

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 171



Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

AN ACT

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

EXPLANATORY NOTE

The 1987 Philippine Constitution provides that, "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers" (Article XIII, Section 11).

It also states in Article XIV, Section 12 that, "The State shall regulate the transfer and promote the adaptation of technology from all sources for the national benefit. It shall encourage the widest participation of private groups, local governments, and community-based organizations in the generation and utilization of science and technology."

In view of the aforesaid provisions of the fundamental law, this measure 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.

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).

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.

It bears stressing that the investment on building access to health services is a crucial requirement for the realization and success of the Universal Health Care for all Filipinos. Hence, investing in eHealth is imperative to ensure equitable access to health care services, most especially those in geographically isolated and disadvantaged areas (GIDA) and particularly for the poor, disadvantaged, and vulnerable. 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.

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

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) to improve health outcomes for every Filipino, and recognize public and private partnership.

The 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. The State shall recognize eHealth as equal with other healthcare delivery methods to the extent allowable by existing laws, provide and support healthcare delivery, including diagnosis, consultation, treatment, transfer of care of patient, exchange of health data and education, especially in medically unserved and underserved geographically isolated and disadvantaged areas (GIDAs).

SEC. 3. Objectives. –The objectives of this Act are as follows:

- a) Provide a policy framework and establish a system that shall direct and regulate the practice of eHealth;
- b) Set policies, standards, regulations and services in eHealth to reduce inequalities, achieve universal health care and improve health outcomes;
- c) Realize health information exchange to measure and monitor health system performance and responsiveness; and
- d) Enable the citizenry with access to health information and health services, including teleHealth, needed for better management and control of their own health.

SEC. 4. Scope and Application. – This Act covers all existing healthcare providers and other entities developing and using eHealth systems, services and applications, whether public or private. It includes all other eHealth solutions, services and applications including relevant standard equipment in the field of health and ancillary services that utilize ICT and complements existing minimum modalities or standards of health care and other access to information.

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

- a) **eHealth system** refers to the interplay of enabling elements essential for a successful eHealth implementation—which include governance and accountability; strategy and investment; human resources; standards and interoperability; monitoring and compliance; research and development; infrastructure; and services and applications;
- b) **eHealth services and applications** refer to the solutions and products with defined objectives to serve its intended clients or users, such as health information systems, electronic medical record (EMR) systems, electronic health record (EHR) system, hospital information system, ePharmacy system, laboratory system, radiology system, registry

systems, mobile health, teleHealth, telemedicine, wearables, and biomedical and related devices with ICT component;

- c) **Electronic Health or eHealth** refers to the use of cost-effective and secure information communications technology for health;
- d) **Electronic health record (EHR)** refers to a computerized health record used to capture, store, access and share information for a patient between healthcare organizations and providers;
- e) **Electronic medical record (EMR)** refers to a computerized medical record used to capture, store and share information between healthcare providers in an organization;
- f) **Geographic isolated and disadvantage areas (GIDAs)** refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by: (1) physical factors such as those isolated due to distance, weather conditions and transportation difficulties like island, upland, lowland, landlocked, hard to reach and unserved or underserved communities; and (2) socio-economic factors such as high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict;
- g) **Health sector enterprise architecture** refers to the blueprint on which eHealth services and applications shall be developed, implemented and scaled up;
- h) **Health knowledge resources** refer to those services that manage and provide access to trusted information to support health care providers and individuals, including local and international online journals and resource collections, national electronic journals printed information, archives, and other information resources;
- i) **Information and Communications Technology** refers to all technologies for the communication of information, which includes data, application or information systems, internet, network, connectivity, telecommunications, among others;
- j) **Mobile Health or mHealth** refers to the services and information supported by mobile technology, such as mobile phones, wearables, and handheld computers;
- k) **Personal health record (PHR)** refers to a computerized health record created and maintained by an individual;
- l) **TeleHealth** refers to the delivery of health-related services and information, at a distance, which encompasses preventive, promotive, curative, and palliative aspects and include a collection of means or methods for enhancing health care, public health, health research and health education delivery and support in the various health fields using telecommunications and virtual technologies; and
- m) **Telemedicine** refers to the remote diagnosis and treatment of patients by means of telecommunications technologies.

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

The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination Council as provided on Section 7 hereof.

SEC. 7. eHealth Policy and Coordination Council. – There shall be created an independent body to be known as the eHealth Policy and Coordination Council Hereinafter Referred to as the Council to provide and promote relevant policies and guidelines for the effective coordination and implementation of this Act. The Council is composed of the following key officials:

- a) Secretary of Health as chairperson;
- b) Secretary of Information and Communications Technology as co-chairperson;
- c) President and chief executive officer of the Philippine Health Insurance Corporation (PhilHealth) co-chairperson;
- d) Secretary of Science and Technology
- e) Secretary of Social Welfare and Development;
- f) Secretary of Interior and Local Government;
- g) Secretary of Budget and Management;
- h) Chancellor, University of the Philippines – Manila (UPM);
- i) Chairperson, Commission on Higher Education (CHED);
- j) Chairperson, National Privacy Commission (NPC);
- k) National Statistician, Philippine Statistics Authority (PSA);
- l) Two (2) representatives from professional medical or health societies;
- m) One (1) representative from patients' group; and
- n) One (1) representative from the IT industry associations

SEC. 8. Powers and Duties. – The Council shall exercise the following powers and functions:

- a) Establish eHealth policies, standards, regulations, and ethical frameworks pertinent to use, practice and provision of eHealth services;
- b) Direct and coordinate the eHealth services and applications at the national level and ensure alignment of the system and services with the overall health and ICT goals of the government;
- c) Spearhead the activities that promote eHealth awareness and engage the participation of stakeholders; and
- d) Submit yearly assessments to the Senate Committee on Health and Demography and the House of Representatives Committee on Health.
- e) Promulgate rules and procedures, relating to administrative violations and complaints, insofar as they relate to the establishment and operations of The National EHealth System.

SEC. 9. Sub-Structure for broader stakeholder participation. – The Council shall create multi-sectoral groups, composed of both the private and public sectors to ensure broader stakeholder participation.

SEC. 10. Health Sector Enterprise Architecture. – The Council shall develop, regularly update, and implement a health sector enterprise architecture to provide guidance to align and ensure that data are easily made available and accessible, business processes are harmonized and integrated, and services and applications are usable, safe, efficient and effective.

SEC. 11. Standards Compliance. – All health and health-related entities shall comply with the data standards, as defined by the Council to allow interoperability and health information exchange, and ensure data protection in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act" and other related laws and issuances.

These standards include, among others, patient identifier, provider identifier, health facility identifier, terminology and messaging standards, and in accordance with the Philippine eGovernment interoperability framework and other relevant standards.

SEC. 12. Rationalization of eHealth Services and Applications. – Design, development, and implementation of eHealth services and applications shall focus on the automation and interoperability of the various mandatory eHealth business processes and data services as laid out in the Health Sector Enterprise Architecture.

SEC. 13. Scope of eHealth Services and Applications. – eHealth includes the following areas:

- a) Mandatory eHealth Data Services:

- 1) Master Person Index
- 2) Master Provider Index
- 3) Master Facility Index
- 4) Terminology Registry

b) Compliant eHealth Application:

- 1) Electronic Medical Record
- 2) Enterprise Resource Planning
- 3) Laboratory, Radiology, and ePrescription
- 4) Human Resources for Health Information System
- 5) 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 shall, in consultation with Professional Regulatory Commission (PRC), PhilHealth, UPM – National TeleHealth Center, DICT, academe, medical and specialty societies, non-government organizations, the private and business sectors, set the standards of practice and implement a certification mechanism for individuals and entities providing telehealth services.

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

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 academe, 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. There shall also be creation of personnel services items, plantilla positions, and other employment opportunities for human resource in government hospitals and institutions to manage and enable eHealth in healthcare and related services.

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

SEC. 20. National Health Data Center. – The PhilHealth shall, in coordination with the DOH, DICT and DOST, establish and maintain the national health data center, in support to Republic Act No. 11223, otherwise known as the “Universal Health Care Act,” and in compliance with Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012” for data protection.

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

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

SEC. 23. Public-Private Sector Participation. – The DOH shall promulgate rules regarding the participation of the private sector in the provision of eHealth services and applications, including public-private partners and other suitable arrangements.

SEC. 24. Monitoring and Compliance. – The Council shall measure and monitor the performance and progress of the implementation of this Act.

SEC. 25. Research and Development. – Consistent with Republic Act No. 10532, otherwise known as the “Philippine National Health Research System Act of 2013,” and the mandate of the DOST, the DOST — Philippine Council for Health Research and Development (DOST-PCHRD) shall, in consultation with DOH, CHED, DICT, PhilHealth, UPM – National TeleHealth Center, academia,

regional health research consortia, medical and specialty societies, non-government organizations, the private and business sectors, shall ensure the development of new eHealth services, applications and innovations through:

- a) Formulation of eHealth research priority areas under the National Unified Health Research Agenda (NUHRA), and other research agendas;
- b) Funding and mobilizing resources for researches on eHealth which are aligned with the research agenda;
- c) Establishment and strengthening of centers of excellence of eHealth research; and
- d) Adherence of eHealth research outputs to the health technology assessment process as provided in the Universal Health Care Act.

SEC. 26. Funding Source for Research and Development. –The DOH, PhilHealth, DOST, DICT, CHED, and DILG shall allocate at least 1% of their respective annual regular budget in support of eHealth research and development. Other government agencies, state universities and colleges (SUCs), private entities, and non-government organizations are encouraged to provide financial support for eHealth research and development.

SEC. 27. Administrative Penalties. – Any person or entity who violates the provision under Sections 11, 15 and 16 of this Act shall, after due notice and hearing, be penalized by the following schedule of administrative fines:

For the first offense, a fine of not less than Ten thousand pesos (PHP10,000.00) but not more than Twenty thousand pesos (PHP20,000.00);

For the second offense, a fine of not less than Twenty thousand pesos (PHP20,000.00) but not more than Fifty thousand pesos (PHP50,000.00); and

For the third offense, a fine of not less than Fifty thousand pesos (PHP50,000.00) but not more than One hundred thousand pesos (PHP100,000.00) and revocation of certificate to operate telehealth services and ehealth related devices.

The schedule of fines under this Act may be increased by the Council every five (5) years.

The administrative penalties shall be without prejudice to criminal liability in accordance with Republic Act NO. 10173, also known as the “Data Privacy Act” and other related laws.

SEC. 28. Transitory Provisions. – Within ninety (90) days from the effectivity of this Act, during the transformation of KMTS into a full-fledged Bureau, the existing KMTS shall serve in a hold-over capacity until a full and permanent bureau is constituted.

SEC. 29. Appropriations. – 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 law. Further, other sources of funds may come from the Private Sector Participation Program, Joint DOH-PhilHealth-DICT-DOST undertakings on eHealth, and Medium-Term Information and Communications Technology Harmonization Initiative (MITHI).

SEC. 30. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the Secretary of DOH shall, after consultation with the Secretaries of DICT and DOST, the President and Chief Executive Office of PhilHealth, the Chancellor of UPM, the Chairperson of CHED, the National Statistician of PSA, and representatives of medical and paramedical associations and societies, and other stakeholders, promulgate the necessary rules and regulations implementing the provisions of this Act.

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

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

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

Approved,