



HOUSE OF REPRESENTATIVES

House Bill No. 61

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Introduced by Representative Victor A. Yap

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EXPLANATORY NOTE

One of the main challenges of Philippine health care system today is access to health care services. Based on the data from the Department of Health (DOH), 70% of the population living in rural areas are still struggling with no or limited access to quality inpatient and outpatient care services. This is because only 13% of healthcare providers and 40% of tertiary hospitals are situated in non-urban areas. On the average, according to DOH, it takes around 39 minutes for Filipinos to travel to a local health facility.


Moreover, delayed access to timely, reliable, accurate, and complete health information contributes to the challenges faced by health care professionals.

This bill aims to utilize information and communication technology (ICT) for health or eHealth in order to deliver medical services and improve access to healthcare, particularly in rural and underserved areas.

It promotes eHealth as equal with other healthcare delivery methods. Through the use of ICT, eHealth enables the diagnosis, consultation, treatment, education, care management, and self-management of patients at distance from health providers.

eHealth 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 goal of a more responsive health system. ICT can be used to enhance the timeliness and accuracy of health reporting to better facilitate monitoring of diseases in the country.

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

  
**VICTOR A. YAP**  
Representative, 2nd District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. 61

Introduced by Representative Victor A. Yap

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

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 eHealth Systems and  
2 Services Act”.

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

10  
11 SEC. 3. *Objectives.* – The eHealth Act shall provide a policy framework and establish a National  
12 eHealth System that will direct and regulate the practice of eHealth in the Philippines.

13  
14 The Philippine eHealth Systems and Services shall be comprehensive, integrative,  
15 sustainable, measurable, synchronized, interoperable, and progressive based on best practices,  
16 and shall facilitate inter-agency and inter-sectoral coordination at various levels of governance  
17 covering both the public and private sectors. It shall: recognize eHealth as equal with other  
18 healthcare delivery methods to the extent allowable by existing laws, provide and support  
19 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):

- a) utilize information and communication technology (ICT) to deliver health services which has the potential to be profitable, improve quality, change the conditions of practice, and improve access to healthcare, particularly in rural and other medically underserved areas;
- b) develop infrastructure for ICT for health to promote equitable, affordable, and universal access to health services;
- c) set policies and standards, and establish regulations regarding the field of eHealth;
- d) designate national and regional centers and networks of excellence for eHealth best practices, policy coordination, and technical support for healthcare delivery;
- e) facilitate the exchange and access to secured personal health information, including health providers sharing and use health and medical information to improve care as well as public access to relevant information for the promotion of their own personal health;
- f) ensure harmonization or integration, alignment and interoperability among various eHealth initiatives, programs and projects across the country, and in accordance with the national agenda and priorities, and international eHealth practices, directions and standards; and
- g) facilitate inter-agency and inter-sectoral coordination at various level of governance covering both public and private sectors.

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

- a) **Electronic health or eHealth** refers to the use of cost-effective and secure information communications technology for health;
- b) **Electronic Medical Records** refer to the medical background and history of medical service provider's patient and such other information to be designed and developed by the Record Center. It shall be presented in a standard electronic format;
- c) **eHealth Practitioner** refers to any healthcare provider from public or private sector;
- d) **eHealth Systems** refers to an organized and structure application of eHealth, integrated in the regular workflow of healthcare facilities;
- e) **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 (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;

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

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

h) **Licensable Healthcare Professionals** refer to healthcare professionals applying for license to practice telehealth services;

i) **Live video** refers to the two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. This type of service is also referred to as *real-time* and may serve as a substitute for an in-person encounter when it is not available;

j) **Medical Practitioner** refer to licensed physicians who practice their profession in urban cities and municipalities;

k) **Medical Service Providers** refer to all medical practitioners, hospitals, clinics, centers and other similar institutions that provide medical care service and assistance;

l) **Mobile Health** refers to the health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs. Applications can range from targeted text messages that promote healthy behaviour to wide-scale alerts about disease outbreaks;

m) **Originating site** refers to the site where the patient is located at the time of provision



of healthcare services through telecommunication systems;

- n) **Records Center** refers to the Electronic Medical Records Center created under this Act;
- o) **Remote Patient Monitoring** refers to the personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support. This type of service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.
- p) **Secure Socket Layer or SSL** refers to the technology which negotiates and employs the essential function of mutual authentication, data encryption and data integrity for secure transactions. The SSL security protocol; provides data encryption, server authentication, message integrity, the client authentication for a transmission control protocol (TCP) or IP connection;
- q) **Store-and-forward** refers to the transmission of recorded health history through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction. This service provides access to data after it has been collected and involves communication tools such as secure e-mail;
- r) **Telehealth** refers to the delivery of health-related services and information via telecommunication technology which encompasses preventive, promotive, curative, and palliative aspects. It is also a collection of means or methods for enhancing health care, public health, and health education delivery and support in the field of dentistry, counselling, physical and occupational therapy, home health, chronic disease monitoring and management and other related health fields using telecommunications technologies that perform live video, store-and-forward, remote patient monitoring and mobile health;
- s) **Telehealth Center** refers to an office located within a hospital designated for the purpose of conducting telehealth services and is equipped with the necessary tools and manpower;
- t) **Telemedicine** refers to the use of telecommunication technology to provide healthcare



1 services from a distance which focuses more on the preventive and curative or  
2 treatment aspect;

- 3
- 4 u) **128-bit Encryption** refers to the encrypted transaction that secures confidential data  
5 or contents of a message wherein the original information can be recovered through  
6 the use of a corresponding decryption process.
- 7

8 **SEC. 5. Scope.** – This Act covers all existing eHealth practitioners, institutions, entities, services  
9 and related applications in both public and private. It shall not alter the scope of practice of any  
10 healthcare provider or authorize delivery of health care services in any manner not authorized by  
11 law. It shall cover all other eHealth solutions and services including relevant standard equipment  
12 in the field of health and ancillary services that uses ICT and are complementary to existing  
13 minimum modalities or standards of health care and other access to information.

14

15

16 **ARTICLE II**  
17 **eHEALTH SERVICES AND SOLUTIONS**

18

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

23

24 **SEC. 7. Scope of eHealth Services and Solutions.** – eHealth is an umbrella term which includes  
25 the following areas:

- 26 a) Health informatics refers to interdisciplinary study of the design, development,  
27 adoption, and application of IT-based innovations in healthcare services delivery,  
28 management, and planning;
- 29 b) Telehealth refers to the delivery of health related services and information via  
30 telecommunication technology which encompasses preventive, promotive, curative,  
31 and palliative aspects;
- 32 c) Telemedicine refers to the use of telecommunication technology to provide healthcare  
33 services from a distance; focuses more on the curative or treatment aspect;
- 34 d) Electronic learning or e-learning refers to learning utilizing electronic technologies to  
35 access educational curriculum outside of a tradition classroom;
- 36 e) Electronic Medical Record or Electronic Health Record refers to software systems  
37 which contains encoded form of documentation of patient's health information;
- 38 f) Electronic prescription or e-prescription refers to an electronic generation of a



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

22 **SEC. 8. Telehealth and Telemedicine Services.** – Telehealth is an approach of providing

23 healthcare services and public health with the use of ICT to enable the diagnosis, consultation,

24 treatment, education, care management, and self-management of patient at distance from health

25 providers. However, it shall not be understood to modify the scope of medical practice or any

26 healthcare provider or authorized the delivery of healthcare service in a setting or manner not

27 otherwise authorized by the law.

28

29 **SEC. 9. Electronic Medical or Health Record (EMR or EHR).** – All data in the EMR or EHR

30 shall be considered protected health data and shall be governed by established rules for access,

31 authentications, storage and auditing, and transmittal.

32

33 **SEC. 9.1. Disclosure.** – Disclosure of and accessibility to protected data in the EMR or

34 EHR shall be limited and standardized following international and local rules and

35 regulations. Patients may secure a copy of their EMR or EHR upon request and shall

36 provide informed consent if their EMR or EHR is shared with third parties except when

37 these are processed for the production of aggregate health statistics, for social health



1 insurance claims based on established guidelines, for public health emergency concerns  
2 and national security.

3  
4 The data in the EMR or EHR shall be encrypted and any unauthorized access of the EMR  
5 or EHR shall be punishable under Republic Act No. 10173 or the Data Privacy Act.

6  
7 **SEC. 9.2. Covered Entities.** – Covered entities may disclose protected health information  
8 to law enforcement officials performing their official duties and responsibilities as  
9 required by existing national and local laws and with proper order from duly concerned  
10 bodies.

11  
12 **SEC. 10. Electronic Medical Records Facilities Creation, Maintenance and Uploading.** – All  
13 provisions of existing laws to the contrary notwithstanding medical service providers shall create  
14 and maintain electronic medical records which shall be electronically uploaded on a regular  
15 basis. The medical service providers shall likewise maintain hard copies of the electronic records  
16 to be printed and stored as backup records.

17  
18 All concerned medical service providers may elect to keep their own existing format in  
19 addition to the new electronic record and its back-up for purposes of their own use or in  
20 providing hard copies to patients: *Provided however,* that back-up copies of electronic records  
21 shall, at all times, be included when providing hard copies to the requesting patients.

22  
23 The electronic medical records facilities aside from the keeping records, shall likewise  
24 provide for an electronic facility where patients and medical service providers can communicate  
25 on-line either in real time or off-line.

26  
27 The EMR may also be integrated with civil registries to facilitate recording of vital  
28 information.

29  
30 **SEC. 11. Electronic Medical Records Center.** – There shall be created an Electronic Medical  
31 Records center to be placed under the Office of the Secretary of the Department of Health. The  
32 Center shall serve as a hub of all databanks of medical records and other pertinent information to  
33 the patient's medical history.

34  
35 The records center shall generate specialized software to be distributed and used as the  
36 standard platform for the maintenance, updating, uploading and making available electronic  
37 Medical Records.



1 The center shall enforce strict compliance with uploading and updating of electronic  
2 medical records as provided for in this Act.

3  
4 **SEC. 12. *Security Features of Electronic Medical Records.*** – In order to ensure the privacy of  
5 all medical records, electronic communication and transactions shall use existing 128-bit  
6 encryption or higher form of Secure Socket Layer (SSL) technology which may be devised in the  
7 future.

8  
9 The security features of the electronic medical records shall likewise comply with the  
10 security provisions as provided in Republic Act No. 8792 or the Electronic Commerce Law of  
11 2000.

12  
13 **SEC. 13. *Creation of EMR or EHR.*** – EMR or EHR can be created by the following  
14 professionals if it is necessary for the medical care of the patients:

- 15  
16 1) Doctors;  
17 2) Dentists;  
18 3) Pharmacists, pharmacy assistants, pharmacy engineers;  
19 4) Psychotherapist;  
20 5) Nurses; and  
21 6) other allied health professionals

22  
23 Hospital assistants in preparation for their assisting occupation, insofar as this is  
24 permissibly required for their occupational tasks and their access are being carried out under the  
25 supervision of the aforementioned persons. EMR software should be standardized and should  
26 have certification by the DOH.

27  
28 **SEC. 14. *Standards of Care.*** – The standards of care to be provided shall be based on  
29 established clinical or service guidelines and services given must be the same regardless of  
30 whether a healthcare provider provides healthcare services in person or electronically. The  
31 attending physician shall be primary accountable for the healthcare delivery of eHealth systems  
32 and services.

33  
34 eHealth shall not replace health care providers providing services in person or relegate  
35 them to less important role in the delivery of healthcare. The fundamental healthcare provider-  
36 patient relationship is not only to be preserved but also augmented and enhanced.

**ARTICLE III**  
**eHEALTH SYSTEMS COMPONENTS**

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

- a) **Leadership and Governance** – Directs and coordinates eHealth activities at all levels like hospitals and health care providers. Critical areas of governance are management of the eHealth agenda, stakeholders' engagement, strategic architecture, clinical safety, management and operation, monitoring and evaluation, and policy oversight.
- b) **eHealth Services or Solutions** – Required service and applications to enable widespread access to health care services, health information, health reports, health care activities, and securely share and exchange patient's information in support to health system goals. These address the needs of the various stakeholders like individuals, health care providers, managers, officials, and others.
- c) **Standards and Interoperability** – Defines standards of eHealth systems and services, and promotes and enables exchange of health information across geographical and health sector boundaries through use of common standards on data structure, terminologies, and messaging. The implementation of software certification or accreditation where eHealth data standards for interoperability.
- d) **Policy and Compliance** – Formulation of the required policies, guidelines and compliance mechanisms to support the attainment of the quality and acceptable eHealth systems and services.
- e) **Infrastructure** – Establishes and supports the ICT and medical base to enable provision of eHealth services and health information exchange to enable sharing of health information across geographical and health sector boundaries, and implementation of innovative ways to deliver health services and information.
- f) **Human Resources** – Workforce or professionals that develop, operate, uses or implement the national eHealth environment such as the health workers who will be using eHealth in their line of works, health care providers, information and communication technology workers, and others.
- g) **Strategy and Investment** – Schemes and outlay that are needed to develop, operate and sustain the eHealth Systems and Services. These components support the development of a strategy and plans to serve as guide in the implementation of the eHealth agenda. Investment refers to the funding or amount needed for executing the strategies and plans.



**ARTICLE IV**  
**LEADERSHIP AND GOVERNANCE**

**SEC. 16. *Lead Agency.*** – The Department of Health (DOH) shall be the lead agency in implementing this Act. For the purpose of achieving the objectives of the Act, the DOH shall:

- a) Establish an inter-agency and multi-sectoral National eHealth Steering Committee;
- b) Spearhead the establishment of a National eHealth System and Service;
- d) Coordinate with the Department of Science and Technology (DOST), the Department of Information and Communication Technology Office (DICT) and the Philippine Council for Health Research and Development (PCHARD), Philippine Health Insurance Corporation (PhilHealth), University of the Philippines – National TelehealthCenter (UPM-NTHC), Medical and Paramedical Specialty Societies, Boards and Associations, Professional Regulation Commission (PRC) and various health services providers and facilities including the academe and patient groups, and other stakeholders;
- e) Create or identify an Office to coordinate the development and implementation of a National eHealth System and Services among agencies concerned and provide direction and guidance to all DOH offices and attached agencies including the local government units and the private sector; and
- f) The Telehealth Centers shall be under the supervision of the Department of Health.

**SEC. 17. *National eHealth Steering Committee.*** – To ensure the implementation of this Act and to serve as an executive body of the Philippine eHealth System and Services (PNeHSS), the National eHealth Steering Committee shall be created and made an integral part of the DOH. It shall also provide policy oversight and ensure that its implementation is consistent and pertinent laws such as Republic Act No. 8792 or the Philippine E-Commerce Law, Republic Act No. 10173 or the Data Privacy Act of 2012, and other commitments to the international health community. The National eHealth Steering Committee can also provide strategic directions to the health sector towards the integration of Philippine services in view of the ASEAN integration.

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

The following shall serve as members:

- a) Secretary, Department of Science and Technology;
- b) Secretary, Department of Information and Communication Technology;
- c) Secretary, Department of Social Welfare and Development;



- d) Secretary, Department of Interior and Local Government;
- e) President and Chief Executive Officer, Philippine Health Insurance Corporation;
- f) Commissioner, Professional Regulatory Commission;
- g) Commissioner, Commission on Higher Education;
- h) Commissioner, National Privacy Commission;
- i) Commissioner, National Anti-Poverty Commission;
- j) President, Philippine Hospital Association;
- k) President, Philippine Medical Association;
- l) A representative from the Association of Municipal Health Officers/PHO/CHO; and

Members of the Committee shall be appointed by the President of the Philippines and shall serve for three (3) years for a maximum of two (2) consecutive terms, unless recalled, replaced or resigned from office. The Committee shall exercise the following 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 system and services at the national level and ensure alignment of the system and services with the overall health goals of the government;
- c) Spearhead the activities that promote eHealth awareness and engages the participation of stakeholders;
- d) Formulate responsive plans and strategies for the development of a national eHealth environment in coordination with major stakeholders and affected sectors;
- e) Set and develop policies and programs for the advancement of eHealth, and impose necessary regulatory mechanisms including penalties upon hearing and deciding cases;
- f) Create a technical working group, committees, and expert group to assist in the development of the eHealth projects;
- g) Create or identify the Telehealth Licensing and Regulatory mechanisms and body to implement the provisions of this Act;
- h) Submit yearly assessments to the Senate Committee on Health and Demography and the House of Representatives Committee on Health; and
- i) Convene at least twice a year.

## ARTICLE V

### STANDARDS AND INTEROPERABILITY



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

7  
8 eHealth systems and services can potentially transform healthcare through mobile health  
9 delivery, personalized medicine, and social media eHealth applications. Reaching the potential  
10 for advancements in eHealth shall only be achieved through information and communication  
11 technology standards efforts that facilitate interoperability among systems and devices, of the  
12 developing world, and leverage existing ubiquitous technologies such as social media  
13 applications and mobile devices.

14  
15 **SEC. 19. *Interoperability framework.*** – The eHealth interoperability shall be defined and must  
16 be in consonance to DOH national eGovernment interoperability framework and established  
17 internal standards.

18  
19 **SEC. 20. *Secure Health Information Exchange (HIE).*** – The DOH, DOST, DICT, and  
20 PhilHealth shall establish a secured health information exchange using a common trust  
21 framework and a common set of rules which serves as the foundation for electronic information  
22 exchange across geographical and health-sector boundaries. The HIE includes the physical  
23 infrastructure, standards, core services, and applications that will strengthen the national eHealth  
24 environment.

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



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

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

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

**Sec. 22. Public-Private Partnership of eHealth Services.** - The DOH is hereby mandated to promulgate rules regarding the participation of the private sector in the provision of eHealth services and solutions, including public-private partnerships and other suitable arrangements, subject to the limitations provided by this Act.

## ARTICLE VI

### THE eHEALTH CENTER BOARD

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

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

The members of the eHealth Center Board shall be appointed by the President of the Philippines and shall receive no salary. They shall, however, receive a per diem of not exceeding two thousand pesos (P 2,000.00) for every meeting of the Board actually attended: *Provided,*



1 however, that the total amount of per diem for all meetings of the eHealth Center Board in a  
2 single month shall not exceed ten thousand pesos (P 10,000.00).

3  
4 Members of the eHealth Center Board who are not officers of the Government shall serve  
5 for a term of four years which is renewable for another term.

6  
7 The Board Secretary shall be appointed by the Chairman from the ranking members of  
8 the hospital staff.

9  
10 **SEC. 24. Powers and Duties of the eHealth Center Board.** – The eHealth Center Board, as the  
11 governing and policy-making body of the eHealth Centers, shall have such powers as are  
12 necessary to carry out the purpose and objectives stated in this Act, including the exercise of  
13 corporate powers. It shall perform the following functions and duties:

- 14
- 15 a) To promulgate and prescribe the rules and regulations for the administration of the affairs  
16 of eHealth Centers.
  - 17 b) To study, propose and approve plans for the improvement of eHealth Center services.
  - 18 c) To propose, study and approve or, amend or revise the organizational structure of eHealth  
19 Centers, in order to meet the exigencies of the service, subject to existing laws and  
20 regulations on the matter and consonant with the principles of sound hospital  
21 administration.
  - 22 d) To consider and approve appointments and promotions of all staff personnel, medical and  
23 administrative, and other employees upon the recommendation of the eHealth Center  
24 Director.
  - 25 e) To investigate all cases of anomalies, negligence or misconduct of all eHealth Center  
26 personnel including the Director. It shall have the final authority to pass upon the  
27 removal, separation, and suspension of such personnel subject to Civil Services Rules and  
28 Regulations.
  - 29 f) To make an integral audit once a year of the business operation of the eHealth Center.
  - 30 g) To receive in trust, legacies, gifts, land grants and donations of real and personal property  
31 of all kinds, free of tax, and to administer the same for the benefit of the hospital or a  
32 department of service thereof. Foreign and domestic donors legacies, gifts, grants and  
33 donations under this Section shall be exempt from any tax of any kind and nature to the  
34 extent of the full amount donated, provisions of existing laws to the contrary  
35 notwithstanding.
  - 36 h) To consider and approve the budget prepared by the hospital administration for  
37 submission to the Congress of the Philippines through the Budget Secretary.
- 38



1 **SEC. 25. Meeting of the Board and Quorum.** – The eHealth Center Board shall meet regularly  
2 once a month at the Department of Health on a regular date fixed for the purpose. Special  
3 meetings may be called as often as necessary. A majority of the members shall constitute a  
4 quorum. All decisions of the Board must be by a majority of the members present.

5  
6 **SEC. 26. eHealth Center Director and Auditor.** – There shall be aeHealth Center Director,  
7 elected by a majority vote of the eHealth Center Board: *Provided, that* the recomendee is  
8 qualified under the Civil Service Act.

9  
10 The eHealth Center Director shall serve until otherwise incapacitated or removed for  
11 cause and shall receive an annual salary equivalent to that of Chief of Hospital IV under the  
12 Salary Plan of the Wage and Position Classification Office. One shall have charge of the hospital  
13 and shall have the powers in respect to the hospital as vested by the law in chiefs of hospitals.

14  
15 Specifically, the eHealth Center Director shall:

- 16  
17 a) Be responsible for the implementation of all policies, decisions and orders of the eHealth  
18 Center Board;  
19 b) Have immediate supervision and control over the affairs of the eHealth Centers as well as  
20 its management and administration, subject to the authority of the eHealth Center Board;  
21 c) Prepare and submit to the eHealth Center Board periodic reports on the state of affairs,  
22 financial conditions, budgetary requirements and other problems of the hospital together  
23 with the corresponding recommendations thereon; and  
24 d) Perform such other duties as the eHealth Center Board may from time to time direct him  
25 to do, consonant with the dignity and responsibility of the office.

26  
27 The eHealth Center Board shall appoint an auditor who shall be the representative of the  
28 Auditor General who is hereby designated as ex-officio auditor of all eHealth Centers.

29  
30 The eHealth Center Auditor shall be the chief of its auditing and accounting department.  
31 One shall audit, examine and settle all accounts of the eHealth Centers, according to existing  
32 laws and regulations and shall perform such other duties as the Auditor General, the eHealth  
33 Center Director or the eHealth Center Board may require of one. One's compensation shall be  
34 fixed by the eHealth Center Board.

35  
36 **SEC. 27. Heads of Departments and Services and Compensations.** – The participating Heads of  
37 departments and services as well as medical consultants and specialists shall be appointed by the  
38 eHealth Center Board upon recommendation of the eHealth Center Director. Their



1 compensations shall be prescribed by the eHealth Center Board but the same shall in no case be  
2 less than provided for under existing laws and regulations.

3  
4 All other personnel and employees of the eHealth Centers shall be appointed by the  
5 eHealth Center Director subject to the approval of the eHealth center Board.

## 6 7 **ARTICLE VII** 8 **INFRASTRUCTURE** 9

10 **SEC. 28. *ICT Infrastructure.*** – The required ICT infrastructure to implement eHealth system  
11 and services shall conform to the national ICT infrastructure plan and standards.

12  
13 **SEC. 29. *Medical devices and eHealth solutions.*** – Software platform that connects existing or  
14 new medical devices and gateways shall be defined and regulated to ensure seamless data  
15 transfers based on established industry and national standards and standardization of EMR or  
16 EHR.

17  
18 **SEC. 30. *eHealthCenters Database.*** – All eHealth Centers and originating sites shall coordinate  
19 with DOH for consolidation of pertinent database. DOH shall maintain and manage a national  
20 database for consults on clinical cases as well as health and medical education exchanges.

21  
22 **SEC. 31. *National Health Database and Data warehouse.*** – The DOH shall spearhead the  
23 maintenance and management of a secured and protected national health database and national  
24 health data warehouse or defined shared EMR or EHR and of consultations on clinical cases as  
25 well as health and medical education exchanges and other eHealth applications.

## 26 27 28 **ARTICLE VIII** 29 **HUMAN RESOURCES** 30 31

32 **SEC. 32. *Human Resources ICT Competencies.*** – Minimum ICT or eHealth competencies shall  
33 be established and imposed to medical and paramedical professionals practicing eHealth, and be  
34 part of the medical and allied medical curricula.

35  
36 **SEC. 33. *Capability Building Plans and Policies.*** – Human resource plans and policies shall  
37 fully take into account in delivering eHealth and Telemedicine. The following are to be  
38 considered:



- 1
- 2 a) Licensable healthcare professionals must have a valid Philippine license based on the
- 3 requirement of the Professional Regulations Commission (PRC);
- 4 b) Appropriate policies concerning cases wherein a licensed eHealth practitioner in the
- 5 Philippines who intends to provide eHealth services to a patient in another country should
- 6 be in place;
- 7 c) In any event, a eHealth center should have policies and procedures to ensure that all
- 8 relevant staff have the appropriate competencies to practice safer Health services; and
- 9 d) eHealth centers should ensure regular review of human resource plans and policies
- 10 related to eHealth and eMedicine.
- 11
- 12

13 **ARTICLE IX**

14 **STRATEGY AND INVESTMENT**

15

16 **SEC. 34. *eHealth Strategic Framework.*** – The DOH shall spearhead the development and

17 monitoring of strategic framework and plans to serve to guide the implementation of eHealth

18 systems and services.

19

20 **SEC. 35. *Monitoring Evaluation System.*** – There shall be established a robust metric for the

21 monitoring and evaluation for eHealth to assess and analyze the impact of eHealth systems and

22 services.

23

24 **SEC. 36. *Appropriations.*** – The amount necessary to carry out the provisions of this Act shall be

25 included in the General Appropriation of the year following its enactment into law.

26

27 **SEC. 37. *Telehealth Center Trust Funds.*** – All funds and money not coming from the general

28 fund of the National Government such as contributions from taxes and assessments from

29 authorized sweepstakes lotteries and games, donations, legacies, endowment shall be used and

30 disbursed only upon the authorization of the Telehealth Center Board for the purpose of

31 improving the Telehealth Centers, its facilities and services, including the purchase of supplies

32 and equipment.

33

34 **SEC. 38. *Financing eHealth Services.*** – Financing for applicable eHealth services by

35 PhilHealth and other partners, as defined by the National eHealth Steering Committee shall be

36 made available.

37



1 **SEC. 39. *Private Sector Participation.*** – The government shall encourage private sector  
2 investment on eHealth systems and services subject to existing laws and regulation through the  
3 appropriate government agencies and must be compliant to the established national eHealth  
4 systems and services and standards.

5  
6 Under the Private Sector Participation Program, the joint DOH-PhilHealth-DOST-National  
7 Privacy Commission-Philippine Statistics Authority undertakings on eHealth shall be expanded  
8 to align with the Medium-term Information and Communications Technology Harmonizing  
9 Initiative (MITHI) efforts of Department of Budget and Management (DBM) and DOST which  
10 shall include the development of a Citizen Registry. The participation from the private sector  
11 such as IT providers is important for the rapid sailing up of the eHealth services and in  
12 comprehending the delivery of eHealth services in the national and local levels.

13  
14 **SEC. 40. *Tax Incentive.*** – Any private corporation that will engage in providing eHealth services  
15 shall not be required to pay any national or local tax within the first two (2) years of operation.

16  
17  
18 **ARTICLE X**  
19 **RESEARCH AND DEVELOPMENT**  
20

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

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

32  
33 **SEC. 42. *Funding Source for Research Development.*** – The research budget shall not be more  
34 than 5% of the funding sources of each of the following government agencies:

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



**ARTICLE XI**  
**LIABILITIES AND PENALTIES**

**SEC. 43. *Unauthorized Processing of Personal Information and Sensitive Personal Information.*** – (a) The unauthorized processing of personal information shall be penalized by imprisonment ranging from one (1) year to three (3) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than Two million pesos (Php 2,000,000.00) to be imposed on persons who process personal information without the consent of the data subject, or without being authorized under this Act or any existing law.

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

**SEC. 44. *Accessing Personal Information and Sensitive Personal Information Due to Negligence.*** – (a) Accessing personal information due to negligence shall be penalized by imprisonment ranging from one (1) year to three (3) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than Two million pesos (Php 2,000,000.00) to be imposed on persons who, due to negligence, provided access to personal information without being authorized under this Act or any existing law.

(b) Accessing sensitive personal information due to negligence shall be penalized by imprisonment ranging from three (3) years to six (6) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than Four million pesos (Php 4,000,000.00) to be imposed on persons who, due to negligence, provided access to sensitive personal information without being authorized under this Act or any existing law.

**SEC. 45. *Improper Disposal of Personal Information and Sensitive Personal Information.*** –

(a) The improper disposal of personal information shall be penalized by imprisonment ranging from six (6) months to two (2) years and a fine of not less than One hundred thousand pesos (Php 100,000.00) but not more than Five hundred thousand pesos (Php 500,000.00) to be imposed on persons who knowingly or negligently dispose, discard or abandon the personal information of an individual in an area accessible to the public or has otherwise placed the personal information of an individual in its container for trash collection.



(b) The improper disposal of sensitive personal information shall be penalized by imprisonment ranging from one (1) year to three (3) years and a fine of not less than One hundred thousand pesos (Php 100,000.00) but not more than One million pesos (Php 1,000,000.00) to be imposed on persons who knowingly or negligently dispose, discard or abandon the personal information of an individual in an area accessible to the public or has otherwise placed the personal information of an individual in its container for trash collection.

**SEC. 46. *Processing of Personal Information and Sensitive Personal Information for Unauthorized Purposes.*** – The processing of personal information for unauthorized purposes shall be penalized by imprisonment ranging from one (1) year and six (6) months to five (5) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than One million pesos (Php 1,000,000.00) to be imposed on persons processing personal information for purposes not authorized by the data subject, or otherwise authorized under this Act or under existing laws.

The processing of sensitive personal information for unauthorized purposes shall be penalized by imprisonment ranging from two (2) years to seven (7) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than Two million pesos (Php 2,000,000.00) to be imposed on persons processing sensitive personal information for purposes not authorized by the data subject, or otherwise authorized under this Act or under existing laws.

**SEC. 47. *Unauthorized Access or Intentional Breach.*** – The penalty of imprisonment ranging from one (1) year to three (3) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than Two million pesos (Php 2,000,000.00) shall be imposed on persons who knowingly and unlawfully, or violating data confidentiality and security data systems, breaks in any way into any system where personal and sensitive personal information is stored.

**SEC. 48. *Concealment of Security Breaches Involving Sensitive Personal Information.*** – The penalty of imprisonment of one (1) year and six (6) months to five (5) years and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than One million pesos (Php 1,000,000.00) shall be imposed on persons who, after having knowledge of a security breach and of the obligation to notify the Commission pursuant to Section 20(f), intentionally or by omission conceals the fact of such security breach.

**SEC. 49. *Malicious Disclosure.*** – Any personal information controller or personal information processor or any of its officials, employees or agents, who, with malice or in bad faith, discloses unwarranted or false information relative to any personal information or personal sensitive



1 information obtained by him or her, shall be subject to imprisonment ranging from one (1) year  
2 and six (6) months to five (5) years and a fine of not less than Five hundred thousand pesos (Php  
3 500,000.00) but not more than One million pesos (Php 1,000,000.00).

4  
5 **SEC. 50. Unauthorized Disclosure.** – (a) Any personal information controller or personal  
6 information processor or any of its officials, employees or agents, who discloses to a third party  
7 personal information not covered by the immediately preceding section without the consent of  
8 the data subject, shall be subject to imprisonment ranging from one (1) year to three (3) years  
9 and a fine of not less than Five hundred thousand pesos (Php 500,000.00) but not more than One  
10 million pesos (Php 1,000,000.00).

11  
12 (b) Any personal information controller or personal information processor or any of its officials,  
13 employees or agents, who discloses to a third party sensitive personal information not covered by  
14 the immediately preceding section without the consent of the data subject, shall be subject to  
15 imprisonment ranging from three (3) years to five (5) years and a fine of not less than Five  
16 hundred thousand pesos (Php 500,000.00) but not more than Two million pesos (Php  
17 2,000,000.00).

18  
19 **SEC. 51. Combination or Series of Acts.** – Any combination or series of acts as defined in  
20 Sections 42 to 49 shall make the person subject to imprisonment ranging from three (3) years to  
21 six (6) years and a fine of not less than One million pesos (Php 1,000,000.00) but not more than  
22 Five million pesos (Php 5,000,000.00).

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

33  
34 **SEC. 53. Large-Scale.** – The maximum penalty in the scale of penalties respectively provided  
35 for the preceding offenses shall be imposed when the personal information of at least one  
36 hundred (100) persons is harmed, affected or involved as the result of the above-mentioned  
37 actions.



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

5  
6 **SEC. 55. *Restitution.*** – Restitution for any aggrieved party shall be governed by the provisions  
7 of the New Civil Code.

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

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

15  
16 **ARTICLE XII**  
17 **FINAL PROVISIONS**  
18

19 **SEC. 58. *Implementing Rules and Regulations.*** – Within ninety (90) days from the effectivity  
20 of this Act, the Secretary of Health, after consultation with the DOST, DICT, University of the  
21 Philippines – Manila (National Telehealth Center), PhilHealth, CHED, medical and paramedical  
22 associations and societies, and other stakeholders, shall promulgate the necessary rules and  
23 regulations implementing the provisions of this Act.

24  
25 **SEC. 59. *Separability Clause.*** – If any part or provision of this Act shall be declared or held  
26 unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue  
27 to be in full force and effect.

28  
29 **SEC. 60. *Repealing Clause.*** – All general and special laws, decrees, executive orders,  
30 proclamations and administrative regulation, or any parts thereof which are inconsistent with this  
31 Act are hereby repealed, amended and modified accordingly.

32  
33 **SEC. 61. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in the  
34 official gazette or in any newspaper of general circulation.

35  
36 *Approved,*