Senate
Office of the Secretary

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)

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SENATE

S. No. 2615

Introduced by Senator Loren Legarda

AN ACT INSTITUTIONALIZING A NATIONAL TELEMEDICINE SYSTEM IN THE PHILIPPINES

EXPLANATORY NOTE

Technology has transformed the delivery of healthcare, creating new opportunities to make medical services more accessible, efficient, and responsive to the needs of patients. Advances in information and communications technology have made it possible for healthcare professionals to provide medical consultations, monitor patients, and facilitate referrals beyond the physical confines of hospitals and clinics.

In the Philippines, these developments offer significant opportunities to address persistent gaps in healthcare access, particularly in rural, remote, and geographically isolated communities where distance, transportation costs, and limited medical facilities often prevent patients from receiving timely medical attention. Through telemedicine, technology can help bridge these gaps and strengthen the delivery of essential healthcare services while complementing traditional face-to-face medical care.

The expansion of telemedicine in the Philippines is anchored in the State's constitutional commitment to accessible and comprehensive healthcare. Article XIII, Section 11 of the Constitution directs the State to pursue an integrated and comprehensive approach to health development. Building on this mandate, Republic Act No. 11223, or the Universal Health Care Act, recognizes that individual-based health services may be accessed remotely and requires interoperable health information systems, with safeguards for patient privacy. In 2021, the Department of Health, Department of the Interior and Local Government, and PhilHealth issued Joint Administrative Order No. 2021-0001 to guide the implementation of telemedicine. PhilHealth Circular No. 2024-0013 likewise allows covered Konsulta services to be delivered through telemedicine by duly licensed and accredited providers, subject to applicable reporting requirements.

While these existing laws and policies provide a foundation for telemedicine, a comprehensive statutory framework is necessary to ensure their sustained and effective implementation. This measure seeks to institutionalize a *National Telemedicine Service Delivery Program* under the Department of Health, utilizing existing healthcare facilities and provider networks to expand access to remote healthcare services, particularly in geographically isolated and underserved communities. It establishes clear operational responsibilities, minimum service standards, financing arrangements, and implementation targets to ensure that telemedicine facilities translate into actual healthcare services for patients.

The proposed system must remain anchored on patient safety and public trust. Remote consultation should not diminish the standard of care owed to a patient or the confidentiality of medical information. The measure expressly maintains the standard of care required in traditional health services and protects records generated through telemedicine. Its implementation should complement the Universal Health Care Act, existing healthcare provider networks, and the responsibilities of agencies already regulating medical practice, health information, and data privacy.

By establishing a permanent national framework for telemedicine service delivery, this bill seeks to strengthen existing government initiatives, ensure the availability of functional telemedicine access points, and provide sustainable arrangements for the delivery and financing of remote healthcare services. Through these measures, telemedicine can become a more accessible and dependable component of the Philippine healthcare system, particularly for Filipinos in underserved communities.

In view of the foregoing, the passage of this bill is earnestly sought.

LOREN LEGARDA

Senate
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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 "Telemedicine Act."

Section 2. *Declaration of Policy.* – The State shall protect and promote the right to health of the people and instill health consciousness among them. Hence, it is the declared policy of the State to formulate innovative ways and systems to fully protect and uphold the right to health of all Filipinos. It shall likewise be the policy of the State to enact measures for promoting health in times of emergencies and calamities through the use of information and communication technology.

Section 3. *Definition of Terms.* – For the purposes of this Act, the following definitions shall apply:

(a) *Telemedicine* refers to the delivery of healthcare services through information and communications technology, including remote medical consultations, patient monitoring, electronic prescriptions, and referrals, when clinically appropriate and in accordance with applicable laws and professional standards.

(b) *Information and Communications Technology* includes but is not limited to:

i. Digital interactive video, audio, and/or data transmission;

ii. Video or web-conferencing technology;

iii. Still image capture or asynchronous store and forward;

iv. Modern medical devices for patient care and diagnosis.

(c) *Telemedicine Access Point* refers to a designated location within an existing healthcare facility, or another appropriate facility, equipped with the necessary communications technology, trained support personnel, and established arrangements for remote medical consultations with duly licensed physicians and other telemedicine-related services provided by licensed healthcare professionals within their respective lawful scopes of practice.

Section 4. *National Telemedicine Coordination.* – The Department of Health (DOH) shall lead the national coordination and implementation of telemedicine services through its existing organizational and interagency coordination mechanisms, in collaboration with the Department of Information and Communications Technology (DICT), Department of the Interior and Local Government (DILG), Department of Science and Technology (DOST), Philippine Health Insurance Corporation (PhilHealth), Food and Drug Administration (FDA), Professional Regulation Commission (PRC), local government units (LGUs), and other concerned agencies and stakeholders.

The DOH shall ensure coordination with existing national and regional health information systems and healthcare provider networks to avoid duplication of functions and resources.

Section 5. *Functions of the Department of Health.* – The DOH, in coordination with concerned agencies and stakeholders, shall:

(a) Formulate and implement a national telemedicine roadmap, including service delivery targets and implementation priorities;

(b) Establish minimum standards for the operation of telemedicine access points and the delivery of telemedicine services;

(c) Coordinate with appropriate regulatory agencies to ensure compliance with existing licensing, accreditation, and professional standards;

(d) Promote interoperability and secure exchange of medical information through existing national health information systems;

(e) Coordinate with concerned agencies on electronic prescriptions, digital health technologies, and patient referral systems;

(f) Facilitate the training and capacity development of participating healthcare professionals and support personnel;

(g) Promote research, innovation, and the development of appropriate telemedicine technologies; and

(h) Monitor and evaluate the implementation, accessibility, quality, and effectiveness of telemedicine services.

Nothing in this Act shall diminish the regulatory, licensing, or accreditation powers of the PRC, FDA, PhilHealth, or other agencies under existing laws.

Section 6. *Implementing Agency.* – The DOH shall be the lead implementing agency of this Act. It shall designate an appropriate existing office to oversee the National Telemedicine Service Delivery Program and coordinate its implementation through existing regional offices, healthcare facilities, and healthcare provider networks.

The DOH may designate personnel and organize technical support teams within its existing organizational structure, subject to applicable civil service, budgeting, and auditing laws, rules, and regulations.

Section 7. *National Telemedicine Service Delivery Program.* – The DOH, in coordination with the Department of the Interior and Local Government (DILG), Department of Information and Communications Technology (DICT), Philippine Health Insurance Corporation (PhilHealth), and local government units (LGUs), shall establish and implement a National Telemedicine Service Delivery Program to expand access to essential healthcare services through information and communications technology.

The Program shall be integrated into existing public healthcare facilities and healthcare provider networks established under Republic Act No. 11223, otherwise known as the "Universal Health Care Act," with priority given to geographically isolated and disadvantaged areas, underserved communities, and localities with limited access to medical professionals.

Section 8. *Establishment of Telemedicine Access Points.* – The DOH, in coordination with concerned LGUs, shall establish telemedicine access points in existing rural health units, health centers, government hospitals, and other appropriate public healthcare facilities, prioritizing geographically isolated and disadvantaged areas and underserved communities.

Each access point shall have adequate communications technology, appropriate medical equipment, trained support personnel, and established arrangements for the availability of duly licensed physicians, consultation schedules, patient referrals, and continuity of care.

A telemedicine access point shall be considered operational only upon compliance with the minimum standards prescribed by the DOH and its demonstrated capacity to facilitate actual patient consultations.

Separate facilities may be established only when existing healthcare facilities are unavailable or inadequate to meet the needs of the community.

Section 9. *Minimum Telemedicine Services.* – The National Telemedicine Service Delivery Program shall provide, when clinically appropriate, the following services:

(a) Remote medical consultations, patient screening, and initial triage, subject to clinical appropriateness and applicable DOH guidelines;

(b) Follow-up consultations and monitoring of patients with chronic or existing medical conditions;

(c) Electronic prescriptions, subject to applicable laws and regulations;

(d) Referrals to appropriate healthcare facilities and medical specialists;

(e) Remote medical advice and assistance during emergencies and calamities; and

(f) Other telemedicine services as may be determined by the DOH in accordance with established medical standards.

The foregoing services shall be made accessible through participating healthcare facilities and healthcare provider networks, subject to clinical appropriateness and applicable professional standards. Services unavailable at a particular access point shall be facilitated through appropriate referral arrangements.

Section 10. *Operational Responsibilities.* – The DOH shall provide overall technical supervision, establish minimum operational standards, and facilitate access to qualified healthcare professionals through government hospitals, healthcare provider networks, and duly authorized public or private healthcare providers.

The DICT shall provide technical assistance in establishing reliable digital connectivity and information and communications technology infrastructure for telemedicine access points, particularly in underserved areas.

The DILG shall coordinate with LGUs to facilitate the integration of telemedicine services into local health systems.

Participating LGUs shall designate appropriate healthcare facilities and personnel, facilitate patient access and referrals, and provide operational support in accordance with their respective local health plans and available resources.

The DOH, in coordination with participating LGUs and healthcare providers, shall establish appropriate operational arrangements specifying responsibilities for equipment, connectivity, physician availability, personnel, maintenance, patient referrals, continuity of care, and related operational expenses.

Where necessary, the DOH may enter into agreements with public or private healthcare providers to ensure the availability of telemedicine services in underserved communities, subject to applicable laws, rules, and regulations.

Section 11. *Integration with Healthcare Provider Networks and Referral Systems.* – Telemedicine services shall be integrated into existing healthcare provider networks to ensure continuity of patient care and coordination between primary healthcare providers, hospitals, and medical specialists.

The DOH shall establish standardized procedures for patient referrals, exchange of medical information, follow-up consultations, and coordination with healthcare facilities.

Patients requiring physical examination, emergency medical intervention, hospitalization, or other services that cannot be adequately provided through telemedicine shall be referred promptly to an appropriate healthcare facility.

Telemedicine shall complement, and shall not replace, necessary in-person medical care.

Section 12. *PhilHealth Coverage and Financing.* – PhilHealth, in coordination with the DOH, shall establish and periodically review appropriate benefit coverage, accreditation, and payment arrangements for telemedicine services under the National Health Insurance Program, consistent with Republic Act No. 11223 and other applicable laws.

Within one (1) year from the effectivity of this Act, PhilHealth shall issue or update supplemental guidelines addressing the delivery and financing of telemedicine services in geographically isolated and disadvantaged areas and other underserved communities, particularly where access to accredited primary healthcare facilities is limited or impracticable.

Such guidelines shall provide appropriate arrangements for participation of accredited healthcare providers, continuity of care, patient referrals, and reimbursement of covered services, subject to applicable clinical, accreditation, actuarial, and financial requirements.

Nothing in this Act shall automatically confer PhilHealth accreditation upon a telemedicine access point or exempt participating healthcare providers from applicable accreditation and quality standards.

Section 13. *Digital Infrastructure and Interoperability.* – The DOH, in coordination with the DICT and PhilHealth, shall ensure that telemedicine platforms and electronic medical records comply with applicable national health information standards, interoperability requirements, and data privacy and cybersecurity regulations.

Existing government health information systems shall be utilized and strengthened to avoid unnecessary duplication of databases, platforms, and infrastructure.

Special consideration shall be given to appropriate technologies and alternative communication arrangements for communities with limited or unreliable internet connectivity.

Section 14. *Phased Implementation, Monitoring, and Reporting.* – Within one hundred eighty (180) days from the effectivity of this Act, the DOH, in coordination with concerned agencies and LGUs, shall conduct an assessment of existing telemedicine facilities, infrastructure, personnel, and services and prepare a three-year implementation plan identifying priority areas, annual coverage targets, operational requirements, and funding needs.

The initial phase of implementation shall commence within one (1) year from the effectivity of this Act, prioritizing geographically isolated and disadvantaged areas and municipalities with limited access to physicians.

The DOH shall establish performance indicators measuring the operational readiness of telemedicine access points, availability of physicians, number of patients served, consultations conducted, referrals completed, service interruptions, and utilization of funds.

Only telemedicine access points that meet the minimum operational standards under this Act shall be counted as operational.

The DOH shall submit an annual implementation report to Congress indicating the progress made toward the established targets, the number and location of operational access points, actual healthcare services delivered, funds utilized, implementation challenges, and measures undertaken to address identified deficiencies.

Section 15. *Practice of Medicine.* – The practice of medicine through telemedicine shall be undertaken only by duly licensed physicians in accordance with Republic Act No. 2382, otherwise known as the "Medical Act of 1959," and other applicable laws and professional standards.

Nothing in this Act shall prohibit other duly licensed healthcare professionals from providing telemedicine-related services within their respective lawful scopes of practice.

A telemedicine consultation conducted by a duly licensed physician shall establish a physician-patient relationship, subject to applicable requirements on informed consent and professional standards.

Section 16. *Emergency.* – The DOH, in coordination with concerned agencies and LGUs, shall establish appropriate protocols and arrangements for the continued delivery of telemedicine services during emergencies and calamities, taking into

account disruptions in healthcare access, communications infrastructure, and other essential services.

Section 17. *Privacy and Confidentiality.* – All medical records, personal health information, electronic prescriptions, audio and video recordings, and other data collected, generated, stored, transmitted, or processed in the provision of telemedicine services shall be protected in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012," and other applicable laws, rules, and regulations.

Healthcare professionals, healthcare institutions, and telemedicine service providers shall ensure the confidentiality, integrity, and security of patient information and implement appropriate organizational, physical, and technical safeguards against unauthorized access, disclosure, alteration, loss, or misuse.

Any violation of this Section shall be subject to the penalties and other applicable sanctions provided under existing laws.

Section 18. *Standard of Care.* – Telemedicine services shall be subject to the same standards of care applicable to traditional healthcare services, taking into account the limitations of remote consultations. When medically necessary, patients shall be referred for appropriate in-person examination or treatment.

Section 19. *Implementing Rules and Regulations.* – The DOH, in coordination with the DICT, DILG, PhilHealth, and other concerned agencies, shall promulgate the necessary rules and regulations for the effective implementation of this Act within ninety (90) days from its effectivity.

Section 20. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the available appropriations of the DOH. Thereafter, the amounts necessary for its continued implementation, including equipment, connectivity, personnel, training, maintenance, and operational expenses, shall be included in the annual General Appropriations Act.

Priority in the allocation of funds shall be given to geographically isolated and disadvantaged areas and other underserved communities.

Concerned national government agencies and LGUs may provide counterpart funding and other resources for the implementation of this Act, subject to existing budgeting, accounting, and auditing laws, rules, and regulations.

The financing and reimbursement of covered telemedicine services under the National Health Insurance Program shall be governed by applicable PhilHealth laws, policies, and benefit arrangements.

Section 21. *Separability Clause*. – If any provision of this Act is declared invalid or unconstitutional, the remaining provisions shall continue to be in full force and effect.

Section 22. *Repealing Clause*. – All laws, decrees, executive orders, proclamations, rules and regulations, and issuances, or parts thereof which are inconsistent with the provisions of this Act, are hereby repealed, amended, or modified accordingly.

Section 23. *Effectivity*. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,