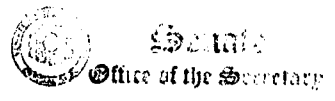


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



20 MAY -4 P 1 :36

SENATE  
S. B. No. 1472

RECEIVED BY:

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Introduced by SENATOR SONNY ANGARA

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

EXPLANATORY NOTE

The World Health Organization (WHO) defines eHealth as “the use of information and communication technologies (ICT) for health.” In 2005, the World Health Assembly (WHA) 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 their health systems and services (58th WHA, 2005; Geneva, Switzerland).

As early as 2010, my father – former Senate President Edgardo J. Angara – already saw the potential of eHealth to become a “game changer” to the medical industry not only in delivering health services but also in providing the country an edge in the medical tourism market. In fact, the now defunct Congressional Commission on Science, Technology, and Engineering (COMSTE) – which my father also chaired – identified eHealth as a national priority in 2011 and had pushed for greater cooperation between providers and the government.

In neighboring countries like Indonesia, Malaysia, Singapore, and China, eHealth services are not only encouraged but are financially boosted by investors – seeing its potential to become the next big industry. Halodoc, which is one of Indonesia’s biggest telemedicine apps has received funding from the Bill and Melinda Gates Foundation among others. Singapore’s telemedicine providers are in collaboration with the government while experts project China’s eHealth industry to balloon from around \$1.6B in 2016 to \$28B by 2026.

Since then, the Department of Health (DOH) harnessed the potential value of eHealth as an innovative measure to deliver cost-efficient and sustainable interventions towards an integrated and comprehensive approach to health development and universal access to healthcare. Specifically, its use has provided new and more efficient ways of improving the delivery of healthcare and making the

health systems more efficient and responsive to people's needs and expectations, and concomitantly, in promoting access to evidence-based information for decision making.

This has become more evident especially during the COVID-19 pandemic as we – including the government – are seeing how telemedicine, e-prescription, and other eHealth services are literally putting the public out of harm's way by providing safer basic healthcare services (*e.g.*, consultation, online drug purchasing, e-prescription) at minimal cost.

Given the growing prevalence of eHealth technologies and applications, and to achieve optimum and meaningful use of ICTs in health and to protect all the beneficiaries and stakeholders, this Bill aims to provide a policy framework and establish a national eHealth system that will direct and regulate the practice of eHealth in the country.

Specifically, this measure will help direct and regulate action of providers; streamline and make systems and services interoperable; ensure patient safety and protection; define and guarantee quality of service; define and institutionalize governance mechanism to achieve coherence, cooperation and complementation; address issues on provision, access, availability, privacy and cybersecurity and information exchange, among others; support research, development and innovation; avoid duplication among eHealth services and efforts among government agencies with the private sector; establish the critical infrastructure; and define a budget to finance and sustain it. Through this measure, we are optimistic that more public and private hospitals will be encouraged and empowered to adapt to this emerging new technology.

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



**SONNY ANGARA**



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REPUBLIC OF THE PHILIPPINES )  
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Senate  
Office of the Secretary

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APPROPRIATING FUNDS THEREFOR**

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

**ARTICLE I  
GENERAL PROVISIONS**

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

**SEC. 2. Declaration of 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 and quality healthcare information and services through electronic  
means using information and communication technologies (ICT) or eHealth resulting  
in improved health outcomes for every Filipino, and further recognizing public and  
private partnership.

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

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

4 **SEC. 3. Objectives.** – This Act shall provide a policy framework and  
5 establish a national eHealth system that shall direct and regulate the practice of  
6 eHealth, which shall:

- 7 a) Set policies, standards, regulations and services in eHealth to reduce  
8 inequalities, achieve universal health care and improve health outcomes;
- 9 b) Realize health information exchange to measure and monitor health  
10 system performance and responsiveness; and
- 11 c) Enable the citizenry with access to health information and health services,  
12 including teleHealth, needed for better management and control of their  
13 own health.

14 **SEC. 4. Scope and Application.** – This Act covers all existing healthcare  
15 providers and other entities developing and using eHealth systems, services and  
16 applications, whether public or private. It shall cover all eHealth solutions, services,  
17 and applications including relevant standard equipment in the field of health and  
18 ancillary services that use ICT and are complementary to existing minimum  
19 modalities or standards of health care and other access to information.

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

- 21 a) **Compliant eHealth Applications** refer to services and solutions that are  
22 compliant with defined architecture of eHealth standards that allow for  
23 interoperability and health information exchange across geographic,  
24 organizational and vendor boundaries, and ensure data protection in  
25 accordance with Republic Act (R.A.) No. 10173, otherwise known as the  
26 "Data Privacy Act" and other related laws and issuances.
- 27 b) **eHealth Data Services** refer to key architectural data registries of the  
28 health sector enterprise needed to enable and support large scale health  
29 information interoperability and exchange.
- 30 c) **eHealth System** refers to the interplay of enabling (governance and  
31 accountability; strategy and investment; human resources; standards and  
32 interoperability; monitoring and compliance; research and development)

- 1 and foundational (infrastructure; and services and applications) elements  
2 essential for a successful national eHealth implementation;
- 3 d) **eHealth Services and Applications** refer to the solutions and products  
4 with defined objectives to serve its intended clients or users, such as  
5 Health Information Systems, EMR Systems, EHR System, Hospital  
6 Information System, ePharmacy System, Laboratory System, Radiology  
7 System, Registry systems, mobile health, teleHealth, telemedicine,  
8 wearables, and biomedical and related devices with ICT component;
- 9 e) **Electronic Health or eHealth** refers to the use of cost-effective and  
10 secure information communications technology for health;
- 11 f) **Electronic Health Record (EHR)** refers to a computerized health record  
12 used to capture, store, access and share information of a patient between  
13 and across healthcare organizations and providers;
- 14 g) **Electronic Medical Record (EMR)** refers to a computerized medical  
15 record used to capture, store and share information between healthcare  
16 providers in an organization;
- 17 h) **Electronic Prescription (ePrescription)** refers to a system that allows  
18 healthcare providers to write and send prescriptions in an automated or  
19 electronic way to a pharmacy with capability to receive such;
- 20 i) **Enterprise Resource Planning (ERP)** refers to an efficient system of  
21 managing and integrating the important parts of a business such as  
22 planning, purchasing, inventory, finance, and other resource management  
23 and operations;
- 24 j) **Geographically Isolated and Disadvantage Areas (GIDAs)** refer to  
25 communities with marginalized population physically and socio-  
26 economically separated from the mainstream society and characterized by:  
27 (1) Physical factors such as those isolated due to distance, weather  
28 conditions and transportation difficulties (island, upland, lowland,  
29 landlocked, hard to reach and unserved or underserved communities); and  
30 (2) Socio-economic factors such as high poverty incidence, presence of  
31 vulnerable sector, communities in or recovering from situation of crisis or  
32 armed conflict;

- 1 k) **Health Care Providers** refer to any of the following:
- 2 1. **Health care professional** refers to doctor of medicine, nurse,
- 3 midwife, dentist, or other skilled allied professional or practitioner duly
- 4 licensed to practice in the Philippines;
- 5 2. **Health facility** refers to a public or private facility or institution
- 6 devoted primarily to the provision of services for health promotion,
- 7 prevention, diagnosis, treatment, rehabilitation and palliation of
- 8 individuals suffering from illness, disease, injury, disability, or
- 9 deformity, or in need of medical and nursing care;
- 10 3. **Community-based health care organization** refers to an
- 11 organization or association of members of the community organized for
- 12 the purpose of improving the health status of that community;
- 13 4. **Pharmacies or drug outlets** refer to any establishment which sells
- 14 or offers to sell any health product directly to the general public as
- 15 defined in R.A. No. 9711, otherwise known as the "Food and Drug
- 16 Administration Act of 2009;" and
- 17 5. **Laboratories and diagnostic clinics** refer to any facility where tests
- 18 are done on specimens from the human body to obtain information
- 19 about the health status of a patient for the prevention, diagnosis and
- 20 treatment of diseases.
- 21 l) **Health Knowledge Resources** refers to those services that manage and
- 22 provide access to trusted information to support health care providers and
- 23 individuals, including local and international online journals and resource
- 24 collections, national electronic journals printed information, archives, and
- 25 other information resources;
- 26 m) **Health-Related Entities** refer to health care providers, health
- 27 maintenance organizations and private health insurance companies issued
- 28 certificates of authority by the Insurance Commission, pharmacies and
- 29 pharmaceutical companies licensed for operation by the Food and Drug
- 30 Administration, ICT service providers and companies, and all other
- 31 agencies involved in the collection and processing of health and health-

- 1 related data, and/or providing health services, and those identified by the  
2 Department of Health (DOH);
- 3 n) **Health Sector Enterprise Architecture** refers to the blueprint on which  
4 eHealth services and applications shall be developed, implemented and  
5 scaled up;
- 6 o) **Information and Communications Technology (ICT)** refers to all  
7 technologies for the communication of information, which includes data,  
8 application or information systems, internet, network, connectivity,  
9 telecommunications, among others;
- 10 p) **Mobile Health (mHealth)** refers to the services and information  
11 supported by mobile technology, such as mobile phones, wearables, and  
12 handheld computers;
- 13 q) **Personal Health Record (PHR)** refers to a computerized health record  
14 created and maintained by an individual;
- 15 r) **TeleHealth** refers to the delivery of health-related services and  
16 information, at a distance, which encompasses preventive, promotive,  
17 curative, and palliative aspects. It is also a collection of means or methods  
18 for enhancing health care, public health, health research and health  
19 education delivery and support in the various health fields using  
20 telecommunications and virtual technologies;
- 21 s) **Telemedicine** refers to the remote diagnosis and treatment of patients  
22 by means of telecommunications technologies.

23 **SEC. 6. Implementing Agency.** – The Department of Health (DOH) shall  
24 be the lead implementing agency to carry out the provisions of this Act, including its  
25 components. The DOH shall strengthen and transform its existing Knowledge  
26 Management and Information Technology Service (KMITS) into a full-fledged  
27 Bureau, to be named as Knowledge Management and Health Information  
28 Technology Bureau, which shall perform the overall management and administration  
29 of this Act. Additional plantilla positions shall be created for this purpose.

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

1           **SEC. 7. Regional and Local Implementation Structures and Staffing**  
2           **Pattern.** – To assist in the implementation of this Act and subject to the approval  
3           of the Department of Budget and Management (DBM), the DOH shall determine the  
4           regional and local implementation structures and create divisions or units as it may  
5           deem necessary, and shall appoint officers and employees with permanent  
6           appointments and supported with an adequate yearly budget in accordance with the  
7           civil service law, rules, and regulations.

8   **ARTICLE II**  
9   **GOVERNANCE AND ACCOUNTABILITY**

10           **SEC. 8. Creation of the eHealth Policy and Coordination Council.** – An  
11           independent body to be known as the eHealth Policy and Coordination Council  
12           (eHPCC) shall be created to provide and promote relevant policies and guidelines for  
13           the effective coordination and implementation of this Act. The Council shall be  
14           composed of the following key officials:

- 15                         1. Secretary, Department of Health – Chairperson
- 16                         2. Secretary, Department of Information and Communications Technology
- 17                                 (DICT) – Co-Chairperson
- 18                         3. President & Chief Executive Officer, Philippine Health Insurance
- 19                                 Corporation (PhilHealth) – Co-Chairperson
- 20                                 Members:
- 21                                 4. Secretary, Department of Science and Technology (DOST);
- 22                                 5. Secretary, Department of Social Welfare and Development (DSWD);
- 23                                 6. Secretary, Department of Interior and Local Government (DILG);
- 24                                 7. Secretary, Department of Budget and Management (DBM);
- 25                                 8. Chancellor, University of the Philippines –Manila (UPM);
- 26                                 9. Chairperson, Commission on Higher Education (CHED);
- 27                                 10. Chairperson, National Privacy Commission (NPC);
- 28                                 11. National Statistician, Philippine Statistics Authority (PSA);
- 29                                 12. Two (2) representatives from professional medical or health societies;
- 30                                 13. One (1) representative from patients group; and
- 31                                 14. One (1) representative from the ICT industry associations.



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

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

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

- 13 a) Establish eHealth policies, standards, regulations, and ethical frameworks  
14 pertinent to use, practice and provision of eHealth services;
- 15 b) Direct and coordinate the eHealth services and applications at the national  
16 level and ensure alignment of the system and services with the overall  
17 health and ICT goals of the government;
- 18 c) Spearhead the activities that promote eHealth awareness and engage the  
19 participation of stakeholders;
- 20 d) Measure and monitor the performance and progress of the implementation  
21 of this Act; and
- 22 e) Submit yearly assessments to the Senate Committee on Health and  
23 Demography and the House of Representatives Committee on Health.

24 **SEC. 10. Creation of the Sub-Structure or Mechanism.** – The Council  
25 shall create multi-sectoral groups, composed of both the private and public sectors  
26 to ensure broader stakeholder participation and for the furtherance of its objectives.

27 **ARTICLE III**  
28 **STANDARDS AND INTEROPERABILITY**

29 **SEC. 11. Health Sector Enterprise Architecture.** – The Council shall  
30 develop, regularly update, and implement a health sector enterprise architecture to  
31 provide guidance to align and ensure that data can easily be made available and

1 accessible, business processes are harmonized and integrated, and services and  
2 applications are usable, safe, efficient, and effective.

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

5 **SEC. 12. Standards Compliance.** – All health care providers and health-  
6 related entities shall comply with the data standards, as defined by the Council to  
7 allow interoperability and health information exchange, and ensure data protection  
8 in accordance with R.A. No. 10173, otherwise known as the “Data Privacy Act” and  
9 other related laws and issuances.

10 These standards shall include, *inter alia*, patient identifier, provider identifier,  
11 health facility identifier, terminology and messaging standards, and shall be in  
12 accordance with the Philippine eGovernment interoperability framework and other  
13 relevant standards.

14 **ARTICLE IV**  
15 **SERVICES AND APPLICATIONS**

16 **SEC. 13. Rationalization of eHealth Services and Applications.** –  
17 Design, development, and implementation of eHealth services and applications shall  
18 focus on the automation and interoperability of the various mandatory eHealth  
19 business processes and data services as laid out in the Health Sector Enterprise  
20 Architecture.

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

23 a) Mandatory eHealth Data Services:

- 24 1. Master Person Index
- 25 2. Master Provider Index
- 26 3. Master Facility Index
- 27 4. Terminology Registry

28 b) Compliant eHealth Applications:

- 29 1. Electronic Health Record/Electronic Medical Record
- 30 2. Enterprise Resource Planning
- 31 3. Laboratory, Radiology, and ePrescription

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- 4. Human Resources for Health Information System
- 5. TeleHealth

**ARTICLE V  
TELEHEALTH**

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

**SEC. 16. Standards of Practice and Certification of Individuals and Entities Providing TeleHealth Services.** – To complement the regulations of telehealth services and eHealth-related devices, the DOH, in consultation with Professional Regulatory Commission (PRC), 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 individuals and entities providing telehealth services.

**ARTICLE VI  
HUMAN RESOURCES**

**SEC. 17. Human Resource in eHealth.** – The human resources for eHealth are health professionals who shall plan, design, build, operate, use, maintain, and support the eHealth services and applications, and innovations.

The DOH, CHED, DICT, Technical Education and Skills Development Authority (TESDA), and Professional Regulation Commission (PRC), in consultation with medical and specialty societies, IT professional associations, and academia, shall establish the minimum competencies and impose the same on health, health-related and digital health professionals. This shall be part of the curriculum of health and health-related courses.

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

1 There shall also be creation of personnel service item, plantilla positions, and other  
2 employment opportunities for human resources in government hospitals and  
3 institutions to manage and enable eHealth in healthcare and related services.

4 **ARTICLE VII**  
5 **INFRASTRUCTURE**

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

9 **SEC. 20. National Health Data Center.** – The PhilHealth, in coordination  
10 with the DOH, DICT and DOST, shall establish and maintain the national health data  
11 center, and implement an agile and sustainable data management and governance  
12 framework and system in support to R.A. No. 11223, otherwise known as the  
13 “Universal Health Care Act,” and in compliance with R.A. No. 10173, otherwise  
14 known as the “Data Privacy Act of 2012” for data protection.

15 **ARTICLE VIII**  
16 **STRATEGY AND INVESTMENT**

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

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

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

28 **ARTICLE IX**  
29 **RESEARCH AND DEVELOPMENT**



1           **SEC. 27. Transitory Provisions.** – The transformation of KMITS into a full-  
2 fledged Bureau and the formulation of the internal organic structure and regional  
3 and local implementation structures, staffing pattern, operating system, and the  
4 revised budget of the Department for health information technology shall be  
5 completed within six (6) months from the effectivity of the Implementing Rules and  
6 Regulations (IRR) of this Act, during which time, the existing KMITS and regional  
7 and local implementation personnel shall continue to serve in holdover capacities  
8 until a full and permanent bureau is constituted and functioning, and new  
9 appointments are issued.

10           **SEC. 28. Appropriations.** – The amount needed for the initial  
11 implementation of this Act shall be taken from the current fiscal year’s appropriation  
12 of the DOH for health information technology.

13           For the succeeding years, the amount needed for eHealth in the DOH budget  
14 and in the budget of other agencies with specific mandates provided in this Act shall  
15 be based on the strategic plan formulated by the Council, in coordination with other  
16 stakeholders. The amount shall be included in the National Expenditure Program  
17 (NEP) as basis for the General Appropriations Bill (GAB).

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

22           **SEC. 29. Implementing Rules and Regulations** – Within ninety (90) days  
23 from the effectivity of this Act, the Secretary of DOH, after consultation with the  
24 Secretaries of DICT and DOST, the President and Chief Executive Officer of  
25 PhilHealth, the Chancellor of UPM, the Chairperson of CHED, the National Statistician  
26 of PSA, and representatives of medical and paramedical associations and societies,  
27 and other stakeholders shall promulgate the necessary rules and regulations  
28 implementing the provisions of this Act.

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

1           **SEC. 31. Repealing Clause.** – All general and special laws, decrees,  
2 executive orders, 12 proclamations and administrative regulation, or any parts  
3 thereof which are inconsistent with this Act are hereby repealed, amended and  
4 modified accordingly.

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

*Approved.*