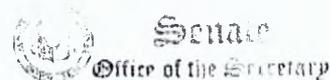


NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 JUL 12 P 1 :54

SENATE
S. No. 397

RECEIVED BY: _____

INTRODUCED BY SENATOR JOSEPH VICTOR "JV" G. EJERCITO

AN ACT
ESTABLISHING THE PHILIPPINE e-HEALTH SYSTEM AND SERVICES IN
SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

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

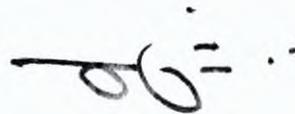
The World Health Organization (WHO) defines eHealth as the use of information and communication technologies (ICT) for health. As early as 2005, the World Health Assembly recognized the potential of eHealth to strengthen health systems and improve quality, safety and access to care, and encouraged Member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

The Philippine Health Agenda (PHA) Strategy also includes eHealth and data for decision making where it identifies access to health interventions through functional Service Delivery Networks which shall be enabled by telemedicine to expand access to specialty services.

The measure aims to complement the implementation and promote the Universal Health Care Act through the delivery of accessible, quality, and affordable health care to Filipinos with the use of information and communication technology (ICT). Undeniably, e-Health facilitated the delivery of basic health care services during lockdowns caused by the COVID-19 pandemic. The recognition of using e-Health through teleconsultation proved to be beneficial because it provided safety and cost-effective means to access medical care when the health facilities were overwhelmed by COVID-19 patients.

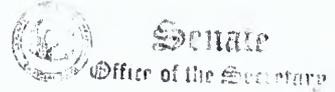
It is also noteworthy that the investment on building access to health services is a crucial requirement for the realization and success of the universal healthcare coverage to all Filipinos. Ultimately, this investment which ensures equitable access to health care services, most especially those in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

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



JOSEPH VICTOR "JV" G. EJERCITO

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**AN ACT
ESTABLISHING THE PHILIPPINE e-HEALTH SYSTEM AND SERVICES IN
SUPPORT OF UNIVERSAL HEALTH CARE, 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
2
3 Section 1. *Short Title.* — This Act shall be known as the "**Philippine e-Health**
4 **System and Services Act**".

5 Sec. 2. *Declaration of Policy.* — The State shall protect and promote the right
6 to health of the people and instill health consciousness among, them. Towards this
7 end, the State shall institutionalize a system of providing wide access to quality health
8 information and services using information and communication technology (ICT),
9 referred to as the National e-Health System (NEHS), resulting in better health
10 outcomes for every Filipino, and further recognizing whole-of society and whole-of
11 government approaches.

12 The NEHS shall be comprehensive, integrated, interoperable, progressive,
13 secure and sustainable based on best current and future practices, and shall facilitate
14 inter-agency and inter-sectoral coordination at various levels of governance covering
15 both the public and private sectors. It shall recognize e-Health as supplemental and
16 complementary with other healthcare delivery methods to the extent allowable by
17 existing laws, provide and support healthcare delivery, including diagnosis,

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

4 Sec. 3. *Objectives.* — This Act shall provide a policy framework and establish a
5 NEHS that will direct and regulate the practice of eHealth in the Philippines.

6 The NEHS shall be comprehensive, integrative, sustainable, measurable,
7 synchronized, interoperable, and progressive based on best practices, and shall
8 facilitate inter-agency and inter-sectoral coordination at various level of governance
9 covering both the public and private sectors. It shall:

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

29 Sec. 4. *Definition of Terms.* — For the purpose of this Act the following definition
30 shall apply:

- 31 a. *Compliant e-Health Services and Applications* refer to solutions, products
32 and innovations that are compliant with defined architecture of e- Health

1 standards that enable services and systems, allow for interoperability of
2 health services and information across geographic, organizational, network
3 and vendor boundaries, and ensure data protection in accordance with
4 Republic Act (R.A.) No. 10173, otherwise known as the "Data Privacy Act"
5 and other related laws and issuances.

- 6 b. *e-Health Data Services* refer to key architectural data registries of the health
7 sector enterprise needed to enable and support large scale health
8 information interoperability and exchange.
- 9 c. *e-Health System* refers to the interplay of enabling (governance and
10 accountability; strategy and investment; human resources; standards and
11 interoperability; monitoring and compliance; research and development)
12 and foundational (infrastructure; and services and applications) elements
13 essential for a successful national e-Health implementation;
- 14 d. *Electronic Health or e-Health* refers to the use of cost-effective and secure
15 Information communications technology for health, also referred to as
16 digital health;
- 17 e. *Electronic Health Record (HER)* refers to a computerized health record used
18 to capture, store, access and share information of a patient between and
19 across health care providers and health-related entities;
- 20 f. *Electronic Medical Record (EMR)* refers to a computerized medical record
21 used to capture, store and share Information of a patient between
22 healthcare providers in an institution or organization;
- 23 g. *Electronic Prescription (e-Prescription)* refers to a system that allows
24 healthcare providers to write and send prescriptions in an automated or
25 electronic way to a pharmacy with capability to receive such;
- 26 h. *Geographically Isolated and Disadvantaged Areas (GIDAS)* refer to
27 communities with marginalized population physically and socio-
28 economically separated from the mainstream society and characterized by:
29 a. Physical factors such as those isolated due to distance, weather
30 conditions and transportation difficulties (island, upland, lowland,
31 landlocked, hard to reach and unserved/underserved communities); and b.
32 Socio-economic factors such as high poverty incidence, presence of

1 vulnerable sector, communities in or recovering from situation of crisis or
2 armed conflict.

- 3 i. *Health Passport* refers to the portable personal health record of a patient
4 linked to the electronic health or medical record whereby patients exercise
5 control.
- 6 j. *Health Sector Enterprise Architecture* refers to the blueprint on which e-
7 Health services and applications shall be developed, Implemented and
8 scaled up.
- 9 k. *Information and Communications Technology* refers to all technologies for
10 the communication of Information, which includes data, application or
11 information systems, internet, network, connectivity, telecommunications,
12 among others;
- 13 l. *Telehealth* refers to an approach of providing health care services and public
14 health with the use of ICT to enable the diagnosis, consultation, treatment,
15 education, care management, and self-management of patients at distance
16 from health providers. However, it shall not be understood to modify the
17 scope of medical practice or any health care provider or authorize the
18 delivery of health care service in a setting or manner not otherwise authorize
19 by the law.

20 *Sec. 5. Scope and Application* — This Act covers all existing healthcare
21 providers and other entities developing and using e-Health systems, services and
22 applications and tools, whether public or private. It shall cover all e-Health solutions,
23 services and applications including relevant standard equipment in the field of health
24 and ancillary services that use ICT and are complementary to existing minimum
25 modalities or standards of health care and other means of access to information.

26 *Sec. 6. Implementing Agency.* – The Department of Health (DOH) shall be the
27 lead implementing agency to carry out the provisions of this Act. The DOH shall
28 strengthen and transform its existing Knowledge Management and Information
29 Technology Service (KMITS) into a full-fledged Bureau, to be named as the National
30 e-Health Information and Services Bureau (NeHISB), which shall perform the overall
31 management and administration of this Act. Corresponding plantilla positions shall be

1 created for this purpose in coordination with the Department of Budget and
2 Management.

3 The Bureau shall also serve as the secretariat of the e-Health Policy and
4 Coordination Council created under Section 8 hereof.

5 *Sec. 7. Regional and Local Implementation Structures and Staffing Pattern. –*

6 To assist in the implementation of this Act and subject to the approval of the
7 Department of Budget and Management, the DOH, in consultation with Philippine
8 Health Insurance Corporation (PhilHealth), Department of Information and
9 Communications Technology (DICT), and Department of Science and Technology
10 (DOST) shall determine the regional and local implementation structures and create
11 divisions or units as it may deem necessary, and shall appoint officers and employees
12 with permanent appointments and supported with an adequate yearly budget in
13 accordance with the civil service law, rules, and regulations.

14 Setting up of the regional and local implementation structures shall support the
15 organization and Integration of local health systems into province-wide and city-wide
16 health system in accordance with R.A. No. 11223, otherwise known as the "Universal
17 Health Care Act" and other related issuances.

18

19

ARTICLE II

20

GOVERNANCE AND ACCOUNTABILITY

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Sec. 8. Creation of the e-Health Policy and Coordination Council. – There shall
be created an independent body to be known as the e-Health Policy and Coordination
Council (eHPCC), hereinafter referred as the "Council" to provide and promote
relevant policies and guidelines for the effective coordination and implementation of
this Act. The Council shall be composed of the following key officials:

26

a. Secretary, Department of Health – Chairperson

27

b. Secretary, Department of Information and Communications Technology –
Co-Chairperson

28

29

c. President and Chief Executive Officer, Philippine Health Insurance
Corporation -- Co-Chairperson

30

31

Members:

32

d. Secretary, Department of Science and Technology;

- 1 e. Secretary, Department of Social Welfare and Development (DSWD);
- 2 f. Secretary, Department of Interior and Local Government (DILG);
- 3 g. Secretary, Department of Budget and Management (DBM);
- 4 h. Chancellor, University of the Philippines – Manila (UPM);
- 5 i. Chairman, Professional Regulation Commission (PRC);
- 6 j. Chairperson, Commission on Higher Education (CHED);
- 7 k. Chairperson, National Privacy Commission (NPC);
- 8 l. National Statistician, Philippine Statistics Authority (PSA);
- 9 m. One (1) representative from the Philippine Hospital Association (PHA);
- 10 n. One (1) representative from the Private Hospital Association of the
- 11 Philippines (PHAPI);
- 12 o. One (1) representative from the Provincial Health Officers Association of the
- 13 Philippines (PHOAP);
- 14 p. One (1) representative from the Association of Municipal Health Officers of
- 15 the Philippines (AMHOP);
- 16 q. Two (2) representatives from professional medical or health societies;
- 17 r. One (1) representative from patients' group; and
- 18 s. One (1) representative from the ICT industry associations.

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

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

28 *Sec. 9. Powers and Duties of the Council.* – The Council shall exercise the
29 following powers and functions:

- 30 a. Define and promote overall e-Health policies, standards and regulations at
- 31 all levels of healthcare system, public and private;

- 1 b. Ensure integration and coordination of national and local e-Health strategies
2 and initiatives; and
3 c. Submit yearly assessments and accomplishment reports to the Senate
4 Committee on Health and Demography and the House of Representatives
5 Committee on Health for performance monitoring and evaluation.

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

9 Setting up of the sub-structures or mechanisms shall be in accordance with
10 R.A. No. 11223, otherwise known as the “Universal Health Care Act” and other related
11 issuances.

12 **ARTICLE III**

13 **STANDARDS AND INTEROPERABILITY**

14 Sec. 11. Health Sector Enterprise Architecture. -The NeHS shall be operated
15 within a health sector enterprise architecture that aligns and ensures that health and
16 health-related data are made available and accessible anytime and anywhere to
17 various stakeholders, business processes for health are streamlined and integrated,
18 and services and applications are usable, safe, efficient and effective, following the
19 health care business model provided under R.A. No. 11223, otherwise known as the
20 “Universal Health Care Act” and other related Issuances.

21 Rationalization for safety and cost effectiveness, scope and standards for
22 design and use of technologies in the health sector shall also be defined in this
23 architecture. All health care providers and health-related entities shall adopt a health
24 enterprise architecture as defined and guided by the Council.

25 Sec. 12. *Standards Compliance.* – All health care providers and health- related
26 entities shall comply with the data standards to allow interoperability and health
27 information exchange, and ensure data protection in accordance with R.A. No. 10173,
28 otherwise known as the “Data Privacy Act” and other related laws and issuances.

29 These standards shall Include, inter alia, patient identifier, health care provider
30 identifiers, terminology and messaging standards, and shall be in accordance with the
31 Philippine e-Government Interoperability framework security and other relevant
32 standards.

1
2 **ARTICLE IV**

3 **SERVICES AND APPLICATIONS**

4 Sec. 13. *Rationalization of e-Health Services and Applications.* - Design,
5 development, and Implementation of e-Health services and applications shall focus on
6 the automation and interoperability of the various mandatory business processes and
7 data services In the health sector as laid out in the Health Sector Enterprise
8 Architecture and which may be subjected to health technology assessment and shall
9 comply with regulatory requirements.

10 Sec. 14. *Scope of e-Health Services and Applications.* - e-Health shall include
11 the following areas:

12 a. Mandatory e-Health Data Services:

- 13 1. Master Person Index
14 2. Master Provider (Human Resources) Index
15 3. Master Facility Index
16 4. Terminology or Health Services Registry
17 5. National Immunization Registry

18 b. Compliant e-Health Services and Applications, including but not limited to:

- 19 1. Electronic Health Record/Electronic Medical Record
20 2. Health Passport
21 3. Health Information Exchange
22 4. Health Facility Operations and Management
23 5. Disease Registries
24 6. TeleHealth/TeleMedicine and mHealth
25 7. Human Resources in e-Health
26 8. Supply Chain Management/Enterprise Resource Planning

27
28 **ARTICLE V**

29 **TELEHEALTH**

30 Sec. 15. *Regulations of Telehealth Services and e-Health Related Devices.* –
31 The Council, through the DOH, shall establish and maintain a regulatory system for
32 telehealth services and e-health related devices.

- 1 a. Formulation of eHealth research priority areas under the National Unified
2 Health Research Agenda (NUHRA), and other research agendas;
3 b. Funding and mobilizing resources for researches on eHealth which are
4 aligned with the research agenda;
5 c. Establishment and strengthening of centers of excellence of eHealth policy
6 studies, research and innovation, including creation of formal and nonformal
7 capability building programs; and
8 d. Adherence of eHealth research outputs to the health technology assessment
9 process as provided in the Universal Health Care Act.

10 A separate unit within the PCHRD shall handle and manage eHealth related
11 activities and programs. The human resource requirement of such unit shall be
12 determined by PCHRD in consultation with DOH, CSC and DBM.

13 *Sec. 25. Funding Source for Research and Development.* -The DOH, PhilHealth,
14 DOST, DICT, CHED, and DILG shall allocate at least 1% of their respective annual
15 regular budget in support of eHealth research and development.

17 **ARTICLE X**

18 **ADMINISTRATIVE PENALTIES**

19 *Sec. 26. Rules and Procedures for Administrative Violations and Complaints.* -
20 The Council shall promulgate rules and procedures relating to administrative violations
21 and complaints, insofar as they relate to the establishment and operations of the
22 national e-Health system.

24 **ARTICLE XI**

25 **MISCELLANEOUS PROVISIONS**

26 *Sec. 27. Transitory Provisions.* - The transformation of KMITS into a full-
27 fledged Bureau and the formulation of the internal organic structure and regional and
28 local implementation structures, staffing pattern, operating system, and the revised
29 budget of the Department for health information technology shall be completed within
30 six (6) months from the effectivity of the Implementing Rules and Regulations (IRR)
31 of this Act, during which time, the existing KMITS and regional and local

1 implementation personnel shall continue to serve in holdover capacities until a full and
2 permanent Bureau is constituted and functioning, and new appointments are issued.

3 Sec. 28. *Appropriations.* - The amount needed for the initial implementation of
4 this Act shall be taken from the current fiscal year's appropriation of the DOH for
5 health information technology.

6 For the succeeding years, the amount needed for e-Health in the DOH budget
7 and in the budget of other agencies with specific mandates provided in this Act shall
8 be based on the strategic plan formulated by the Council, in coordination with other
9 stakeholders. The amount shall be included In the National Expenditure Program
10 (NEB) as basis for the General Appropriations Bill (GAB).

11 Further, other sources of funds can come from the Private Sector Participation
12 Program, Joint DOH-PhilHealth-DICT-DOST undertakings on e-Health, and Medium-
13 Term Information and Communications Technology Harmonization Initiative (MITHI).

14 Sec. 29. *Implementing Rules and Regulations.* - Within one hundred ninety
15 days (90) days from the effectivity of this Act, the Secretary of DOH, after consultation
16 with the Secretaries of DICT and DOST, the President and Chief Executive Office of
17 PhilHealth, the Chancellor of UPM, the Chairman of the Professional Regulation
18 Commission, the Chairperson of CHED, the National Statistician of PSA, and
19 representatives of medical and paramedical associations and societies, and other
20 stakeholders, shall promulgate the necessary rules and regulations implementing the
21 provisions of this Act.

22 Sec. 30. *Separability Clause.* - If any part or provision of this Act is held invalid
23 or unconstitutional, the remaining parts or provisions not affected shall remain in full
24 force and effect.

25 Sec. 31. *Repealing Clause.* - All general and special laws, decrees, executive
26 orders, proclamations and administrative regulation, or any parts thereof which are
27 inconsistent with this Act are hereby repealed, amended and modified accordingly.

28 Sec. 32. *Effectivity.* - This Act shall take effect fifteen (15) days after its
29 publication in the Official Gazette or in any newspaper of general circulation.

30
31 Approved,
32