

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



SENATE

'17 NOV 22 A9:49

SENATE BILL NO. 1618

RECEIVED

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

AN ACT
ESTABLISHING THE PHILIPPINE eHEALTH SYSTEM AND
SERVICES IN THE DELIVERY OF HEALTH SERVICES WITH THE
USE OF INFORMATION AND COMMUNICATIONS
TECHNOLOGY IN THE PHILIPPINES AND APPROPRIATING
FUNDS THEREOF

EXPLANATORY NOTE

The World Health Organization (WHO) defines eHealth as the use of information and communication technologies (ICT) for health. As early as 2005, the World Health Assembly recognized the potential of eHealth to strengthen health systems and improve quality, safety and access to care, and encouraged Member States to take action to incorporate eHealth into health systems and services (58th World Health Assembly, 2005; Geneva, Switzerland).¹

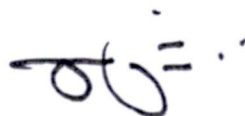
Under the Philippine Health Agenda (PHA) Strategy, ACHIEVE, "I" is to "Invest in eHealth and data for decision making." The PHA 2016-2022 identifies this guarantee on access to health interventions through functional Service Delivery Networks which shall be enabled by telemedicine to expand access to specialty services.

The proposed legislation aims to establish, institutionalize and regulate a coherent, coordinated and collaborative National eHealth System, guided by a national policy and strategic framework. This measure will help streamline and address issues on provision, access, availability, accountability, patient rights, electronic health data, security and information exchange, among others.

¹ <http://www.who.int/ehealth/about/en/> (Accessed on 21 November 2017)

It is also noteworthy that the investment on building access to health services is a crucial requirement for the realization and success of the universal healthcare coverage to all Filipinos. Ultimately, this investment which ensures equitable access to health care services, most especially those in geographically isolated and disadvantaged areas (GIDA) and particularly for the poor, disadvantaged, and vulnerable is the pivotal intent of this proposed legislation. It also underscores the need and importance of quality access to real-time information for evidence-informed decision making.

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



JOSEPH VICTOR G. EJERCITO



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

ARTICLE I
GENERAL PROVISIONS

1
2
3
4 **SECTION 1. Short Title** — This Act shall be known as the "Philippine
5 eHealth Systems and Services Act"

6
7 **SECTION 2. Declaration of Policy** — The State shall protect and
8 promote the right to health of the people and instill health consciousness
9 among, them. Hence, it is the intent of the Legislature to institutionalize
10 a system of providing wide access and quality health care services
11 through electronic means using Information and Communication
12 Technologies (ICT) or eHealth resulting in improved health outcomes
13 for every Filipino.

14
15 **SECTION 3. Objectives** — The eHealth Act shall provide a policy
16 framework and establish a National eHealth System that will direct and
17 regulate the practice of eHealth in the Philippines.

18
19 The Philippine eHealth Systems and Services shall be comprehensive,
20 integrative, sustainable, measurable, synchronized, interoperable, and
21 progressive based on best practices, and shall facilitate inter-agency and

1 inter-sectoral coordination at various level of governance covering both
2 the public and private sectors. It shall:

- 3
- 4 a) recognize eHealth as equal with other health care delivery methods
5 to the extent allowable by existing laws, provide and support
6 health care delivery, including diagnosis, consultation, treatment,
7 transfer of care of patient, exchange of health data and education,
8 especially in medically unserved and underserved geographically
9 isolated and disadvantaged areas (CIDA);
 - 10
 - 11 b) utilize information and communication technology (ICT) to deliver
12 health services which has the potential to lessen costs, improve
13 quality, change the conditions of practice, and improve access to
14 health care, particularly in rural and other medically underserved
15 areas;
 - 16
 - 17 c) develop infrastructure for ICT for health to promote equitable,
18 affordable. and universal access to health services;
 - 19
 - 20 d) set policies and standards, and establish regulations regarding field
21 of eHealth;
 - 22
 - 23 e) designate national and regional centers and networks of excellence
24 for eHealth best practices, policy coordination, and technical
25 support for healthcare delivery; and
 - 26
 - 27 f) facilitate the exchange and access to secured personal health
28 information, including health providers snaring and use health and
29 medical information to improve care as well ag public access to
30 relevant information for the promotion of their own personal
31 health

32

33 **SECTION 4. Definition** – For the purpose of this Act the following
34 definition shall apply:

- 35
- 36 a) “Act” refers to the Philippine eHealth Systems and Services Act.
 - 37
 - 38 b) “Distant Site” refers to the site where a health care provider is
39 located while providing these services via telecommunication
40 systems.
 - 41
 - 42 c) “Electronic health or eHealth” refers to the use of cost-effective and
43 secure information communication technology for health.
 - 44

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- d) "Geographically Isolated and Disadvantaged Areas (GIDAS)" refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by: a. Physical factors such as those isolated due to distance, weather conditions and transportation difficulties (island, upland, lowland, landlocked, hard to reach and unserved/underserved communities); and b. Socio-economic factors such as high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict.

- e) "Information and Communications Technology" refers to the following:
 - 1. Compressed digital interactive video, audio, or data transmission;
 - 2. Real-time synchronous video or web-conferencing communications;
 - 3. Secure web-based communication;
 - 4. Still image capture or asynchronous store and forward; and
 - 5. Modem smart medical device use for diagnosis and health care services.

- f) "Institutional Healthcare Provider" refers an organization or institution that provides health care and related services, including but not limited to the provision of inpatient and outpatient care, diagnostic or therapeutic services, laboratory services, medicinal drugs, nursing care, assisted living, elderly care and housing, including retirement communities, and equipment used or useful for the provision of healthcare and related services.

- g) "Originating site" refers to the site where the patient is located at the time of provision of health care services through telecommunication systems.

- h) "Professional Healthcare Provider" refers to the healthcare practitioner or license individual, which includes medical doctors, nurses, pharmacist, physical therapist, and midwives, who provides healthcare within the scope of his profession license.

- i) "Licensable Healthcare Professionals" refer to health care professionals applying for the license to practice telehealth services.

- j) "eHealth Practitioner" refers to any health care provider.

- 1 k) "Health Center" refers to health agency involve in a Telehealth
2 System.
3
- 4 l) "eHealth systems" refers to an organized and structure application
5 of eHealth, integrated in the regular workflow of health care
6 facilities.
7
- 8 m) "Telehealth" means the delivery of health related services and
9 information via telecommunication technology. It encompasses
10 preventive, promotive, curative, and palliative aspects.
11
- 12 n) "Telemedicine" means the use of telecommunication technology to
13 provide health care services from a distance; focuses more on the
14 curative/treatment aspect.
15
- 16 o) "Unserved and underserved areas" refer to communities such as
17 those isolated due to distant, physical terrain, poverty, or lack of
18 transportation and social services, as well as those in situation of
19 disaster, crisis, and armed conflict.
20

21 **SECTION 5. Scope of the Act** – The act covers all existing eHealth
22 practitioner, institution, entities, services and related applications in both
23 public and private. It shall not alter the scope of practice of any health
24 care provider or authorize delivery of health care services in a getting or
25 in a manner not authorized by law. It shall cover all other eHealth
26 solutions and services including relevant standard equipment in the field
27 of health and ancillary services that uses ICT and are complementary to
28 existing minimum modalities or standards of health care and other access
29 to information.
30

31
32 **ARTICLE II**
33 **eHEALTH SYSTEMS' COMPONENTS**
34

35 **SECTION 6. The eHealth Components** – The following components
36 are the building blocks that shall be put in place to realize the national
37 eHealth vision and allow the eHealth outcomes to be achieved:
38

- 39 a) **Leadership and Governance** – Directs and coordinates eHealth
40 activities at all levels like hospitals and health care providers.
41 Critical areas of governance are management of the eHealth
42 agenda, stakeholders' engagement, strategic architecture, clinical
43 safety, management and operation, monitoring and evaluation,
44 and policy oversight.
45

- 1 b) eHealth Services/Solutions – Required services and applications
2 to enable widespread access to health care services, health
3 information, health reports, health care activities; securely share
4 and exchange patient's information in support to health system
5 goals. These address the needs of the various stakeholders like
6 individuals, health care providers, managers, officials, and others.
7
- 8 c) Standards and Interoperability – Defines standards of eHealth
9 systems and services, and promotes and enables exchange of
10 health information across geographical and health sector
11 boundaries through use of common standards on data structure,
12 terminologies, and messaging. The implementation of software
13 certification or accreditation where eHealth solutions must comply
14 in order to be certified as able to exchange health information shall
15 ensure compliance to eHealth data standards for interoperability.
16
- 17 d) Policy, and Compliance – Formulation of the required policies,
18 guidelines and compliance mechanisms to support the attainment
19 of the quality and acceptable eHealth systems and services.
20
- 21 e) Infrastructure – Establishes and supports the ICT and medical
22 base to enable provision of eHealth services and health information
23 exchange to enable sharing of health information across
24 geographical and health sector boundaries, and implementation of
25 innovative ways to deliver health services and information.
26
- 27 f) Human Resources – Workforce or professionals that develop,
28 operate, uses or implement the national eHealth environment such
29 as the health workers who will be using eHealth in their line of
30 works, health care providers, information and communication
31 logy workers, and others.
32
- 33 g) Strategy and Investment – Schemes and outlay that are needed to
34 develop, operate and sustain the eHealth Systems and Services.
35 These components support the development of a strategy and
36 plans to serve as guide in the implementation of the eHealth
37 agenda. Investment refers to the funding or amount needed for
38 executing the strategies and plans.
39
40

41 **ARTICLE III**
42 **LEADERSHIP AND GOVERNANCE**
43

44 **SECTION 7. Lead Agency** – The Department of Health (DOH) shall be
45 the lead agency in implementing this Act. For the purpose of achieving
46 the objectives of the Act, the DOH shall:

- 1 a) Establish an inter-agency and multi-sectoral National eHealth
2 Steering Committee;
- 3
- 4 b) Spearhead the establishment of a National eHealth System and
5 Service;
- 6
- 7 c) Coordinate with the Department of Science and Technology
8 (DOST), the Department of Information and Communication
9 Technology Office (DICT) and the Philippine Council for Health
10 Research and Development (DOST-PCHR), Philippine Health
11 Insurance Corporation (PhilHealth), University of the Philippines-
12 National Telehealth Center (UPM-NTHC), Medical and
13 Paramedical Specialty Societies, Boards and Associations,
14 Professional Regulation Commission (PRC) and various health
15 services providers and facilities including the academe and patient
16 groups, and other stakeholder; and
- 17
- 18 d) Create or identify an Office to coordinate the development and
19 implementation of a National eHealth System and Services among
20 agencies concerned and provide direction and guidance to all
21 DOH offices and attached agencies including the local government
22 units and the private sector.
- 23

24 **SECTION 8. National eHealth Steering Committee** – To ensure the
25 implementation of this Act and to serve as an executive body of the
26 Philippine eHealth System and Services (PNeHSS), the National eHealth
27 Steering Committee shall be created and made an integral part of the
28 DOH. The composition of the Steering Committee shall be as follows:

29

30 **Chair:** Secretary, Department of Health;

31 **Members:**

- 32 a) Secretary, Department of Science and Technology;
- 33 b) Secretary, Department of Information and Communication
34 Technology;
- 35 c) Secretary, Department of Social Welfare and Development;
- 36 d) Secretary, Department of Interior and Local Government;
- 37 e) President and Chief Executive Officer, Philippine Health
38 Insurance Corporation;
- 39 f) Chancellor, University of the Philippines – Manila;
- 40 g) Commissioner, Professional Regulatory Commission;
- 41 h) Commissioner, Commission on Higher Education;
- 42 i) Commissioner, National Privacy Commission;
- 43 j) Commissioner, National Anti-Poverty Commission;
- 44 k) President, Philippine Hospital Association;

- 1 l) President, Philippine Medical Association;
- 2 m) President, Philippines Nurses Association;
- 3 n) President, Philippine Pharmacists Association;
- 4 o) A representative from the Association of Municipal Health
- 5 Officers/PHO/CHO; and
- 6 p) Two (2) representatives from a duly organized patient group.

7
8 Members of the Committee shall be appointed by the president of the
9 Philippines and Shall serve for three (3) years for a maximum of two (2)
10 consecutive terms, unless recalled, replaced or resigned from office. The
11 Committee shall exercise the following function:

- 12
- 13 a) Establish eHealth policies, standards, regulations, and ethical
- 14 frameworks pertinent to use, practice and provision of eHealth
- 15 services;
- 16 b) Direct and coordinate the eHealth system and services at the
- 17 national level and ensures alignment of the system and services
- 18 with the overall health goals of the government;
- 19 c) Spearhead the activities that promote eHealth awareness and
- 20 engages the participation of stakeholders;
- 21 d) Formulate responsive plans and strategies for the development
- 22 of a national eHealth environment in coordination with major
- 23 stakeholders and affected sectors;
- 24 e) Set and develop policies and programs for the further
- 25 advancement of eHealth, and impose necessary regulatory
- 26 mechanisms including penalties upon hearing and deciding on
- 27 cases;
- 28 f) Create Technical Working Group, other Committees, and Experts
- 29 Group to assist in the development of the eHealth Projects;
- 30 g) Create or identify the Telehealth Licensing and Regulatory
- 31 mechanisms and body to implement these;
- 32 h) Submit yearly assessments to Senate Committee on Health; and
- 33 i) Convene at least twice a year.
- 34
- 35

36 **ARTICLE IV**
37 **eHEALTH SERVICES AND SOLUTIONS**

38

39 **SECTION 9. Service and Application**— the National eHealth System
40 shall provide tangible means for enabling services and systems including
41 access to, and exchange and management of information and content for
42 the general public, patients, providers, insurance, and others which may
43 be supplied by government or private businesses.
44

1 **SECTION 10. Scope of eHealth Services and Solutions** – eHealth is an
2 umbrella term that covers the following areas:

- 3
- 4 a) "Health informatics" refers to interdisciplinary study of the design,
5 development, adoption, and application of IT-based innovations
6 in healthcare services delivery, management, and planning
7
- 8 b) "Telehealth" means the delivery of health related services and
9 information via telecommunication technology. It encompasses
10 preventive, promotive, curative, and palliative aspects.
11
- 12 c) "Telemedicine" means the use of telecommunication technology to
13 provide health care services from a distance; focuses more on the
14 curative/treatment aspect.
15
- 16 d) "Electronic learning or e-learning" refers to learning utilizing
17 electronic technologies to access educational curriculum outside of
18 a traditional classroom.
19
- 20 e) "Electronic Medical Record/Electronic Health Record" refers to
21 software systems that contains encoded form of documentation of
22 patients' health information.
23
- 24 f) "Electronic prescription or e-prescription" refers to an electronic
25 generation of a physician's prescription, transmission and filling
26 of medical prescription.
27
- 28 g) "Virtual healthcare teams" refer to professionals who collaborate
29 and share information on patients with digital equipment".
30
- 31 h) "Mobile health or mHealth" refers to medical and public health
32 practice supported by mobile devices such as mobile phones,
33 patient monitoring devices, personal digital assistants (PDAs), and
34 other wireless devices.
35
- 36 i) "Social media for eHealth" refers to the opportunities for the
37 healthcare industry to engage with patients and healthcare
38 professionals through online communications channels dedicated
39 to community-based input, interaction, content-sharing and
40 collaboration.
41
- 42 j) "Health Information Exchange" refers to the solution which
43 enables data sharing and exchange between health care providers
44 and facilities, and support access to the patient's record across
45 providers in many geographic areas of the country.

1 k) "Knowledge Management system" refers to any kind of IT system
2 that stores and retrieves information, improves cooperation and
3 collaboration, locates knowledge sources, manage repositories,
4 and enhance knowledge management.

5
6 l) "Patient Self Education about Healthcare" refers to the patient's use
7 of internet through personal computers or mobile devices to
8 research on medical and/or pharmacological information,
9 treatment options, or search for health care facilities available in
10 their area.

11
12 **SECTION 11- Telehealth and Telemedicine Services** – Telehealth is an
13 approach of providing health care services and public health with the
14 use of ICT to enable the diagnosis, consultation, treatment, education,
15 care management, and self-management of patients at distance from
16 health providers. However, it shall not be understood to modify the
17 scope of medical practice or any health care provider or authorize the
18 delivery of health care service in a setting or manner not otherwise
19 authorize by the law.

20
21 **SECTION 12. Electronic Medical/Health Record (EMR/EHR)** - All data
22 in EMR/EHR Shall be considered protected health data and shall be
23 governed by established rules for access, authentications, storage and
24 auditing, and transmittal.

25
26 **SECTION 12.1. Disclosure** – Disclosure of and accessibility to
27 protected data in EMR/EHR Shall be limited and standardized
28 following international and local rules and regulation. Patients
29 may secure a copy of their EMR/EHR upon request and shall
30 provide informed consent if their EMR/EHR is shared with third
31 parties except when these are processed for the production of
32 aggregate health statistics, for social health insurance claims based
33 on established guidelines, for public health emergency concerns
34 and national security.

35
36 **SECTION 12.2. Covered Entities** – covered entities may disclose
37 protected health information to law enforcement Officials
38 performing their Official duties and responsibilities as required by
39 existing national and local laws and with proper order from duly
40 concerned bodies.

41
42 **SECTION 13. Standards of Care** – The Standards of Care to be
43 provided shall be based on established Clinical or service guidelines and
44 services given must be the same regardless of whether a healthcare
45 provider provides healthcare services in person or electronically. The
46 primary accountable for the healthcare delivery shall be the attending
47 physician.

1 eHealth shall not replace health care providers providing services in
2 person or relegate them to less important role in the delivery of
3 healthcare. The fundamental healthcare provider-patient relationship is
4 not only to be preserved but also augmented and enhanced.
5
6

7 **ARTICLE V**
8 **STANDARDS AND INTEROPERABILITY**
9

10 eHealth systems and services can potentially transform healthcare
11 through mobile health delivery, personalized medicine, and social media
12 eHealth applications. Reaching the potential for advancements in
13 eHealth will only be achieved through information and communication
14 technology standards efforts that facilitate interoperability among
15 systems and devices, of the developing world, and leverage existing
16 ubiquitous technologies such as social media applications and mobile
17 devices.
18

19 **SECTION 14. Standards** – Standards shall be introduced and imposed
20 to facilitate interoperability among systems and devices, provide
21 unqualified privacy and security and to address the unique needs. This
22 must be complied with by various providers, centers, and systems
23 developers to enable consistent and accurate collection, and exchange of
24 health information across health systems and Services. The appropriate
25 Committee as may be defined in this Act shall define and regularly
26 update, and impose standards for interoperability among various
27 eHealth systems and services and shall ensure wide dissemination for
28 easy access of all concerned .
29

30 **SECTION 15. Interoperability framework** - The eHealth
31 interoperability shall be defined and must be in consonance to national
32 eGovernment interoperability framework and established internal
33 standards.
34

35 **SECTION 16. Secure Health Information Exchange (HIE)** - The DOH,
36 DCST, DICT and PhilHealth shall establish a secured health information
37 exchange using a common trust framework and a common set of rules
38 which serves as the foundation for electronic information exchange
39 across geographical and health-sector boundaries. The HIE includes the
40 physical infrastructure, standards, core services, and applications that
41 will strengthen the national eHealth environment.
42

43 **SECTION 17. Establishment and Accreditation of eHealth Centers and**
44 **eHealth Practitioners** – The Act shall ensure that telehealth centers are
45 strategically organized across the country within three (3) years upon
46 enactment of this law to ensure that telehealth practitioners are

1 sufficiently equipped with skills for the ethical safe practice of telehealth.
2 Regional Telehealth Centers shall be established. No telehealth center
3 shall be allowed to operate unless it has been duly accredited based on
4 the standards set forth by the DOH. The Department of Health shall be
5 the lead agency for the accreditation for the facilities as Telehealth
6 centers, whereas the Professional Regulatory Commission shall be the
7 lead agency for the accreditation of the Telehealth Practitioners in close
8 coordination with the National eHealth Steering Committee. Practitioner
9 shall be accredited by the PhilHealth for reimbursement purposes. A
10 Telehealth Center shall have the following minimum requirements:

- 11
- 12 a) Equipped with the needed applications suitable for telehealth in
13 the country;
- 14
- 15 b) Be supervised and staffed by trained personnel: and
- 16
- 17 c) Undergo periodic unannounced inspection by the DOH in, order
18 to evaluate and ensure quality telehealth center performance.
- 19
- 20

21 **ARTICLE VI**
22 **INFRASTRUCTURE**

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24 **SECTION 18. ICT Infrastructure** – The required ICT infrastructure to
25 implement eHealth system and services shall conform to the national ICT
26 infrastructure plan and standards.

27

28 **SECTION 19. Medical Devices and eHealth Solutions** - Software
29 platform that connects existing or new medical devices and gateways
30 shall be defined and regulated to ensure seamless data transfers based
31 on established industry and national standards and standardization of
32 EHR/EMR.

33

34 **SECTION 20. Telehealth Centers Database** – All telehealth centers and
35 originating sites shall coordinate with DOH for consolidation of
36 pertinent databases. DOH shall maintain and manage a national
37 database for consults on clinical cases as well as health and medical
38 education exchanges.

39

40 **SECTION 21. National Health Databases and Data Warehouse** – The
41 DOH shall spearhead the maintenance and management of a secured
42 and protected national health database and national health data
43 warehouse or defined shared EMR/EHR and of consultations on clinical
44 cases as well as health and medical education exchanges end other
45 eHealth applications.

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**ARTICLE VII
HUMAN RESOURCES**

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SECTION 22. Human Resources ICT Competencies – Minimum ICT or eHealth competencies shall be established and imposed to medical and paramedical professionals practicing eHealth and be part of the medical and allied medical curricula.

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SECTION 23. Capability Building Plans & Policies – Human resource plans and policies shall be fully taken into account any unique human resource and operations requirement involved in delivering Telehealth and Telemedicine. The following are to be considered:

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29
- a) Licensable health care professionals must a valid Philippine license based on the requirement of the Professional Regulation Commission (PRC);
 - b) Appropriate policies concerning cases wherein a licensed telehealth practitioner in the Philippines intending to provide telehealth services to patient in another country should be in place;
 - c) In any event, a telehealth center should have policies and procedures to ensure that all relevant staff have the appropriate competencies to practice safe telehealth services; and
 - d) Telehealth centers should ensure regular review of human resource plans and policies related to telehealth and telemedicine.

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**ARTICLE VIII
STRATEGY AND INVESTMENT**

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SECTION 24. eHealth Strategic Framework - The DOH shall spearhead the development and monitoring of strategic framework and plans to serve to guide the implementation eHealth Systems and Services.

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SECTION 25. Monitoring Evaluation System – establishment of a robust metric for monitoring and evaluation for eHealth to assess and analyze the impact of eHealth systems and services.

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SECTION 26. Appropriation – The amount necessary to carry out the provisions of this Act shall be included in the General Appropriation of the year following its enactment into a law thereafter.

1 **SECTION 27. Financing eHealth Services** - Financing for applicable
2 eHealth services by PhilHealth and other partners, as defined by the
3 National eHealth Steering Committee
4

5 **SECTION 28. Private Sector participation** – The government shall
6 encourage private sectors investment on eHealth systems and services
7 subject to existing laws and regulation through the appropriate
8 government agencies and must be compliant to the established national
9 eHealth systems and services.
10

11
12 **ARTICLE IX**
13 **RESEARCH AND DEVELOPMENT**
14

15 **SECTION 29. Research and Development** – The DOH, in coordination
16 with DOST and DICT, the specialty societies and boards, the academe,
17 and other research institutions shall regularly endeavor to evaluate
18 existing tools and technologies used for eHealth to ensure the cost
19 efficiency, appropriateness, safety and equality of services provided to
20 the patients in particular, and the health sector in general towards this
21 end, it shall:
22

- 23 a) Develop the Research Agenda;
24 b) Establish centers of excellence for eHealth research that will
25 endeavor to produce high quality research on distance learning for
26 basic and continuing professional education; and
27 c) Provide access to current specialized, accredited Knowledge for
28 clinical care, public health, other health research publications and
29 databases.
30

31 **SECTION 30. Funding Source for Research Development** – The
32 research budget Shall exceed 5% of the funding sources of the following
33 government agencies:

- 34 a) Department of Health;
35 b) Department of Science and Technology; and
36 c) Department of Information and Communication Technology.
37
38

39 **ARTICLE X**
40 **FINAL PROVISIONS**
41

42 **SECTION 31. Rules and Regulations** – Within ninety (120) days from
43 the approval of this Act, the Secretary of Health, after consultation with
44 the DOST, DICT, University of the Philippines - Manila, PhilHealth,
45 CHED, medical and paramedical associations and societies and other

1 stakeholders, shall promulgate the rules and regulations implementing
2 the provisions of this Act.

3

4 **SECTION 32. Separability** – If any part or provision of this Act shall be
5 declared or held to be unconstitutional or invalid, Other provisions
6 hereof which are not affected thereby shall continue to be in full force
7 and effect.

8

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

13

14 **SECTION 34. Effectivity** - This act shall take effect fifteen (15) days after
15 publication in the Official Gazette or a newspaper of general circulation.

16

17

18 Approved,