

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

SIXTEENTH CONGRESS  
First Regular Session



House Bill No. **4199**

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Introduced by Hon. ROGELIO J. ESPINA

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### EXPLANATORY NOTE

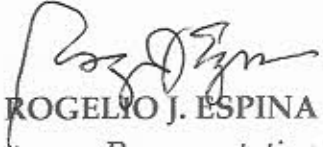
Enshrined in the Constitution, the State shall protect and promote the right to health of the people and instill health consciousness among them. But this is only apparent in letters and in principle, delivery of basic health care is far from reach especially to rural areas and access to specialty care is low.

Many patients find it difficult to travel to clinics, hospitals, specialty hospitals or doctors' offices for number of reasons. Telehealth can be a great option for patients with unique challenges or in situations making it difficult for them to travel to receive traditional health care. With telehealth, it will reduce unnecessary travels and hospitalizations of patients by connecting them to the medical specialists right away.

The use of telecommunications to deliver health services has the potential to reduce and improve access to health care in rural and other medically unserved and underserved areas. By using video conferencing and other telehealth technology when applicable, healthcare practitioners and patients can reduce the costs associated with regular clinic or hospital visits. Moreover, telehealth will allow hospitals to create networks to provide each other with support through sharing their expertise outside their own institutions.

This bill seeks to provide a Comprehensive National Telehealth System with the use of advanced communications technology to enhance the delivery of efficient health care especially to remote areas.

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

  
ROGELIO J. ESPINA  
Representative  
Lone District, Biliran

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**AN ACT PROMULGATING A COMPREHENSIVE POLICY FOR A NATIONAL  
TELEHEALTH SYSTEM WITH THE USE OF ADVANCED COMMUNICATIONS  
TECHNOLGY IN THE PHILIPPINES AND TO PROVIDE FUNDS THEROF**

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

**Section 1. Short Title** - This Act shall be known as "**the Teleheath Act of 2014**"

**Section 2. Declaration of Policy** - The State shall protect and promote the right to health of the people and instill health consciousness among them. Henceforth, it is the intent of the Legislature to recognize the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with health provider.

Telehealth or Telemedicine shall not be construed to alter the scope of practice of medicine or any health care provider or authorize the delivery of health care services in a setting or in a manner not otherwise authorized by law.

**Section 3. Objectives** - The Telehealth Act shall provide a policy framework and establish a National Telehealth System that will govern the practice of and development of telehealth in the country.

The National Telehealth System shall be comprehensive, integrative, sustainable and progressive that will facilitate inter-agency and inter-sectoral coordination at various levels of governance covering both the public and private sectors. It shall:

- (a) Create a parity of telehealth with other health care delivery modes, to actively promote telehealth as a tool to advance stakeholders' goal regarding health status and health system improvement and to create opportunities and flexibility for telehealth to be used in new models of care and system improvement;

(b) Provide and support health care delivery, including diagnosis, consultation, treatment, transfer of care of patients, exchange of health data and education, especially in medically unserved and underserved communities.

(c) Use of information and telecommunication technologies to deliver health services to reduce costs and improve access to health care particularly in rural and other medically underserved areas;

(d) Set standards and establish regulations regarding field of telehealth. Attract and retain health care providers;

(e) Strengthen the health system and infrastructure.

**Section 4. Definitions** - For purposes of this Act, the following definitions shall apply:

1. "Act" refers to Telehealth Act of 2014.
2. "Advanced communication technology" includes:
  - (a) Compressed digital interactive video audio, or data transmission;
  - (b) Real-time synchronous video or web-conferencing communications;
  - (c) Secure web page communication;
  - (d) Still image capture or asynchronous store and forward;
  - (e) Modern medical device use for diagnosis and health care services.
3. "Distant site" means the location at which the telemedicine provider delivering the health care service is located at the time the service is provided via telehealth.
4. "Health care provider" means a health care practitioner or licensed individual who provides health care within the scope of his professional license which includes but not limited to medical doctors, nurses, pharmacists, physical therapists and midwives.
5. "In-person" means that a patient is in the physical presence of the health care provider without regard to whether portions of the examination, consultation, monitoring or other health care service are conducted by other providers.
6. "Originating site" means the location of the patient at the time a health care service is being furnished via advanced communication technology.
7. "Telehealth" interchangeably used with telemedicine, a mode of delivering health care services and public health via information and communication technologies to management of patient's health care while the patient is at the originating site and health care provider is at a distant site.

8. "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, crises and armed conflict.

**Section 5. Scope of the Act** - The 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 delivery of health care services in a setting or in manner not authorized by law.

**Section 6. Implementing Agency** - The Department of Health (DOH) shall be the lead agency in implementing this Act. For the purpose stated, the DOH shall:

- (a) Establish a National Telehealth Board;
- (b) Coordinate with the Department of Science and Technology (DOST) through its Information and Communications Technology Office (DOST-ICTO).

**Section 7. National Telehealth Board** - To ensure the implementation of this Act and to serve as an 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 DOH.

The Board shall be composed of seven (7) members and shall be chaired by the DOH Secretary. Members of the Board shall be as follows:

- (1) the Secretary of DOST;
- (2) an Undersecretary of the Department of Interior and Local Government;
- (3) a representative from the League of Provinces in the Philippines;
- (4) a representative from the League of Municipalities;
- (5) a representative of the Philippine Health Insurance Corporation;
- (6) a representative of the Association of Municipal Health Officers;
- (7) a representative from the Philippine Medical Association.

Members of the Board shall be appointed by the President of the Philippines and shall serve for a maximum of two consecutive terms, unless recalled, replaced or resigned from office.

The Board shall:

- (a) Establish telehealth guidelines and regulations pertinent to its practice and provision of service;
- (b) Recommend corrective measures and resolution on issues related to telehealth as deemed necessary;

- (c) Set and impose necessary penalties;
- (d) Hear and decide suspension cases;
- (e) Set policy and programs recommendations for further development of telehealth;
- (f) Submit yearly assessments to DOH; and
- (g) Convene at least quarterly.

**Section 8. Establishment and Accreditation of Telehealth Centers and Telehealth Practitioners** - The DOH 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 safe practice of telehealth. Regional Telehealth Centers shall be established in each Region in a DOH-retained hospital. No telehealth center shall be allowed to operate unless it has been duly accredited based on the standards set forth by the DOH.

A Telehealth Center shall have the following minimum requirements:

- (a) Equipped with the needed Information and Communications Technology (ICT) applications suitable for telehealth in the country;
- (b) Be supervised and staffed by trained personnel;
- (c) Submit to periodic unannounced inspection by the DOH in order to evaluate and ensure quality telehealth center performance.

**Section 9. Database** - All telehealth centers and originating sites shall coordinate with DOH for consolidation of pertinent databases. DOH shall maintain and manage a national database for consults on clinical cases as well as health and medical education exchanges.

**Section 10. (1) Who may practice telehealth -**

- (a) A registered medical practitioner holding a valid Philippine license; or
- (b) Health care provider or licensed individual who provides health care within the scope of his/her professional license.

**(2) Licensure and Registration Requirements:**

- (a) A health care provider who provides telehealth care must have a Philippine license to practice a health care profession;
- (b) A telehealth care provider must be registered with the DOH through a procedure established by it;

- (c) A registered telehealth care shall subject himself/herself for disciplinary action by the appropriate board.

**Section 11. Consent -**

- (1) Before a registered health care provider practices telehealth in relation to a patient, the former shall obtain verbal and written consent of the latter.
- (2) The written consent shall not be valid unless the patient is informed of the following:
  - (a) That he/she is free to withdraw his/her consent at any time without affecting his right to future care or treatment;
  - (b) Of the potential risks, consequences and benefits of telehealth;
  - (c) That all existing confidentiality protection apply to any information about the patient obtained or disclosed in the course of the telehealth interaction;
  - (d) That any image or information communicated or used during or resulting from telehealth interaction which can be identified as being that of or about the patient will not be disseminated to any researcher or any other person without the consent of the patient.
- (3) The written consent given by the patient shall not be valid unless the consent contains statement signed by the patient indicating that he/she understands the information provided and was discussed with the health care provider/medical practitioner.
- (4) The written consent shall form part of the patient's medical record.
- (5) Where the patient is a minor or incapable of giving consent, consent may be given on his/her behalf by his/her next of kin or guardian *ad litem*.
- (6) Failure to obtain the verbal and written consent of the patient shall constitute medical malpractice and would be liable to fine not exceeding five (5) thousand pesos without prejudice to administrative, civil or criminal liability.
- (7) This section shall not apply in an emergency situation in which a patient is unable to give to valid consent and the representative or guardian of the patient is unavailable.

**Section 12. Privacy -** Any medical records generated, including records maintained via video, audio, electronic, or other means due to telehealth examination, consultation or monitoring must conform to laws regarding the confidentiality of healthcare information of the patient, his/her rights to medical information and recordkeeping requirements. Violation thereof shall constitute unprofessional conduct and would be liable to a fine not exceeding five (5) thousand pesos without prejudice to administrative, civil or criminal liability.

Telehealth technology used by health care provider must be encrypted and must use a record keeping program to record each interaction.

**Section 13. Grounds for Suspension in the Practice of Telehealth Care -**

- (a) Flagrant disregard of requirements for consent and confidentiality rules by the health care provider;
- (b) Refusal to attend to a patient through telehealth unless there is a valid and just ground for such as he is bound by Medical Ethical Rules;
- (c) Other grounds as may be determined by the DOH not contrary to law.

**Section 14. Rights of Respondent Telehealth Care Provider -** The respondent shall be entitled to be represented by counsel or be heard by himself or herself, to have a speedy and public hearing, to confront and to cross-examine witnesses against him or her, and to all other rights guaranteed by the Constitution and provided for in the Rules of Court.

The decision of the Board shall automatically become final thirty days after the date of its promulgation unless the respondent, during the same period, has appealed to the Commissioner of Civil Service and later to the Office of the President of the Philippines. If the final decision is not satisfactory, the respondent may ask for a review of the case, or may file in court a petition for *certiorari*.

**Section 15. Reinstatement -** After two years, the Board may order the reinstatement of any health care provider whose license has been suspended, if the respondent has acted in an exemplary manner in the community wherein he resides and has not committed any illegal, immoral or dishonorable act.

**Section 16. Standard of care -** The standard of care is the same as regardless whether a health care provider provides health care services in person or by telemedicine. Telehealth or telemedicine shall not be construed to alter the scope of practice of medicine or any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

Telehealth shall not replace health care providers or relegate them to less important role in the delivery of health care. The fundamental health care provider-patient can not only be preserved, but also augmented and enhanced

**Section 17. Health Insurance Policy -** If the health care services provided through telemedicine are included benefit in a health insurance policy or health plan coverage, such services must be paid in an amount equal to the amount that a health care provider would have been paid had such services been furnished without the use of advanced communications technology.

A health insurance policy or health plan may limit coverage for health care services that are provided through telehealth.



**Section 18. Implementing Rules and Regulations** - Within thirty days from its approval, the DOH shall promulgate the necessary guidelines for the effective implementation of this Act.

**Section 19. Appropriation** - The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act of the year following its enactment into a law and thereafter.

**Section 20. Separability Clause** - 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 20. 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 21. Effectivity** - This act shall take effect fifteen (15) days after publication in the *Official Gazette* or a newspaper of general circulation.

Approved.