they themselves so decide. Antibiotics and antimicrobials flow through the system with shorter validity — for an old antibiotic prescription reused on a new illness is a danger, not a convenience — and, for the first time in

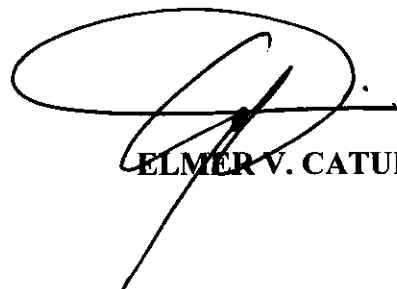
our history, every antibiotic dispensing becomes a data point in a national antimicrobial-resistance surveillance picture that our public health authorities have never possessed. And the pharmacist loses nothing: the professional authority to refuse a prescription on clinical or legal grounds — unclear, improper, unsafe — is expressly preserved, for this bill removes only one ground of refusal: doubt about authenticity, which the system itself extinguishes. Hindi na kailangang magduda ang parmasyutiko; ang sistema na mismo ang magpapatunay.

The bill then does what no issuance could: it marries the prescription to the benefit. A GAMOT-eligible e-Reseta is one prescription with two properties — clinically valid at any licensed pharmacy in the Philippines, and free at any PhilHealth-accredited outlet, with the token itself showing where. The dispensing record becomes the claim, automatically, ending the paperwork that keeps small pharmacies out of the accredited network; and the single-use token ends, by architecture, the ghost claims and double claims that drain the public's health fund. Ang benepisyong ipinangako ng Estado ay hindi dapat mawala sa pasyenteng hindi alam kung saang botika ito totoo.

This measure completes a body of work this Representation brings before this Congress. Its companion measures — one accelerating the Food and Drug Administration so that safe and affordable medicines reach the market without needless delay, and one extending the pharmacist's supervised reach to every barangay — answer the beginning and the end of the medicine's journey. This bill answers its middle: the prescription itself, made verifiable, portable, and honest, from the doctor's judgment to the pharmacist's hand. Bilis sa itaas, tunay na reseta sa gitna, abot sa ibaba.

This Representation discloses, as it has in its companion measures, that its author operates pharmacies, and writes also from that counter: it is the pharmacist and the botika staff who daily absorb the doubt this bill removes — caught between turning away a legitimate patient and honoring a document they cannot verify. This measure protects them both. And it asks the Chamber to see what is truly at stake in one sentence: a prescription is a Filipino's ticket to treatment, and no ticket should be refused for want of a rule that Congress simply never wrote. Isang konsulta. Isang reseta. Kahit saang botika sa Pilipinas.

In view of the foregoing, the approval of this Bill is earnestly requested.



ELMER V. CATULPOS

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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10916

*Introduced by Representative ELMER V. CATULPOS
(1Tahanan Party-list)*

AN ACT ESTABLISHING THE NATIONAL ELECTRONIC PRESCRIPTION SYSTEM, GRANTING ELECTRONIC PRESCRIPTIONS PERMANENT LEGAL EFFECT EQUAL TO WRITTEN PRESCRIPTIONS AND MANDATING THEIR ACCEPTANCE IN ALL LICENSED PHARMACIES, ESTABLISHING PRESCRIPTION VERIFICATION AND DISPENSING RECORDS TO PREVENT FRAUD AND DOUBLE DISPENSING, INTEGRATING PUBLIC HEALTH BENEFIT PROGRAMS, PROTECTING PATIENT PRIVACY, CHOICE, AND ACCESS, 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 and cited as the “e-Reseta Act,” or the “National Electronic Prescription System Act of 2026.”

Section 2. Declaration of Policy. — It is the policy of the State that every valid prescription issued by a licensed prescriber shall be honored at any licensed pharmacy in the Philippines, without regard to the medium in which it was issued; that the electronic prescription shall have permanent legal effect equal to the written prescription, protected by verification rather than by paper; that the prescription belongs to the patient, who shall be free to have it filled at any licensed pharmacy of the patient's choice; that no Filipino shall be excluded from the system by poverty, distance, or lack of technology; and that the infrastructure of electronic prescribing shall be a public rail, open to all conformant platforms and providers, and shall never be captured by any single platform, enterprise, or interest.

Section 3. Objectives. — This Act shall have the following objectives:

- (a) To grant electronic prescriptions permanent legal effect and mandatory acceptance in all licensed pharmacies;
- (b) To establish the National e-Prescription Exchange, providing verification, dispensing records, and protection against double dispensing and fraud;

- (c) To keep electronic prescribing technology-neutral, consistent with existing telemedicine guidelines, without requiring any particular mode of consultation;
- (d) To guarantee patient ownership, portability, privacy, and choice;
- (e) To ensure access for Filipinos without smartphones, connectivity, or digital literacy;
- (f) To integrate the System with public health benefit programs so that entitlements to free and subsidized medicines are honored seamlessly; and
- (g) To generate, as a by-product of dispensing records, public health intelligence, including antimicrobial-resistance surveillance data.

Section 4. Scope. — This Act shall apply to prescriptions for drugs and medicines issued by prescribers licensed under Philippine law, to all licensed pharmaceutical outlets dispensing to the public, and to the platforms, systems, and agencies participating in the National e-Prescription Exchange; except prescriptions excluded under Section 19.

Section 5. Definition of Terms. — As used in this Act:

- (a) **Electronic Prescription or e-Reseta** refers to a prescription created, signed, transmitted, or stored by electronic means as a structured record in the Exchange, in accordance with this Act;
- (b) **Exchange** refers to the National e-Prescription Exchange established under Section 10;
- (c) **Token** refers to the unique, single-use prescription identifier issued to the patient under Section 11 — a key to the prescription record, which shall never itself contain the patient's clinical records;
- (d) **Prescriber** refers to a physician or other professional authorized by law to prescribe drugs and medicines, duly licensed by the Professional Regulation Commission;
- (e) **Dispensing Record** refers to the record generated under Section 15 upon each dispensing against an e-Reseta;
- (f) **Conformant Platform** refers to any information system registered under Section 14 as compliant with the national e-prescription standard;
- (g) **Active Prescription List** refers to the consented listing service under Section 17;
- (h) **Assisted Verification** refers to the procedures under Section 18 for patients without tokens, devices, or connectivity.
- (i) **System** refers to the national electronic prescription framework established under this Act, consisting of the Exchange, the Prescriber Registry, connected electronic- prescribing platforms, the Dispensing records infrastructure, the Prescriber Portal, assisted-access facilities, and the technical, security, inter-operability, audit, and governance mechanisms necessary for the issuance, verification, transmission, dispensing, recording, monitoring, and reimbursement of e-Reseta.

ARTICLE II

PERMANENT LEGAL EFFECT AND MANDATORY ACCEPTANCE

Section 6. Equal and Permanent Legal Effect. — An e-Reseta issued under this Act shall have the same legal effect, validity, and enforceability as a written prescription for all purposes under Republic Act No. 10918, Republic Act No. 6675, and all other laws, permanently and without dependence on any state of emergency or calamity. The issuance of an e-Reseta following a consultation conducted through any lawful modality recognized under existing telemedicine guidelines — including telephone call, short message service, secure messaging, audio, or video — shall be valid, the sufficiency of the modality being a matter of the prescriber's professional judgment and standard of care under existing law. Nothing in this Act

shall require any particular technology of consultation, nor alter the rules on the practice of medicine.

Section 7. Mandatory Acceptance. — Every licensed pharmaceutical outlet shall accept and process an e-Reseta verified through the Exchange, and shall not refuse it by reason of its electronic form, of the platform through which it was issued, or of the outlet's non-affiliation with any platform. Nothing in this Section shall diminish the pharmacist's professional authority under Republic Act No. 10918 to refuse dispensing on clinical, legal, or professional grounds — including an incomplete, improper, or unsafe prescription — with the ground recorded in the Exchange.

Section 8. Paper by Choice. — Nothing in this Act shall require any patient to use an e-Reseta, nor any prescriber to cease issuing written prescriptions. The written prescription shall remain valid everywhere. A patient may at any time request a printed token or a written prescription, and the choice of medium shall never diminish the patient's rights or priority of service.

Section 9. Contents. — Every e-Reseta shall contain the information required of prescriptions under existing law and regulations, including the patient's name; the generic name of the drug pursuant to Republic Act No. 6675, with any brand as allowed by law; dosage, form, quantity, and directions; the date of issuance and period of validity; and the prescriber's name, professional license number, and electronic signature or authentication compliant with Republic Act No. 8792. The rules on generic prescribing, and the prohibition of violative and impossible prescriptions, shall apply to every e-Reseta.

ARTICLE III THE NATIONAL E-PRESCRIPTION EXCHANGE

Section 10. Establishment. — There is hereby established the National e-Prescription Exchange — the public digital infrastructure for the creation, storage, verification, and dispensing of e-Reseta nationwide — to be built and operated by the Department of Information and Communications Technology (DICT) with the Department of Health (DOH), under health policy set by the DOH, dispensing regulations of the Food and Drug Administration (FDA), and the standards of this Act. The Exchange shall be a rail open to all: no government agency shall operate it as, nor convert it into, an exclusive consultation or pharmacy platform, and all Conformant Platforms shall connect to it on equal, published terms.

Section 11. How the System Works; the Token. — Upon issuance of an e-Reseta, the prescription shall be stored as a structured record in the Exchange, and the patient shall receive a Token — through short message service, electronic mail or any other electronic messaging means, a Conformant Platform, or in printed form — consisting of a unique identifier and machine-readable code. The Token may be embedded in, or printed upon, the e-Reseta document itself, so that the prescription and its verification code travel together through any messaging means. The Token shall function solely as a key: it shall never contain the patient's diagnosis or clinical records. A Token shall be usable once per dispensing; upon each dispensing, the Exchange shall record the transaction and, where quantity or refills remain, issue a fresh Token to the patient. A patient may have a lost Token re-sent upon identity verification. The patient may share or forward a Token to a companion, family member, or carer, who may present it together with identification under the implementing rules — for in Filipino homes, it is often the child or kin who is sent to the botika.

Section 12. The Free Prescriber Portal. — The Exchange shall include a free, secure, browser-based portal through which any Prescriber may create and issue e-Reseta without need of any commercial electronic medical record system, so that the solo physician in the smallest municipality may participate on equal footing with the largest hospital. Use of the portal shall require only the Prescriber's registry authentication under Section 13.

Section 13. National Prescriber Registry. — The Exchange shall maintain, with the Professional Regulation Commission, a National Prescriber Registry authenticating every Prescriber against the professional licensure rolls, and reflecting, as flags, program accreditations such as PhilHealth accreditation under its benefit programs. Only registered Prescribers may issue e-Reseta, and the Registry shall be the single source of prescriber verification for all Conformant Platforms — no separate or duplicative registration may be required by any agency or platform.

Section 14. Conformant Platforms; Registration, Not Accreditation. — Any information system — telemedicine service, hospital or clinic system, pharmacy system, or public application — may connect to the Exchange upon registration and demonstration of conformity with the published national e-prescription standard, covering security, authentication, data privacy under Republic Act No. 10173, and interoperability. Registration shall be ministerial upon conformity, with published timelines. An e-Reseta issued through any Conformant Platform shall be dispensable at any licensed pharmacy: interoperability shall be absolute, and no closed ecosystem shall be permitted.

Section 15. Verification and Dispensing Record; No Double Dispensing. — Before dispensing against an e-Reseta bearing a Token or system code, the pharmacist shall verify it through the Exchange, which shall display — to registered pharmaceutical outlets only — the prescription's authenticity, contents, patient identity, validity, and undispensed balance; any other person entering a code shall be shown only whether it is valid, and every access shall be logged and viewable by the patient. An electronic prescription issued outside the Exchange and bearing no Token or code shall remain acceptable under Section 6 and existing law, subject to the pharmacist's professional judgment and at the outlet's own professional responsibility, without the protection of Section 30 and without benefit payability under Article VI. Upon dispensing, the outlet shall record the transaction in the Exchange — the medicine, quantity, date, outlet, and dispensing pharmacist — and the Exchange shall update the prescription's status as partially filled or closed. A prescription fully dispensed shall be incapable of further dispensing anywhere. Where the Exchange is unreachable due to connectivity failure, dispensing may proceed under offline contingency procedures in the implementing rules, with the record uploaded upon restoration; provided, that the contingency shall never be used to circumvent verification.

Section 16. Refills for Continuing Treatment. — A Prescriber may issue an e-Reseta authorizing refills for medicines for chronic and continuing conditions, within limits set by the DOH and FDA. Each refill shall be dispensed against a fresh Token issued after the preceding dispensing, and the full refill history shall be visible to the verifying pharmacist. Ang pasyenteng may sakit na pangmatagalan ay hindi dapat pabalik-balikin sa konsulta para lamang sa parehong gamot, subject always to the Prescriber's judgment and to the monitoring intervals good practice requires.

Section 17. The Active Prescription List. — A patient may enroll, by express consent, in an Active Prescription List — a service through which a pharmacy chosen by the patient may, upon the patient's authorization at the counter through a one-time password sent to the patient's registered number or other secure means, view and dispense against the patient's active e-Reseta without presentation of individual Tokens. Enrollment shall be voluntary, revocable at any time, and never a condition for any service. Every access shall be logged and visible to the patient.

Section 18. Offline and Assisted Access. — The System shall be accessible and usable by every Filipino, regardless of the availability of a smartphone, internet connection, digital device, or level of digital literacy. To ensure universal access, the following shall apply:

(a) Tokens shall be transmissible by ordinary short message service receivable on basic mobile telephones;

(b) Tokens shall be printable — by the Prescriber, at any rural health unit, barangay health station, or Conformant pharmacy — and the printed Token shall be equal in effect to its electronic form;

(c) a patient without any device may be served through Assisted Verification: identity confirmation at the counter through any government-issued identification, including the national ID, against the prescription record in the Exchange; and

(d) the implementing rules shall provide interfaces in Filipino and the principal regional languages, and accessibility measures for senior citizens, persons with disabilities, and persons with limited literacy. No fee shall ever be charged to any patient for the issuance, transmission, re-sending, verification, or printing of a Token or e-Reseta.

ARTICLE IV RISK TIERS

Section 19. Exclusion of Dangerous Drugs. — Prescriptions for dangerous drugs and controlled precursors and essential chemicals under Republic Act No. 9165, and any preparation requiring a special prescription form or an S-2 license, are excluded from this Act and shall remain governed exclusively by the rules of the Dangerous Drugs Board and the Philippine Drug Enforcement Agency. The Board may, motu proprio and when it deems the safeguards sufficient, adopt a secure electronic prescription module for such preparations within the Exchange, under its own regulations; nothing in this Act compels it to do so.

Section 20. Antimicrobial Stewardship Tier. — e-Reseta for antibiotics, anti-infectives, and antivirals shall be issued as separate prescriptions with a shortened validity period fixed by the DOH and FDA, shall not be refillable except upon a new prescription, and their Dispensing Records shall feed, in aggregated and de-identified form, the national antimicrobial-resistance surveillance program of the DOH — giving the Republic, for the first time, a live national picture of antimicrobial dispensing.

Section 21. Over-the-Counter Medicines. — Nothing in this Act shall require a prescription for medicines lawfully sold without one. Where an e-Reseta is nonetheless issued for such medicines, it may be processed under this Act, and benefit programs may require it for reimbursement purposes.

ARTICLE V

PATIENT RIGHTS

Section 22. Ownership, Portability, and the Prohibition of Steering. — Every e-Reseta belongs to the patient. The patient may have it dispensed, in whole or in part where partial filling is lawful, at any licensed pharmacy in the Philippines. It shall be unlawful for any platform, prescriber, facility, or enterprise to: (a) restrict, condition, or direct the dispensing of an e-Reseta to any particular outlet or chain; (b) withhold, delay, or degrade a Token to induce purchase at an affiliated outlet; (c) offer or accept any consideration for the routing of prescriptions; or (d) condition a consultation or prescription upon purchase from any particular outlet.

Section 23. Privacy by Design. — The Exchange shall hold only the data necessary for prescription verification, dispensing, and benefit processing. Clinical records — diagnoses, histories, consultation notes — shall remain with the treating providers and their systems and shall not be stored in the Exchange. Tokens shall carry identifiers only. All processing shall comply with Republic Act No. 10173, with health information treated as sensitive personal information; every access to a patient's records in the Exchange shall be logged and viewable by the patient; and aggregate data for public health and policy shall be released only in de-identified form. The National Privacy Commission shall be consulted in the design of the Exchange and the implementing rules.

Section 24. Non-Discrimination. — No patient shall be denied, delayed, or diminished in service by reason of using or declining to use an e-Reseta, of the platform through which it was issued, of enrollment or non-enrollment in any benefit program, or of the mode — electronic, printed, or assisted — in which the patient presents it.

ARTICLE VI

INTEGRATION WITH PUBLIC HEALTH BENEFIT PROGRAMS

Section 25. One Prescription, Two Properties. — An e-Reseta issued by a Prescriber accredited under a public health benefit program — including the PhilHealth outpatient medicines benefit and primary care programs — shall be: (a) clinically valid and dispensable at any licensed pharmacy in the Philippines, with the patient bearing the cost where the outlet is outside the program network; and (b) payable under the program, without cost to the patient within program limits, at any program-accredited outlet. The Token shall indicate the benefit eligibility and, through the Exchange, the accredited outlets nearest the patient.

Section 26. The Dispensing Record as the Claim. — For benefit-payable dispensings at accredited outlets, the Dispensing Record in the Exchange shall constitute the electronic claim, and PhilHealth and other program administrators shall process payment on its basis without requiring separate manual claim documents, subject to their validation rules. The single-use architecture of the Token is hereby recognized as a fraud-prevention control of the public funds disbursed through the System. No benefit shall be paid upon any dispensing not verified and recorded through the Exchange.

Section 27. Use of the Rail; Network Growth. — All national government agencies and instrumentalities administering medicine benefits — including PhilHealth and the DOH in its medicine access programs — shall issue and process the prescriptions of their programs through the Exchange, and existing program applications shall be integrated into or made

interoperable with it. Nothing in this Act shall impair the authority of PhilHealth to define its accredited networks and purchasing arrangements under Republic Act No. 11223; but PhilHealth shall adopt simplified, Exchange-based accreditation pathways for pharmacies, with priority outreach to outlets in geographically isolated and disadvantaged areas, so that the promise of free medicines may reach the municipalities where no accredited outlet yet stands.

ARTICLE VII — INTEGRITY AND ENFORCEMENT

Section 28. Prohibited Acts. — The following are declared unlawful and shall be penalized under Section 29:

- (a) Creating, issuing, or transmitting a false or forged e-Reseta or Token, or issuing an e-Reseta without a valid prescriber license, without prejudice to prosecution under Republic Act No. 10918 and the Revised Penal Code;
- (b) Altering, tampering with, or manipulating any record of the Exchange, or dispensing against an e-Reseta without recording the dispensing;
- (c) Circumventing or simulating verification, or exploiting contingency procedures to dispense against exhausted or invalid prescriptions;
- (d) Refusing a verified e-Reseta in violation of Section 7, or discriminating in violation of Section 24;
- (e) Steering, routing, or conditioning prescriptions in violation of Section 22;
- (f) Accessing, using, or disclosing Exchange data outside the purposes of this Act, without prejudice to Republic Act No. 10173; and
- (g) Charging any patient any fee prohibited under Section 18.

Section 29. Penalties. — Violations of Section 28 shall be punished by a fine of not less than *Fifty Thousand Pesos (P50,000.00) nor more than Two Million Pesos (P2,000,000.00)*, or imprisonment of not less than *six (6) months nor more than six (6) years*, or both, at the discretion of the court, without prejudice to administrative sanctions upon licenses and registrations and to liability under other laws. Where the offender is a juridical person, liability shall attach to the responsible officers. Violations involving dangerous drugs shall be prosecuted under Republic Act No. 9165 as amended.

Section 30. Pharmacist Protection. — A pharmacist who dispenses in good faith against an e-Reseta verified through the Exchange shall not be liable for defects in the prescription not apparent from the verified record, and the Dispensing Records shall be admissible evidence of the pharmacist's compliance. The system that verifies the prescription shall equally protect the professional who relied on it.

ARTICLE VIII GOVERNANCE AND IMPLEMENTATION

Section 31. Roles. — The DOH shall set health policy for the System and lead its implementation; the DICT shall build, secure, and operate the Exchange; the FDA shall regulate dispensing against e-Reseta and the conduct of pharmaceutical outlets hereunder; the Professional Regulation Commission shall maintain the licensure basis of the Prescriber Registry; PhilHealth shall implement Article VI; and the National Privacy Commission shall oversee data protection. Should a national telemedicine council or similar body be created by

law, it shall exercise policy oversight over the System within its mandate, and this Act shall be implemented in harmony with such law.

Section 32. No Additional Requirements. — No agency shall impose, by issuance or practice, any accreditation, permit, fee, or procedural requirement upon prescribers, pharmacies, platforms, or patients in connection with electronic prescribing beyond those authorized by this Act and its implementing rules. Any such additional requirement shall be void. The simplification enacted by Congress shall not be re-complicated by administration.

Section 33. Phased Implementation. — The System shall be implemented in phases fixed by the implementing rules: commencing with pilot regions that shall include at least one predominantly rural region and one geographically isolated and disadvantaged area; proceeding to nationwide availability within *twenty-four (24) months* from the effectivity of the implementing rules; with mandatory acceptance under Section 7 taking effect in each area upon the Exchange's operational availability therein, upon public notice. Pending the phases, electronic prescriptions compliant with existing law shall continue to be honored under interim rules that the FDA shall issue within ninety (90) days from the effectivity of this Act, which shall restore, on a permanent statutory basis, the recognition of electronic prescriptions consistent with Section 6.

Section 34. Annual Report. — The DOH and the DICT shall submit to both Houses of Congress an annual report on the System, including prescribers registered; platforms connected; e-Reseta issued and dispensed; refusals and their grounds; fraud detected and prevented; benefit claims processed through Dispensing Records; coverage of rural and GIDA areas; and the antimicrobial surveillance findings under Section 20.

ARTICLE IX FINAL PROVISIONS

Section 35. Appropriations. — The amount necessary for the initial implementation of this Act, including the construction and operation of the Exchange, the free Prescriber Portal, the registries, and the assisted-access program, shall be charged against the current appropriations of the DICT and the DOH, augmented by an initial appropriation of *Two Billion Pesos (P2,000,000,000.00)*. Thereafter, the amounts necessary shall be included in the annual General Appropriations Act.

Section 36. Implementing Rules and Regulations. — The DOH and the DICT, with the FDA, the Professional Regulation Commission, PhilHealth, the National Privacy Commission, and the Dangerous Drugs Board as to Section 19, and in consultation with the accredited professional organizations of physicians and pharmacists, the associations of hospitals, drugstores, and telemedicine providers, patient and consumer organizations, and local government leagues, shall promulgate the implementing rules and regulations of this Act within one hundred eighty (180) days from its effectivity. Failure to promulgate the rules shall not prevent the implementation of the self-executing provisions of this Act, including Sections 6, 8, and 22.

Section 37. Relationship to Other Laws. — This Act shall be construed together with, and shall not diminish, Republic Act No. 10918, Republic Act No. 6675, Republic Act No. 8792, Republic Act No. 10173, Republic Act No. 11223, Republic Act No. 9165, Republic Act No.

11032, and existing telemedicine and generic prescribing guidelines, which are hereby given continuing effect consistent herewith; and shall be implemented in harmony with any law institutionalizing telemedicine that this Congress may enact, to which this Act supplies the prescription infrastructure.

Section 38. Transitory Provision. — Prescriptions validly issued before or during the transition, in paper or electronic form, shall remain valid for their periods. No existing telemedicine platform, prescriber practice, or pharmacy operation lawful before this Act shall become unlawful by its enactment, subject to registration and conformity within the transition periods of the implementing rules.

Section 39. Separability Clause. — If any provision or part of this Act is declared invalid or unconstitutional, the remaining provisions or parts not affected shall remain in full force and effect.

Section 40. Repealing Clause. — All laws, decrees, orders, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

Section 41. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,