

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

Senate
Office of the Secretary

'22 JUL 13 P2:57

SENATE

S. No. 521

RECEIVED BY



Introduced by **SENATOR CYNTHIA A. VILLAR**

**AN ACT
ESTABLISHING PHILIPPINE eHEALTH SYSTEM AND SERVICES IN
SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING FUNDS
THEREFOR**

EXPLANATORY NOTE

The World Health Organization (WHO) defines eHealth as "the use of information and communication technologies (ICT) for health." It is a relatively recent healthcare delivery method supported by electronic processes and ICTs. As early as 2005, the World Health Assembly (WHA) recognized the potential of eHealth to strengthen health systems and improve quality, safety and access to care, and encouraged Member States to take action to incorporate eHealth into their health systems and services (58th WHA, 2005; Geneva, Switzerland). Since then, the Department of Health (DOH) harnessed the potential value of eHealth as an innovative measure to deliver cost-efficient and sustainable interventions towards an integrated and comprehensive approach to health development and universal access to healthcare.

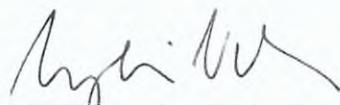
Specifically, eHealth has provided new and more efficient ways of improving the delivery of healthcare and making the health systems more efficient and responsive to people's needs and expectations, and concomitantly, in promoting access to evidence-based information for decision making. In fact, the advantages of eHealth became more pronounced in a pandemic setting where, due to mobility restrictions, many consultation of patients with their doctors and medical

practitioners had to be done through teleconsult, in lieu of face-to-face consultation, just to ensure that the patients will be afforded timely and necessary healthcare interventions.

Under the Accelerating Human Capital Development Pillar of the Philippine Development Plan 2017-2022, one of the key cross-cutting strategies identified to improve nutrition and health for all is to invest in eHealth and data collection mechanisms to address data gaps. Moreover, under the Governance in Health and Service Delivery Pillars of the Department of Health's Formula One Plus for Health Policy and Strategic Framework, eHealth has been identified as a strategic intervention to "ensure generation and use of evidence in health policy development, decision-making, and program planning and implementation," and "transparency and accountability measures at all levels instituted."

Given the growing prevalence of eHealth technologies and applications, and to achieve optimum and meaningful use of ICTs in health and to protect all the beneficiaries and stakeholders, this Bill aims to provide a policy framework and establish a national eHealth system that will direct and regulate the practice of eHealth in the country. Specifically, this measure will help direct and regulate action of providers; streamline and make systems and services interoperable; ensure patient safety and protection; define and guarantee quality of service; define and institutionalize governance mechanism to achieve coherence, cooperation and complementation; address issues on provision, access, availability, privacy and cyber security and information exchange, among others; support research, development and innovation; avoid duplication among eHealth services and efforts among government agencies with the private sector; establish the critical infrastructure; and define a budget to finance and sustain it. The vision is "An ICT-enabled and integrated Philippine Healthcare System delivering quality health outcomes to all Filipinos" to support the attainment of Universal Health Care (UHC).

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


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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 and referred to as the
2 "eHealth System and Services Act of 2022".

3 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and
4 promote the right to health of all Filipinos and instill health consciousness among
5 them. Towards this end, the State shall institutionalize a system of providing wide
6 access to quality health information and services using information and
7 communication technology (ICT), referred to as the National eHealth System
8 (NEHS), resulting in better health outcomes for every Filipino, and further
9 recognizing whole-of society and whole-of government approaches.

10 The NEHS shall be comprehensive, integrated, interoperable, progressive,
11 secure and sustainable based on best current and future practices, and shall
12 facilitate inter-agency and inter-sectoral coordination at various levels of governance
13 covering both the public and private sectors. It shall recognize eHealth as

1 supplemental and complementary with other healthcare delivery methods to the
2 extent allowable by existing laws, provide and support healthcare delivery, including
3 diagnosis, consultation, treatment, transfer of care of patient, exchange of health
4 data and education, especially in medically underserved and underserved geographically
5 isolated and disadvantaged areas (GIDAs).

6 Sec. 3. *Objectives.* This Act shall provide a holistic framework that establishes
7 a NEHS, which shall:

- 8 a) Set policies, standards, priorities, plans, programs and projects that
9 promote and ensure streamlined and safely regulated delivery of
10 eHealth services to reduce inequalities, achieve universal health care
11 and better health outcomes;
- 12 b) Clarify roles of agencies, institutions and entities regarding their
13 performance and accountabilities in building national and local eHealth
14 capacity and measuring results; and
- 15 c) Enable the citizenry with suitable access to their own health
16 information needed for better management and control of their own
17 health.

18 Sec. 4. *Scope and Application.* – This Act covers all existing healthcare
19 providers and health-related entities developing and using eHealth systems, services
20 and applications and tools, whether public or private. It shall cover all eHealth
21 solutions, services and applications including relevant standard equipment in the
22 field of health and ancillary services that use ICT and are complementary to existing
23 minimum modalities or standards of health care and other means of access to
24 information.

25 Sec. 5. *Definition of Terms.* – As used in this Act:

- 26 a) *Compliant eHealth Services and Applications* refer to solutions,
27 products and innovations that are compliant with defined architecture
28 of eHealth standards that enable services and systems, allow for
29 interoperability of health services and information across geographic,

1 organizational, network and vendor boundaries, and ensure data
2 protection in accordance with Republic Act (R.A.) No. 10173, otherwise
3 known as the "Data Privacy Act" and other related laws and issuances.

4 b) *eHealth Data Services* refer to key architectural data registries of the
5 health sector enterprise needed to enable and support large scale
6 health information interoperability and exchange.

7 c) *eHealth System* refers to the interplay of enabling (governance and
8 accountability; strategy and investment; human resources; standards
9 and interoperability; monitoring and compliance; research and
10 development) and foundational (infrastructure; and services and
11 applications) elements essential for a successful national eHealth
12 implementation;

13 d) *Electronic Health or eHealth* refers to the use of cost-effective and
14 secure information communications technology for health, also referred
15 to as digital health;

16 e) *Electronic Health Record (EHR)* refers to a computerized health record
17 used to capture, store, access and share information of a patient
18 between and across health care providers and health-related entities;

19 f) *Electronic Medical Record (EMR)* refers to a computerized medical
20 record used to capture, store and share information of a patient
21 between health care providers in an institution or organization;

22 g) *Electronic Prescription (ePrescription)* refers to a system that allows
23 healthcare providers to write and send prescriptions in an automated
24 or electronic way to a pharmacy with capability to receive such;

25 h) *Geographically Isolated and Disadvantaged Areas (GIDAs)* refer to
26 barangays specifically disadvantaged due to the presence of both
27 physical and socio-economic factors. For a barangay to be classified as
28 GIDA, both physical and socio-economic factors must be present.

29 1) Physical factors are characteristics that limit the delivery of
30 and/or access to basic health services to communities that are

1 difficult to reach due to distance, weather conditions, and
2 transportation difficulties;

3 2) Socio-economic factors are social, cultural, and economic
4 characteristics of the community that limit access to and
5 utilization of health services.

6 i) *Health Passport* refers to the portable personal health record of a
7 patient linked to the electronic health/medical record whereby patients
8 exercise control.

9 j) *Health Sector Enterprise Architecture* refers to the blueprint on which
10 eHealth services and applications shall be developed, implemented and
11 scaled up.

12 k) *Information and Communications Technology* refers to all technologies
13 for the communication of information, which includes data, application
14 or information systems, internet, network, connectivity,
15 telecommunications, among others;

16 Sec. 6. *Implementing Agency.* – The Department of Health (DOH) shall be the
17 lead implementing agency to carry out the provisions of this Act, including its
18 components. The DOH shall strengthen and transform its existing Knowledge
19 Management and Information Technology Service (KMITS) into a full-fledged
20 Bureau, to be named as the National eHealth Information and Services Bureau (N e
21 HISB), which shall perform the overall management and administration of this Act.
22 Corresponding plantilla positions shall be created for this purpose.

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

25 Sec. 7. *Regional and Local Implementation Structures and Staffing Pattern.* –
26 To assist in the implementation of this Act and subject to the approval of the
27 Department of Budget and Management, the DOH, in consultation with Philippine
28 Health Insurance Corporation (PhilHealth), Department of Information and
29 Communications Technology (DICT), and Department of Science and Technology

1 (DOST) shall determine the regional and local implementation structures and create
2 divisions or units as it may deem necessary, and shall appoint officers and
3 employees with permanent appointments and supported with an adequate yearly
4 budget in accordance with the civil service law, rules, and regulations.

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

9 **ARTICLE II**
10 **GOVERNANCE AND ACCOUNTABILITY**

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

- 16 a) Secretary, Department of Health – Chairperson
17 b) Secretary, Department of Information and Communications Technology
18 – Co-Chairperson
19 c) President & Chief Executive Officer, Philippine Health Insurance
20 Corporation – Co-Chairperson

21 Members:

- 22 d) Secretary, National Economic Development Authority (NEDA)
23 e) Secretary, Department of Science and Technology (DOST);
24 f) Secretary, Department of Social Welfare and Development (DSWD);
25 g) Secretary, Department of Interior and Local Government (DILG);
26 h) Secretary, Department of Budget and Management (DBM);
27 i) Chancellor, University of the Philippines – Manila (UPM);
28 j) Chairman, Professional Regulation Commission (PRC);

- 1 k) Chairperson, Commission on Higher Education (CHED);
- 2 l) Chairperson, National Privacy Commission (NPC);
- 3 m) National Statistician, Philippine Statistics Authority (PSA);
- 4 n) One (1) representative from the Philippine Hospital Association (PHA);
- 5 o) One (1) representative from the Private Hospital Association of the
6 Philippines (PHAPi);
- 7 p) One (1) representative from the Provincial Health Officers Association
8 of the Philippines (PHOAP);
- 9 q) One (1) representative from the Association of Municipal Health
10 Officers of the Philippines (AMHOP);
- 11 r) Two (2) representatives from professional medical or health societies;
- 12 s) One (1) representative from patients group; and
- 13 t) One (1) representative from the ICT industry associations.

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

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

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

- 26 a) Define and promote overall eHealth policies, standards and regulations
27 at all levels of healthcare system, public and private;

1 b) Ensure integration and coordination of national and local eHealth
2 strategies and initiatives; and

3 c) Submit yearly assessments and accomplishment reports to the Senate
4 Committee on Health and Demography and the House of
5 Representatives Committee on Health for performance monitoring and
6 evaluation.

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

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

13 **ARTICLE III**
14 **STANDARDS AND INTEROPERABILITY**

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

22 Rationalization for safety and cost effectiveness, scope and standards for
23 design and use of technologies in the health sector shall also be defined in this
24 architecture.

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

27 Sec. 12. *Standards Compliance.* – All health care providers and health-related
28 entities shall comply with the data standards to allow interoperability and health

1 information exchange, and ensure data protection in accordance with R.A. No.
2 10173, otherwise known as the "Data Privacy Act" and other related laws and
3 issuances.

4 These standards shall include, inter alia, patient identifier, health care
5 provider identifiers, terminology and messaging standards, and shall be in
6 accordance with the Philippine eGovernment interoperability framework security and
7 other relevant standards.

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ARTICLE IV
SERVICES AND APPLICATIONS

10 Sec. 13. *Rationalization of eHealth Services and Applications.* – Design,
11 development, and implementation of eHealth services and applications shall focus on
12 the automation and interoperability of the various mandatory business processes
13 and data services in the health sector as laid out in the Health Sector Enterprise
14 Architecture and which may be subjected to health technology assessment and shall
15 comply with regulatory requirements.

16 Sec. 14. *Scope of eHealth Services and Applications.* – eHealth shall include
17 the following areas:

- 18 a) Mandatory eHealth Data Services:
- 19 1) Master Person Index
 - 20 2) Master Provider (Human Resources) Index
 - 21 3) Master Facility Index
 - 22 4) Terminology or Health Services Registry
 - 23 5) National Immunization Registry
- 24 b) Compliant eHealth Services and Applications, including but not limited
25 to:
- 26 1) Electronic Health Record and Electronic Medical Record
 - 27 2) eLaboratory and ePrescription

1 "Universal Health Care Act," and that integrate explicit use of evidence
2 into the policy and decision-making process and national eHealth
3 standards, and support the growth of research consortia on eHealth.

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

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

13 **ARTICLE XI**
14 **ADMINISTRATIVE PENALTIES**

15 *Sec. 27. Rules and Procedures for Administrative Violations and Complaints.* –
16 The Council shall promulgate rules and procedures relating to administrative
17 violations and complaints, insofar as they relate to the establishment and operations
18 of the national eHealth system.

19 **ARTICLE XII**
20 **MISCELLANEOUS PROVISIONS**

21 *Sec. 28. Transitory Provisions.* – The transformation of KMITs into a full-
22 fledged Bureau and the formulation of the internal organic structure and regional
23 and local implementation structures, staffing pattern, operating system, and the
24 revised budget of the Department for health information technology shall be
25 completed within six (6) months from the effectivity of the Implementing Rules and
26 Regulations (IRR) of this Act, during which time, the existing KMITs and regional
27 and local implementation personnel shall continue to serve in holdover capacities
28 until a full and permanent Bureau is constituted and functioning, and new
29 appointments are issued.

1 Sec. 29. *Appropriations.* – The amount needed for the initial implementation
2 of this Act shall be taken from the current fiscal year’s appropriation of the DOH for
3 health information technology.

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

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

13 Sec. 30. *Implementing Rules and Regulations.* – Within one hundred eighty
14 days (180) days from the effectivity of this Act, the Secretary of DOH, after
15 consultation with the Secretaries of DICT and DOST, the President and Chief
16 Executive Officer of PhilHealth, the Chancellor of UPM, the Chairman of the
17 Professional Regulation Commission, the Chairperson of CHED, the National
18 Statistician of PSA, and representatives of medical and paramedical associations and
19 societies, and other stakeholders, shall promulgate the necessary rules and
20 regulations implementing the provisions of this Act.

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

24 Sec. 32. *Repealing Clause.* – All general and special laws, decrees, executive
25 orders, proclamations and administrative regulation, or any parts thereof which are
26 inconsistent with this Act are hereby repealed, amended and modified accordingly.

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

Approved,