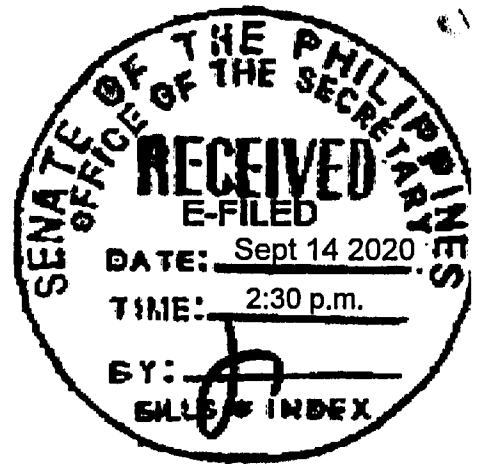


EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)

SENATE
S. B. No. 1827



Introduced by **SENATOR IMEE R. MARCOS**

AN ACT
ESTABLISHING THE ELECTRONIC HEALTH OR eHEALTH SYSTEM AND
SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE USING
INFORMATION AND COMMUNICATIONS TECHNOLOGY, AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that "*the State shall protect and promote the right to health of the people and instill health consciousness among them.*" Corollarily, Article XIII, Section 11 of the Constitution also mandates that "*the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.*"

Despite these Constitutional safeguards, the harsh reality is that public healthcare in the country continues to be scanty, inaccessible to many and often costly for most Filipinos. The data on its face is appalling, with the doctor to patient ratio in the country standing at 1 in 33,000 while the patient to hospital bed ratio remains at an alarming 1:1,120.

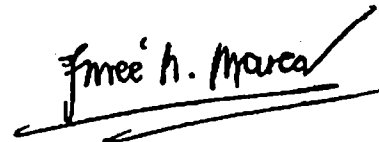
The onslaught of the COVID-19 pandemic further exacerbated these glaring inadequacies, and as active cases now exceed two hundred sixty one thousand (261,000), hospitals have repeatedly declared full bed capacity, and medical frontline workers fall to infection and fatigue.

Meanwhile, more and more Filipinos now rely upon the internet for information and commercial transactions. Last year, a total of 79 million were registered smartphone users. Digitization in all its forms and formats will no doubt grow exponentially and rapidly during this pandemic.

eHealth has proven to be an efficient and effective way to bring medicine to the people. Digital consultations and even "check-ups" may now be simulated, medical records are better shared and accessed electronically and updates on scientific developments all over the world can be placed at physicians' and patients' fingertips.

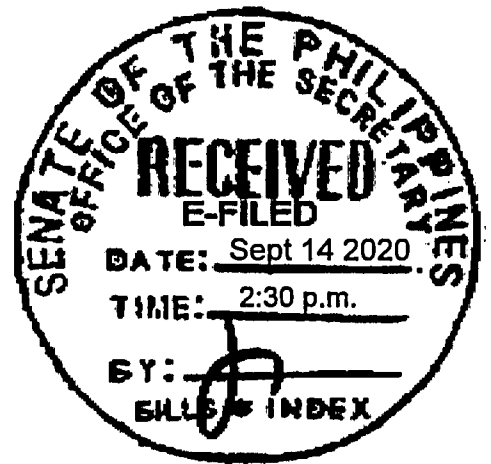
Thus, this bill seeks to establish electronic health or *eHealth* as an additional mode of the national healthcare system, thereby allowing more Filipinos to have greater access to vastly improved health services.

In view of the foregoing, the passage of this measure is urgently sought.

A handwritten signature in black ink that reads "Imee R. Marcos". The signature is written in a cursive style and is positioned above a solid horizontal line.

IMEE R. MARCOS

EIGHTEENTH CONGRESS OF THE)
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

ARTICLE I
GENERAL PROVISIONS

1 **SECTION 1. Short Title.** – This Act shall be known as the "*eHealth System and*
2 *Services Act*".

3

4 **SEC. 2. Declaration of Policies.** – It is the policy of the State to protect and
5 promote the right to health of all Filipinos and instill health consciousness among them.
6 Towards this end, the State shall institutionalize a system that seeks to provide more
7 access to quality healthcare services through electronic means using information and
8 communication technologies (ICT).

9

10 The eHealth system shall be comprehensive, integrated, interconnected,
11 sustainable, measurable, synchronized, inter-operable, and progressive based on best
12 practices, and shall facilitate inter-agency and inter-sectoral coordination at various
13 levels of governance covering both the public and private sectors. The State shall
14 recognize eHealth as equal with other healthcare delivery methods to the extent
15 allowable by existing laws, provide and support healthcare delivery, including

1 diagnosis, consultation, treatment, transfer of care of patient, exchange of health data
2 and education, especially in medically unserved and underserved geographically
3 isolated and disadvantaged areas (GIDAs).

4
5 **SEC. 3. Objectives.** – The eHealth Act shall provide a policy framework and
6 establish a National eHealth System that will direct and regulate the practice of eHealth
7 in the Philippines. The objectives of this Act are as follows:

- 8 a) Provide a policy framework and establish a system that shall direct and
9 regulate the practice of eHealth;
10
11 b) Set policies, standards, regulations and services in eHealth to reduce
12 inequalities, facilitate the achievement of universal health care and
13 improve health outcomes; and
14
15 c) Realize health information exchange to measure and monitor health
16 system performance and responsiveness.

17
18 **SEC. 4. Definition of Terms.** – As used in this Act:

- 19
20 a) **eHealth System** refers to the interplay of enabling elements essential for a
21 successful eHealth implementation—which include governance and
22 accountability; strategy and investment; human resources; standards and inter-
23 operability; monitoring and compliance; research and development;
24 infrastructure; and services and applications;
25 b) **eHealth Services and Applications** refer to the solutions and products with
26 defined objectives to serve its intended clients or users, such as health
27 information systems, electronic medical record (EMR) systems, hospital
28 information system, ePharmacy system, laboratory system, radiology system,
29 registry systems, mobile health, teleHealth, telemedicine, wearables, and
30 biomedical and related devices with ICT component;
31 c) **Electronic Health or eHealth** refers to the use of cost-effective and secure
32 information communications technology for health needs;

- 1 d) **Electronic Medical Record (EMR)** refers to a computerized medical record
2 used to capture, store and share information between healthcare providers in
3 an organization;
- 4 e) **Geographically Isolated and Disadvantage Areas (GIDAs)** refer to
5 communities with marginalized population physically and socio-economically
6 separated from the mainstream society and characterized by: (1) physical
7 factors such as those isolated due to distance, weather conditions and
8 transportation difficulties like island, upland, lowland, landlocked, hard to reach
9 and unserved or underserved communities; and (2) socio-economic factors
10 such as high poverty incidence, presence of vulnerable sector, communities in
11 or recovering from situation of crisis or armed conflict;
- 12 f) **Health Sector Enterprise Architecture** refers to the blueprint on which
13 eHealth services and applications shall be developed, implemented and scaled
14 up;
- 15 g) **Health Knowledge Resources** refer to those services that manage and
16 provide access to trusted information to support health care providers and
17 individuals, including local and international online journals and resource
18 collections, national electronic journals printed information, archives, and other
19 information resources;
- 20 h) **Information and Communications Technology** refers to all technologies
21 for the communication of information, which includes data, application or
22 information systems, internet, network, connectivity, telecommunications,
23 among others;
- 24 i) **Mobile Health or mHeaRlth** refers to the services and information supported
25 by mobile technology, such as mobile phones, wearables, and handheld
26 computers;
- 27 j) **Personal Health Record (PHR)** refers to a computerized health record
28 created and maintained by an individual;
- 29 k) **TeleHealth** refers to the delivery of health-related services and information,
30 at a distance, which encompasses preventive, promotive, curative, and
31 palliative aspects and include a collection of means or methods for enhancing
32 health care, public health, health research and health education delivery and

1 support in the various health fields using telecommunications and virtual
2 technologies;

3 l) **Telehealth Center** refers to an office located within a hospital designated for
4 the purpose of conducting telehealth services and is equipped with the
5 necessary tools and manpower;

6 m) **Telemedicine** refers to the delivery of health care services, where distance is
7 a critical factor, by all health care professionals using information and
8 communication technologies for the exchange of valid information for diagnosis,
9 treatment and prevention of disease and injuries, research and evaluation, and
10 for the continuing education of health care providers, all in the interests of
11 advancing the health of individuals and their communities; and
12

13 **SEC. 5. *Scope and Application.*** – This Act covers all existing healthcare providers
14 and other entities developing and using eHealth systems, services and applications,
15 whether public or private. It includes all other eHealth solutions, services and
16 applications, including relevant standard equipment in the field of health and ancillary
17 services that utilize ICT and complements existing minimum modalities or standards
18 of health care and other access to information.
19

20 **ARTICLE II**

21 **eHEALTH SERVICES AND SOLUTIONS**

22

23 **SEC. 6. *Services and Application.*** – The National eHealth System shall provide
24 tangible means for enabling services and systems including access to, exchange and
25 management of information and content for the general public, patients, providers,
26 insurance, and other which may be supplied by government or private businesses.
27

28 **SEC. 7. *Scope of eHealth Services and Solutions.*** – eHealth is an umbrella term
29 which integrates and covers the following areas:

30 a) **Health informatics** refers to interdisciplinary study of the design,
31 development, adoption, and application of IT-based innovations in
32 healthcare services delivery, management, and planning;

- 1 b) **Telehealth** refers to the delivery of health-related services and information
2 via telecommunication technology which encompasses preventive,
3 promotive, curative, and palliative aspects;
- 4 c) **Telemedicine** refers to the use of telecommunication technology to provide
5 healthcare services from a distance; focuses more on the curative or
6 treatment aspect;
- 7 d) **Electronic learning or e-learning** refers to learning utilizing electronic
8 technologies to access educational curriculum outside of a tradition
9 classroom;
- 10 e) **Electronic Medical Record** refers to software systems which contains
11 encoded form of documentation of patient's health information;
- 12 f) **Electronic prescription or e-prescription** refers to an electronic
13 generation of a physician's prescription, transmission and filling of medical
14 prescription;
- 15 g) **Virtual healthcare teams** refer to professionals who collaborate and share
16 information on patients with digital equipment;
- 17 h) **Mobile health or mHealth** refers to medical and public health practice
18 supported by mobile devices such as mobile phones, patient monitoring
19 devices, personal digital assistants (PDAs), and other wireless devices;
- 20 i) **Social Media for eHealth** refers to the opportunities for the healthcare
21 industry to engage with patients and healthcare professionals through online
22 communications channels dedicated to community-based input, interaction,
23 content-sharing and collaboration;
- 24 j) **Health Information Exchange** refers to the solution which enables data
25 sharing and exchange between healthcare providers and facilities, and
26 support access to the patient's record across providers in many geographic
27 areas of the country;
- 28 k) **Knowledge Management System** refers to any kind of IT system that
29 stores and retrieves information, improves cooperation and collaboration,
30 locates knowledge sources, manage repositories, and enhance knowledge
31 management; and
- 32 l) **Patient Self-Education about Healthcare** refers to the patient's use of

1 the internet through personal computers or mobile devices to research on
2 medical and pharmacological information, treatment options, or search for
3 healthcare facilities available in their area.
4

5 **SEC. 8. *Telehealth and Telemedicine Services.*** – Telehealth is an approach of
6 providing healthcare services and public health with the use of ICT to enable the
7 diagnosis, consultation, treatment, education, care management, and self-
8 management of patient at distance from health providers. It shall take into
9 consideration the evolving practice in telemedicine and eHealth in order to expand the
10 delivery of healthcare not only in terms of records and information exchange but in
11 the actual delivery of services.
12

13 **SEC. 9. *Electronic Medical Record (EMR).*** – All data in the EMR shall be
14 considered protected health data and shall be governed by established rules for access,
15 authentications, storage and auditing, and transmittal.

16 a) *Disclosure.* – Disclosure of and accessibility to protected data in the EMR
17 shall be limited and standardized following international and local rules
18 and regulations. Patients may secure a copy of their EMR upon request
19 and shall provide informed consent if their EMR is to be shared with third
20 parties, except when these are processed for the production of aggregate
21 health statistics, for social health insurance claims based on established
22 guidelines, for public health emergency concerns and national security.

23 b) *Covered Entities.* – Covered entities may disclose protected health
24 information to law enforcement officials performing their official duties
25 and responsibilities as required by existing national and local laws and
26 with proper order from duly concerned bodies.
27

28 **SEC. 10. *Electronic Medical Records Facilities Creation, Maintenance and Uploading.*** –
29 All provisions of existing laws to the contrary notwithstanding, medical service providers shall
30 create and maintain electronic medical records which shall be electronically uploaded on a
31 regular basis. The medical service providers shall likewise maintain hard copies of the electronic
32 records to be printed and stored as backup records.

1
2 All concerned medical service providers may elect to keep their own existing
3 format in addition to the new electronic record and its back-up for purposes of their
4 own use or in providing hard copies to patients: *Provided however*, that back-up copies
5 of electronic records shall, at all times, be included when providing hard copies to the
6 requesting patients.
7

8 The EMR shall likewise provide for an electronic facility where patients and
9 medical service providers can communicate on-line either in real time or off-line. It
10 may also be integrated with civil registries to facilitate recording of vital information.
11

12 **SEC. 11. *Electronic Medical Records Center.*** – There shall be created an Electronic
13 Medical Records (EMC) Center to be placed under the Office of the Secretary of the
14 DOH. The EMC Center shall serve as a hub of all databanks of medical records and
15 other pertinent information to the patient’s medical history.
16

17 It shall generate specialized software to be distributed and used as the standard
18 platform for the maintenance, updating, uploading and making available electronic
19 Medical Records and shall enforce strict compliance with uploading and updating of
20 electronic medical records as provided for in this Act.
21

22 **SEC. 12. *Security Features of Electronic Medical Records.*** – In order to ensure
23 the privacy of all medical records, electronic communication and transactions, the EMR
24 Center shall be classified in a manner that allows safeguards for data privacy and
25 security, access controls, and change management.
26

27 **SEC. 13. *Creation of EMR.*** – EMR can be created by the following professionals
28 if it is necessary for the medical care of the patients:

- 29 1) Doctors;
- 30 2) Dentists;
- 31 3) Pharmacists, Pharmacy Assistants, Pharmacy Engineers;
- 32 4) Psychiatrists;

- 1 5) Nurses; and
- 2 6) other allied health professionals.

3

4 **SEC. 14. *Standard of Care.*** – The standard of care to be provided shall be based
5 on established clinical or service guidelines. Services given must be the same
6 regardless of whether a healthcare services are provided in person or electronically.
7 The attending healthcare professional shall be primary accountable for the healthcare
8 delivery of eHealth systems and services.

9

10 **SEC. 15. *Electronic Signatures.***– In order to ensure the confidentiality,
11 integrity and authenticity of eHealth data, eHealth may require the use of electronic
12 signatures which are to be treated as equal to hand-written signatures.

13

14

15

ARTICLE III
eHEALTH SYSTEMS COMPONENTS

16

17

18 **SEC. 16. *The eHealth Components.*** – The following components are the
19 building blocks that shall be put in place to realize the national eHealth vision and
20 allow the eHealth outcomes to be achieved:

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- a) Leadership and Governance – Directs and coordinates eHealth activities at all levels like hospitals and health care providers. Critical areas of governance are management of the eHealth agenda, stakeholders’ engagement, strategic architecture, clinical safety, management and operation, monitoring and evaluation, and policy oversight.
- b) eHealth Services or Solutions – Required service and applications to enable widespread access to health care services, health information, health reports, health care activities, and securely share and exchange patient’s information in support to health system goals. These address the needs of the various stakeholders like individuals, health care providers, managers, officials, and others.

- 1 c) Standards and Inter-operability – Defines standards of eHealth systems and
2 services, and promotes and enables exchange of health information across
3 geographical and health sector boundaries through use of common
4 standards on data structure, terminologies, and messaging. The
5 implementation of software certification or accreditation where eHealth data
6 standards for interoperability.
7
- 8 d) Policy and Compliance – Formulation of the required policies, guidelines and
9 compliance mechanisms to support the attainment of the quality and
10 acceptable eHealth systems and services.
11
- 12 e) Infrastructure – Establishes and supports the ICT and medical base to
13 enable provision of eHealth services and health information exchange to
14 enable sharing of health information across geographical and health sector
15 boundaries, and implementation of innovative ways to deliver health
16 services and information.
17
- 18 f) Human Resources - Workforce or professionals that develop, operate, uses
19 or implement the national eHealth environment such as the health workers
20 who will be using eHealth in their line of works, health care providers,
21 information and communication technology workers, and others.
22
- 23 g) Strategy and Investment – Schemes and outlay that are needed to develop,
24 operate and sustain the eHealth Systems and Services. These components
25 support the development of a strategy and plans to serve as guide in the
26 implementation of the eHealth agenda. Investment refers to the funding or
27 amount needed for executing the strategies and plans.
28
29

ARTICLE IV
LEADERSHIP AND GOVERNANCE

30
31
32

1 **SEC. 17. *Lead Agency.*** – The Department of Health (DOH) shall be the lead
2 agency in implementing this Act. For the purpose of achieving the objectives of the
3 Act, the DOH shall:

- 4 a) Establish an inter-agency and multi-sectoral National eHealth Steering
5 Committee;
- 6 b) Spearhead the establishment of a National eHealth System and Service;
- 7 c) Coordinate with the Department of Science and Technology (DOST), the
8 Department of Information and Communication Technology Office
9 (DICT) and the Philippine Council for Health Research and Development
10 (PCHARD), Philippine Health Insurance Corporation (PhilHealth),
11 Philippine Medical Association (PMA), Health Assessment Council (HAC),
12 University of the Philippines - National Telehealth Center (UPM-NTHC),
13 Medical and Paramedical Specialty Societies, Boards and Associations,
14 Professional Regulation Commission (PRC) and various health services
15 providers and facilities including the academe and patient groups, and
16 other stakeholders;
- 17 d) Create or identify an Office to coordinate the development and
18 implementation of a National eHealth System and Services among
19 agencies concerned and provide direction and guidance to all DOH
20 offices and attached agencies including the local government units and
21 the private sector; and
- 22 e) The Telehealth Centers shall be under the supervision of the Department
23 of Health.

24

25 **SEC. 18. *National eHealth Steering Committee.*** – To ensure the
26 implementation of this Act and to serve as an executive body of the Philippine eHealth
27 System and Services (PNeHSS), the National eHealth Steering Committee shall be
28 created and made an integral part of the DOH. It shall also provide policy oversight
29 and ensure that its implementation is consistent and pertinent laws such as Republic
30 Act No. 8792 or the Philippine E-Commerce Law, Republic Act No. 10173 or the Data
31 Privacy Act of 2012, and other commitments to the international health community.
32 The National eHealth Steering Committee can also provide strategic directions to the

1 health sector towards the integration of Philippine services in view of the ASEAN
2 integration.

3

4 The Secretary of the Department of Health shall act as Chairperson.

5 The following shall serve as members:

- 6 a) Secretary, Department of Science and Technology;
- 7 b) Secretary, Department of Information and Communication Technology;
- 8 c) Secretary, Department of Social Welfare and Development;
- 9 d) Secretary, Department of Interior and Local Government;
- 10 e) President and Chief Executive Officer, Philippine Health Insurance
11 Corporation;
- 12 f) Commissioner, Professional Regulatory Commission;
- 13 g) Commissioner, Commission on Higher Education;
- 14 h) Commissioner, National Privacy Commission;
- 15 i) Commissioner, National Anti-Poverty Commission;
- 16 j) President, Philippine Hospital Association;
- 17 k) President, Philippine Medical Association;
- 18 l) A representative from the Association of Municipal Health
19 Officers/PHO/CHO; and

20

21 Members of the Committee shall be appointed by the President of the
22 Philippines and shall serve for three (3) years for a maximum of two (2) consecutive
23 terms, unless recalled, replaced or resigned from office. The Committee shall exercise
24 the following functions:

- 25 a) Establish eHealth policies, standards, regulations, and ethical
26 frameworks pertinent to use, practice and provision of eHealth services;
- 27 b) Direct and coordinate the eHealth system and services at the national
28 level and ensure alignment of the system and services with the overall
29 health goals of the government;
- 30 c) Spearhead the activities that promote eHealth awareness and engages
31 the participation of stakeholders;
- 32 d) Formulate responsive plans and strategies for the development of a

1 national eHealth environment in coordination with major stakeholders
2 and affected sectors;

- 3 e) Set and develop policies and programs for the advancement of eHealth,
4 and impose necessary regulatory mechanisms including penalties upon
5 hearing and deciding cases;
- 6 f) Create a technical working group, committees, and expert group to
7 assist in the development of the eHealth projects;
- 8 g) Create or identify the Telehealth Licensing and Regulatory mechanisms
9 and body to implement the provisions of this Act;
- 10 h) Submit yearly assessments to the Senate Committee on Health and
11 Demography and the House of Representatives Committee on Health;
12 and
- 13 i) Convene at least twice a year.

14
15 **ARTICLE V**

16 **STANDARDS AND INTEROPERABILITY**

17
18 **SEC. 19. Standards.** – Standards shall be introduced and imposed to facilitate
19 interoperability among systems and devices, provide unqualified privacy and security
20 and to address the unique needs. This must be complied with by various providers,
21 centers, and systems developers to enable consistent and services. The appropriate
22 Committee as may be mandated in this Act shall define and regularly update, and
23 impose standards for interoperability among various eHealth systems and services and
24 ensure wide dissemination for easy access of all concerned.

25
26 eHealth systems and services can potentially transform healthcare through
27 mobile health delivery, personalized medicine, and social media eHealth applications.
28 Reaching the potential for advancements in eHealth shall only be achieved through
29 information and communication technology standards efforts that facilitate
30 interoperability among systems and devices, of the developing world, and leverage
31 existing ubiquitous technologies such as social media applications and mobile devices.

32

1 **SEC. 20. *Interoperability framework.*** – The eHealth interoperability shall be
2 defined and must be in consonance to DOH national eGovernment interoperability
3 framework and established internal standards.

4
5 **SEC. 21. *Secure Health Information Exchange (HIE).*** – The DOH, DOST, DICT,
6 and PhilHealth shall establish a secured health information exchange using a common
7 trust framework and a common set of rules which serves as the foundation for
8 electronic information exchange across geographical and health-sector boundaries.
9 The HIE includes the physical infrastructure, standards, core services, and applications
10 that will strengthen the national eHealth environment.

11
12 **SEC. 22. *Establishment and Accreditation of eHealth Centers and eHealth***
13 ***Practitioners.*** – The Act shall ensure that telehealth centers are strategically organized
14 across the country within three (3) years upon effectivity of this Act to ensure that
15 Telehealth practitioners are sufficiently equipped with skills for the ethical and safe
16 practice of Telehealth such as the necessary audiovisual communications technology
17 that will enable each Telehealth center to communicate with each other in real time.
18 Regional Telehealth Centers shall be established. No telehealth center shall be allowed
19 to operate unless it has been duly accredited based on standards set forth by the DOH.
20 The Department of Health shall be the lead agency for the accreditation for the
21 facilities as Telehealth centers, whereas the Professional Regulations Commission shall
22 be the lead agency for the accreditation of the Telehealth Practitioners in coordination
23 with the National eHealth Steering Committee. Telehealth Practitioner shall be
24 accredited by the PhilHealth for reimbursement purposes. A Telehealth center shall
25 have the following minimum requirements:

- 26
27 a) Equipped with the needed ICT applications suitable for telehealth in the
28 country such as computers, internet connections, and communication
29 lines;
30 b) Supervised and staffed by trained personnel such as doctors, nurses,
31 primary health care workers, and clinical specialists;
32 c) Construction of facilities for the delivery of telemedicine services sites;

- 1 d) Provision of transportation and other courier services for the delivery of
2 medicines and other services; and
3 e) Undergo periodic unannounced inspection by the DOH in order to
4 evaluate and ensure quality telehealth center performance.
5

6 These Telehealth Centers shall be established for the purpose being primarily
7 to give access to virtual medical care to as many people as possible. Their objectives
8 shall be:

- 9 a) To provide people in rural and far-flung areas with no adequate access
10 to specialized medical care with a virtual access at no cost to them where
11 warranted; and
12 b) To give these people easy access to fast and efficient treatment and
13 diagnosis, especially the poor and indigent among them.
14

15 **Sec. 23. *Public-Private Partnership in Providing eHealth Services.*** – The DOH
16 is hereby mandated to promulgate rules regarding the participation of the private
17 sector in the provision of eHealth services and solutions, including public-private
18 partnerships and other suitable arrangements, subject to the limitations provided by
19 this Act.
20

21 **ARTICLE VI**

22 **THE eHEALTH CENTER BOARD**

23 **SEC. 24. *eHealth Center Board.*** – There is hereby created a governing board of
24 the Telehealth Center which shall hereafter be known as the eHealth Center Board.
25

26 The eHealth Center Board shall be composed of ten (10) members with the
27 Secretary of the Department of Health as the ex-officio Chairman, four (4) members,
28 each of from the Lung Center of the Philippines, National Kidney and Transplant
29 Institute, Philippine Children’s Medical Center, and the Philippine Heart Center and five
30 (5) members from the private sector.
31

32 The members of the eHealth Center Board shall be appointed by the President

1 of the Philippines and shall receive no salary. They shall, however, receive a per diem
2 of not exceeding two thousand pesos (P 2,000.00) for every meeting of the Board
3 actually attended: *Provided, however,* that the total amount of per diem for all meetings
4 of the eHealth Center Board in a single month shall not exceed ten thousand pesos
5 (P10,000.00).

6
7 Members of the eHealth Center Board who are not officers of the Government
8 shall serve for a term of four years which is renewable for another term.

9
10 The Board Secretary shall be appointed by the Chairman from the ranking
11 members of the hospital staff.

12
13 **SEC. 25. Powers and Duties of the eHealth Center Board.** – The eHealth Center
14 Board, as the governing and policy-making body of the eHealth Centers, shall have
15 such powers as are necessary to carry out the purpose and objectives stated in this
16 Act, including the exercise of corporate powers. It shall perform the following functions
17 and duties:

- 18 a) Promulgate and prescribe the rules and regulations for the
19 administration of the affairs of eHealth Centers.
- 20 b) Study, propose and approve plans for the improvement of eHealth
21 Center services.
- 22 c) Propose, study and approve or, amend or revise the organizational
23 structure of eHealth Centers, in order to meet the exigencies of the
24 service, subject to existing laws and regulations on the matter and
25 consonant with the principles of sound hospital administration.
- 26 d) Consider and approve appointments and promotions of all staff
27 personnel, medical and administrative, and other employees upon the
28 recommendation of the eHealth Center Director.
- 29 e) Investigate all cases of anomalies, negligence or misconduct of all
30 eHealth Center personnel including the Director. It shall have the final
31 authority to pass upon the removal, separation, and suspension of such
32 personnel subject to Civil Services Rules and Regulations.

- 1 f) Make an integral audit once a year of the business operation of the
2 eHealth Center.
- 3 g) Receive in trust, legacies, gifts, land grants and donations of real and
4 personal property of all kinds, free of tax, and to administer the same
5 for the benefit of the hospital or a department of service thereof. Foreign
6 and domestic donors' legacies, gifts, grants and donations under this
7 Section shall be exempt from any tax of any kind and nature to the
8 extent of the full amount donated, provisions of existing laws to the
9 contrary notwithstanding.
- 10 h) Review and approve the budget prepared by the hospital administration
11 for submission to the Congress of the Philippines through the Budget
12 Secretary.
- 13

14 **SEC. 26. *Meeting of the Board and Quorum.*** – The eHealth Center Board shall
15 meet regularly once a month at the Department of Health on a regular date fixed for
16 the purpose. Special meetings may be called as often as necessary. A majority of the
17 members shall constitute a quorum. All decisions of the Board must be by a majority
18 of the members present.

19

20 **SEC. 27. *eHealth Center Director and Auditor.*** – There shall be an eHealth Center
21 Director, elected by a majority vote of the eHealth Center Board: *Provided, that* the
22 appointee is qualified under the Civil Service Act.

23

24 The eHealth Center Director shall serve until otherwise incapacitated or
25 removed for cause and shall receive an annual salary equivalent to that of Chief of
26 Hospital IV under the Salary Plan of the Wage and Position Classification Office.

27

28 The eHealth Center Director shall:

- 29 a) Be responsible for the implementation of all policies, decisions and
30 orders of the eHealth Center Board;
- 31 b) Have immediate supervision and control over the affairs of the eHealth
32 Centers as well as its management and administration, subject to the

- 1 authority of the eHealth Center Board;
- 2 c) Prepare and submit to the eHealth Center Board periodic reports on the
- 3 state of affairs, financial conditions, budgetary requirements and other
- 4 problems of the hospital together with the corresponding
- 5 recommendations thereon; and
- 6 d) Perform such other duties as the eHealth Center Board may from time
- 7 to time direct him to do, consonant with the dignity and responsibility of
- 8 the office.

9

10 The eHealth Center Board shall appoint an auditor who shall be the

11 representative of the Auditor General who is hereby designated as ex-officio auditor

12 of all eHealth Centers.

13 The eHealth Center Auditor shall be the chief of its auditing and accounting

14 department. One shall audit, examine and settle all accounts of the eHealth Centers,

15 according to existing laws and regulations and shall perform such other duties as the

16 Auditor General, the eHealth Center Director or the eHealth Center Board may require

17 of one. One's compensation shall be fixed by the eHealth Center Board.

18

19 **SEC. 28. *Heads of Departments and Services and Compensations.*** – The

20 participating Heads of departments and services as well as medical consultants and

21 specialists shall be appointed by the eHealth Center Board upon recommendation of

22 the eHealth Center Director. Their compensations shall be prescribed by the eHealth

23 Center Board but the same shall in no case be less than provided for under existing

24 laws and regulations.

25

26 All other personnel and employees of the eHealth Centers shall be appointed

27 by the eHealth Center Director subject to the approval of the eHealth center Board.

28

29 **ARTICLE VII**

30 **INFRASTRUCTURE**

31

32 **SEC. 29. *ICT Infrastructure.*** – The required ICT infrastructure to implement

1 eHealth system and services shall conform to the national ICT infrastructure plan and
2 standards.

3
4 **SEC. 30. *Medical devices and eHealth solutions.*** –Software platform that connects
5 existing or new medical devices and gateways shall be defined and regulated to ensure
6 seamless data transfers based on established industry and national standards and
7 standardization of EMR.

8
9 **SEC. 31. *eHealth Center Database.*** - All eHealth Centers and originating sites
10 shall coordinate with DOH for consolidation of pertinent database. DOH shall maintain
11 and manage a national database for consults on clinical cases as well as health and
12 medical education exchanges.

13
14 **SEC. 32. *National Health Database and Data warehouse.*** – The DOH shall
15 spearhead the maintenance and management of a secured and protected national
16 health database and national health data warehouse or defined shared EMR and of
17 consultations on clinical cases as well as health and medical education exchanges and
18 other eHealth applications.

19
20 **ARTICLE VIII**
21 **HUMAN RESOURCES**

22
23 **SEC. 33. *Human Resources ICT Competencies.*** – Minimum ICT or eHealth
24 competencies shall be established and imposed to medical and paramedical
25 professionals practicing eHealth, and be part of the medical and allied medical
26 curricula.

27
28 **SEC. 34. *Capability Building Plans and Policies.*** - Human resource plans and
29 policies shall fully take into account in delivering eHealth and Telemedicine. The
30 following are to be considered:

- 31
32 a) Licensable healthcare professionals must have a valid Philippine license based

- 1 on the requirement of the Professional Regulations Commission (PRC);
- 2 b) Appropriate policies concerning cases wherein a licensed eHealth practitioner
- 3 in the Philippines who intends to provide eHealth services to a patient in
- 4 another country should be in place;
- 5 c) In any event, a eHealth center should have policies and procedures to ensure
- 6 that all relevant staff have the appropriate competencies to practice safer
- 7 Health services; and
- 8 d) eHealth centers should ensure regular review of human resource plans and
- 9 policies related to eHealth and eMedicine.

10

11 **ARTICLE IX**

12 **STRATEGY AND INVESTMENT**

13

14 **SEC. 35. *eHealth Strategic Framework.*** – The DOH shall spearhead the

15 development and monitoring of strategic framework and plans to serve to guide the

16 implementation of eHealth systems and services.

17

18 **SEC. 36. *Monitoring Evaluation System.*** – There shall be established a robust

19 metric for the monitoring and evaluation for eHealth to assess and analyze the impact

20 of eHealth systems and services.

21

22 **SEC. 37. *Appropriations.*** – The amount necessary to carry out the provisions of

23 this Act shall be included in the General Appropriations of the year following its

24 enactment into law.

25

26 **SEC. 38. *Telehealth Center Trust Funds.*** – All funds and money not coming from

27 the general fund of the National Government such as contributions from taxes and

28 assessments from authorized sweepstakes lotteries and games, donations, legacies,

29 endowment shall be used and disbursed only upon the authorization of the Telehealth

30 Center Board for the purpose of improving the Telehealth Centers, its facilities and

31 services, including the purchase of supplies and equipment.

32

1 **SEC. 39. *Financing eHealth Services.*** – Financing for applicable eHealth services
2 by PhilHealth and other partners, as defined by the National eHealth Steering
3 Committee shall be made available.

4
5 **SEC. 40. *Private Sector Participation.*** – The government shall encourage private
6 sector investment on eHealth systems and services subject to existing laws and
7 regulation through the appropriate government agencies and must be compliant to
8 the established national eHealth systems and services and standards.

9
10 Under the Private Sector Participation Program, the joint DOH-PhilHealth-
11 DOST-National Privacy Commission-Philippine Statistics Authority undertakings on
12 eHealth shall be expanded to align with the Medium-term Information and
13 Communications Technology Harmonizing Initiative (MITI1I) efforts of Department of
14 Budget and Management (DBM) and DOST which shall include the development of a
15 Citizen Registry.

16
17 **ARTICLE X**
18 **RESEARCH AND DEVELOPMENT**

19
20 **SEC. 41. *Research and Development.*** – Consistent with Republic Act No. 10532
21 or the Philippine National Health Research System Act of 2013, the Department of
22 Science and technology - Philippine Council for Health Research and Development
23 (DOST-PCHRD), in coordination with DOH, DICT, PhilHealth, specialty societies, and
24 non-government institutions shall ensure for the development of new eHealth
25 solutions, services, and innovations through the:

- 26 a) Formulation of expanded eHealth research priority areas under the
27 National Unified Health Research Agenda (NUHRA); and
28 b) Establishment of knowledge hub and research centers for eHealth that
29 focus on but not limited to capacity building, health technology
30 assessment, knowledge management, standards development, and
31 research utilization.

1
2 **SEC. 42. *Funding Source for Research Development.*** – The research budget shall not
3 be more than 5% of the funding sources of each of the following government
4 agencies:

- 5 a) Department of Health;
6 b) Department of Science and Technology; and
7 c) Department of Information and Communication Technology.

8
9 **ARTICLE XI**
10 **LIABILITIES AND PENALTIES**

11
12
13 **SEC. 43. *Prohibited Acts.*** – The data in the EMR must be processed fairly and
14 lawfully. All the data shall be encrypted and any unauthorized access of the EMR shall
15 be punishable under Republic Act No. 10173, otherwise known as the "*Data Privacy*
16 *Act of 2012.*"

17
18 **SEC. 44. *Liability of Supervising Persons.*** – Persons who directly supervise and
19 control staff members entitled to fill EMR shall be solidarily liable for injuries associated
20 with inaccurate or deficient summary reports provided by these staff members.

21
22 **SEC. 45. *Liability of eHealth Centers.*** – eHealth centers shall also be solidarily
23 liable for injuries associated with inaccurate or defective treatment caused by their
24 software and database.

25
26 **ARTICLE XII**
27 **FINAL PROVISIONS**

28
29 **SEC. 46. *Implementing Rules and Regulations.*** – Within ninety (90) days from
30 the effectivity of this Act, the Secretary of Health, after consultation with the DOST,
31 DICT, Philippine Medical Association (PMA), University of the Philippines - Manila
32 (National Telehealth Center), PhilHealth, CHED, Health Assessment Council

1 (HAC)medical and paramedical associations and societies, and other stakeholders,
2 shall promulgate the necessary rules and regulations implementing the provisions of
3 this Act.

4 **SEC. 47. *Separability Clause.*** – If any part or provision of this Act shall be
5 declared or held unconstitutional or invalid, other provisions hereof which are not
6 affected thereby shall continue to be in full force and effect.

7

8 **SEC. 48. *Repealing Clause.*** – All general and special laws, decrees, executive
9 orders, proclamations and administrative regulation, or any parts thereof which are
10 inconsistent with this Act are hereby repealed, amended and modified accordingly.

11

12 **SEC. 49. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
13 publication in the official gazette or in any newspaper of general circulation.

14

Approved,