



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**EIGHTEENTH CONGRESS**  
Third Regular Session



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**COMMITTEE REPORT NO. 1233**

Submitted by the Committee on Health and the Committee on Appropriations on September 20, 2021

Re: House Bill No. 10245

Recommending its approval in substitution of House Bills Numbered 61, 171, 665, 4899, 7114, 7318, 7422 and 7944.

Sponsors: Reprs. Angelina "Helen" D.L. Tan, M.D., Eric Go Yap, and Victor A. Yap

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*Mr. Speaker:*

The Committee on Health and the Committee on Appropriations to which were referred House Bill No. 61, introduced by Rep. Victor A. Yap, entitled:

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

House Bill No. 171, introduced by Rep. Angelina "Helen" D.L. Tan, M.D., entitled:

"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"

House Bill No. 665, authored by Rep. Ron P. Salo, entitled:

"AN ACT ESTABLISHING THE PHILIPPINE eHEALTH SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE USING INFORMATION AND COMMUNICATIONS TECHNOLOGY IN THE PHILIPPINES, AND APPROPRIATING FUNDS THEREFOR"

House Bill No. 4899, authored by Rep. John Marvin "Yul Servo" C. Nieto, entitled:

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

House Bill No. 7114, authored by Rep. Alfred Vargas, entitled:

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

House Bill No. 7318, authored by Rep. Sharon S. Garin, entitled:

“AN ACT ESTABLISHING THE NATIONAL ELECTRONIC HEALTH SYSTEM AND PROVIDING FUNDS THEREFOR”

House Bill No. 7422, authored by Rep. Joey Sarte Salceda, entitled:

“AN ACT ESTABLISHING PHILIPPINE ELECTRONIC HEALTH SYSTEMS, PROMOTING THE DEVELOPMENT OF ELECTRONIC HEALTH AND TELEMEDICINE INDUSTRIES, AND THE DELIVERY OF HEALTH SERVICES USING INFORMATION AND COMMUNICATIONS TECHNOLOGIES, AND FOR OTHER PURPOSES”

and House Bill No. 7944, authored by Rep. Joy Myra S. Tambunting, entitled:

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

have considered the same and recommend that the attached House Bill No. **10245**, entitled:

**“AN ACT ESTABLISHING THE PHILIPPINE ELECTRONIC HEALTH OR eHEALTH SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING FUNDS THEREFOR”**

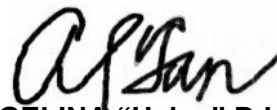
be approved in substitution of House Bills Numbered 61, 171, 665, 4899, 7114, 7318, 7422, and 7944 with Reps. Victor A. Yap, Angelina “Helen” D.L. Tan, M.D., Ron P. Salo, John Marvin “Yul Servo” C. Nieto, Alfred D. Vargas, Sharon S. Garin, Joey Sarte Salceda, Joy Myra S. Tambunting, Rosanna “Ria” V. Vergara, “Kuya” Jose Antonio R. Sy-Alvarado, Eric L. Olivarez, Jumel Anthony I. Espino, Marlyn “Len” B. Alonte, Estrellita B. Suansing, Tyrone D. Agabas, Sandra Y. Eriguel, M.D., Dahlia A. Loyola, John Reynald M. Tiangco, Maricel Natividad-Nagaño, Divina Grace C. Yu, Ruth Mariano-Hernandez, Eric Go Yap, Manuel Jose “Mannix” M. Dalipe, Rose Marie “Baby” J. Arenas, Pablo John F. Garcia, Weslie T. Gatchalian, Strike B. Revilla, Rufus B. Rodriguez, Ria Christina G. Fariñas, Stella Luz A. Quimbo, Elenita Milagros “Eileen” Ermita-Buhain, Lorna P. Bautista-Bandigan, Ruffy B. Biazon, Peter John D. Calderon, Luis N. Campos, Jr., Luisa Lloren Cuaresma, Paul Ruiz Daza, Michael John R. Duavit, Rudys Caesar G. Fariñas I, Vincent Franco “Duke” D. Frasco, Jose Enrique “Joel” S. Garcia III, Greg G. Gasataya, Ed Christopher S. Go, Sandro L. Gonzalez, Romeo M. Jalosjos, Jr., Jocelyn Sy Limkaichong, Francisco Jose “Bingo” F. Matugas II, Manuel T. Sagarbarria, Horacio P. Suansing, Jr., David “Jay-Jay” C. Suarez, Jose “Ping-Ping” I. Tejada, Juliette T. Uy, Micaela S. Violago, Manuel “Way Kurat” E. Zamora, Angelo Marcos Barba, Francisco “Kiko” B. Benitez, Joseph Sto. Niño B. Bernos, Gabriel H. Bordado, Jr., Narciso R. Bravo, Jr., Fernando T. Cabredo, Wilfredo “Willy” S. Caminero, Carl Nicolas C. Cari, France L. Castro, Angelica Natasha

Co, Sergio C. Dagooc, Maximo Y. Dalog, Jr., Alfred C. Delos Santos, Cheryl P. Deloso-Montalla, Abdullah D. Dimaporo, Mohamad Khalid Q. Dimaporo, Alan "Aldu" R. Dujali, Faustino Michael Carlos T. Dy III, Gerardo "Gerryboy" J. Espina, Jr., Eduardo "Eddie" R. Gullas, Godofredo N. Guya, Glona G. Labadlabad, Edward Vera Perez Maceda, Ma. Lucille L. Nava, Emmarie "Lolypop" Ouano-Dizon, Eddiebong G. Plaza, Janice Z. Salimbangon, Hector S. Sanchez, Lorna C. Silverio, Alyssa Sheena P. Tan, Kristine Alexie B. Tutor, Jake Vincent Villa, Sarah Jane I. Elago, Mark O. Go, Florida "Rida" P. Robes, Princess Rihan M. Sakaluran, and Edgar Mary S. Sarmiento as authors thereof.

Respectfully submitted,



**HON. ERIC GO YAP**  
Chairperson  
Committee on Appropriations



**HON. ANGELINA "Helen" D.L. TAN, M.D.**  
Chairperson  
Committee on Health

**THE HONORABLE SPEAKER**  
House of Representatives  
Quezon City



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**EIGHTEENTH CONGRESS**  
Third Regular Session

**HOUSE BILL NO. 10245**

(In substitution of House Bills Numbered 61, 171, 665, 4899, 7144, 7318, 7422, and 7944)

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*Introduced by* Reps. Victor A. Yap, Angelina “Helen” D.L. Tan, M.D., Ron P. Salo, John Marvin “Yul Servo” C. Nieto, Alfred D. Vargas, Sharon S. Garin, Joey Sarte Salceda, Joy Myra S. Tambunting, Rosanna “Ria” V. Vergara, “Kuya” Jose Antonio R. Sy-Alvarado, Eric L. Olivarez, Jumel Anthony I. Espino, Marlyn “Len” B. Alonte, Estrellita B. Suansing, Tyrone D. Agabas, Sandra Y. Eriguel, M.D., Dahlia A. Loyola, John Reynald M. Tiangco, Maricel Natividad-Nagaño, Divina Grace C. Yu, Ruth Mariano-Hernandez, Eric Go Yap, Manuel Jose “Mannix” M. Dalipe, Rose Marie “Baby” J. Arenas, Pablo John F. Garcia, Weslie T. Gatchalian, Strike B. Revilla, Rufus B. Rodriguez, Ria Christina G. Fariñas, Stella Luz A. Quimbo, Elenita Milagros “Eileen” Ermita-Buhain, Lorna P. Bautista-Bandigan, Ruffy B. Biazon, Peter John D. Calderon, Luis N. Campos, Jr., Luisa Lloren Cuaresma, Paul Ruiz Daza, Michael John R. Duavit, Rudys Caesar G. Fariñas I, Vincent Franco “Duke” D. Frasco, Jose Enrique “Joet” S. Garcia III, Greg G. Gasataya, Ed Christopher S. Go, Sandro L. Gonzalez, Romeo M. Jalosjos, Jr., Jocelyn Sy Limkaichong, Francisco Jose “Bingo” F. Matugas II, Manuel T. Sagarbarria, Horacio P. Suansing, Jr., David “Jay-Jay” C. Suarez, Jose “Ping-Ping” I. Tejada, Juliette T. Uy, Micaela S. Violago, Manuel “Way Kurat” E. Zamora, Angelo Marcos Barba, Francisco “Kiko” B. Benitez, Joseph Sto. Niño B. Bernos, Gabriel H. Bordado, Jr., Narciso R. Bravo, Jr., Fernando T. Cabredo, Wilfredo “Willy” S. Caminero, Carl Nicolas C. Cari, France L. Castro, Angelica Natasha Co, Sergio C. Dagooc, Maximo Y. Dalog, Jr., Alfred C. Delos Santos, Cheryl P. Deloso-Montalla, Abdullah D. Dimaporo, Mohamad Khalid Q. Dimaporo, Alan “Aldu” R. Dujali, Faustino Michael Carlos T. Dy III, Gerardo “Gerryboy” J. Espina, Jr., Eduardo “Eddie” R. Gullas, Godofredo N. Guya, Glona G. Labadlabad, Edward Vera Perez Maceda, Ma. Lucille L. Nava, Emmarie “Lolypop” Ouano-Dizon, Eddiebong G. Plaza, Janice Z. Salimbanon, Hector S. Sanchez, Lorna C. Silverio, Alyssa Sheena P. Tan, Kristine Alexie B. Tutor, Jake Vincent Villa, Sarah Jane I. Elago, Mark O. Go, Florida “Rida” P. Robes, Princess Rihan M. Sakaluran, and Edgar Mary S. Sarmiento

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**AN ACT**

**ESTABLISHING THE PHILIPPINE ELECTRONIC HEALTH OR eHEALTH SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING FUNDS THEREFOR**

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

**ARTICLE I**  
**GENERAL PROVISIONS**

- 1 **SECTION 1. Short Title.** – This Act shall be known as the “eHealth System and Services  
2 Act”.  
3

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

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

17 **SEC. 3. Objectives.** – This Act shall provide a holistic framework that establishes a NeHS,  
18 which shall:  
19

- 20 a) Set policies, standards, priorities, plans, programs and projects that promote and  
21 ensure streamlined and safely regulated delivery of eHealth services to reduce  
22 inequalities, achieve universal health care, and better health outcomes; and  
23
- 24 b) Clarify roles of agencies, institutions, and entities regarding their performance and  
25 accountabilities in building national and local eHealth capacity and measuring  
26 results.  
27

28 **SEC. 4. Scope and Application.** – This Act covers all existing health care providers and  
29 other entities developing and using eHealth systems, services and applications and tools,  
30 whether public or private, including relevant standard equipment in the field of health and  
31 ancillary services that use ICT and are complementary to existing minimum modalities or  
32 standards of health care and other means of access to information.  
33

34 **SEC. 5. Definition of Terms.** – As used in this Act:

- 35 a) **Compliant eHealth services and applications** refer to the requirements of a  
36 defined architecture of eHealth standards that enable services and systems, allow  
37 for interoperability of health services and information exchange across geographic,  
38 organizational, network, vendor boundaries, and ensure data protection in  
39 accordance with Republic Act (R.A.) No. 10173, otherwise known as the “Data  
40 Privacy Act” and other related laws and issuances;  
41
- 42 b) **eHealth or Electronic health** refers to the use of cost-effective and secure  
43 information and communications technology for health care practice, also referred  
44 to as digital health;  
45
- 46 c) **eHealth data services** refer to key architectural data registries of the health sector  
47 needed to enable and support large scale health information interoperability and  
48 exchange;  
49
- 50 d) **eHealth System** refers to the interplay of enabling and foundational elements  
51 essential for a successful national eHealth implementation, namely, (1) governance  
52 and accountability, (2) standards and interoperability, (3) services and operations,  
53 (4) telehealth, (5) human resources, (6) infrastructure, (7) strategy and investment,  
54 (8) monitoring and compliance, and (9) research and development;

- 1  
2 e) **eHealth services and applications** refer to the solutions, products and  
3 innovations with defined objectives to serve its intended clients or users, such as  
4 health information systems, electronic medical record systems, electronic health  
5 record system, enterprise resource planning system, ePharmacy system,  
6 laboratory system, radiology system, electronic prescription system, human  
7 resource information system, registry systems, mobile health, telehealth,  
8 telemedicine, wearables, and biomedical and related devices with ICT component;  
9  
10 f) **Electronic health record (EHR)** refers to a computerized health record used to  
11 capture, store, access and share information of a patient between and across  
12 health care providers and health-related entities;  
13  
14 g) **Electronic medical record (EMR)** refers to a computerized medical record used  
15 to capture, store and share information of a patient to health care providers in an  
16 institution or organization;  
17  
18 h) **Electronic prescription (ePrescription)** refers to a system that allows healthcare  
19 providers to write and send prescriptions in an automated or electronic way to a  
20 pharmacy with capability to receive such;  
21  
22 i) **Geographically isolated and disadvantaged areas (GIDAs)** refer to barangays  
23 specifically disadvantaged due to the presence of both physical and socio-  
24 economic factors. For a barangay to be classified as GIDA, both physical and  
25 socio-economic factors must be present;  
26  
27 1. Physical factors are characteristics that limit the delivery of and/or access to  
28 basic health services to communities that are difficult to reach due to distance,  
29 weather conditions, and transportation difficulties;  
30  
31 2. Socio-economic factors are social, cultural, and economic characteristics of  
32 the community that limit access to and utilization of health services;  
33  
34 j) **Health sector enterprise architecture** refers to the blueprint on which eHealth  
35 services and applications shall be developed, implemented, and scaled up; and  
36  
37 k) **Information and communications technology** refers to all technologies for the  
38 communication of information, which include data, application or information  
39 systems, internet, network, connectivity, telecommunications, among others.

40 **SEC. 6. Implementing Agency.** – The Department of Health (DOH) shall be the lead  
41 implementing agency to carry out the provisions of this Act. The DOH shall strengthen and  
42 transform its existing Knowledge Management and Information Technology Service (KMITS)  
43 into a full-fledged Bureau, to be called as the National eHealth Information and Services  
44 Bureau (NeHISB), and which shall perform the overall management and administration of this  
45 Act. The additional plantilla position to be created for this purpose shall be submitted to the  
46 Department of Budget and Management (DBM) for evaluation and approval.  
47

48 The Bureau shall also serve as a secretariat of the eHealth Policy and Coordination Council  
49 as provided in Sec. 8 hereof.  
50

51 **SEC. 7. Regional and Local Implementation Structures and Staffing Pattern.** – To assist  
52 in the implementation of this Act, the regional organizational structures shall be lodged under  
53 the Center for Health Development of the DOH while local organizational structures shall be

1 subject to the discretion of the local government units (LGUs) in relation to Section 76 of R.A.  
2 No. 7160 or the "Local Government Code of 1991."  
3

4 **ARTICLE II**  
5 **GOVERNANCE AND ACCOUNTABILITY**  
6

7 **SEC. 8. Creation of the eHealth Policy and Coordination Council.** – There shall be created  
8 an independent body to be known as the eHealth Policy and Coordination Council, hereby  
9 referred to as the Council, to provide and promote relevant policies and guidelines for the  
10 effective coordination and implementation of this Act. The Council shall be composed of the  
11 following key officials:  
12

- 13 a) Secretary, DOH – Chairperson
- 14 b) Secretary, DICT – Co-Chairperson
- 15 c) President & Chief Executive Officer, PhilHealth – Co-Chairperson
- 16 d) Secretary, DOST;
- 17 e) Secretary, Department of Social Welfare and Development (DSWD);
- 18 f) Secretary, Department of Interior and Local Government (DILG);
- 19 g) Secretary, DBM;
- 20 h) Chancellor, University of the Philippines – Manila (UPM);
- 21 i) Chairman, Professional Regulation Commission (PRC);
- 22 j) Chairperson, Commission on Higher Education (CHED);
- 23 k) Chairperson, National Privacy Commission (NPC);
- 24 l) National Statistician, Philippine Statistics Authority (PSA);
- 25 m) Two (2) representatives from professional medical or health societies;
- 26 n) One (1) representative from patients' group; and
- 27 o) One (1) representative from the ICT industry associations.

28  
29 The heads of government agencies may be represented by a designated official whose rank  
30 shall not be lower than Assistant Secretary or its equivalent. Members representing the private  
31 sector shall be appointed by the President of the Philippines not later than thirty (30) days after  
32 the effectivity of this Act and shall serve for a term of three (3) years, renewable upon  
33 recommendation of the Council for a maximum of two (2) consecutive terms.  
34

35 The government agency-members of the Council shall have the authority to act upon and  
36 decide on all urgent matters pending the formation of the Council and the appointment of  
37 members from the private sector by the President of the Philippines.  
38

39 **SEC. 9. Powers and Duties of the Council.** – The Council shall exercise the following  
40 powers and functions:  
41

- 42 a) Define and promote over-all eHealth policies, standards and regulations at all  
43 levels of health care system, public and private;
- 44  
45 b) Ensure integration and coordination of national and local eHealth strategies and  
46 initiatives; and
- 47  
48 c) Submit yearly assessments and accomplishment reports to the Senate Committee  
49 on Health and Demography and the House of Representatives Committee on  
50 Health for performance monitoring and evaluation.

51  
52 **SEC. 10. Ensuring Broader Participation in eHealth Implementation.** – The Council shall  
53 create multi-sectoral groups, composed of both the private and public sectors to ensure  
54 broader stakeholder participation and for the furtherance of its objectives.  
55

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

3  
4 **ARTICLE III**  
5 **STANDARDS AND INTEROPERABILITY**  
6

7 **SEC. 11. Health Sector Enterprise Architecture.** – The NeHS shall be operated within the  
8 health sector enterprise architecture that aligns and ensure that health and health-related data  
9 are made available and accessible anytime and anywhere to various stakeholders, business  
10 processes for health are streamlined and integrated, and services and applications are usable,  
11 safe, efficient and effective, following the health care business model provided under R.A. No.  
12 11223, otherwise known as the “Universal Health Care Act” and other related issuances.

13  
14 Rationalization for safety and cost effectiveness, scope and standards for design and use of  
15 technologies in the health sector shall also be defined in this architecture.

16  
17 All health care providers and health-related entities shall adopt a health enterprise architecture  
18 as defined and guided by the Council.

19  
20 **SEC. 12. Standards Compliance.** – All health care providers and health-related entities shall  
21 comply with the data standards to allow interoperability and health information exchange, and  
22 ensure data protection in accordance with R.A. No. 10173, otherwise known as the “Data  
23 Privacy Act” and other related laws and issuances.

24  
25 These standards shall include, inter alia, patient identifier, health care provider identifiers, and  
26 terminology and messaging standards, and shall be in accordance with the Philippine  
27 eGovernment interoperability and data security framework, and other relevant standards.

28  
29 **ARTICLE IV**  
30 **SERVICES AND APPLICATIONS**

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

36  
37 **SEC. 14. Scope of eHealth Services and Applications.** – eHealth services shall include the  
38 following areas:

- 39  
40 a) Mandatory eHealth Data Services:  
41 1) Master Person Index  
42 2) Master Provider (Human Resources) Index  
43 3) Master Facility Index  
44 4) Terminology or Health Services Registry  
45 5) National Immunization Registry  
46  
47 b) Compliant eHealth Services and Applications:  
48 1) Electronic Health Record/Electronic Medical Record  
49 2) Health Information Exchange  
50 3) Health Facility Operations and Management  
51 4) Disease Registries  
52 5) TeleHealth/TeleMedicine  
53 6) Human Resources in eHealth  
54 7) Supply Chain Management



1 **Article V**  
2 **TELEHEALTH**

3  
4 **SEC. 15. Regulations of TeleHealth Services and eHealth Related Devices.** – The Council,  
5 through the DOH, shall establish and maintain a regulatory system for telehealth services and  
6 eHealth-related devices.

7  
8 **SEC. 16. Standards of Practice and Certification of Individuals and Entities Providing**  
9 **TeleHealth Services.** – To complement the regulations of telehealth services and eHealth-  
10 related devices, the PRC and the DOH, in consultation with PhilHealth, UPM–National  
11 TeleHealth Center, DICT, academia, medical and specialty societies, non-government  
12 organizations, and the private and business sectors, shall set the standards of practice and  
13 implement a certification mechanism for health care providers and health-related entities  
14 providing telehealth services.

15  
16 **ARTICLE VI**  
17 **HUMAN RESOURCES**

18 **SEC. 17. Human Resource in eHealth.** – Health care professionals shall plan, design, build,  
19 operate, use, maintain and support eHealth services and applications.

20  
21 The DOH, PRC, CHED, DICT, and Technical Education and Skills Development Authority  
22 (TESDA), in consultation with medical and specialty societies, IT professional associations,  
23 and academia, shall establish the minimum competencies and impose the same on health,  
24 health-related and digital health professionals. This shall be part of the curriculum of health  
25 and health-related courses.

26  
27 **SEC. 18. Human Resource for eHealth Development Plan.** – The DOH, PRC, CHED, and  
28 TESDA shall formulate the Human Resource for eHealth Development Plan which shall  
29 develop new curricula, integrate changes in existing curricula, create formal and non-formal  
30 training programs, and continuing professional development programs concerning the practice  
31 of eHealth. There shall also be creation of personnel services item, plantilla positions, and  
32 other employment opportunities for human resource in government hospitals and institutions  
33 to manage and enable eHealth in healthcare and related services.

34  
35 **ARTICLE VII**  
36 **INFRASTRUCTURE**

37 **SEC. 19. ICT Infrastructure.** – The DICT, in coordination with DOH, PhilHealth, and DOST,  
38 shall establish and maintain the necessary national ICT infrastructure to implement eHealth  
39 services and applications.

40  
41 **SEC. 20. National eHealth Data Center.** – The PhilHealth, in coordination with the DOH,  
42 DICT and DOST, shall establish and maintain the National eHealth Data Center, and  
43 implement an agile and sustainable data management and governance framework and  
44 system in support to R.A. No. 11223, otherwise known as the “Universal Health Care Act,”  
45 and in compliance with R.A. No. 10173, otherwise known as the “Data Privacy Act of 2012”  
46 for data protection.

47  
48 **ARTICLE VIII**  
49 **STRATEGY AND INVESTMENT**

50 **SEC. 21. National eHealth Strategic Framework and Plan.** – The Council shall spearhead  
51 the development and monitoring of strategic framework and plan to serve and guide the  
52 operations of the NeHS.

1  
2 **SEC. 22. Financing the eHealth Strategic Framework and Plan.** – Financing for the NeHS  
3 by DOH, PhilHealth and other partners, as defined by the Council, shall be made available to  
4 scale up eHealth implementation at the national level.  
5

6 **SEC. 23. Private Sector Participation.** – The DOH shall promulgate rules regarding the  
7 participation of the private sector, including public-private partnerships, and other suitable  
8 arrangements, in the provision of eHealth services, applications, and ICT infrastructure.  
9

10 **ARTICLE IX**  
11 **MONITORING AND COMPLIANCE**

12 **SEC. 24. Monitoring and Compliance.** – The Council shall measure and monitor the  
13 performance and progress of the implementation of this Act.  
14

15 **ARTICLE X**  
16 **RESEARCH AND DEVELOPMENT**

17  
18 **SEC. 25. Research and Development.** – Consistent with R.A. No. 10532, otherwise known  
19 as the “Philippine National Health Research System Act of 2013,” and the mandate of the  
20 DOST, the DOST — Philippine Council for Health Research and Development (DOST-  
21 PCHRD), in consultation with DOH, PRC, CHED, DICT, PhilHealth, UPM – National  
22 TeleHealth Center, academia, regional health research consortia, medical and specialty  
23 societies, non-government organizations, and the private and business sectors, shall ensure  
24 the development of new eHealth services and applications through:  
25

- 26 a) Formulation of eHealth research priority areas under the National Unified Health  
27 Research Agenda (NUHRA), and other research agendas;  
28 b) Funding and mobilizing resources for researches on eHealth, including creation of  
29 formal and non-formal capability building programs for the development of a pool of  
30 eHealth researchers and innovators, which are aligned with the research agenda;  
31 c) Establishment and strengthening of centers of excellence of eHealth policy studies,  
32 research and development; and  
33 d) Establishment and adherence of mechanisms that strengthen eHealth innovation  
34 research and strategy to the health technology assessment process as provided  
35 under R.A. No. 11223, otherwise known as the “Universal Health Care Act,” and that  
36 integrate explicit use of evidence into the policy and decision-making process and  
37 national eHealth standards, and support the growth of research consortia on eHealth;  
38

39 A separate unit within the PCHRD shall handle and manage eHealth related activities and  
40 programs. The human resource requirement of such unit shall be determined by PCHRD in  
41 consultation with the DOH, CSC and DBM.  
42

43 **ARTICLE XI**  
44 **ADMINISTRATIVE PENALTIES**

45  
46 **SEC. 26. Rules and Procedures for Administrative Violations and Complaints.** – The  
47 Council shall promulgate rules and procedures relating to administrative violations and  
48 complaints, insofar as they relate to the establishment and operations of the NeHS.  
49

50 **ARTICLE XII**  
51 **MISCELLANEOUS PROVISIONS**

52  
53 **SEC. 27. Appropriations.** – The amount necessary for the implementation of this Act shall be  
54 included in the Annual General Appropriations Act.

1  
2 **SEC. 28. Implementing Rules and Regulations.** – Within one hundred eighty days (180)  
3 days from the effectivity of this Act, the Secretary of DOH, shall, after consultation with the  
4 Secretaries of DICT and DOST, the President and Chief Executive Office of PhilHealth, the  
5 Chancellor of UPM, the Chairman of the PRC, the Chairperson of CHED, the National  
6 Statistician of PSA, and representatives of medical and paramedical associations and  
7 societies, and other stakeholders, promulgate the necessary rules and regulations  
8 implementing the provisions of this Act.  
9

10 **SEC. 29. Transitory Provisions.** – The transformation of KMITS into a full-fledged Bureau  
11 and the formulation of the internal organic structure and regional and local implementation  
12 structures, staffing pattern, operating system, and the revised budget of the DOH for health  
13 information technology shall be completed within six (6) months from the promulgation of the  
14 Implementing Rules and Regulations of this Act, during which time, the existing KMITS and  
15 regional and local implementation personnel shall continue to serve in holdover capacities  
16 until a full and permanent Bureau is constituted and functioning, and new appointments are  
17 issued.  
18

19 **SEC. 30. Separability Clause.** – If any part or provision of this Act is held invalid or  
20 unconstitutional, the remaining parts or provisions not affected shall remain in full force and  
21 effect.  
22

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

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

30 *Approved,*

# FACT SHEET

## House Bill No. 10245

In substitution of House Bills Numbered 61, 171, 665, 4899, 7114, 7318, 7422, and 7944

(As approved by the Committee on Health on December 17, 2019 and the Committee on Appropriations on August 18, 2021)

### AN ACT ESTABLISHING THE PHILIPPINE ELECTRONIC HEALTH OR eHEALTH SYSTEM AND SERVICES IN SUPPORT OF UNIVERSAL HEALTH CARE, AND APPROPRIATING FUNDS THEREFOR

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*Introduced by Representatives* Victor A. Yap, Angelina "Helen" D.L. Tan, M.D., Ron P. Salo, John Marvin "Yul Servo" C. Nieto, Alfred D. Vargas, Sharon S. Garin, Joey Sarte Salceda, Joy Myra S. Tambunting, Rosanna "Ria" V. Vergara, "Kuya" Jose Antonio R. Sy-Alvarado, Eric L. Olivarez, Jumel Anthony I. Espino, Marlyn "Len" B. Alonte, Estrellita B. Suansing, Tyrone D. Agabas, Sandra Y. Eriguel, M.D., Dahlia A. Loyola, John Reynald M. Tiangco, Maricel Natividad-Nagaño, Divina Grace C. Yu, Ruth Mariano-Hernandez, Eric Go Yap, Manuel Jose "Mannix" M. Dalipe, Rose Marie "Baby" J. Arenas, Pablo John F. Garcia, Wesley T. Gatchalian, Strike B. Revilla, Rufus B. Rodriguez, Ria Christina G. Fariñas, Stella Luz A. Quimbo, Elenita Milagros "Eileen" Ermita-Buhain, Lorna P. Bautista-Bandigan, Ruffy B. Biazon, Peter John D. Calderon, Luis N. Campos, Jr., Luisa Lloren Cuaresma, Paul Ruiz Daza, Michael John R. Duavit, Rudys Caesar G. Fariñas I, Vincent Franco "Duke" D. Frasco, Jose Enrique "Joet" S. Garcia III, Greg G. Gasataya, Ed Christopher S. Go, Sandro L. Gonzalez, Romeo M. Jalosjos, Jr., Jocelyn Sy Limkaichong, Francisco Jose "Bingo" F. Matugas II, Manuel T. Sagarbarria, Horacio P. Suansing, Jr., David "Jay-Jay" C. Suarez, Jose "Ping-Ping" I. Tejada, Juliette T. Uy, Micaela S. Violago, Manuel "Way Kurat" E. Zamora, Angelo Marcos Barba, Francisco "Kiko" B. Benitez, Joseph Sto. Niño B. Bernos, Gabriel H. Bordado, Jr., Narciso R. Bravo, Jr., Fernando T. Cabredo, Wilfredo "Willy" S. Caminero, Carl Nicolas C. Cari, France L. Castro, Angelica Natasha Co, Sergio C. Dagooc, Maximo Y. Dalog, Jr., Alfred C. Delos Santos, Cheryl P. Deloso-Montalla, Abdullah D. Dimaporo, Mohamad Khalid Q. Dimaporo, Alan "Aldu" R. Dujali, Faustino Michael Carlos T. Dy III, Gerardo "Gerryboy" J. Espina, Jr., Eduardo "Eddie" R. Gullas, Godofredo N. Guya, Glona G. Labadlabad, Edward Vera Perez Maceda, Ma. Lucille L. Nava, Emmarie "Lolypop" Ouano-Dizon, Eddiebong G. Plaza, Janice Z. Salimbangon, Hector S. Sanchez, Lorna C. Silverio, Alyssa Sheena P. Tan, Kristine Alexie B. Tutor, Jake Vincent Villa, Sarah Jane I. Elago, Mark O. Go, Florida "Rida" P. Robes, Princess Rihan M. Sakaluran, and Edgar Mary S. Sarmiento

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*Committee Referral:* **COMMITTEE ON HEALTH (Primary)**

*Committee Chairperson:* **REP. ANGELINA "HELEN" D.L. TAN, M.D.**

*Committee Referral:* **COMMITTEE ON APPROPRIATIONS (Secondary)**

*Committee Chairperson:* **REP. ERIC GO YAP**

**OBJECTIVE:**

- To set policies, standards, priorities, plans, programs and projects that promote and ensure streamlined and safely regulated delivery Of eHealth services to reduce inequalities, achieve universal health care and better health outcomes

**KEY PROVISIONS:**

- Covers all eHealth solutions, services and applications including relevant standard equipment in the field of health and ancillary services that use ICT and are complementary to existing minimum modalities or standards of health care and other means of access to information.
- Creates an independent body to be known as the eHealth Policy and Coordination Council to provide relevant policies and promote guidelines for the effective coordination and implementation of this Act.
- Strengthens and transforms the existing Knowledge Management and Information Technology Service (KMITS) of the Department of Health into a full-fledged Bureau, to be named as the National eHealth Information and Services Bureau (NeHISB), which shall perform the overall management and administration of this Act.
- Mandates all health care providers and health-related entities to comply with data standards to allow interoperability and health information exchange
- Appropriates the necessary funding for the implementation of this Act.

**RELATED LAWS:**

- Republic Act No. 11223, otherwise known as the “Universal Health Care Act”
- Republic Act No. 10173, otherwise known as the “Data Privacy Act”
- Republic Act No. 7160, otherwise known as the “Local Government Code of 1991”
- Republic Act No. 10532, otherwise known as the “Philippine National Health Research System Act of 2013”