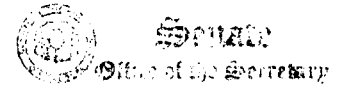


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



**SENATE**  
**S. No. 1512**

20 MAY 14 05:23

RECEIVED BY

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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**AN ACT**  
**ESTABLISHING THE PHILIPPINE E-HEALTH SYSTEM IN THE DELIVERY OF**  
**HEALTH SERVICES WITH THE USE OF INFORMATION AND COMMUNICATIONS**  
**TECHNOLOGY IN THE PHILIPPINES, AND APPROPRIATING FUNDS THEREFOR**

**EXPLANATORY NOTE**

One of our health care system's obstacle today is access to a proper and quality health care service. According to the data provided by the Department of Health (DOH), approximately 70% of the population living in rural areas are struggling with no or minimal access to inpatient and outpatient care services. The reason behind this is because only 13% of healthcare providers and 40% of tertiary hospitals are located in non-urban areas. As a result, it takes an average of 39 minutes for Filipinos to arrive at a local health facility - according to Department of Health.

Additionally, our health care system lacks access to timely, reliable, accurate and complete health information that are essential in delivering adequate and exceptional health care services to Filipinos.

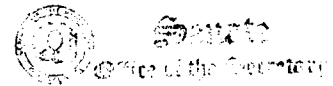
This bill aims to utilize information and communication technology or ICT for health or e-Health in order to deliver medical services and improve access to healthcare,

particularly in rural and underserved areas. This bill also encourages the use of e-Health which is as capable as other healthcare delivery methods. Through the use of ICT, e-Health enables diagnosis, consultation, treatment, education, care management, and self-management of patients at distance from health providers.

e-Health not only seeks to address current disparities in service care delivery, it also improves the flow of health information to help achieve the Universal Health Care standard and that is to have a more responsive health system.

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

  
**RAMON BONG REVILLA, JR.**



**SENATE**  
**S. No. 1512**

20 MAY 14 25:23

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**AN ACT**  
**ESTABLISHING THE PHILIPPINE E-HEALTH SYSTEM IN THE DELIVERY OF**  
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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 "Philippine E-Health Systems  
2 and Services Act of 2020."

3 Sec. 2. *Declaration of Policy.* – The State shall protect and promote the right to  
4 health of the people and instill health consciousness among. Hence, it is the intent of the  
5 Legislature to institutionalize a system of providing wide access and quality healthcare  
6 services through electronic means using Information and Communication Technologies  
7 (ICT) or eHealth resulting in improved health outcomes for every Filipino, and engaging  
8 the participation of the private sector in the implementation of eHealth services.

1           **Sec. 3. Objectives.** – The eHealth Act shall provide a policy framework and  
2 establish a National eHealth System that will direct and regulate the practice of eHealth  
3 in the Philippines.

4           The Philippine eHealth Systems and Services shall be comprehensive, integrative,  
5 sustainable, measurable, synchronized, interoperable, and progressive based on best  
6 practices, and shall facilitate inter-agency and inter-sectoral coordination at various levels  
7 of governance covering both the public and private sectors. It shall recognize eHealth as  
8 equal with other healthcare delivery methods to the extent allowable by existing laws,  
9 provide and support healthcare delivery, including diagnosis, consultation, treatment,  
10 transfer of care of patient, exchange of health data and education, especially in medically  
11 unserved and underserved geographically isolated and disadvantaged areas (GIDAs):

- 12
- 13           (a) utilize information and technology (ICT) to deliver health services which has  
14           the potential to be profitable, improve quality, change the conditions of  
15           practice, and improve access to healthcare, particularly in rural and other  
16           medically underserved areas;
  - 17           (b) develop infrastructure for ICT for health to promote equitable, affordable, and  
18           universal access to health services;
  - 19           (c) set policies and standards, and establish regulations regarding the field of  
20           eHealth;
  - 21           (d) designate national and regional centers and networks of excellence for eHealth  
22           best practice, policy coordination, and technical support for healthcare delivery;
  - 23           (e) facilitate the exchange and access to secured personal health information,  
24           including health providers sharing and use health and medical information to  
25           improve care as well as public access to relevant information for the promotion  
26           of their own personal health;
  - 27           (f) ensure harmonization or integration, alignment and interoperability among  
28           various eHealth initiatives, programs and projects across the country and in  
29           accordance with the national agenda and priorities, and international eHealth  
30           practices, directions and standards; and

1 (g) facilitate inter-agency and inter-sectoral coordination at various level  
2 governance covering both public and private sectors.

3  
4 **Sec. 4. Definition of Terms.** – As used in this Act:

5 (a) **Electric health or eHealth** refers to the use of cost-effective and  
6 secure information communications technology for health;

7 (b) **Electronic Medical Records** refer to the medical background and  
8 history of medical service provider’s patient and such other information  
9 to be designed and developed by the Record Center. It shall be  
10 presented in a standard electronic format;

11 (c) **eHealth Practitioner** refers to any healthcare provider from public or  
12 private sector;

13 (d) **eHealth Systems** refers to an organized and structured application of  
14 eHealth, integrated in the regular workflow of healthcare facilities;

15 (e) **Geographic Isolated and Disadvantaged Areas (GIDAs)** refer to  
16 communities with marginalized population and socio-economically  
17 separated from the mainstream society and characterized by:

18 1. Physical factors such as those isolated due to distance,  
19 weather conditions and transportation difficulties (island,  
20 upland, lowland, landlocked, hard to reach and unserved or  
21 underserved communities); and

22 2. Socio-economic factors such as high poverty, incidence,  
23 presence of vulnerable sector, communities in or recovering  
24 from situation of crisis or armed conflict;

25 (f) **Health Center** refers to an organized and structured application of  
26 eHealth, integrated in the regular workflow of healthcare facilities;

27 (g) **Information and Communication Technology (ICT)** refers to the  
28 totality of electronic means to access, create, collect, store, process,  
29 receive, transmit, present, and disseminate information;

30

- 1 (h) **Licensable Healthcare Professionals** refer to healthcare  
2 professionals applying for license to practice telehealth services;
- 3 (i) **Live Video** refers to the two-way interaction between a person (patient,  
4 caregiver, or provider) and a provider using audiovisual  
5 telecommunications technology. This type of service is also referred to  
6 as *real-time* and may serve as a substitute for an in-person encounter  
7 when it is not available;
- 8 (j) **Medical Service Providers** refers to all medical practitioners,  
9 hospitals, clinics, centers and other similar institutions that provide  
10 medical care service and assistance;
- 11 (k) **Mobile Health** refers to the health care and public health practice and  
12 education supported by mobile communication devices such as cell  
13 phones, tablet computers, and PDAs. Applications can range from  
14 targeted text messages that promote healthy behavior to wide-scale  
15 alerts about disease outbreaks;
- 16 (l) **Originating Site** refers to the site where the patient is located at the  
17 time of provision of healthcare services through telecommunication  
18 systems;
- 19 (m) **Records Center** refers to the Electronic Medical records Center  
20 created under this Act;
- 21 (n) **Remote Patient Monitoring** refers to the personal health and medical  
22 data collection from an individual in one location via electronic  
23 communication technologies, which is transmitted to a provider  
24 (sometimes via data-processing service) in a different location for use  
25 in care and related support. This type of service allows a provider to  
26 continue to track healthcare data for a patient once released to home  
27 or a care facility, reducing readmission rates.
- 28 (o) **Secure Socket Layer or SSL** refers to the technology which  
29 negotiates and employs the essential function of mutual authentication,  
30 data encryption and data integrity for secure transactions. The SSL

1 security protocol; provides data encryption, server authentication,  
2 message integrity, the client authentication for a transmission control  
3 protocol (TCP0 or IP connection;

4 (p) ***Store-and-forward*** refers to the transmission of recorded health  
5 history through a secure electronic communications system to a  
6 practitioner, usually a specialist, who uses the information to evaluate  
7 the case or render a service outside of a real-time or live interaction.  
8 This service provides access to data after it has been collected and  
9 involves communication tools such as secure e-mail;

10 (q) ***Telehealth*** refers to the delivery of health-related services and  
11 information via telecommunication technology which encompasses  
12 preventive, promotive, curative, and palliative aspects. It is also a  
13 collection of means or methods of enhancing health care, public health,  
14 and health education delivery and support in the field of dentistry,  
15 counselling, physical and occupational therapy, home health, chronic  
16 disease monitoring and management and other related health fields  
17 using telecommunications technologies that perform live video, store-  
18 and-forward, remote patient monitoring and mobile health;

19 (r) ***Telehealth Center*** refers to an office located within a hospital  
20 designated for the purpose of conducting telehealth services and is  
21 equipped with the necessary tools and manpower;

22 (s) ***Telemedicine*** refers to the use of telecommunication technology to  
23 provide healthcare services from a distance which focuses more on the  
24 preventive and curative or treatment aspect;

25 (t) ***128-bit Encryption*** refer to the encrypted transaction that secures  
26 confidential data or contents of a message wherein the original  
27 information can be recovered through the use of a corresponding  
28 decryption process.

29





- 1 (e) Electronic Medical Record or Electronic Health Record refers to software  
2 systems which contains encoded form of documentation of patient's health  
3 information;
- 4 (f) Electronic prescription or e-prescription refers to an electronic generation of a  
5 physician's prescription, transmission and filling of medical prescription;
- 6 (g) Virtual healthcare teams refer to medical and public health professionals who  
7 collaborate and share information on patients with digital equipment;
- 8 (h) Mobile health or mHealth refers to medical and public health practice supported  
9 by mobile devices such as mobile phones, patient monitoring devices, personal  
10 digital assistants (PDAs), and other wireless devices;
- 11 (i) Social media for eHealth refers to the opportunities for the healthcare industry  
12 to engage with patients and healthcare professionals through online  
13 communications channels dedicated to community-based input, interaction,  
14 content-sharing and collaboration;
- 15 (j) Health Information Exchange refers to the solution which enables data sharing  
16 and exchange between healthcare providers and facilities and support access  
17 to the patient's record across providers in many geographic areas of the  
18 country;
- 19 (k) Knowledge management system refers to any kind of IT system that stores  
20 and retrieves information, improves cooperation and collaboration, locates  
21 knowledge sources, manage repositories, and enhance knowledge  
22 management; and
- 23 (l) Patient Self-Education about Healthcare refers to the patient's use of the  
24 internet through personal computers or mobile devices to research on medical  
25 and pharmacological information, treatment options, or search for healthcare  
26 facilities available in their area.

27 **Sec. 8. *Telehealth and Telemedicine Services.*** – Telehealth is an approach of  
28 providing healthcare services and public health with the use of ICT to enable the  
29 diagnosis, consultation, treatment, education, care management, and self-management  
30 of patient at distance from health providers. However, it shall not be understood to modify

1 the scope of medical practice or any healthcare provider or authorized delivery of  
2 healthcare service in a setting or manner not otherwise authorized by the law.

3 **Sec. 9. *Electronic Medical or health Record (EMR or EHR).*** – All data in the EMR or  
4 EHR shall be considered protected health data and shall be governed by established rule  
5 for access, authentications, storage and auditing, and transmittal.

6 **Sec. 9.1. *Disclosure.*** – Disclosure of and accessibility to protected data in  
7 the EMR or HER shall be limited and standardized following international and local  
8 rules and regulations. Patients may secure a copy of their EMR or EHR upon  
9 request and shall provide informed consent if their EMR or EHR is shared with third  
10 parties except when these are processed for the production of aggregate health  
11 statistics, for social health insurance claims based on established guidelines, for  
12 public health emergency concerns and national security.

13 The data I the EMR or EHR shall be encrypted and any unauthorized access of the  
14 EMR or EHR shall be punishable under Republic Act No. 10173 or the Data Privacy Act.

15 **Sec. 9.2. *Covered Entities.*** – Covered entities may disclose protected health  
16 information to law enforcement officials performing their official duties and  
17 responsibilities as required by existing national and local laws and with proper  
18 order from duly concerned bodies.

19 **Sec. 10. *Electronic Medical records Facilities Creation, Maintenance and Uploading.***  
20 – All provisions of existing laws to the contrary notwithstanding medical service providers  
21 shall create and maintain electronic medical records which shall be electronically uploaded  
22 on a regular basis. The medical service providers shall likewise maintain hard copies of  
23 the electronic records to be printed and stores as backup records.

24 All concerned medical service providers may elect to keep their own existing format  
25 in addition to the new electronic record and its back-up for purposes of their own use in  
26 providing hard copies to patient: *Provided however,* that back-up copies of electronic  
27 records shall, at all times, be included when providing hard copies to the requesting  
28 patients.

1           The electronic medical records facilities aside from the keeping records, shall  
2 likewise provide for an electronic facility where patients and medical service providers  
3 can communicate on-line either in real time or off-line.

4           The EMR may also be integrated with civil registries to facilitate recording of vital  
5 information.

6           **Sec. 11. *Electronic Medical Records Center.*** – There shall be created an Electronic  
7 Medical Records Center to be placed under the Office of the Secretary of the Department  
8 of Health. The Center shall serve as a hub of all databanks of medical records and other  
9 pertinent information to the patient’s medical history.

10          The records center shall generate specialized software to be distributed and used  
11 as the standard platform for the maintenance, updating, and making available electronic  
12 Medical Records.

13          The Center shall enforce strict compliance with uploading and updating of  
14 electronic medical records as provided for in this Act.

15          **Sec. 12. *Security Features of Electronic Medical Records.*** – In order to ensure the  
16 privacy of all medical records, electronic communication and transactions shall use  
17 existing 128-bit encryption or higher form of Secure Socket Layer (SSL) technology which  
18 may be devised in the future.

19          The security features of the electronic medical records shall likewise comply with  
20 the security provisions as provided in Republic Act No. 8792 or the Electronic Commerce  
21 Law of 2000.

22          **Sec. 13. *Creation of EMR or EHR.*** – EMR or EHR can be created by the following  
23 professionals if it is necessary for the medical care of the patients:

- 24           1. Doctors;
- 25           2. Dentists;
- 26           3. Pharmacists, pharmacy assistants, pharmacy engineers;
- 27           4. Psychotherapist;
- 28           5. Nurses; and
- 29           6. Other allied health professionals

1 Hospital assistants in preparation for their assisting occupation, insofar as this is  
2 permissibly required for their occupational tasks and their access are being carried  
3 under the supervision of the aforementioned persons. EMR software should be  
4 standardized and should have certification by the DOH.

5 **Sec. 14. *Standards of Care.*** – The standards of care to be provided shall be based  
6 on established clinical or service guidelines and services given must be the same  
7 regardless of whether a healthcare provider provides healthcare services given must be  
8 the same regardless of whether a healthcare provider provides healthcare services in  
9 person or electronically. The attending physician shall be primary accountable for the  
10 healthcare delivery of eHealth systems and services.

11 eHealth shall not replace health care providers providing services in person or  
12 relegate them to less important role in the delivery of healthcare. The fundamental  
13 healthcare provider-patient relationship is not only to be preserved but also augmented  
14 and enhanced.

15  
16 **ARTICLE III**  
17 **eHEALTH SYSTEM COMPONENTS**  
18

19 **Sec. 15. *The eHealth Components.*** – The following components are the building  
20 blocks that shall be put in place to realize the national eHealth vision and allow the  
21 eHealth outcomes to be achieved:

22 (a) **Leadership and Governance** – Directs and coordinates eHealth activities at all  
23 levels like hospitals and health care providers. Critical areas of governance are  
24 management of the eHealth agenda, stakeholders’ engagement, strategic  
25 architecture, clinical safety, management and operation, monitoring and  
26 evaluation, and policy oversight.

27 (b) **eHealth Services or Solutions** – Required service and applications to enable  
28 widespread access to health care services, health information, health reports,  
29 health care activities, and securely share and exchange patient’s information in  
30 support to health system goals. These address the needs of the various

1 stakeholders like individuals, health care providers, managers, officials, and  
2 others.

3 (c) Standards and Interoperability – Defines standards of eHealth systems and  
4 services, and promotes and enables exchange of health information across  
5 geographical and health sector boundaries through use of common standards  
6 on data structure, terminologies, and messaging. The implementation of  
7 software certification or accreditation where eHealth data standards for  
8 interoperability.

9 (d) Policy and Compliance – Formulation of the required policies, guidelines and  
10 compliance mechanisms to support the attainment of the quality and  
11 acceptable eHealth systems and services.

12 (e) Infrastructure – Establishes and supports the ICT and medical base to enable  
13 provision of eHealth services and health information exchange to enable  
14 sharing of health information across geographical and health sector  
15 boundaries, and implementation of innovative ways to deliver health services  
16 and information.

17 (f) Human Resources – Workforce or professionals that develop, operate and  
18 sustain the eHealth Systems and Services. These components support the  
19 development of a strategy and plans to serve as guide in the implementation  
20 of the eHealth agenda. Investment refers to the funding or amount needed for  
21 executing the plans and strategies.

## 22 **ARTICLE IV**

### 23 **LEADERSHIP AND GOVERNANCE**

24  
25  
26 **Sec. 16. *Lead Agency.*** - The Department of Health (DOH) shall be the lead agency  
27 in implementing this Act. For the purpose of achieving the objectives of the Act, the DOH  
28 shall:

29 a) Establish an inter-agency and multi-sectoral National eHealth Steering  
30 Committee;

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

16          **Sec. 17. *National eHealth Steering Committee.*** - To ensure the implementation of

17          this Act and to serve as an executive body of the Philippine eHealth System and Services

18          (PNeHSS), the National eHealth Steering Committee shall be created and made an

19          integral part of the DOH. It shall also provide policy oversight and ensure that its

20          implementation is consistent and pertinent laws such as Republic Act No. 8792 or the

21          Philippine E-Commerce Law, Republic Act No. 10173 or the Data Privacy Act of 2012, and

22          other commitments to the international health community. The National eHealth Steering

23          Committee can also provide strategic directions to the health sector towards the

24          integration of the Philippine services in view of the ASEAN integration.

25          The Secretary of Health shall act as Chairperson.

26          The Following shall serve as members:

- 27          a) Secretary, Department of Science and Technology;
- 28          b) Secretary, Department of Information and Communication Technology;
- 29          c) Secretary, Department of Social Welfare and Development;
- 30          d) Secretary. Department of Interior and Local Government;

- 1 e) President and Chief Executive Officer, Philippine Health Insurance Corporation;
- 2 f) Commissioner, Professional Regulatory Commission;
- 3 g) Commissioner, Commission on Higher Education;
- 4 h) Commissioner, National Privacy Commission;
- 5 i) Commissioner, National Anti-Poverty Commission;
- 6 j) President, Philippine Hospital Association;
- 7 k) President, Philippine Medical Association;
- 8 l) A representative from the Association of Municipal Health Officers/PHO/CHO;
- 9 and members of the Committee shall be appointed by the President of the Philippines
- 10 and shall serve for three (3) years of a maximum of two (2) consecutive terms, unless
- 11 recalled, replaced, or resigned from office. The Committee shall exercise the following
- 12 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 system and services at the national level and
- 16 ensure alignment of the system and services with the overall health goals of the
- 17 government;
- 18 c) Spearhead the activities that promote eHealth awareness and engages the
- 19 participation of stakeholders;
- 20 d) Formulate responsive plans and strategies for the development of the national
- 21 eHealth environment in coordination with major stakeholders and affected sectors;
- 22 e) Set and develop policies and programs for the advancement of eHealth, and
- 23 impose necessary regulatory mechanisms including penalties upon hearing and
- 24 deciding cases;
- 25 f) Create a technical working group, committees, and expert group to assist in the
- 26 development of eHealth projects;
- 27 g) Create or identify the Telehealth Licensing and Regulatory mechanisms and
- 28 body to implement the provisions of this Act
- 29 h) Submit yearly assessments to the Senate Committee on Health and
- 30 Demography and the House of Representatives Committee on Health; and

1 i) Convene at least twice a year.

2 **ARTICLE V**

3 **STANDARDS AND INTEROPERABILITY**

4  
5 Sec. 18. *Standards.* - Standards shall be introduced and imposed to facilitate  
6 interoperability among systems and devices, provide unqualified privacy and security and  
7 to address the unique needs. This must be complied with by various providers, centers,  
8 and system developers to enable consistency and services. The appropriate Committee  
9 as may be mandated in this Act shall define and regularly update, and impose standards  
10 for interoperability among various eHealth systems and services and ensure wide  
11 dissemination for easy access of all concerned.

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

18 Sec. 19. *Interoperability framework.* - The eHealth interoperability shall be defined  
19 and must be in consonance to DOH national eGovernment interoperability framework and  
20 established internal standards.

21 Sec. 20. *Secure Health Information Exchange (HIE).* - The DOH, DOST, DICT, and  
22 PhilHealth shall establish a secured health information exchange using a common trust  
23 framework and a common set of rules which serves as the foundation of electronic  
24 information exchange across geographical and health-sector boundaries. The HIE  
25 includes the physical infrastructure, standards, core services, and applications that will  
26 strengthen the national eHealth environment.

27 Sec. 21. *Establishment and Accreditation of eHealth Centers and eHealth*  
28 *Practitioners.* - The Act shall ensure that Telehealth Centers are strategically organized  
29 across the country within three (3) years upon effectivity of this Act to ensure the  
30 Telehealth practitioners are sufficiently equipped with skills for the ethical and safe



1 practice of Telehealth such as the necessary audiovisual communications technology that  
2 will enable each Telehealth center to communicate with each other in real time. regional  
3 Telehealth Centers shall be established. No Telehealth Center shall be allowed to operate  
4 unless it has been duly accredited based on standards set forth by the DOH. The  
5 Department of Health shall be the lead agency for the accreditation for the facilities as  
6 Telehealth Centers, whereas the Professional Regulations Commission shall be the lead  
7 agency for the accreditation of the Telehealth Practitioners in coordination with the  
8 National eHealth Steering Committee. Telehealth Practitioner shall be accredited by the  
9 PhilHealth for reimbursement purposes. A Telehealth Center shall have the following  
10 minimum requirements:

- 11 a) Equipped with the needed ICT applications suitable for telehealth in the  
12 country such as computers, internet connections, and communication lines;
- 13 b) Supervised and staffed by trained personnel such as doctors, nurses,  
14 primary health care workers, and clinical specialists;
- 15 c) Construction of facilities for the delivery of telemedicine services sites;
- 16 d) Provision of transportation and other courier services for the delivery of  
17 medicines and other services; and
- 18 e) Undergo periodic unannounced inspection by the DOH in order to evaluate  
19 and ensure quality telehealth center performance.

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

- 23 a) To provide people in rural and far-flung areas with no adequate access to  
24 specialized medical care with a virtual access at no cost to them where  
25 warranted; and
- 26 b) To give these people easy access too fast and efficient treatment and  
27 diagnosis, especially the poor and indigent among them.

28 **Sec. 22. *Public-Private Partnership of eHealth Services.*** - The DOH is hereby  
29 mandated to promulgate rules regarding the participation of the private sector in the

1 provision of eHealth services and solutions, including public-private partnerships and  
2 other suitable arrangements, subject to the limitations provided by this act.

3 **ARTICLE VI**

4 **THE eHEALTH CENTER BOARD**

5  
6 *Sec. 23. eHealth Center Board.* - There is hereby created a governing board of the  
7 Telehealth Center which shall hereafter be known as the eHealth Center Board.

8 The eHealth Center Board shall be composed of ten (10) members with the  
9 Secretary of the Department of Health as the ex-officio Chairman, four (4) members,  
10 each from the Lung Center of the Philippines, National Kidney and Transplant Institute,  
11 Philippine Children’s Medical Center, and the Philippine Heart Center and five (5) members  
12 from the Private sector.

13 The members of the eHealth Center Board shall be appointed by the president of  
14 the Philippines and shall receive no salary. They shall, however, receive a per diem of not  
15 exceeding two thousand pesos (P 2,000.00) for every meeting of the Board actually  
16 attended: *Provided, however,* that the total amount of per diem for all meetings of the  
17 eHealth Center Board in a single month shall not exceed ten thousand pesos (P  
18 10,000.00).

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

21 The Board Secretary shall be appointed by the Chairman from the ranking  
22 members of the hospital staff.

23 *Sec. 24. Powers and Duties of the eHealth Center Board.* - The eHealth Center  
24 Board, as the governing and policy-making body of the eHealth centers, shall have such  
25 powers as are necessary to carry out the purpose and objectives stated in this Act,  
26 including the exercise of corporate powers. It shall perform the following functions and  
27 duties:

- 28 a) To promulgate and prescribe the rules and regulations for the  
29 administration of the affairs of eHealth Centers.

- 1           b) To study, purpose and approve plans for the improvement of eHealth  
2           Center Services.
- 3           c) To propose, study and approve or, amend or revise the organizational  
4           structure of eHealth Centers, in order to meet the exigencies of the service,  
5           subject to existing laws and regulations on the matter and consonant with  
6           the principles of sound hospital administration.
- 7           d) To consider and approve appointments and promotions of all staff  
8           personnel, medical and administrative, and other employees upon the  
9           recommendation of the eHealth center Director.
- 10          e) To investigate all cases of anomalies, negligence or misconduct of all  
11          eHealth Center personnel including the Director. It shall have the final  
12          authority to pass upon the removal, separation, and suspension of such  
13          personnel subject to Civil Services Rules and regulations.
- 14          f) To make an integral audit once a year of the business operation of the  
15          eHealth Center.
- 16          g) To receive in trust, legacies, gifts, land grants and donations of real and  
17          personal property of all kinds, free of tax, and to administer the same for  
18          the benefit of the hospital or a department of service thereof. Foreign and  
19          domestic donors legacies, gifts, grants and donations under this Section  
20          shall be exempt from any tax of any kind and nature to the extent of the  
21          full amount donated, provisions of existing laws to the contrary  
22          notwithstanding.
- 23          h) To consider and approve the budget prepared by the hospital administration  
24          for submission to the Congress of the Philippines through the Budget  
25          Secretary.

26           **Sec. 25. *Meeting of the Board and Quorum.*** - The eHealth Center Board shall meet  
27 regularly once a month at the Department of Health on a regular date fixed for the  
28 purpose. Special meetings may be called as often as necessary. A majority of the  
29 members shall constitute a quorum. All decisions of the Board must be by a majority of  
30 the members present.

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**Sec. 26. eHealth Center Director and Auditor.** - There shall be a eHealth Center Director, elected by a majority vote of the eHealth Center Board: *Provided, that* the recommendee is qualified under the Civil Service Act.

The eHealth Center director shall serve until otherwise incapacitated or removed for cause and shall receive an annual salary equivalent to that of Chief of Hospital IV under the Salary Plan of the Wage and Position Classification Office. One shall have charge of the hospital and shall have the powers in respect to the hospital as vested by the law in chiefs of hospitals.

Specifically, the eHealth Center Director shall:

- a) Be responsible for the implementation of all policies, decisions and orders of the eHealth Center Board;
- b) Have immediate supervision and control over the affairs of the eHealth center Board;
- c) Prepare and submit to the eHealth Center Board periodic reports on the state of affairs, financial conditions, budgetary requirements and other problems of the hospital together with the corresponding recommendations thereon; and
- d) Perform such other duties as the eHealth Center Board may from time to time direct him to do, consonant with the dignity and responsibility of the office.

The eHealth Center Board shall appoint an auditor who shall be the representative of the Auditor General who is hereby designated as ex-officio auditor of all eHealth Centers.

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

One shall audit, examine and settle all accounts of the eHealth Centers, according to existing laws and regulations and shall perform such other duties as the Auditor General, the eHealth Center Director or the eHealth Center Board may require of one. One's compensation shall be fixed by the eHealth Center Board.

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*Sec. 27. Heads of Departments and Services and Compensations.* - The participating Heads of departments and services as well as medical consultants and specialists shall be appointed by the eHealth Center Board upon recommendation of the eHealth center Director. Their compensation shall be prescribed by the eHealth Center Board but the same shall in no case be less than provided for under existing laws and regulations.

All other personnel and employees of the eHealth Centers shall be appointed by the eHealth Center Director subject to the approval of the eHealth center Board.

**ARTICLE VII  
IFRASTRUCTURE**

*Sec. 28. ICT Infrastructure.* - The required ICT infrastructure to implement eHealth system and services shall conform to the national ICT infrastructure plan and standards.

*Sec. 29. Medical devices and eHealth solutions.* - Software platform that connects existing or new medical devices and gateways shall be defined and regulated to ensure seamless data transfers based on established industry and national standards and standardization of EMR or EHR.

*Sec. 30. eHealth Centers Database.* - All eHealth Centers and originating sites shall coordinate with DOH for consolidation of pertinent database. DOH shall maintain and manage a national database for consultants on clinical cases as well as health and medical education exchanges.

*Sec. 31. National Health Database and Data warehouse.* - The DOH shall spearhead the maintenance and management of a secured and protected national health database and national health data warehouse or defined shared EMR or EHR and of consultations on clinical cases as well as health and medical education exchanges and other eHealth applications.

**ARITCLE VIII**

1 **HUMAN RESOURCES**

2 Sec. 32. *Human resources ICT Competencies.* - Minimum ICT or eHealth  
3 competencies shall be established and imposed to medical and paramedical professionals  
4 practicing eHealth, and be part of the medical and allied medical curricula.

5 Sec. 33. *Capability Building Plans and Policies.* - Human resource plans and policies  
6 shall fully take into account in delivering eHealth and Telemedicine. The following are to  
7 be considered:

- 8 a) Licensable healthcare professionals must have a valid Philippine license  
9 based on the requirement of the Professional regulations Commission  
10 (PRC);
- 11 b) Appropriate policies concerning cases wherein a licensed eHealth  
12 practitioner in the Philippines who intends to provide eHealth services to a  
13 patient in another country should be in place;
- 14 c) In any event, a eHealth center should have policies and procedures to  
15 ensure that all relevant staff have the appropriate competencies to practice  
16 safer Health services; and
- 17 d) eHealth centers should regular review of human resource plans and policies  
18 related to eHealth and eMedicine.

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20 **ARTICLE IX**  
21 **STRATEGY AND INVESTMENT**

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23 Sec. 34. *eHealth Strategic Framework.* – The DOH shall spearhead the  
24 development and monitoring of strategic framework and plans to serve to guide the  
25 implementation of eHealth systems and services.

26 Sec. 35. *Monitoring Evaluation System.* – There shall be established a robust metric  
27 for the monitoring and evaluation for eHealth to access and analyze the impact of eHealth  
28 systems and service.

1           **Sec. 36. Appropriations.** – The amount necessary to carry out the provisions of this  
2 Act shall be included in the General Appropriation of the year following its enactment into  
3 law.

4           **Sec. 37. Telehealth Center Trust Funds.** – All funds and money not coming from  
5 the general fund of the National Government such as contributions from taxes and  
6 assessments from authorized sweepstakes lotteries and games, donations, legacies,  
7 endowment shall be used and disbursed only upon the authorization of the Telehealth  
8 Center Board for the purpose of improving the Telehealth Centers, its facilities and  
9 services, including the purpose of improving the Telehealth Centers, its facilities and  
10 services, including the purchase of supplies and equipment.

11           **Sec. 38. Financing eHealth Services.** – Financing for applicable eHealth services by  
12 PhilHealth and other partners, as defined by the National eHealth Steering Committee  
13 shall be made available.

14           **Sec. 39. Private Sector Participation.** – The government shall encourage private  
15 sector investment on eHealth systems and services subject to existing laws and regulation  
16 through the appropriate government agencies and must be compliant to the established  
17 national eHealth systems and services and standards.

18           Under the Private Sector Participation Program, the joint DOH-Philhealth-DOST-  
19 National Privacy Commission-Philippine Statistics Authority undertakings on eHealth shall  
20 be expanded to align with the Medium-term Information and Communications technology  
21 Harmonizing Initiative (MITHI) efforts of Department of Budget ad management (DBM)  
22 and DOST which shall include the development of a Citizen registry. The participation  
23 from the private sector such as IT providers is important for the rapid sailing up of the  
24 eHealth services and in comprehending the delivery of eHealth services in the national  
25 and local levels.

26           **Sec. 40. Tax Incentive.** – Any private corporation that will engage in providing  
27 eHealth services shall not be required to pay any national or local tax within the first two  
28 (2) years of operation.

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1 **ARTICLE X**  
2 **RESEARCH AND DEVELOPMENT**

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4 **Sec. 41. *Research and Development.*** – Consistent with Republic act No. 10532 or  
5 the Philippine National Health Research System Act of 2013, the Development of Science  
6 and technology – Philippine Council for Health Research and Development (DOST-  
7 PCHRD) in coordination with DOH, DICT, PhilHealth, specialty societies, and non-  
8 government institutions shall ensure for the development of new eHealth solutions,  
9 services, and innovations through:

- 10 (a) Formulation of expanded eHealth research priority areas under the  
11 National; Unified Health research Agenda (NUHRA); and  
12 (b) Establishment of knowledge hub and research centers for Health that focus  
13 on but not limited to capacity building, health technology assessment,  
14 knowledge management, standards development, and research utilization.

15 **Sec. 42. *Funding Source for Research Development.*** – The research budget shall  
16 not be more than 5% of the funding sources of each of the following government  
17 agencies:

- 18 (a) Department of Health;  
19 (b) Department of Science and Technology; and  
20 (c) Department of Information and Communication Technology.

21  
22 **ARTICLE XI**  
23 **LIABILITIES AND PENALTIES**

24  
25 **Sec. 43. *Unauthorized Processing of Personal Information and Sensitive Personal***  
26 ***Information.*** – (a) The unauthorized processing of personal information shall be penalized  
27 by imprisonment ranging from one (1) year to three (3) years and a fine of not less than  
28 Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two Million Pesos  
29 (PHP 2,000,000.00) to be imposed on persons who process personal information without  
30 the consent of the data subject, or without being authorized under this Act or any existing



1 law, and (b)The unauthorized processing of personal sensitive information shall be  
2 penalized by imprisonment ranging from three (3) years to six (6) years and a fine of not  
3 less than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Four Million  
4 Pesos (4,000,000.00) to be imposed on persons who process sensitive information  
5 without the consent of the data subject, or without being authorized under this Act or  
6 any existing law.

7 **Sec. 44. *Accessing Personal Information and Sensitive Personal Information Due***  
8 ***to Negligence.*** – (a) Accessing personal information due to negligence shall be penalized  
9 by imprisonment ranging from one (1) year to three (3) years and fine of not less than  
10 Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two Million Pesos  
11 (PHP 2,000,000.00) to be imposed on persons who, due to negligence, provided access  
12 to personal information without being authorized under this Act or any existing law.

13 **Sec. 45. *Improper Disposal of Personal Information and Sensitive Personal***  
14 ***Information.*** – (a) The improper disposal of personal information shall be penalized by  
15 imprisonment ranging from six (6) months to two (2) years and a fine of not less than  
16 One Hundred Thousand Pesos (PHP 100,00.00) but not more than Five Hundred  
17 Thousand Pesos (PHP 500,000.00) to be imposed on persons who knowingly or  
18 negligently dispose, discard or abandon the personal information of an individual in its  
19 container for trash collection, and (b)The improper disposal of sensitive personal  
20 information shall be penalized by imprisonment ranging from one (1) year to three (3)  
21 years and fine of not less than One Hundred Thousand Pesos but not more than One  
22 Million Pesos (PHP 1,000,000.00) to be imposed on persons who knowingly or negligently  
23 dispose, discard or abandon the personal information of an individual in its container for  
24 trash collection.

25 **Sec. 46. *Processing of Personal Information and Sensitive Personal Information for***  
26 ***Unauthorized Purposes.*** – The processing of personal information for unauthorized  
27 purposes shall be penalized by imprisonment ranging from one (1) year and six (6)  
28 months to five (5) years and fine of not less than Five Hundred Thousand Pesos (PHP  
29 500,000.00) but not more than One Million Pesos (PHP 1,000,000.00) to be imposed on

1 persons processing personal information for purposes not authorized by the data subject,  
2 or otherwise authorized under this Act or under existing laws.

3 The processing of sensitive personal information for unauthorized purposes shall  
4 be penalized by imprisonment ranging from two (2) years to seven (7) years and a fine  
5 of not less than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two  
6 Million Pesos (PHP 2,000,000.00) to be imposed on processing sensitive personal  
7 information for purposes not authorized by the data subject or otherwise authorized  
8 under this Act or under existing laws.

9 **Sec. 47. *Unauthorized Access or Intentional Breach.*** – The penalty of imprisonment  
10 ranging from one (1) year to three (3) years and a fine of not less than Five Hundred  
11 Thousand Pesos (PHP 500,000.00) but not more than Two Million Pesos (2,000,000.00)  
12 shall be imposed on persons who knowingly and unlawfully, or violating data  
13 confidentiality and security data systems, breaks in any way into any system where  
14 personal and sensitive personal information is stored.

15 **Sec. 48. *Concealment of Security Breaches involving Sensitive Personal***  
16 ***Information.*** – The penalty of imprisonment of one (1) year and six (6) months to five  
17 (5) years and a fine of not less than Five Hundred Thousand Pesos (PHP 500,000.00) but  
18 not more than One Million Pesos (PHP 1,000,000.00) shall be imposed on persons who,  
19 after having knowledge of a security breach and of the obligation to notify the Commission  
20 pursuant to Section 20(f), intentionally or by commission conceals the fact of such  
21 security breach.

22 **Sec. 49. *Malicious Disclosure.*** – Any personal information controller or personal  
23 information processor or any of its officials, employees or agents, who, with malice or in  
24 bad faith, discloses unwarranted or false information relative to any personal information  
25 or personal sensitive information obtained by him or her, shall be subject to imprisonment  
26 ranging from one (1) year and six (6) months to five (5) years and a fine of not less than  
27 Five Hundred Thousand Pesos (PHP 500,000.00) but not more than One Million Pesos  
28 (PHP 1,000,000.00).

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1           **Sec. 50. *Unauthorized Disclosure.*** – (a) Any personal information controller or  
2 personal information processor or any of its officials, employees or agents, who discloses  
3 to a third party personal information not covered by the immediately ranging from one  
4 (1) year to three (3) years and a fine of not less than Five Hundred Thousand Pesos (PHP  
5 500,000.00) but not more than One Million Pesos (PHP 1,000,000.00), and (b)Any  
6 personal information controller or personal information processor or any of its officials,  
7 employees or agents, who discloses to a third party sensitive personal information not  
8 covered by the immediately preceding section without the consent of the data subject,  
9 shall be subject to imprisonment ranging from three (3) years to five (5) years and a  
10 fine of not less than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than  
11 Two Million Pesos (PHP 2,000,000.00).

12           **Sec. 51. *Combination or Series of Acts.*** – Any combination or series of acts as  
13 defined in Section 42 to 49 shall make the person subject to imprisonment ranging from  
14 three (3) years to six (6) years and a fine of not less than One Million Pesos (PHP  
15 1,000,000.00) but not more than Five Million Pesos (PHP 5,000,000.00).

16           **Sec. 52. *Extent of Liability.*** – If the offender is a corporation, partnership or any  
17 juridical person, the penalty shall be imposed upon the responsible officers, as the case  
18 may be, who participated in, or by their gross negligence, allowed the commission of the  
19 crime. If the offender is a juridical person, the court may suspend or revoke any of its  
20 rights under this Act. If the offender is an alien, he or she shall, in addition to the penalties  
21 prescribed, be deported without further proceedings after serving the penalties  
22 prescribed. If the offender is a public official or employee and lie or she is found guilty of  
23 acts penalized under Section 44 and 45 of this Act, he or she shall, in addition to the  
24 penalties prescribed herein, suffer perpetual or temporary absolute disqualification from  
25 office, as the case may be.

26           **Sec. 53. *Large-Scale.*** – The maximum penalty in the scale of penalties respectively  
27 provided for the preceeding offenses shall be imposed when the personal information of  
28 at least one hundred (100) persons is harmed, affected or involved as the result of the  
29 abovementioned actions.

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1           **Sec. 54. *Offense Committed by Public Officer.*** – When the offender or the person  
2 responsible for the offense is a public officer as defined in the Administrative Code of the  
3 Philippines in the exercise of his or her duties, an accessory penalty consisting in the  
4 disqualification to occupy public office for a term double the term of criminal penalty  
5 imposed shall be applied.

6           **Sec. 55. *Restitution.*** Restitution for any aggrieved party shall be governed by the  
7 provisions of the New Civil Code.

8           **Sec. 56. *Liability of Supervising Persons.*** – Persons who directly supervise and  
9 control staff members entitled to fill EMR or EHR are liable for injuries associated with  
10 inaccurate or deficient summary reports provided by these staff members.

11           **Sec. 57. *Liability of eHealth Centers.*** – eHealth centers are liable for injuries  
12 associated with inaccurate or defective treatment caused by their software and database.

13           **Sec. 58. *Implementing Rules and Regulations.*** – Within ninety (90) days from the  
14 effectivity of this Act, the Secretary of Health, after consultation with the DOST, DICT,  
15 University of the Philippines – Manila (National Telehealth Center), PhilHealth, CHED,  
16 medical and paramedical association and societies, and other stakeholders shall  
17 promulgate the necessary rules and regulations implementing the provisions of this Act.

18           **Sec. 59. *Separability Clause.*** – If any part or provision of this Act shall be declared  
19 or held unconstitutional or invalid, other provisions hereof which are not affected thereby  
20 shall continue to be in full force and effect.

21           **Sec. 60. *Repealing Clause.*** – All general and special laws, decrees, executive  
22 orders, proclamations and administrative regulation, or any parts thereof which are  
23 inconsistent with this Act hereby repealed, amended and modified accordingly.

24           **Sec. 61. *Effectivity.*** – this Act shall take effect (15) days after its publication in the  
25 official gazette or in any two (2) newspapers of general circulation.

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27           *Approved,*