

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1784



Introduced by **HON. LUIS RAYMUND “LRAY” F. VILLAFUERTE, JR.,
HON. MIGUEL LUIS R. VILLAFUERTE, HON. TSUYOSHI ANTHONY G.
HORIBATA AND HON. NICOLAS ENCISO VIII**

EXPLANATORY NOTE

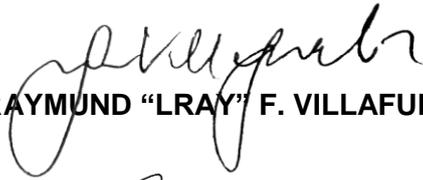
Inadequate bed capacities, inequitable distribution of health facilities, and deficient work force are some of the major problems that our health care system faces today. According to a report from the Department of Health, the country has 105,000 hospital beds with a bed density similar to the poorest countries in the world (1.2 per 1,000 population). These tribulations were made evident as the country remains to face the horrors of the COVID-19 pandemic.

Moreover, as the “new normal” continues to limit physical mobility and face-to-face transactions, the use of information and communications technology (ICT) has become more apparent, and e-Health became a significant health delivery method. In fact, the main benefits of telemedicine were its role in infection control during the pandemic, convenience, and accessibility. Other reported perceived benefits of telemedicine include cost-effectiveness or decreased patient expenses and time efficiency allowing more patients to be managed and served at the same time.¹ The need for an up-to-date and easy-to-access health care system is without a doubt indispensable during these days. It is high time that we become aggressive in taking advantage of the benefits of modern ICT.

This bill will recognize e-Health Service as an equal healthcare delivery method from our traditional face to face consultations. It will guarantee quality of service, and at the same time ensure patient safety and protection. This bill aims to regulate the practice of telemedicine and e-Health, set the standards of practice and implement a mechanism for individuals and entities providing e-Health services. This bill seeks to establish an ICT-enabled and integrated Philippine healthcare system delivering quality health outcomes for all Filipinos.

¹ Cruz-Lim, E.M. et al. (2021). Physicians' perceptions on the role of telemedicine in cancer care during and post-COVID-19 pandemic. *Acta Medica Philippina*, 5(2), 264-270. Retrieved July 11, 2022, from <https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/download/2836/2308/>

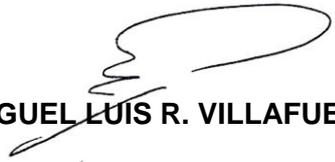
In view of the foregoing, the immediate passage of the bill is earnestly sought.



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.



TSUYOSHI ANTHONY G. HORIBATA



MIGUEL LUIS R. VILLAFUERTE



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**AN ACT
ESTABLISHING THE PHILIPPINE E-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 “*E-Health System and Services Act*”.

SEC. 2. *Declaration of Policies.* – 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 institutionalize a system of providing wide access to quality health information and services using information and communication technology (ICT), referred to as the National e-health System (NHES, resulting in better health outcomes for every Filipino, and further recognizing whole-of society and whole-of government approaches.

The NEHS shall be comprehensive, Integrated, 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 e-Health 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 project that promote and ensure streamlined and safely regulated delivery of e-Health services to reduce inequalities, achieve universal health care and better health outcomes;
- b) Clarify roles of agencies, institutions and entities regarding their performance and accountabilities in building national and local e-Health capacity and measuring results; and
- c) Enable the citizenry with suitable access to their own health Information needed for better management and control of their own health.

SEC. 4. Definition of Terms. – As used in this Act:

- a) Compliant e-health Services and Applications refer to solutions, products and innovations that are compliant with defined architecture of e-Health standards that enable services and systems, allow for interoperability of health services and information across geographic, organizational, network and vendor boundaries, and ensure data protection in accordance with Republic Act (R.A.) No. 10173, otherwise known as the "Data Privacy Act" and other related laws and issuances.
- b) e-Health Data Services refer to key architectural data registries of the health sector enterprise needed to enable and support large scale health information interoperability and exchange.
- c) e-Health System refers to the interplay of enabling (governance and accountability; strategy and Investment; human resources; standards and interoperability; monitoring and compliance; research and development) and foundational (infrastructure; and services and applications) elements essential for a successful national e-Health implementation;

- d) Electronic Health or e-Health refers to the use of cost-effective and secure Information communications technology for health, also referred to as digital health;
- e) 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;
- f) Electronic Medical Record (EMR) refers to a computerized medical record used to capture, store and share information of a patient between healthcare providers in an institution or organization;
- g) Electronic Prescription (e-Prescription) 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;
- h) Health Passport refers to the portable personal health record of a patient linked to the electronic health or medical record whereby exercise control.
- i) Health Sector Enterprise Architectures refers to the blueprint on which e-Health services and applications shall be developed, implemented and scaled up.
- j) Information and Communications Technology refers to all technologies for the communication of information, which includes data, application or information systems, internet, network, connectivity, telecommunications, among others;

SEC. 5 Scope and Application. – This Act covers all existing healthcare providers and other entities developing and using health systems, services and applications and tools, whether public or private. It shall cover all e-Health solutions, services and applications 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. 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 named as the National E-health Information and Service Bureau (NeHISB), which shall perform the overall

management and administration of this Act. Corresponding plantilla positions shall be created for this purpose in coordination with the Department of Budget and Management.

The Bureau shall also serve as the secretariat of the e-Health Policy and Coordination Council created under Section 8 hereof.

SEC. 7. Regional and Local Implementation Structures and Staffing Pattern. –

To assist in the implementation of this Act and subject to the approval of the Department of Budget and Management, the DOH, in consultation with Philippine Health Insurance Corporation (PhilHealth), Department of Information and Communications Technology (DICT), and Department of Science and Technology (DOST) shall determine the regional and local Implementation structures and create divisions or as it may deem necessary, and shall appoint officers and employees with permanent appointments and supported with an adequate yearly budget in accordance with the civil service law, rules, and regulations.

Setting up of the regional and local implementation structures shall support the organization and integration of local health systems into province-wide and city-wide health system in accordance with R.A. No. 11223, otherwise known as the "Universal Health Care Act" and other related issuances.

ARTICLE II

GOVERNANCE AND ACCOUNTABILITY

SEC. 8. Creation of the e-Health Policy and Coordination Council. – There shall be created an independent body to be known as the e-Health Policy and Coordination Council (eHPCC), hereinafter referred 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, Department of Health — Chairperson;
- b) Secretary, Department of Information and Communications Technology — Co-Chairperson;
- c) President and Chief Executive Officer, Philippine Health Insurance Corporation — Co-Chairperson Members;
- d) Secretary, Department of Science and Technology;

- e) Secretary, Department of Social Welfare and Development (DSWD);
- f) Secretary, Department of Interior and Local Government (DILG);
- g) Secretary, Department of Budget and Management (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) One (1) representative from the Philippine Hospital Association (PHA);
- n) One (1) representative from the Private Hospital Association of the Philippines (PHAPI);
- o) One (1) representative from the Provincial Health Officers Association of the Philippines (PHOAP);
- p) One (1) representative from the Association of Municipal Health Officers of the Philippines (AMHOP);
- q) Two (2) representatives from professional medical or health societies;
- r) One (1) representative from patient's group; and
- s) One (1) representative from the ICT industry associations.

The heads of government agencies may be represented by an official whose rank shall not be lower than an 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 date of enactment 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 overall e-Health policies, standards and regulations at all levels of healthcare system, public and private;

- b) Ensure integration and coordination of national and local e-health strategies and initiative; 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. *Creation of the Sub-Structure or Mechanism.* – 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 R.A. 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 a health sector enterprise architecture that aligns and ensures 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 R.A. 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 R.A. No. 10173, otherwise known as the "Data Privacy Act" and other related laws and issuances.

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

ARTICLE IV

SERVICES AND APPLICATIONS

SEC. 13. *Rationalization of e-health Services and Applications.* – Design, development, and Implementation of e-health 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 and which may be subjected to health technology assessment and shall comply with regulatory requirements.

SEC. 14. *Scope of e-Health Services and Applications.* – E-health shall include the following areas:

a) Mandatory e-Health 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, including but not limited to:

- 1) Electronic Health Record/Electronic Medical Record
- 2) Health Passport
- 3) Health Information Exchange
- 4) Health Facility Operations and Management
- 5) Disease Registries
- 6) TeleHealth/TeleMedicine and mHealth
- 7) Human Resources in e-health
- 8) Supply Chain Management/Enterprise Resource Planning

Article V
TELEHEALTH

SEC. 15. *Regulations of TeleHealth Services and e-health Related Devices.* – The Council, through the DOH, shall establish and maintain a regulatory system for telehealth services and e-health-related devices.

SEC. 16. *Standards of Practice and Certification of Individuals and Entities Providing TeleHealth Services.* – To complement the regulations of telehealth services and e-Health-related devices, the Professional Regulation Commission and DOH, in consultation with, PhilHealth, UPM—National TeleHealth Center, DICT, academia, medical and specialty societies, non-government organizations, 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 E-Health.* – The human resource for e-Health are health care professionals who shall plan, design, build, operate, use, maintain and support the e-Health 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 course

SEC. 18. *Human Resource for e-health 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 e-Health. There shall also be creation of personnel services item, plantilla positions, and other employment opportunities for human resource in government hospitals and institutions to manage and enable e-Health in healthcare and related services.

ARTICLE VII
INFRASTRUCTURES

SEC. 19. *ICT Infrastructure.* – DICT, in coordination with DOH, PhilHealth, and DOST, shall establish and maintain the necessary national ICT infrastructure to implement e-health 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 e-health data center, and implement an agile and sustainable data management and governance framework and system in support to R.A. No. 11223, otherwise known as the "Universal Health Care Act," and in compliance with R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012" for data protection.

ARTICLE VIII
STRATEGY AND INVESTMENT

SEC. 21. *National e-Health Strategic Framework and Plan.* – The Council shall spearhead the development and monitoring of strategic framework and plan to serve and guide the operations of a national e-Health system.

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

SEC. 23. *Private Sector Participation.* – The DOH shall promulgate rules regarding the participation of the private sector in the provision of e-Health services,

ARTICLE XI
ADMINISTRATIVE PENALTIES

SEC. 27. *Rules and Procedures for Administrative Violations and Complaints.* – The Council shall promulgate rule and procedures relating to administrative violations and complaints, insofar as they relate to the establishment and operations of the national e-Health system.

ARTICLES XII

MISCELLANEOUS PROVISIONS

SEC. 28. *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 Department for health information technology shall be completed within six (6) months from the effectivity of the Implementing Rules and Regulations (IRR) of this Act, during which time, the existing KMIS 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. 29. *Appropriations.* – The amount needed for the initial implementation of this Act shall be taken from the current fiscal year's appropriation of the DOH for health information technology.

For the succeeding years, the amount needed for e-Health in the DOH budget and in the budget of other agencies with specific mandates provided in this Act shall be based on the strategic plan formulated by the Council, In coordination with other stakeholders. The amount shall be included in the National Expenditure Program (NEB) as basis for the General Appropriations Bill (GAB).

Further, other sources of funds can come from the Private Sector Participation Program, Joint DOH-PhilHealth-DICT-DOST undertakings on e-Health, and Medium-Term Information and Communications Technology Harmonization Initiative (MITHI).

SEC. 30. *Implementing Rules and Regulations.* – Within one hundred ninety days (90) days from the effectivity of this Act, the Secretary of DOH, 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 Professional Regulation Commission, the Chairperson of CHED, the National Statistician of PSA, and representatives of medical and paramedical associations and societies, and other stakeholders, shall promulgate the necessary rules and regulations implementing the provisions of this Act.

SEC.31. *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.32. *Repealing Clause.* – All general and special laws, decrees, executive orders, proclamations and administrative regulation, or any parts thereof which are inconsistent with this Act are hereby repealed, amended and modified accordingly.

SEC. 33. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved,