



23 JAN 26 P2:40

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

RECEIVED BY: 

**SENATE**

S.B. No. 1787

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Introduced by **SENATOR IMEE R. MARCOS**

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

**EXPLANATORY NOTE**

Article II, Section 15 of the 1987 Constitution provides that *"the State shall protect and promote the right to health of the people and instill health consciousness among them."* Corollarily, Article XIII, Section 11 of the Constitution also mandates that *"the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost."*

Despite these Constitutional safeguards, the harsh reality is that public healthcare in the country continues to be scanty, inaccessible to many, and often costly for most Filipinos. The data on its face is appalling, with the doctor to patient ratio in the country standing at 3.7 to 10,000 and the hospital bed to patient ratio remaining at <1 to 1,000 as of 31 December 2021. These numbers are far from the ideal ratio of 10 doctors per 10,000 persons and 3 hospital beds per 1,000 persons recommended by the World Health Organization (WHO).

The COVID-19 pandemic magnified this inadequacy to the public eye, as hospitals all over the country declared full bed capacity, and news of medical frontline workers falling to infection and fatigue populated broadsheets and social media.

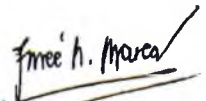
Meanwhile, more and more Filipinos now rely upon the internet for information and commercial transactions. In 2021, a total of 82 million were registered smartphone users. Digitization in all its forms and formats will no doubt grow exponentially and rapidly in the post-pandemic world.

eHealth has proven to be an efficient and effective way to bring medicine to the people. Digital consultations and even "check-ups" may now be virtual, medical records are better shared and accessed electronically, and updates on scientific developments all over the world can be placed at physicians' and patients' fingertips.

During the pandemic, Singapore adopted the "manpower light and tech heavy" care model whereby remote monitoring technologies were used to manage lower-risk COVID-19 patients, so that manpower may focus on higher-risk patients. The adoption of said model resulted in the country's extremely low fatality rate of 0.05% or 27 deaths out of more than 57,000 COVID-19 cases.

This bill seeks to establish electronic health or eHealth as an additional mode of the national healthcare system in post-COVID Philippines, thereby allowing more Filipinos to have greater access to vastly-improved health services comparable to those of our neighbor developed countries.

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

  
**IMEE R. MARCOS**



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**APPROPRIATING FUNDS THEREFOR**

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

1        **SECTION 1. Short Title.** – This Act shall be known as the “*eHealth System and*  
2        *Services Act*”.

3  
4        **SEC. 2. Declaration of Policies.** – It is the policy of the State to protect and  
5        promote the right to health of all Filipinos and instill health consciousness among them.  
6        Towards this end, the State shall institutionalize a system that seeks to provide more  
7        access to quality healthcare services through electronic means using information and  
8        communication technologies (ICT).

9  
10        The eHealth system shall be comprehensive, integrated, interconnected,  
11        sustainable, measurable, synchronized, inter-operable, and progressive based on best  
12        practices, and shall facilitate inter-agency and inter-sectoral coordination at various  
13        levels of governance covering both the public and private sectors. The State shall  
14        recognize eHealth as equal with other healthcare delivery methods to the extent  
15        allowable by existing laws, provide and support healthcare delivery, including diagnosis,  
16        consultation, treatment, transfer of care of patient, exchange of health data and  
17        education, especially in medically unserved and underserved geographically isolated  
18        and disadvantaged areas (GIDAs).

1       **SEC. 3. Objectives.** – The eHealth Act shall provide a policy framework and  
2 establish a National eHealth System that will direct and regulate the practice of eHealth  
3 in the Philippines. The objectives of this Act are as follows:

- 4
- 5       a) Provide a policy framework and establish a system that shall direct and  
6 regulate the practice of eHealth;
- 7
- 8       b) Set policies, standards, regulations and services in eHealth to reduce  
9 inequalities, facilitate the achievement of universal health care and improve  
10 health outcomes; and
- 11
- 12       c) Realize health information exchange to measure and monitor health system  
13 performance and responsiveness.
- 14

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

- 16
- 17       a) *eHealth System* refers to the interplay of enabling elements essential for a  
18 successful eHealth implementation—which include governance and  
19 accountability; strategy and investment; human resources; standards and  
20 inter- operability; monitoring and compliance; research and development;  
21 infrastructure; and services and applications;
- 22
- 23       b) *eHealth Services and Applications* refer to the solutions and products with  
24 defined objectives to serve its intended clients or users, such as health  
25 information systems, electronic medical record (EMR) systems, hospital  
26 information system, ePharmacy system, laboratory system, radiology  
27 system, registry systems, mobile health, teleHealth, telemedicine,  
28 wearables, and biomedical and related devices with ICT component;
- 29
- 30       c) *Electronic Health* or *eHealth* refers to the use of cost-effective and secure  
31 information communications technology for health needs;
- 32
- 33       d) *Electronic Medical Record (EMR)* refers to a computerized medical record  
34 used to capture, store and share information between healthcare providers  
35 in an organization;
- 36
- 37       e) *Geographically Isolated and Disadvantage Areas (GIDAs)* refer to  
38 communities with marginalized population physically and socio-economically

1 separated from the mainstream society and characterized by: (1) physical  
2 factors such as those isolated due to distance, weather conditions and  
3 transportation difficulties like island, upland, lowland, landlocked, hard to  
4 reach and unserved or underserved communities; and (2) socio-economic  
5 factors such as high poverty incidence, presence of vulnerable sector,  
6 communities in or recovering from situation of crisis or armed conflict;  
7

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

12 g) *Health Knowledge Resources* refer to those services that manage and  
13 provide access to trusted information to support health care providers and  
14 individuals, including local and international online journals and resource  
15 collections, national electronic journals printed information, archives, and  
16 other information resources;  
17

18 h) *Information and Communications Technology (ICT)* refers to all technologies  
19 for the communication of information, which includes data, application or  
20 information systems, internet, network, connectivity, telecommunications,  
21 among others;  
22

23 i) *Mobile Health* or *mHealth* refers to the services and information supported  
24 by mobile technology, such as mobile phones, wearables, and handheld  
25 computers;  
26

27 j) *Personal Health Record (PHR)* refers to a computerized health record created  
28 and maintained by an individual;  
29

30 k) *TeleHealth* refers to the delivery of health-related services and information,  
31 at a distance, which encompasses preventive, promotive, curative, and  
32 palliative aspects and include a collection of means or method for enhancing  
33 health care, public health, health research and health education delivery and  
34 support in the various health fields using telecommunications and virtual  
35 technologies;  
36

37 l) *Telehealth Center* refers to an office located within a hospital designated for  
38 the purpose of conducting telehealth services and is equipped with the  
39 necessary tools and manpower;



1  
2 m) *Telemedicine* refers to the delivery of health care services, where distance  
3 is a critical factor, by all health care professionals using information and  
4 communication technologies for the exchange of valid information for  
5 diagnosis, treatment and prevention of disease and injuries, research and  
6 evaluation, and for the continuing education of health care providers, all in  
7 the interests of advancing the health of individuals and their communities.  
8

9 **SEC. 5. *Scope and Application.*** – This Act covers all existing healthcare providers  
10 and other entities developing and using eHealth systems, services and applications,  
11 whether public or private. It includes all other eHealth solutions, services and  
12 applications, including relevant standard equipment in the field of health and ancillary  
13 services that utilize ICT and complements existing minimum modalities or standards of  
14 health care and other access to information.  
15

## 16 **ARTICLE II** 17 **eHEALTH SERVICES AND SOLUTIONS** 18

19 **SEC. 6. *Services and Application.*** – The National eHealth System shall provide  
20 tangible means for enabling services and systems including access to, exchange and  
21 management of information and content for the general public, patients, providers,  
22 insurance, and other which may be supplied by government or private businesses.  
23

24 **SEC. 7. *Scope of eHealth Services and Solutions.*** – eHealth is an umbrella term  
25 which integrates and covers the following areas:  
26

- 27 a) *Health informatics* refers to interdisciplinary study of the design, development,  
28 adoption, and application of IT-based innovations in healthcare services delivery,  
29 management, and planning;  
30  
31 b) *Telehealth* refers to the delivery of health-related services and information via  
32 telecommunication technology which encompasses preventive, promotive,  
33 curative, and palliative aspects;  
34  
35 c) *Telemedicine* refers to the use of telecommunication technology to provide  
36 healthcare services from a distance; focuses more on the curative or treatment  
37 aspect;  
38

- d) *Electronic learning or e-learning* refers to learning utilizing electronic technologies to access educational curriculum outside of a tradition classroom;
- e) *Electronic Medical Record* refers to software systems which contains encoded form of documentation of patient's health information;
- f) *Electronic prescription or e-prescription* refers to an electronic generation of a physician's prescription, transmission and filling of medical prescription;
- g) *Virtual healthcare teams* refer to professionals who collaborate and share information on patients with digital equipment;
- h) *Mobile health or mHealth* refers to medical and public health practice supported by mobile devices such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices;
- i) *Social Media for eHealth* refers to the opportunities for the healthcare industry to engage with patients and healthcare professionals through online communications channels dedicated to community-based input, interaction, content-sharing and collaboration;
- j) *Health Information Exchange* refers to the solution which enables data sharing and exchange between healthcare providers and facilities, and support access to the patient's record across providers in many geographic areas of the country;
- k) *Knowledge Management System* refers to any kind of IT system that stores and retrieves information, improves cooperation and collaboration, locates knowledge sources, manage repositories, and enhance knowledge management; and
- l) *Patient Self-Education about Healthcare* refers to the patient's use of the internet through personal computers or mobile devices to research on medical and pharmacological information, treatment options, or search for healthcare facilities available in their area.

**SEC. 8. Telehealth and Telemedicine Services.** – Telehealth is an approach of providing healthcare services and public health with the use of ICT to enable the diagnosis, consultation, treatment, education, care management, and self-management of patient at distance from health providers. It shall take into

1 consideration the evolving practice in telemedicine and eHealth in order to expand the  
2 delivery of healthcare not only in terms of records and information exchange but in the  
3 actual delivery of services.

4  
5 **SEC. 9. *Electronic Medical Record (EMR).*** – All data in the EMR shall be  
6 considered protected health data and shall be governed by established rules for access,  
7 authentications, storage and auditing, and transmittal. Republic Act No. 10173  
8 otherwise known as the “Data Privacy Act of 2012”, its implementing rules and  
9 regulations, and the issuances of the National Privacy Commission shall be considered  
10 in recording, processing, and storing data in the EMR.

11  
12 a) *Disclosure.* - Disclosure of and accessibility to protected data in the EMR shall  
13 be limited and standardized following international and local rules and  
14 regulations. Patients may secure a copy of their EMR upon request and shall  
15 provide informed consent if their EMR is to be shared with third parties, except  
16 when these are processed for the production of aggregate health statistics, for  
17 social health insurance claims based on established guidelines, for public health  
18 emergency concerns and national security.

19  
20 b) *Covered Entities.* - Covered entities may disclose protected health information  
21 to law enforcement officials performing their official duties and responsibilities  
22 as required by existing national and local laws and with proper order from duly  
23 concerned bodies. Such disclosure shall be carried out in accordance with the  
24 Data Privacy Act of 2012.

25  
26 **SEC. 10. *Electronic Medical Records Facilities Creation, Maintenance, and***  
27 *Uploading.* – All provisions of existing laws to the contrary notwithstanding, medical  
28 service providers shall create and maintain electronic medical records which shall be  
29 electronically uploaded on a regular basis. The medical service providers shall likewise  
30 maintain hard copies of the electronic records to be printed and stored as backup  
31 records.

32  
33 All concerned medical service providers may elect to keep their own existing  
34 format in addition to the new electronic record and its back-up for purposes of their  
35 own use or in providing hard copies to patients: *Provided however,* that back-up copies  
36 of electronic records shall, at all times, be included when providing hard copies to the  
37 requesting patients.



1 The EMR shall likewise provide for an electronic facility where patients and  
2 medical service providers can communicate on-line either in real time or off-line. It may  
3 also be integrated with civil registries to facilitate recording of vital information.  
4

5 **SEC. 11. *Electronic Medical Records Center.*** – There shall be created an  
6 Electronic Medical Records (EMC) Center to be placed under the Office of the Secretary  
7 of the DOH. The EMC Center shall serve as a hub of all databanks of medical records  
8 and other pertinent information to the patient's medical history.  
9

10 It shall generate specialized software to be distributed and used as the standard  
11 platform for the maintenance, updating, uploading and making available electronic  
12 Medical Records and shall enforce strict compliance with uploading and updating of  
13 electronic medical records as provided for in this Act.  
14

15 **SEC. 12. *Security Features of Electronic Medical Records.*** – In order to ensure  
16 the privacy of all medical records, electronic communication and transactions, the EMR  
17 Center shall be classified in a manner that allows safeguards for data privacy and  
18 security, access controls, and change management.  
19

20 **SEC. 13. *Creation of EMR.*** – EMR can be created by the following professionals  
21 if it is necessary for the medical care of the patients:  
22

- 23 1) Doctors;
- 24 2) Dentists;
- 25 3) Pharmacists, Pharmacy Assistants, Pharmacy Engineers;
- 26 4) Psychiatrists;
- 27 5) Nurses; and
- 28 6) Other allied health professionals.  
29

30 **SEC. 14. *Standard of Care.*** – The standard of care to be provided shall be based  
31 on established clinical or service guidelines. Services given must be the same regardless  
32 of whether healthcare services are provided in person or electronically. The attending  
33 healthcare professional shall be primary accountable for the healthcare delivery of  
34 eHealth systems and services.  
35

36 **SEC. 15. *Electronic Signatures.*** – In order to ensure the confidentiality, integrity  
37 and authenticity of eHealth data, eHealth may require the use of electronic signatures  
38 which are to be treated as equal to hand-written signatures.

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

**SEC. 16. *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 Inter-operability* – 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

1 will be using eHealth in their line of works, health care providers, information  
2 and communication technology workers, and others.

- 3  
4 g) *Strategy and Investment* – Schemes and outlay that are needed to develop,  
5 operate and sustain the eHealth Systems and Services. These components  
6 support the development of a strategy and plans to serve as guide in the  
7 implementation of the eHealth agenda. Investment refers to the funding or  
8 amount needed for executing the strategies and plans.

9  
10  
11 **ARTICLE IV**  
12 **LEADERSHIP AND GOVERNANCE**

13  
14 **SEC. 17. Lead Agency.** – The Department of Health (DOH) shall be the lead  
15 agency in implementing this Act. For the purpose of achieving the objectives of the Act,  
16 the DOH shall:

- 17  
18 a) Establish an inter-agency and multi-sectoral National eHealth Steering  
19 Committee;  
20  
21 b) Spearhead the establishment of a National eHealth System and Service;  
22  
23 c) Coordinate with the Department of Science and Technology (DOST), the  
24 Department of Information and Communication Technology Office (DICT) and  
25 the Philippine Council for Health Research and Development (PCHARD),  
26 Philippine Health Insurance Corporation (PhilHealth), Philippine Medical  
27 Association (PMA), Health Assessment Council (HAC), University of the  
28 Philippines - National Telehealth Center (UPM-NTHC), Medical and Paramedical  
29 Specialty Societies, Boards and Associations, Professional Regulation  
30 Commission (PRC) and various health services providers and facilities including  
31 the academe and patient groups, and other stakeholders;  
32  
33 d) Create or identify an Office to coordinate the development and implementation  
34 of a National eHealth System and Services among agencies concerned and  
35 provide direction and guidance to all DOH offices and attached agencies  
36 including the local government units and the private sector; and  
37

e) The Telehealth Centers shall be under the supervision of the Department of Health.

**SEC. 18. *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; and
- l) A representative from the Association of Municipal Health Officers/PHO/CHO.

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

**SEC. 19. *Standards.*** – Standards shall be introduced and imposed to facilitate interoperability among systems and devices, provide unqualified privacy and security and to address the unique needs. This must be complied with by various providers, centers, and system developers to enable consistent and services. The appropriate Committee as may be mandated in this Act shall define and regularly update, and impose standards for inoperability among various eHealth systems and services and ensure wide dissemination for easy access of all concerned.

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

**SEC. 20. *Interoperability framework.*** – The eHealth interoperability shall be defined and must be in consonance to DOH national eGovernment interoperability framework and established internal standards.

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

7  
8       **SEC. 22. *Establishment and Accreditation of eHealth Centers and eHealth***  
9 ***Practitioners.*** - The Act shall ensure that telehealth centers are strategically organized  
10 across the country within three (3) years upon effectivity of this Act to ensure that  
11 Telehealth practitioners are sufficiently equipped with skills for the ethical and safe  
12 practice of Telehealth such as the necessary audiovisual communications technology  
13 that will enable each Telehealth center to communicate with each other in real time.  
14 Regional Telehealth Centers shall be established. No telehealth center shall be allowed  
15 to operate unless it has been duly accredited based on standards set forth by the DOH.  
16 The Department of Health shall be the lead agency for the accreditation for the facilities  
17 as Telehealth centers, whereas the Professional Regulations Commission shall be the  
18 lead agency for the accreditation of the Telehealth Practitioners in coordination with  
19 the National eHealth Steering Committee. Telehealth Practitioner shall be accredited by  
20 the PhilHealth for reimbursement purposes. A Telehealth center shall have the following  
21 minimum requirements:

- 22
- 23       a) Equipped with the needed ICT applications suitable for telehealth in the country
  - 24       such as computers, internet connections, and communication lines;
  - 25       b) Supervised and staffed by trained personnel such as doctors, nurses, primary
  - 26       health care workers, and clinical specialists;
  - 27       c) Construction of facilities for the delivery of telemedicine services sites;
  - 28       d) Provision of transportation and other courier services for the delivery of
  - 29       medicines and other services; and
  - 30       e) Undergo periodic unannounced inspection by the DOH in order to evaluate and
  - 31       ensure quality telehealth center performance.
- 32

33       These Telehealth Centers shall be established for the purpose being primarily to  
34 give access to virtual medical care to as many people as possible. Their objectives shall  
35 be:  
36

- 1 a) To provide people in rural and far-flung areas with no adequate access to  
2 specialized medical care with a virtual access at no cost to them where  
3 warranted; and  
4 b) To give these people easy access to fast and efficient treatment and diagnosis,  
5 especially the poor and indigent among them.  
6

7 **SEC. 23.** *Public-Private Partnership in Providing eHealth Services.* – The DOH is  
8 hereby mandated to promulgate rules regarding the participation of the private sector  
9 in the provision of eHealth services and solutions, including public-private partnerships  
10 and other suitable arrangements, subject to the limitations provided by this Act.  
11

12  
13 **ARTICLE VI**  
14 **THE eHEALTH CENTER BOARD**  
15

16 **SEC. 24.** *eHealth Center Board.* – There is hereby created a governing board of  
17 the Telehealth Center which shall hereafter be known as the eHealth Center Board.  
18

19 The eHealth Center Board shall be composed of ten (10) members with the  
20 Secretary of the Department of Health as the ex-officio Chairman, four (4) members,  
21 each of from the Lung Center of the Philippines, National Kidney and Transplant  
22 Institute, Philippine Children's Medical Center, and the Philippine Heart Center and five  
23 (5) members from the private sector.  
24

25 The members of the eHealth Center Board shall be appointed by the President  
26 of the Philippines and shall receive no salary. They shall, however, receive a *per diem*  
27 of not exceeding two thousand pesos (P 2,000.00) for every meeting of the Board  
28 actually attended: *Provided*, however, that the total amount of per diem for all meetings  
29 of the eHealth Center Board in a single month shall not exceed ten thousand pesos  
30 (P10,000.00).  
31

32 Members of the eHealth Center Board who are not officers of the Government  
33 shall serve for a term of four (4) years which is renewable for another term.  
34

35 The Board Secretary shall be appointed by the Chairman from the ranking  
36 members of the hospital staff.  
37

1       **SEC. 25. *Powers and Duties of the eHealth Center Board.*** – The eHealth Center  
2 Board, as the governing and policy-making body of the eHealth Centers, shall have  
3 such powers as are necessary to carry out the purpose and objectives stated in this  
4 Act, including the exercise of corporate powers. It shall perform the following functions  
5 and duties:

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

32

33       **SEC. 26. *Meeting of the Board and Quorum.*** – The eHealth Center Board shall  
34 meet regularly once a month at the Department of Health on a regular date fixed for  
35 the purpose. Special meetings may be called as often as necessary. A majority of the  
36 members shall constitute a quorum. All decisions of the Board must be by a majority  
37 of the members present.

38



1       **SEC. 27. *eHealth Center Director and Auditor.*** – There shall be an eHealth  
2 Center Director, elected by a majority vote of the eHealth Center Board: *Provided*, that  
3 the appointee is qualified under the Civil Service Act.  
4

5       The eHealth Center Director shall serve until otherwise incapacitated or removed  
6 for cause and shall receive an annual salary equivalent to that of Chief of Hospital IV  
7 under the Salary Plan of the Wage and Position Classification Office.  
8

9       The eHealth Center Director shall:

- 10
- 11       a) Be responsible for the implementation of all policies, decisions and orders of the
  - 12       eHealth Center Board;
  - 13       b) Have immediate supervision and control over the affairs of the eHealth Centers
  - 14       as well as its management and administration, subject to the authority of the
  - 15       eHealth Center Board;
  - 16       c) Prepare and submit to the eHealth Center Board periodic reports on the state of
  - 17       affairs, financial conditions, budgetary requirements and other problems of the
  - 18       hospital together with the corresponding recommendations thereon; and
  - 19       d) Perform such other duties as the eHealth Center Board may from time to time
  - 20       direct him to do, consonant with the dignity and responsibility of the office.
- 21

22       The eHealth Center Board shall appoint an auditor who shall be the  
23 representative of the Auditor General who is hereby designated as ex-officio auditor of  
24 all eHealth Centers.  
25

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

32       **SEC. 28. *Heads of Departments and Service and Compensations.*** – The  
33 participating Heads of departments and services as well as medical consultants and  
34 specialists shall be appointed by the eHealth Center Board upon recommendation of  
35 the eHealth Center Director. Their compensations shall be prescribed by the eHealth  
36 Center Board but the same shall in no case be less than provided for under existing  
37 laws and regulations.  
38

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

3  
4 **ARTICLE VII**  
5 **INFRASTRUCTURE**  
6

7 **SEC. 29. *ICT Infrastructure.*** – The required ICT infrastructure to implement  
8 eHealth system and services shall conform to the national ICT infrastructure plan and  
9 standards.

10  
11 **SEC. 30. *Medical devices and eHealth solutions.*** – Software platform that  
12 connects existing or new medical devices and gateways shall be defined and regulated  
13 to ensure seamless data transfers based on established industry and national standards  
14 and standardization of EMR. Such transfers shall be carried out in accordance with the  
15 Data Privacy Act of 2012, its implementing rules and regulations, and the issuances of  
16 the National Privacy Commission.

17  
18 **SEC. 31. eHealth Center Database.** – All eHealth Centers and originating sites  
19 shall coordinate with the DOH for consolidation of the pertinent database. DOH shall  
20 maintain and manage a national database for consults on clinical cases as well as health  
21 and medical education exchanges, ensuring that data privacy and patient confidentiality  
22 are maintained in accordance with the applicable provisions of the Data Privacy Act of  
23 2012.

24  
25 **SEC. 32. National Health Database and Data Warehouse.** – The DOH shall  
26 spearhead the maintenance and management of a secured and protected national  
27 health database and national health data warehouse or defined shared EMR and of  
28 consultations on clinical cases as well as health and medical education exchanges and  
29 other eHealth applications.

30 **ARTICLE VIII**  
31 **HUMAN RESOURCES**  
32

33 **SEC. 33. *Human Resources ICT Competencies.*** – Minimum ICT or eHealth  
34 competencies shall be established and imposed to medical and paramedical  
35 professionals practicing eHealth, and be part of the medical and allied medical curricula.  
36

1       **SEC. 34. *Capability Building Plans and Policies.*** – Human resource plans and  
2 policies shall fully take into account in delivering eHealth and Telemedicine. The  
3 following are to be considered:

4  
5       a) Licensable healthcare professionals must have a valid Philippine license based  
6 on the requirement of the Professional Regulations Commission (PRC);

7  
8       b) Appropriate policies concerning cases wherein a licensed eHealth practitioner in  
9 the Philippines who intends to provide eHealth services to a patient in another  
10 country should be in place;

11  
12       c) In any event, an eHealth center should have policies and procedures to ensure  
13 that all relevant staff have the appropriate competencies to practice safer Health  
14 services; and

15  
16       d) eHealth centers should ensure regular review of human resource plans and  
17 policies related to eHealth and eMedicine.

18  
19                               **ARTICLE IX**  
20                               **STRATEGY AND INVESTMENT**

21  
22       **SEC. 35. *eHealth Strategic Framework.*** – The DOH shall spearhead the  
23 development and monitoring of strategic framework and plans to serve to guide the  
24 implementation of eHealth systems and services.

25  
26       **SEC. 36. *Monitoring Evaluation System.*** – There shall be established a robust  
27 metric for the monitoring and evaluation for eHealth to assess and analyze the impact  
28 of eHealth systems and services.

29  
30       **SEC. 37. *Appropriations.*** – The amount necessary to carry out the provisions of  
31 this Act shall be included in the General Appropriations of the year following its  
32 enactment into law.

33  
34       **SEC. 38. *Telehealth Center Trust Funds.*** – All funds and money not coming  
35 from the general fund of the National Government such as contributions from taxes  
36 and assessments from authorized sweepstakes lotteries and games, donations,  
37 legacies, endowment shall be used and disbursed only upon the authorization of the

1 Telehealth Center Board for the purpose of improving the Telehealth Centers, its  
2 facilities and services, including the purchase of supplies and equipment.

3  
4 **SEC. 39. *Financing eHealth Services.*** – Financing for applicable eHealth services  
5 by PhilHealth and other partners, as defined by the National eHealth Steering  
6 Committee, shall be made available.

7  
8 **SEC. 40. *Private Sector Participation.*** – The government shall encourage private  
9 sector investment on eHealth systems and services subject to existing laws and  
10 regulation through the appropriate government agencies and must be compliant to the  
11 established national eHealth systems and services and standards.

12  
13 Under the Private Sector Participation Program, the joint DOH-PhilHealth- DOST-  
14 National Privacy Commission-Philippine Statistics Authority undertakings on eHealth  
15 shall be expanded to align with the Medium-term Information and Communications  
16 Technology Harmonizing Initiative (MITIII) efforts of Department of Budget and  
17 Management (DBM) and DOST which shall include the development of a Citizen  
18 Registry.

19  
20 **ARTICLE X**  
21 **RESEARCH AND DEVELOPMENT**

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

- 29  
30 a) Formulation of expanded eHealth research priority areas under the National  
31 Unified Health Research Agenda (NUHRA); and  
32  
33 b) Establishment of knowledge hub and research centers for eHealth that focus on  
34 but not limited to capacity building, health technology assessment, knowledge  
35 management, standards development, and research utilization.  
36



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

- 4  
5       a) Department of Health;  
6       b) Department of Science and Technology; and  
7       c) Department of Information and Communication Technology.

8  
9                                   **ARTICLE XI**  
10                                  **LIABILITIES AND PENALTIES**

11  
12       **SEC. 43. *Prohibited Acts.*** – The data in the EMR must be processed fairly and  
13 lawfully. All the data shall be encrypted and any unauthorized access of the EMR shall  
14 be punishable under Republic Act No. 10173, otherwise known as the "*Data Privacy Act*  
15 *of 2012*".

16  
17       **SEC. 44. *Liability of Supervising Persons.*** – Persons who directly supervise and  
18 control staff members entitled to fill EMR shall be solidarily liable for injuries associated  
19 with inaccurate or deficient summary reports provided by these staff members.

20  
21       **SEC. 45. *Liability of eHealth Centers.*** – eHealth centers shall also be solidarily  
22 liable for injuries associated with inaccurate or defective treatment caused by their  
23 software and database.

24  
25                                   **ARTICLE XII**  
26                                  **FINAL PROVISIONS**

27  
28       **SEC. 46. *Patient Data Confidentiality.*** – In carrying out the provisions of this  
29 Act, eHealth Centers personnel and other eHealth Practitioners, government agencies,  
30 and participating private businesses involved in the collection, recording, organization,  
31 storage, updating or modification, retrieval, consultation, and/or use of patient data  
32 shall carry out said procedures in compliance with Republic Act No. 10173, otherwise  
33 known as the "*Data Privacy Act of 2012*," its implementing rules and regulations, and  
34 the issuances of the National Privacy Commission.

35  
36       **SEC. 46. *Implementing Rules and Regulations.*** – Within ninety (90) days from  
37 the effectivity of this Act, the Secretary of Health, after consultation with the DOST,  
38 DICT, Philippine Medical Association (PMA), University of the Philippines-Manila

1 (National Telehealth Center), Philhealth, CHED, Health Assessment Council (HAC)  
2 medical and paramedical associations and societies, and other stakeholders, shall  
3 promulgate the necessary rules and regulations implementing the provisions of this  
4 Act.

5  
6 **SEC. 47. *Separability Clause.*** – If any part or provision of this Act shall be  
7 declared or held unconstitutional or invalid, other provisions hereof which are not  
8 affected thereby shall continue to be in full force and effect.

9  
10 **SEC. 48. *Repealing Clause.*** – All general and special laws, decrees, executive  
11 orders, proclamations and administrative regulation, or any parts thereof which are  
12 inconsistent with this Act are hereby repealed, amended and modified accordingly.

13  
14 **SEC. 49. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
15 publication in the official gazette or in any newspaper of general circulation.

*Approved,*