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

FIFTEENTH CONGRESS  
Second Regular Session  

House Bill No. 6336  

Introduced by HON. JOSEPH EMILIO AGUINALDO ABAYA  

EXPLANATORY NOTE  

Accessible quality healthcare remains beyond the reach of majority of Filipinos. The Aquino Health Agenda report (2010) showed that around 60% of Filipinos who succumb to illness still die without medical attention. The country's infant mortality, with 25 deaths per 1000 live births (NDHS, 2008), and maternal mortality rates, with 200 deaths for every 100,000 live births (UNICEF, 2004), rank among the highest in Asia. Because of the country's archipelagic nature, basic health statistics are even worse in rural, often isolated areas.  

Isolation due to distance, weather conditions, and transportation, as well as poverty and situations of disasters or armed conflict continue to be significant barriers to access to health services.  

There are also parts of the country where it is difficult to attract and retain health professionals, as well as obtain support for local health facilities to provide the necessary range of health care services. In 2005, the Health Human Resource Development Bureau (HHRDB) of the Department of Health (DOH) explained that the inadequacy and uneven distribution of health providers in the country is largely due to the migration of Filipino health and medical professionals for foreign employment. HHRDB
furthered that professionals who practice in the Philippines are concentrated in urban areas. Even health care providers in medically unserved and underserved areas are isolated from expert clinical specialists and from information necessary to support them professionally.

Advances in information and communications technology (ICT) have made the delivery of medical services and information across a distance (telemedicine) a recognized and accepted approach for addressing problems of uneven provider distribution and discontinuous and inequitable health system development, especially in medically unserved and underserved areas.

The World Health Organization (WHO) recognizes the use of information and communications technology (ICT) to deliver medical services and information across a distance (telemedicine) as an accepted approach in addressing problems of uneven provider distribution and discontinuous and inequitable health system development.

The use of telecommunications to deliver health services has the potential to reduce costs and facilitate better access to health care in far flung areas. Telehealth can lessen direct and indirect healthcare costs, especially out-of-pocket expenses that are a major burden to patients and their families. Based on the 2008 NDHS report, the average out-of-pocket expenses in terms of transport and treatment for healthcare is P3966. With telehealth, such expenses can be minimized.

At the same time, the private sector has become more actively engaged in various forms of telemedicine, especially since most of them are attached to ICT companies in one way or another. As the field of telemedicine progresses, there is a need not only to unify existing systems but to monitor and regulate current practices.

From the foregoing, the passage of this bill is earnestly sought.

JOSEPH EMILIO AGUINALDO ABAYA
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AN ACT
PROMULGATING A COMPREHENSIVE POLICY FOR
A NATIONAL SYSTEM FOR TELEHEALTH SERVICE
IN THE PHILIPPINES

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

SECTION 1. Short Title – This Act shall be known as the “Telehealth Act
of 2012.”

SECTION 2. Declaration of Policy – It is the policy of the State to protect
and promote the right to health of the people, especially for those in
medically unserved and underserved areas.

The Aquino administration, through the Kalusugan Pangkalahatan, seeks
to use health information to support the “immediate and efficient provision
of health care and management of province-wide health systems”. At the
same time, the Department of Health (DOH), through its National eHealth
Strategic Framework, 2010-2016, recognizes the need to “capitalize on
ICT to reach and provide better health services to geographically isolated
and disadvantaged areas (CIDA), support the attainment of Millenium Development Goals (MDGs) and dissemination of information to citizens and providers (Telemedicine/mhealth Services)².

SECTION 3. Objectives and Purpose – The Telehealth Act shall provide a policy framework and establish a National Telehealth System that will govern the practice and development of telehealth in the country. The National Telehealth System shall be a comprehensive, integrative, sustainable, and progressive system that will facilitate inter-agency and inter-sectoral coordination at various levels of governance (national and local) covering both the public and private sectors. The National Telehealth System shall:

(1) provide and support health care delivery, including diagnosis, consultation, treatment, and transfer of care of patients; exchange of health data, and education, specially in medically unserved and underserved communities, multiple health care providers involved in patient care, and health care providers, and managers involved in educational and/or professional activities;

(2) provide a mechanism for gathering, collating, and making available all health data using eHealth applications, from the local health systems to various managers at different levels within the health care system, including the Secretary of Health, and other leaders/managers to enable timely and appropriate action.

(3) set standards and establish regulations regarding field of telehealth

(4) address the problems of health provider distribution in medically unserved and underserved areas of the state;

(5) strengthen the health systems and infrastructure;

(6) attract and retain health care providers in local areas;
(7) help reduce costs associated with health care and make health care more accessible and affordable; and

(8) help improve health outcomes

SECTION 4. Definitions – Under this Act, the following terms shall have the meanings respectively given to them below:

eHealth refers to the more broad term for describing the use of information and communication technologies (ICT) for health.

National Telehealth Reference Center refers to the main agency responsible for developing accreditation mechanisms for telehealth and telemedicine systems, maintaining national databases and case registries, training and assistance, and continuing education for all telehealth practitioners.

Originating site refers to the remote or rural site where the patient and/or the telemedicine presenter is located during the telehealth encounter or consult.

Telemedicine means the use of telecommunications technology to provide health care services from a distance; more narrowly focuses on the curative aspect.

Telehealth means the delivery of health related services and information via telecommunications technology; it encompasses preventive, promotive, curative, and palliative aspects.

Telehealth Practitioner refers to any health care provider or health agency involved in a Telehealth System.
Telehealth System refers to an organized and structured application of Telehealth, integrated in the regular workflow of health care facilities.

Telehealth Center refers to the telehealth site where the specialist is, at a distance from the patient or referring physician or health professional from an originating site.

Unserved and underserved areas refers to communities such as those isolated due to distance, physical terrain, poverty, or lack of transportation and social services, as well as those in situations of disasters, crisis, and armed conflict.

SECTION 5. Telehealth as an Authorized Procedure – The delivery of health care via telehealth is recognized and encouraged as a safe, practical, and necessary practice in the Philippines. All health care providers shall be encouraged to participate in telehealth pursuant to the Telehealth Act. In using telehealth procedures, health care providers shall comply with all applicable State guidelines and shall follow established State rules that are consistent with accepted safe clinical norms, as well as security, confidentiality, and privacy protections for health information.

The Department of Health (DOH) and Philippine Health Insurance Corporation (PHIC) shall require telehealth practitioners in both originating and distant sites to undergo accreditation, through the National Telehealth Reference Center.

SECTION 6. Scope of the Act – The Telehealth Act covers all existing telehealth practitioners in both the public and private sector. It shall not alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in manner, not otherwise authorized by law.
SECTION 7. Lead Agency – The Department of Health (DOH) shall be the lead agency in implementing this Act. For purposes of achieving the objectives of this Act, the DOH shall:

1. Establish a National Telehealth Board
2. Ensure the continuing relevance of the National Telehealth Reference Center (NTRC) in terms of development, implementation, and quality assurance of related health programs
3. Coordinate with the Department of Science and Technology (DOST)

SECTION 8. National Telehealth Board – To ensure the implementation of this Act and to serve as the executive body of the National Telehealth System, the National Telehealth Board shall be created and made an integral part of the Office of the Secretary of the DOH.

The Board shall be composed of twelve members and shall be co-chaired by the DOH and the DOST Secretaries. Other members of the Board shall be as follows:

1. the Executive Director of the National Institutes of Health (NIH), as vice-chair;
2. the Executive Director of the National Telehealth Reference Center, as an ex-officio member;
3. an Undersecretary of the Department of Interior and Local Government;
4. a representative of the League of Municipalities in the Philippines;
5. a representative of the League of Provinces in the Philippines;
6. a representative of the Philippine Health Insurance Corporation (PHIC);
7. a representative of the Association of Municipal Health Officers of the Philippines (AMHOP);
8. a representative of any accredited medical organization; and
9. two community representatives of underserved areas, as recommended by the NTRC.
All members of the Board, except for the co-chairs, vice-chair and Executive Director of the NTRC, shall be appointed by the President of the Phillippines and shall serve for a maximum of two consecutive two-year terms, unless recalled and replaced by the respective group or sector that have chosen them.

The Board shall:

(1) establish telehealth guidelines and regulations pertinent to its practice and provision of service;

(2) provide recommendations to the National Telehealth System pertinent to telehealth-related human resource development and compensation, and other sustainability plans;

(3) recommend corrective measures and resolutions on issues related to telehealth as deemed necessary;

(4) set and impose the appropriate penalties;

(5) conduct an annual review of reports on quality assurance by the National Telehealth Reference Center;

(6) set policy and program recommendations for the further development of telehealth;

(7) submit yearly assessments to the DOH; and

(8) meet at least twice a year.

SECTION 9. The National Telehealth Reference Center – The National Telehealth Reference Center (NTRC) shall be established by the National Telehealth Board as its executive arm, and will be initially housed by the National Institutes of Health.
The NTRC shall be responsible for developing accreditation mechanisms for telehealth and telemedicine systems, maintaining national databases and case registries, training and assistance, and continuing education for all telehealth practitioners throughout the country. It shall act serve as the secretariat of the National Telehealth Board.

The NTRC shall be headed by an Executive Director who shall serve a maximum of three two-year terms.

SECTION 10. Establishment and Accreditation of Telehealth Centers and Telehealth Practitioners -- The NTRC shall ensure that Telehealth Centers are strategically organized across the country within five (5) years upon enactment of this law to ensure that telehealth practitioners are sufficiently equipped with skills for the ethical and safe practice of telehealth. NTRC shall establish Regional Telehealth Centers in each region in a DOH-retained hospital. This is in order to make accessible to the public relevant telehealth services, compliant with the standards approved by the National Telehealth Board upon the recommendation of the NTRC. No Telehealth Center shall be allowed to operate unless it has been duly accredited based on the standards set forth by the NTRC.

A Telehealth Center shall have the following minimum requirements: (i.) be equipped with the needed ICT applications suitable for telehealth in the country; (ii.) be supervised and staffed by trained personnel who have been duly qualified by the NTRC; and (iii.) submit to periodic unannounced inspection by NTRC in order to evaluate and ensure quality Telehealth Center performance.

SECTION 11. Quality Assurance -- The National Telehealth Reference Center shall be responsible for drafting and ensuring technical standards for Telehealth Centers, including establishing a standard accreditation process and certification program. It shall also act as the principal repository of technical information relating to telehealth standards and
practices, and shall provide technical assistance to Telehealth Centers and originating sites needing such assistance.

SECTION 12. Database – All Telehealth Centers and originating sites shall coordinate with the National Telehealth Reference Center for consolidation of patient databases. The NTRC shall maintain and manage a national database for consulting on clinical cases, as well as health and medical education exchanges made through the NTHS. It shall submit reports annually to the Committee and to the DOH on the status of and relevant health information derived from the database. A plan for long-term outcome evaluation of telehealth service utilizing the cases registries shall be developed within one (two) years of passage of this Act by the NTRC in consultation with the Advisory Committee on Telehealth Service. Implementation of this plan shall be the responsibility of the Advisory Committee.

SECTION 13. Penalties – All individuals, groups, companies, and/or entities practicing telehealth who violate the regulations and guidelines set by the National Telehealth Board shall be subjected to penalties as set by the Board, without prejudice to any criminal, civil, and administrative cases arising thereof.

SECTION 14. Financing – The national government shall allocate an initial funding of one hundred and thirty million pesos (Php 130,000,000) from the General Appropriations Act, composed of one hundred million pesos (Php 100,000,000) through the DOH and thirty million pesos (Php 30,000,000) from the DOST, for the implementation of the National Telehealth System and the establishment of the National Telehealth Reference Center. An amount of seventy million pesos (Php 70,000,000) shall be appropriated annually thereafter, composed of fifty-five million pesos (Php 55,000,000) from the DOH and fifteen million pesos (Php 15,000,000) from DOST.
Additional funding amounting to a minimum of fifteen million pesos (Php 15,000,000) annually shall be obtained from the PHIC for telehealth transactions and/or systems.

SECTION 15. Repealing Clause – All general and special laws, decrees, executive orders, proclamations and administrative regulations, or any parts thereof, which are inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 16. Separability – If any part or provision of this Act shall be declared or held to be unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

SECTION 17. Effectivity – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved.