

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



22 NOV 29 P5:16

**SENATE**

S. No. 1569

RECEIVED BY:

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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

**EXPLANATORY NOTE**

eHealth presents a great potential to transform healthcare delivery.

It takes an average of 39 minutes for Filipinos to arrive at a local health facility. According to the Department of Health (DOH) approximately 70% of the population living in rural areas are struggling with no or minimal access to inpatient and outpatient care services, this is because only 13% of healthcare providers and 40% of tertiary hospitals are located in non-urban areas.

This bill aims to utilize information and communication technology or ICT for health or eHealth in order to improve access and delivery of healthcare services particularly in the underserved areas. Through the use of ICT, eHealth enables diagnosis, consultation, treatment, education, care management, and self-management of patients even at a distance from healthcare providers. eHealth seeks to address current disparities in service care delivery, improve the flow of health information and help achieve the Universal Health Care standard for a more responsive healthcare system.

The proposed measure aims to institutionalize and regulate a coherent National eHealth System in a strategic framework in order to streamline issues including but not limited to provision, access, patient rights, data security and information exchange.

This measure recognizes that a complementary effort to improve the national interconnectivity is needed to fully achieve its objectives.

At the core of these challenges, eHealth acts as a tool to bridge a country with geographic and social challenges to health care.

In view of establishing timely, reliable, accurate and complete health information, immediate passage of this bill is earnestly sought.

**RAMON BONG REVILLA, JR.**

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

**Chapter I**

**GENERAL PROVISIONS**

1  
2  
3 Section 1. *Short Title.* - This Act shall be known as the "*Philippine eHealth*  
4 *Systems and Services Act of 2022.*"

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

12 Sec. 3. *Objectives.* - The eHealth Act shall provide a policy framework and  
13 establish a National eHealth System that will direct and regulate the practice of eHealth  
14 in the Philippines. The Philippine eHealth Systems and Services shall be  
15 comprehensive, integrative, sustainable, measurable, synchronized, interoperable,  
16 progressive and based on best practices. It shall facilitate inter-agency and inter-  
17 sectoral coordination at various levels of governance covering both the public and  
18 private sectors. It shall recognize eHealth as equal with other healthcare delivery

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

- 5 a. Utilize Information and Communication Technology (ICT) to deliver health  
6 services which has the potential to be profitable, improve quality, change the  
7 conditions of practice, and improve access to healthcare, particularly in rural  
8 and other medically underserved areas;
- 9 b. Develop infrastructure for ICT for health to promote equitable, affordable, and  
10 universal access to health services;
- 11 c. Set policies and standards, and establish regulations regarding the field of  
12 eHealth;
- 13 d. Designate national and regional centers and networks of excellence for eHealth  
14 best practices, policy coordination, and technical support for healthcare  
15 delivery;
- 16 e. Facilitate the exchange and access to secured personal health information,  
17 including healthcare providers sharing and use of health and medical  
18 information to improve care as well as public access to relevant information for  
19 the promotion of their own personal health;
- 20 f. Ensure harmonization, integration, alignment, and interoperability among  
21 various eHealth initiatives, programs and projects across the country and in  
22 accordance with the national agenda and priorities, and international eHealth  
23 practices, directions and standards; and
- 24 g. Facilitate inter-agency and inter-sectoral coordination at various levels of  
25 governance covering both public and private sectors.

26 *Sec. 4. Definition of Terms. - As used in this Act:*

- 27 a. *Electronic health or eHealth* refers to the use of cost-effective and secure  
28 information communications technology for health;
- 29 b. *Electronic Medical Records* refer to the medical background and history of a  
30 medical service provider's patient and such other information to be designed  
31 and developed by the Record Center. It shall be presented in a standard  
32 electronic format;

- 1 c. *eHealth Practitioner* refers to any healthcare provider from public or private  
2 sector;
- 3 d. *eHealth Systems* refers to an organized and structured application of eHealth,  
4 integrated in the regular workflow of healthcare facilities;
- 5 e. *Geographically Isolated and Disadvantaged Areas (GIDAs)* refer to communities  
6 with marginalized populations and socio-economically separated from the  
7 mainstream society and characterized by:
- 8 i. Physical factors such as those isolated due to distance, weather  
9 conditions and transportation difficulties (island, upland, lowland,  
10 landlocked, hard to reach and unserved or underserved communities);  
11 and
- 12 ii. Socio-economic factors such as high poverty incidence, presence of  
13 vulnerable sectors, communities in or recovering from situations of crisis  
14 or armed conflict;
- 15 f. *Health Center* refers to an organized and structured application of eHealth,  
16 integrated in the regular workflow of healthcare facilities;
- 17 g. *Information and Communication Technology (ICT)* refers to the totality of  
18 electronic means to access, create, collect, store, process, receive, transmit,  
19 present, and disseminate information;
- 20 h. *Licensable Healthcare Professionals* refer to healthcare professionals applying  
21 for license to practice telehealth services;
- 22 i. *Live Video* refers to the two-way interaction between a person (patient,  
23 caregiver, or provider) and a provider using audiovisual telecommunications  
24 technology. This type of service is also referred to as *real-time* and may serve  
25 as a substitute for an in-person encounter when it is not available;
- 26 j. *Medical Service Providers* refers to all medical practitioners, hospitals, clinics,  
27 centers and other similar institutions that provide medical care service and  
28 assistance;
- 29 k. *Mobile Health* refers to the health care and public health practice and education  
30 supported by mobile communication devices such as cell phones, tablet  
31 computers, and personal digital assistants (PDAs). Applications can range from

1 targeted text messages that promote healthy behavior to wide-scale alerts  
2 about disease outbreaks;

3 l. *Originating Site* refers to the site where the patient is located at the time of  
4 provision of healthcare services through telecommunication systems;

5 m. *Records Center* refers to the Electronic Medical Records Center created under  
6 this Act;

7 n. *Remote Patient Monitoring* refers to the personal health and medical data  
8 collection from an individual in one location via electronic communication  
9 technologies, which is transmitted to a provider (sometimes via data-processing  
10 service) in a different location for use in care and related support. This type of  
11 service allows a provider to continue to track healthcare data for a patient once  
12 released to a home or a care facility, reducing readmission rates.

13 o. *Secure Socket Layer or SSL* refers to the technology which negotiates and  
14 employs the essential function of mutual authentication, data encryption and  
15 data integrity for secure transactions. The SSL security protocol provides data  
16 encryption, server authentication, message integrity, client authentication for a  
17 transmission control protocol (TCPO or IP connection);

18 p. *Store-and-forward* refers to the transmission of recorded health history through  
19 a secure electronic communications system to a practitioner, usually a  
20 specialist, who uses the information to evaluate the case or render a service  
21 outside of a real-time or live interaction. This service provides access to data  
22 after it has been collected and involves communication tools such as secure  
23 email;

24 q. *TeleHealth* refers to the delivery of health-related services and information via  
25 telecommunication technology which encompasses preventive, promotive,  
26 curative, and palliative aspects. It is also a collection of means or methods of  
27 enhancing health care, public health, and health education delivery and support  
28 in the field of dentistry, counselling, physical and occupational therapy, home  
29 health, chronic disease monitoring and management, and other related health  
30 fields using telecommunications technologies that perform live video, store-  
31 and-forward, remote patient monitoring and mobile health;

- 1 r. *TeleHealth Center* refers to an office located within a hospital designated for  
2 the purpose of conducting teleHealth services and is equipped with the  
3 necessary tools and manpower;
- 4 s. *Telemedicine* refers to the use of telecommunication technology to provide  
5 healthcare services from a distance which focuses more on the preventive and  
6 curative or treatment aspect; and
- 7 t. *128-bit Encryption* refers to the encrypted transaction that secures confidential  
8 data or contents of a message wherein the original information can be  
9 recovered through the use of a corresponding decryption process.

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

## 17 18 **Chapter II**

### 19 **eHEALTH SERVICES AND SOLUTIONS**

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

24 *Sec. 7. Scope of eHealth Services and Solutions.* -

- 25 a. *Health informatics* refers to interdisciplinary study of the design, development,  
26 adoption, and application of IT-based innovations in healthcare services  
27 delivery, management, and planning;
- 28 b. *TeleHealth* refers to the delivery of health-related services and information via  
29 telecommunication technology which encompasses preventive, promotive,  
30 curative, and palliative aspects;

- 1 c. *Telemedicine* refers to the use of telecommunication technology to provide  
2 healthcare services from a distance, focuses more on the curative or treatment  
3 aspect;
- 4 d. *Electronic learning or e-learning* refers to learning utilizing electronic  
5 technologies to access educational curriculum outside of a tradition classroom;
- 6 e. *Electronic Medical Record or Electronic Health Record* refers to software  
7 systems which contains encoded form of documentation of patient's health  
8 information;
- 9 f. *Electronic prescription or e-prescription* refers to an electronic generation of a  
10 physician's prescription, transmission and filling of medical prescription;
- 11 g. *Virtual healthcare teams* refer to medical and public health professionals who  
12 collaborate and share information on patients with digital equipment;
- 13 h. *Mobile health or mHealth* refers to medical and public health practice supported  
14 by mobile devices such as mobile phones, patient monitoring devices, personal  
15 digital assistants (PDAs), and other wireless devices;
- 16 i. *Social media for eHealth* refers to the opportunities for the healthcare industry  
17 to engage with patients and healthcare professionals through online  
18 communications channels dedicated to community-based input, interaction,  
19 content-sharing and collaboration;
- 20 j. *Health Information Exchange* refers to the solution which enables data sharing  
21 and exchange between healthcare providers and facilities and support access  
22 to the patient's record across providers in many geographic areas of the  
23 country;
- 24 k. *Knowledge Management System* refers to any kind of IT system that stores and  
25 retrieves information, improves cooperation and collaboration, locates  
26 knowledge sources, manage repositories, and enhance knowledge  
27 management; and
- 28 l. *Patient Self-Education about Healthcare* refers to the patient's use of the  
29 internet through personal computers or mobile devices to research on medical  
30 and pharmacological information, treatment options, or search for healthcare  
31 facilities available in their area.

1            *Sec. 8. Telehealth and Telemedicine Services.* - TeleHealth is an approach of  
2 providing healthcare services and public health with the use of ICT to enable  
3 the diagnosis, consultation, treatment, education, care management, and self-  
4 management of patients at a distance from health providers. However, it shall  
5 not be understood to modify the scope of medical practice or any healthcare  
6 provider or authorized delivery of healthcare services in a setting or manner  
7 not otherwise authorized by the law.

8            *Sec. 9. Electronic Medical or Health Record (EMR or EHR).* - All data in the EMR  
9 or EHR shall be considered protected health data and shall be governed by  
10 established rules for access, authentications, storage and auditing, and  
11 transmittal.

12            a. *Disclosure.* - Disclosure of and accessibility to protected data in the EMR  
13 or EHR shall be limited and standardized following international and local  
14 rules and regulations. Patients may secure a copy of their EMR or EHR  
15 upon request and shall provide informed consent if their EMR or EHR is  
16 shared with third parties except when these are processed for the  
17 production of aggregate health statistics, for social health insurance  
18 claims based on established guidelines, for public health emergency  
19 concerns and national security. The data of the EMR or EHR shall be  
20 encrypted and any unauthorized access of the EMR or EHR shall be  
21 punishable under Republic Act No. 10173 or *the Data Privacy Act*.

22            b. *Covered Entities.* - Covered entities may disclose protected health  
23 information to law enforcement officials performing their official duties  
24 and responsibilities as required by existing national and local laws and  
25 with proper order from duly concerned bodies.

26            *Sec. 10. Electronic Medical Record 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. All concerned medical service providers may elect to keep their own existing  
32 format in addition to the new electronic record and its back-up for purposes of their



1 own use in providing hard copies to patient: *Provided* however, that backup copies of  
2 electronic records shall, at all times, be included when providing hard copies to the  
3 requesting patients. The electronic medical records facilities aside from the keeping of  
4 records, shall likewise provide for an electronic facility where patients and medical  
5 service providers can communicate online either in real time or offline. The EMR may  
6 also be integrated with civil registries to facilitate recording of vital information.

7       Sec. 11. *Electronic Medical Records Center.* - There shall be created an  
8 Electronic Medical Records Center to be placed under the Office of the Secretary of  
9 the Department of Health. The Center shall serve as a hub of all databases of medical  
10 records and other pertinent information to the patient's medical history. The records  
11 center shall generate specialized software to be distributed and used as the standard  
12 platform for the maintenance, updating, and making available electronic Medical  
13 Records. The Center shall enforce strict compliance with uploading and updating of  
14 electronic medical records as provided for in this Act.

15       Sec. 12. *Security Features of Electronic Medical Records.* - In order to ensure  
16 the privacy of all medical records, electronic communications and transactions shall  
17 use existing 128-bit encryption or higher forms of Secure Socket Layer (SSL)  
18 technology which may be devised in the future. The security features of the electronic  
19 medical records shall likewise comply with the security provisions as provided in  
20 Republic Act No. 8792 or the *Electronic Commerce Law of 2000*.

21       Sec. 13. *Creation of EMR or EHR.* - EMR or EHR can be created by the following  
22 professionals if it is necessary for the medical care of the patients:

- 23       1. Doctors;
- 24       2. Dentists;
- 25       3. Pharmacists, pharmacy assistants, pharmacy engineers;
- 26       4. Psychotherapist;
- 27       5. Nurses; and
- 28       6. Other allied health professionals

29       Hospital assistants in preparation for their assisting occupation, insofar as this  
30 is permissibly required for their occupational tasks and their access are being carried  
31 under the supervision of the aforementioned persons. EMR software should be  
32 standardized and should have certification by the DOH.

1           Sec. 14. *Standards of Care.* - The standards of care to be provided shall be  
2 based on established clinical or service guidelines and services given must be the same  
3 regardless of whether a healthcare provider provides healthcare services given must  
4 be the same regardless of whether a healthcare provider provides healthcare services  
5 in person or electronically. The attending physician shall be primarily accountable for  
6 the healthcare delivery of eHealth systems and services. eHealth shall not replace  
7 health care providers providing services in person or relegate them to less important  
8 roles in the delivery of healthcare. The fundamental healthcare provider-patient  
9 relationship is not only to be preserved but also augmented and enhanced.  
10

### 11                                   Chapter III

#### 12                                   eHEALTH SYSTEM COMPONENTS

13           Sec. 15. *The eHealth Components.* - The following components are the building  
14 blocks that shall be put in place to realize the National eHealth Vision and allow the  
15 eHealth outcomes to be achieved:

- 16           a. *Leadership and Governance* - Directs and coordinates eHealth activities at all  
17 levels like hospitals and health care providers. Critical areas of governance are  
18 management of the eHealth agenda, stakeholders' engagement, strategic  
19 architecture, clinical safety, management and operation, monitoring and  
20 evaluation, and policy oversight.
- 21           b. *eHealth Services or Solutions* - Required service and applications to enable  
22 widespread access to health care services, health information, health reports,  
23 health care activities, and securely share and exchange patient's information in  
24 support of health system goals. These address the needs of the various  
25 stakeholders like individuals, health care providers, managers, officials, and  
26 others.
- 27           c. *Standards and Interoperability* - Defines standards of eHealth systems and  
28 services, and promotes and enables exchange of health information across  
29 geographical and health sector boundaries through use of common standards  
30 on data structure, terminologies, and messaging. The implementation of  
31 software certification or accreditation were eHealth data standards for  
32 interoperability.

- 1 d. *Policy and Compliance* - Formulation of the required policies, guidelines and  
2 compliance mechanisms to support the attainment of the quality and  
3 acceptable eHealth systems and services.
- 4 e. *Infrastructure* - Establishes and supports the ICT and medical base to enable  
5 provision of eHealth services and health information exchange to enable  
6 sharing of health information across geographical and health sector boundaries  
7 and implementation of innovative ways to deliver health services and  
8 information.
- 9 f. *Human Resources* - Workforce or professionals that develop, operate and  
10 sustain the eHealth Systems and Services. These components support the  
11 development of strategies and plans to serve as guide in the implementation  
12 of the eHealth agenda. Investment refers to the funding or amount needed for  
13 executing the plans and strategies.

#### 14 **Chapter IV**

#### 15 **LEADERSHIP AND GOVERNANCE**

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

- 19 a. Establish an inter-agency and multi-sectoral National eHealth Steering  
20 Committee;
- 21 b. Spearhead the establishment of a National eHealth System and Service;
- 22 c. Coordinate with the Department of Science and Technology (DOST), the  
23 Department of Information and Communication Technology Office (DICT), the  
24 Philippine Council for Health Research and Development (PCHARD), Philippine  
25 Health Insurance Corporation (PhilHealth), University of the Philippines -  
26 National TeleHealth Center (UPM-NTHC), Medical and Paramedical Specialty  
27 Societies, Boards and Associations, Professional regulation Commission (PRC)  
28 and various health services providers and facilities including the academe,  
29 patient groups and other stakeholders;
- 30 d. Create or identify an Office to coordinate the development and implementation  
31 of a National eHealth System and Services among agencies concerned and  
32

1 provide direction and guidance to all DOH offices and attached agencies  
2 including the local government units and the private sector; and

- 3 e. The TeleHealth Centers shall be under the supervision of the Department of  
4 Health.

5 *Sec. 17. National eHealth Steering Committee.* - To ensure the implementation  
6 of this Act and to serve as an executive body of the Philippine eHealth System and  
7 Services (PNeHSS), the National eHealth Steering Committee shall be created and  
8 made an integral part of the DOH. It shall also provide policy oversight and ensure  
9 that its implementation is consistent with laws such as Republic Act No. 8792 or the  
10 *Philippine E-Commerce Law*, Republic Act No. 10173 or the *Data Privacy Act of 2012*,  
11 and other commitments to the international health community. The National eHealth  
12 Steering Committee can also provide strategic directions to the health sector towards  
13 the integration of the Philippine services in view of the ASEAN integration. The  
14 Secretary of Health shall act as Chairperson.

15 The following shall serve as members:

- 16 a. Secretary, Department of Science and Technology;  
17 b. Secretary, Department of Information and Communication Technology;  
18 c. Secretary, Department of Social Welfare and Development;  
19 d. Secretary, Department of Interior and Local Government;  
20 e. President and Chief Executive Officer, Philippine Health Insurance Corporation;  
21 f. Commissioner, Professional Regulatory Commission;  
22 g. Commissioner, Commission on Higher Education;  
23 h. Commissioner, National Privacy Commission;  
24 i. Commissioner, National Anti-Poverty Commission;  
25 j. President, Philippine Hospital Association;  
26 k. President, Philippine Medical Association;  
27 l. A representative from the Association of Municipal Health Officers/PHO/CHO;  
28 and members of the Committee shall be appointed by the President of the  
29 Philippines and shall serve for three (3) years of a maximum of two (2)  
30 consecutive terms, unless recalled, replaced, or resigned from office.

31 The Committee shall exercise the following functions:

- 1 a. Establish eHealth policies, standards, regulations, and ethical frameworks  
2 pertinent to use, practice and provision of Health services;
- 3 b. Direct and coordinate the eHealth System and Services at the national level and  
4 ensure alignment of the system and services with the overall health goals of  
5 the government;
- 6 c. Spearhead the activities that promote eHealth awareness and engages the  
7 participation of stakeholders;
- 8 d. Formulate responsive plans and strategies for the development of the national  
9 eHealth environment in coordination with major stakeholders and affected  
10 sectors;
- 11 e. Set and develop policies and programs for the advancement of eHealth, and  
12 impose necessary regulatory mechanisms including penalties upon hearing and  
13 deciding cases;
- 14 f. Create a technical working group, committees, and expert group to assist in  
15 the development of eHealth projects;
- 16 g. Create or identify the TeleHealth Licensing and Regulatory mechanisms and  
17 body to implement the provisions of this Act;
- 18 h. Submit yearly assessments to the Senate Committee on Health and  
19 Demography and the House of Representatives Committee on Health; and
- 20 i. Convene at least twice a year.

## 21 22 **ARTICLE V**

### 23 **STANDARDS AND INTEROPERABILITY**

24 Sec. 18. *Standards.* - Standards shall be introduced and imposed to facilitate  
25 interoperability among systems and devices, provide unqualified privacy and security  
26 and to address the unique needs. This must be complied with by various providers,  
27 centers, and system developers to enable consistency and services. The appropriate  
28 Committee as may be mandated in this Act shall define and regularly update, and  
29 impose standards for interoperability among various eHealth systems and services and  
30 ensure wide dissemination for easy access of all concerned. eHealth systems and  
31 services can potentially transform healthcare through mobile health delivery,  
32 personalized medicine, and social media eHealth applications. Reaching the potential

1 for advancements in eHealth shall only be achieved through information and  
2 communication technology standards efforts that facilitate interoperability among  
3 systems and devices of the developing world, and leverage existing ubiquitous  
4 technologies such as social media applications and mobile devices.

5       Sec. 19. *Interoperability Framework.* - The eHealth interoperability shall be  
6 defined and must be in consonance with DOH national eGovernment interoperability  
7 framework and established internal standards.

8       Sec. 20. *Secure Health Information Exchange (HIE).* -The DOH, DOST, DICT,  
9 and PhilHealth shall establish a secured health information exchange using a common  
10 trust framework and a common set of rules which serves as the foundation of  
11 electronic information exchange across geographical and health-sector boundaries.  
12 The HIE includes the physical infrastructure, standards, core services, and applications  
13 that will strengthen the national eHealth environment.

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

- 28       a. Equipped with the needed ICT applications suitable for teleHealth in the country  
29       such as computers, internet connections, and communication lines;
- 30       b. Supervised and staffed by trained personnel such as doctors, nurses, primary  
31       health care workers, and clinical specialists;
- 32       c. Construction of facilities for the delivery of telemedicine services sites;

- 1 d. Provision of transportation and other courier services for the delivery of  
2 medicines and other services; and  
3 e. Undergo periodic unannounced inspection by the DOH in order to evaluate and  
4 ensure quality teleHealth center performance.

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

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

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

## 17 **Chapter V**

### 18 **THE eHEALTH CENTER BOARD**

19 *Sec. 23. eHealth Center Board.* - There is hereby created a governing board of  
20 the TeleHealth Center which shall hereafter be known as the eHealth Center Board.  
21 The eHealth Center Board shall be composed of ten (10) members with the Secretary  
22 of the Department of Health as the ex-officio Chairman, four (4) members, each from  
23 the Lung Center of the Philippines, National Kidney and Transplant Institute, Philippine  
24 Children's Medical Center, and the Philippine Heart Center and five (5) members from  
25 the Private sector. The members of the eHealth Center Board shall be appointed by  
26 the president of the Philippines and shall receive no salary. They shall, however,  
27 receive a per diem of not exceeding two thousand pesos (P2,000.00) for every  
28 meeting of the Board actually attended: *Provided*, however, that the total amount of  
29 per diem for all meetings of the eHealth Center Board in a single month shall not  
30 exceed ten thousand pesos (P10,000.00).

31 Members of the eHealth Center Board who are not officers of the Government  
32 shall serve for a term of four years which is renewable for another term. The Board

1 Secretary shall be appointed by the Chairman from the ranking members of the  
2 hospital staff.

3         *Sec. 24. Powers and Duties of the eHealth Center Board.* - The eHealth Center  
4 Board, as the governing and policy-making body of the eHealth centers, shall have  
5 such powers as are necessary to carry out the purpose and objectives stated in this  
6 Act, including the exercise of corporate powers. It shall perform the following functions  
7 and duties:

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



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

6           *Sec. 26. eHealth Center Director and Auditor.* - There shall be an eHealth Center  
7 Director, elected by a majority vote of the eHealth Center Board: *Provided* that the  
8 recommendation is qualified under the Civil Service Act.

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

- 15       a. Be responsible for the implementation of all policies, decisions and orders of  
16       the eHealth Center Board;
- 17       b. Have immediate supervision and control over the affairs of the eHealth center  
18       Board;
- 19       c. Prepare and submit to the eHealth Center Board periodic reports on the state  
20       of affairs, financial conditions, budgetary requirements and other problems of  
21       the hospital together with the corresponding recommendations thereon; and
- 22       d. Perform such other duties as the eHealth Center Board may from time to time  
23       direct him to do, consonant with the dignity and responsibility of the office. The  
24       eHealth Center Board shall appoint an auditor who shall be the representative  
25       of the Auditor General who is hereby designated as ex-officio auditor of all  
26       eHealth Centers. The eHealth Center Auditor shall be the chief of its auditing  
27       and accounting department. One shall audit, examine and settle all accounts of  
28       the eHealth Centers, according to existing laws and regulations and shall  
29       perform such other duties as the Auditor General, the eHealth Center Director  
30       or the eHealth Center Board may require of one. One's compensation shall be  
31       fixed by the eHealth Center Board.



1 professionals practicing eHealth and be part of the medical and allied medical  
2 curricula.

3 *Sec. 33. Capability Building Plans and Policies.* - Human resource plans and  
4 policies shall fully take into account in delivering eHealth and Telemedicine. The  
5 following are to be considered:

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

## 16 17 **Chapter VIII**

### 18 **STRATEGY AND INVESTMENT**

19 *Sec. 34. eHealth Strategic Framework.* - The DOH shall spearhead the  
20 development and monitoring of strategic framework and plans to serve to guide the  
21 implementation of eHealth Systems and Services.

22 *Sec. 35. Monitoring Evaluation System.* - There shall be established a robust  
23 metric for the monitoring and evaluation for eHealth to access and analyze the impact  
24 of eHealth Systems and Services.

25 *Sec. 36. Appropriations.* -The amount necessary to carry out the provisions of  
26 this Act shall be included in the General Appropriation of the year following its  
27 enactment into law.

28 *Sec. 37. TeleHealth Center Trust Funds.* - All funds and money not coming from  
29 the General Fund of the National Government such as contributions from taxes and  
30 assessments from authorized sweepstakes lotteries and games, donations, legacies,  
31 endowment shall be used and disbursed only upon the authorization of the TeleHealth  
32 Center Board for the purpose of improving the TeleHealth Centers, its facilities and

1 services, including the purpose of improving the TeleHealth Centers, its facilities and  
2 services, including the purchase of supplies and equipment.

3 *Sec. 38. Financing eHealth Services.* - Financing for applicable eHealth services  
4 by PhilHealth and other partners, as defined by the National eHealth Steering  
5 Committee shall be made available.

6 *Sec. 39. Private Sector Participation.* - The government shall encourage private  
7 sector investment on eHealth Systems and Services subject to existing laws and  
8 regulation through the appropriate government agencies and must be compliant to  
9 the established national eHealth systems and services and standards. Under the  
10 Private Sector Participation Program, the joint DOH-Philhealth-DOST, National Privacy  
11 Commission-Philippine Statistics Authority undertakings on eHealth shall be expanded  
12 to align with the Medium-Term Information and Communications Technology  
13 Harmonization Initiative (MITHI) efforts of Department of Budget and Management  
14 (DBM) and Department of Science and Technology (DOST) which shall include the  
15 development of a Citizen Registry. The participation from the private sector such as  
16 IT providers is important for the rapid scaling up of the eHealth services and in  
17 comprehending the delivery of eHealth services in the national and local levels.

18 *Sec. 40. Tax Incentive.* - Any private corporation that will engage in providing  
19 eHealth services shall not be required to pay any national or local tax within the first  
20 two (2) years of operation.

## 21 22 **Chapter IX**

### 23 **RESEARCH AND DEVELOPMENT**

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

- 30 a. Formulation of expanded eHealth research priority areas under the National  
31 Unified Health Research Agenda (NUHRA); and

- 1 b. Establishment of knowledge hubs and research centers for health that focus on  
2 but not limited to capacity building, health technology assessment, knowledge  
3 management, standards development, and research utilization.

4 *Sec. 42. Funding Source for Research Development.* - The research budget shall not  
5 be more than 5% of the funding sources of each of the following government  
6 agencies: Department of Health; Department of Science and Technology; and  
7 Department of Information and Communication Technology.

8  
9  
10 **Chapter X**

11 **LIABILITIES AND PENALTIES**

12 *Sec. 43. Unauthorized Processing of Personal Information and Sensitive*  
13 *Personal Information.* -

- 14 a. The unauthorized processing of personal information shall be penalized by  
15 imprisonment ranging from one (1) year to three (3) years and a fine of not  
16 less than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than  
17 Two Million Pesos (PHP 2,000,000.00) to be imposed on persons who process  
18 personal information without the consent of the data subject, or without being  
19 authorized under this Act or any existing law; and
- 20 b. The unauthorized processing of personal sensitive information shall be  
21 penalized by imprisonment ranging from three (3) years to six (6) years and a  
22 fine of not less than Five Hundred Thousand Pesos (PHP 500,000.00) but not  
23 more than Four Million Pesos (4,000,000.00) to be imposed on persons who  
24 process sensitive information without the consent of the data subject, or  
25 without being authorized under this Act or any existing law.

26 *Sec. 44. Accessing Personal Information and Sensitive Personal Information*  
27 *Due to Negligence.* -

- 28 a. Accessing personal information due to negligence shall be penalized by  
29 imprisonment ranging from one (1) year to three (3) years and fine of not less  
30 than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two  
31 Million Pesos (PHP 2,000,000.00) to be imposed on persons who, due to

1 negligence, provided access to personal information without being authorized  
2 under this Act or any existing law.

3 *Sec. 45. Improper Disposal of Personal Information and Sensitive Personal*  
4 *Information. -*

- 5 a. The improper disposal of personal information shall be penalized by  
6 imprisonment ranging from six (6) months to two (2) years and a fine of not  
7 less than One Hundred Thousand Pesos (PHP 100,000.00) but not more than  
8 Five Hundred Thousand Pesos (PHP 500,000.00) to be imposed on persons who  
9 knowingly or negligently dispose, discard or abandon the personal Information  
10 of an individual in its container for trash collection, and
- 11 b. The improper disposal of sensitive personal information shall be penalized by  
12 imprisonment ranging from one (1) year to three (3) years and fine of not less  
13 than One Hundred Thousand Pesos but not more than One Million Pesos (PHP  
14 1,000,000.00) to be imposed on persons who knowingly or negligently dispose,  
15 discard or abandon the personal information of an individual in its container for  
16 trash collection.

17 *Sec. 46. Processing of Personal Information and Sensitive Personal Information*  
18 *for Unauthorized Purposes. -* The processing of personal information for unauthorized  
19 purposes shall be penalized by imprisonment ranging from one (1) year and six (6)  
20 months to five (5) years and fine of not less than Five Hundred Thousand Pesos (PHP  
21 500,000.00) but not more than One Million Pesos (PHP 1,000,000.00) to be imposed  
22 on persons processing personal information for purposes not authorized by the data  
23 subject, or otherwise authorized under this Act or under existing laws. The processing  
24 of sensitive personal information for unauthorized purposes shall be penalized by  
25 imprisonment ranging from two (2) years to seven (7) years and a fine of not less  
26 than Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two Million  
27 Pesos (PHP 2,000,000.00) to be imposed on processing sensitive personal information  
28 for purposes not authorized by the data subject or otherwise authorized under this  
29 Act or under existing laws.

30 *Sec. 47. Unauthorized Access or Intentional Breach. -*The penalty of  
31 imprisonment ranging from one (1) year to three (3) years and a fine of not less than  
32 Five Hundred Thousand Pesos (PHP 500,000.00) but not more than Two Million Pesos

1 (2,000,000.00) shall be imposed on persons who knowingly and unlawfully, or  
2 violating data confidentiality and security data systems, breaks in any way into any  
3 system where personal and sensitive personal information is stored.

4       Sec. 48. *Concealment of Security Breaches involving Sensitive Personal*  
5 *Information.* - The penalty of imprisonment of one (1) year and six (6) months to five  
6 (5) years and a fine of not less than Five Hundred Thousand Pesos (PHP 500,000.00)  
7 but not more than One Million Pesos (PHP 1,000,000.00) shall be imposed on persons  
8 who, after having knowledge of a security breach and of the obligation to notify the  
9 Commission pursuant to Section 20(f), intentionally or by omission conceals the fact  
10 of such security breach.

11       Sec. 49. *Malicious Disclosure.* - Any personal information controller or personal  
12 information processor or any of its officials, employees or agents, who, with malice or  
13 in bad faith, discloses unwarranted or false information relative to any personal  
14 information or personal sensitive information obtained by him or her, shall be subject  
15 to imprisonment ranging from one (1) year and six (6) months to five (5) years and a  
16 fine of not less than Five Hundred Thousand Pesos (PHP 500,000.00) but not more  
17 than One Million Pesos (PHP 1,000,000.00).

18       Sec. 50. *Unauthorized Disclosure.* -

- 19       a. Any personal information controller or personal information processor or any of  
20 its officials, employees or agents, who discloses to a third party personal  
21 information not covered by the immediately preceding section ranging from one (1) year to three  
22 (3) years and a fine of not less than Five Hundred Thousand Pesos (PHP  
23 500,000.00) but not more than One Million Pesos (PHP 1,000,000.00), and  
24       b. Any personal information controller or personal information processor or any of  
25 its officials, employees or agents, who discloses to a third party sensitive  
26 personal information not covered by the immediately preceding section without  
27 the consent of the data subject, shall be subject to imprisonment ranging from  
28 three (3) years to five (5) years and a fine of not less than Five Hundred  
29 Thousand Pesos (PHP 500,000.00) but not more than Two Million Pesos (PHP  
30 2,000,000.00).

31       Sec. 51. *Combination or Series of Acts.* - Any combination or series of acts as  
32 defined in Section 42 to 49 shall make the person subject to imprisonment ranging

1 from three (3) years to six (6) years and a fine of not less than One Million Pesos (PHP  
2 1,000,000.00) but not more than Five Million Pesos (PHP 5,000,000.00).

3         *Sec. 52. Extent of Liability.* - If the offender is a corporation, partnership or any  
4 juridical person, the penalty shall be imposed upon the responsible officers, as the  
5 case may be, who participated in, or by their gross negligence, allowed the commission  
6 of the crime. If the offender is a juridical person, the court may suspend or revoke  
7 any of its rights under this Act. If the offender is an alien, in addition to the penalties  
8 prescribed, be deported without further proceedings after serving the penalties  
9 prescribed. If the offender is a public official or employee and is found guilty of acts  
10 penalized under Section 44 and 45 of this Act, he or she shall, in addition to the  
11 penalties prescribed herein, suffer perpetual or temporary absolute disqualification  
12 from office, as the case may be.

13         *Sec. 53. Large-Scale.* - The maximum penalty in the scale of penalties  
14 respectively provided for the preceding offenses shall be imposed when the personal  
15 information of at least one hundred (100) persons is harmed, affected or involved as  
16 the result of the abovementioned actions.

17         *Sec. 54. Offense Committed by Public Officer.* - When the offender or the  
18 person responsible for the offense is a public officer as defined in the Administrative  
19 Code of the Philippines in the exercise of his or her duties, an accessory penalty  
20 consisting in the disqualification to occupy public office for a term, double the term of  
21 the criminal penalty imposed, shall be applied.

22         *Sec. 55. Restitution.* - Restitution for any aggrieved party shall be governed by  
23 the provisions of the New Civil Code.

24         *Sec. 56. Liability of Supervising Persons.* - Persons who directly supervise and  
25 control staff members entitled to fill EMR or EHR are liable for injuries associated with  
26 inaccurate or deficient summary reports provided by these staff members.

27         *Sec. 57. Liability of Health Centers.* - eHealth centers are liable for injuries  
28 associated with inaccurate or defective treatment caused by their software and  
29 database.

30         *Sec. 58. Implementing Rules and Regulations (IRR).* - Within ninety (90) days  
31 from the effectivity of this Act, the Secretary of Health, after consultation with the  
32 DOST, DICT, University of the Philippines - Manila (National TeleHealth Center),



1 PhilHealth, CHED, medical and paramedical association and societies, and other  
2 stakeholders shall promulgate the necessary IRR to implement the the provisions of  
3 this Act.

4       Sec. 59. *Separability Clause.* - If any part or provision of this Act shall be  
5 declared or held unconstitutional or invalid, other provisions hereof which are not  
6 affected thereby shall continue to be in full force and effect.

7       Sec. 60. *Repealing Clause.* - Any law, presidential decree or issuance, executive  
8 order, letter of instruction, administrative order, rule, or regulation contrary to or  
9 inconsistent with the provisions of this Act are hereby repealed, modified, or amended  
10 accordingly.

11       Sec. 61. *Effectivity.* - This Act shall take effect (15) days after its complete  
12 publication either in the *Official Gazette* or in at least two (2) newspapers of general  
13 circulation in the Philippines.

*Approved,*