

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

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **4955**



Introduced by Representative Ron P. Salo

EXPLANATORY NOTE

Emergency medical services are vital in ensuring that patients needing urgent medical assistance are attended to with dispatch and are provided with a better chance of survival from disability or death.

In the Philippines, there is an urgent need for a more responsive and organized emergency medical services system. According to the World Health Organization (2017), about 7,000 Filipinos die each year, and thousands more are injured or disabled, due to road traffic crashes, with riders of motorcycles and two-wheeler bicycles making up a large proportion of these statistics. Accidents, of all types including road traffic crashes, rank fourth among the causes of death in all ages. Most emergency calls received by an ambulance team are trauma related such as vehicular accidents, crime or violence related injuries, or common household emergencies. Hence, it is crucial that emergency responders and ambulance crews possess the necessary knowledge and skills to respond and to properly assess and manage various medical emergencies.

One of the key issues in the field of emergency or pre-hospital care in the country is the lack of a national standard of practice that can be followed, as well as the minimum requirements for individuals who wish to enter the field. This proposed measure seeks to establish a standard system for emergency medical services (EMS), address the need to professionalize and regulate the sector, and enhance the provision of emergency medical services in the country.

The bill proposes the creation of a National Emergency Medical Services System Council to formulate and implement policies and develop national standards for the provision of emergency medical services. It also provides for the creation of positions for EMS personnel, thus ensuring that the job of an EMS provider is professionalized and developed into a viable career. The bill ensures that the provision of emergency medical services, including all vehicles, equipment, and support services, adheres to standards and guidelines set out by the EMSS Council.

Hence, the immediate passage of this Bill is earnestly sought.


RON P. SALO
Kabayan Party-List

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AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM (EMSS),
PROVIDING FOR THE CREATION OF A NATIONAL EMSS COUNCIL,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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

SECTION 1. Short Title. – This Act shall be known as the “Emergency Medical Services System (EMSS) Act of 2017”.

CHAPTER I
GENERAL PROVISIONS

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to this national policy, the government shall institutionalize a comprehensive, accessible and integrated system of emergency medical services.

SEC. 3. Objectives. – In support of the State policy, this Act:

- a) Mandates the development and institutionalization of Emergency Medical Services System at the national and local levels;
- b) Creates a national Emergency Medical Services System Council;
- c) Establishes the national standard for the provision of Emergency Medical Services (EMS);
- d) Ensures the provision of qualified EMS personnel;
- e) Mandates the adoption and use of a National Universal Emergency Number; and
- f) Establishes support services to emergency medical services.

SEC. 4. Definition of Terms. – For purposes of this Act, the following terms are defined as follows:

- a) **Emergency Medical Services (EMS)** refers to a network of services coordinated to provide aid and medical assistance from the scene to the most appropriate and definitive health facilities, involving personnel trained in stabilization, transportation, and treatment of trauma or medical cases in the pre-hospital setting.
- b) **Emergency Medical Services System (EMSS)** refers to a comprehensive system which provides the arrangement of personnel, facilities and equipment for effective, coordinated, and timely delivery of health and safety services to victims of sudden illness or injury in the pre-hospital setting. The conceptual framework of the system revolves around five components and core services of pre-hospital management, namely: Emergency Medical Dispatch, Emergency Response and Care, Emergency Transport, Inter-agency referral and Transport, and Command and Control.
- c) **Emergency Medical Dispatch** involves the immediate identification and prioritization of emergency situations, the timely dispatch of appropriate resources, providing essential pre-arrival medical instructions and full endorsement to the receiving hospital. Dispatch encompasses all aspects of communication including request processing, coordination and support, documentation and monitoring.
- d) **Emergency Response and Care** involves the arrival of resources at the scene and the timely initiation and provision of appropriate interventions.
- e) **Emergency Transport** involves transporting the patient to the most appropriate and definitive health facility with continued provision of care and appropriate interventions *en route*.
- f) **Inter-Agency Referral and Transport** - Involves the transport of patient with EMS personnel, if necessary, from one referring facility or agency to another receiving facility or agency for definitive care, as the patient requires, in an event that the services are not available in the referring facility.
- g) **Command and Control** involves the multi-faceted supervision or medical oversight by the EMS medical director in handling the processes of EMS operations that may affect patient care directly through provision of orders to an EMS personnel over the radio, by phone, or on-scene; or indirectly through the development and promulgation of protocols, the education and credentialing of EMS personnel, the conduction of quality improvement activities, and the increased advocacy of appropriate EMS for the patients.
- h) **Emergency Medical Service Personnel** refers to a unique health care personnel involved in the practice of pre-hospital care which includes provision of medical care, systematic coordination and transportation of patients with medical direction. They may include Medical First Responder (MFR), Ambulance Care Assistants (ACA), Emergency Medical Technicians (EMT), Paramedics, Emergency Medical Dispatcher (EMD) and EMS Medical Director.

- i) **Accredited Training Institution** refers to a training institution offering training programs, courses and continuing education for EMS personnel that meet the standards established by the EMS Council in collaboration with physicians, Emergency Medical Technicians, nurses, and other health care professionals, TESDA, and CHED, among others, and are duly registered in good standing with the EMS Advisory Council.
- j) **Emergency Medical Vehicle** refers to an ambulance or other vehicles for emergency medical care which provides, at the minimum: (i) a driver's compartment; (ii) a patient compartment to accommodate an emergency medical technician (EMT) and a patient so positioned that said patient can be given intensive life-support during transit; (iii) equipment and supplies for emergency care at the scene as well as during transport; (iv) two-way radio, telephone or electronic communication with the primary medical services provider, and when necessary, equipment for light rescue/extrication procedures. The emergency medical vehicle shall be so designed and constructed to provide the patient with safety and comfort, and avoid aggravation of the patient's injury or illness.

CHAPTER 2

EMERGENCY MEDICAL SERVICES SYSTEM

SEC. 5. Emergency Dispatch. – All local government units are mandated to establish their Dispatch Centers where constituents can call for all cases of emergencies, with adequate and qualified personnel. The Dispatch Centers shall follow the prescribed guidelines on dispatch protocol as determined by the DOH and the EMSS Council.

SEC. 6. National Universal Emergency Telephone Number. – There shall only be one national emergency number to enable the public to access emergency medical services. Towards this end, the National Telecommunications Commission (NTC) shall develop a program for the institutionalization of a national emergency number with the LGUs and officials responsible for emergency public safety, and all other concerned government and private agencies and personnel including the telecommunications industry (specifically including the cellular and other wireless telecommunications service providers); the motor vehicle manufacturing industry; emergency medical service providers; emergency dispatch providers; transportation officials; public safety, fire service and law enforcement officials; consumer groups; and hospital emergency and trauma care personnel (including emergency physicians, trauma surgeons and nurses).

SEC. 7. Emergency Response, Care, and Transport. – All LGUs shall ensure the availability of adequate emergency transport vehicles or ambulances with qualified EMS personnel. All emergency transport vehicles and the procedures to be undertaken in responding and caring for patients shall follow the prescribed guidelines of the Department of Health (DOH) and the EMSS Council on ambulance services and on emergency response and care.

SEC. 8. Emergency Medical Vehicles. – The EMSS Council shall develop minimum requirements for the design, construction, performance, equipment, testing, and appearance of emergency vehicles. Only emergency vehicles shall be allowed to

display the word "Ambulance" and the universally accepted "Star of Life" symbol. It shall also provide for the operation protocols of such vehicle.

SEC. 9. *Inter-agency Referral and Transport.* – The EMSS Council shall establish the prescribed protocols / guidelines on inter-agency referral and transport.

CHAPTER 3 NATIONAL EMSS COUNCIL

SEC. 10. *Creation of the National EMSS Council.* – A National Emergency Medical Services System (EMSS) Council is hereby created under the leadership of the Department of Health (DOH) and the Department of Interior and Local Government (DILG).

SEC. 11. *Powers and Functions.* – The EMSS Council shall have the following powers and functions:

- a) Formulate policies governing the field of emergency medical services;
- b) Develop national standards for the provision of emergency medical services to include the skills and competencies to be required for EMS professionals, and the development of mandatory national medical treatment protocols to be observed by EMS professionals and such other entities as it may consider appropriate;
- c) Promulgate Code of Ethics for EMTs;
- d) Develop guidelines and specifications for the design, construction, outfitting, and operation of emergency medical vehicles and other equipment;
- e) Develop standards of operation for emergency medical support service providers;
- f) Ensure the establishment of a system of networking and coordination among all existing government health agencies, LGUs, and private and non-government medical institutions for the effective implementation of this Act;
- g) Support research activities on EMS, technology, education and training, and formulation of curricula and evaluation of existing courses, assessment and examination procedures;
- h) Monitor compliance by all LGUs and health facilities of the standards and requirements set out in this Act;
- i) Perform such other acts related to the above functions.

SEC. 12. *Membership of the EMSS Council.* – The EMSS Council shall be composed of the following:

- a) Ex-officio members:
 - i) The Secretary of the DOH as Chairperson;
 - ii) The Secretary of the Department of the Interior and Local Government (DILG).
- b) Members to be appointed by the Secretary of the DOH upon nomination by their respective associations:

- i) One (1) nominees of a national organization representing the Emergency Medical Technician (EMT) profession duly registered with the Securities and Exchange Commission (SEC) and recognized by the DOH;
- ii) Four (4) nominees of Health Emergency Management Bureau (HEMB), one (1) each from the National Capital Region, Luzon, Visayas and Mindanao;
- iii) One (1) registered emergency medical practitioners representing Philippine College of Emergency Medicine (PCEM);
- iv) One (1) representative from the Emergency Response Service of the Philippine Red Cross (PRC)

The Council shall promulgate its rules regarding quorum and conduct of meetings and other administrative matters.

SEC. 13. Term of Office. – Each member of the EMSS Committee shall not serve for more than three (3) consecutive terms. A term shall be for a period of two (2) years.

SEC. 14. Meetings. –The EMSS Council shall meet at least once every quarter, and as needed.

SEC. 15. Compensation and Remuneration. – The Secretaries of the DOH and DILG shall perform their duties as such without compensation or remuneration, subject to reasonable *per diem* allowances as approved by the Council and subject to existing rules and regulations of the Department of Budget and Management (DBM). Members thereof who are not government officials or employees shall be entitled to necessary traveling expenses, *per diem* and representation allowances chargeable against funds of the DOH, as approved by the Council, subject to existing rules and regulations of the DBM.

CHAPTER 4 EMERGENCY MEDICAL SERVICES PERSONNEL

SEC. 16. Creation of Positions for Emergency Medical Services Personnel. – There shall be created a minimum number of positions for EMS personnel especially Emergency Medical Technicians (EMT) in all LGUs, hospitals, and healthcare facilities, according to their context and needs. The annual financial requirements needed to pay for the salaries and benefits of EMS personnel shall be included in the annual general appropriations of the respective hospitals, agencies and local government units.

SEC. 17. Authorized Training Institution. – Training programs, courses, and continuing education for Emergency Medical Technician may only be conducted in an institution that has been granted a Certificate of Program Registration (COPR) by the Technical Education and Skills Development Authority (TESDA), in the case of technical non-degree courses falling under TESDA jurisdiction, or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as Program Accreditation by CHED, in the case of degree programs falling under CHED jurisdiction. The requirements prescribed by the EMSS Council shall serve as the minimum requirement for program registration. The DOH can provide training programs for EMTs following the standards set by the EMSS Council.

CHAPTER 5 FINAL PROVISIONS

SEC. 18. *Implementing Rules and Regulations.* – Within ninety (90) days after the effectivity of this Act, the DOH Secretary and the EMSS Council shall promulgate the rules and regulations needed for the implementation of this Act.

SEC. 19. *Appropriations.* – The Secretaries of the Departments concerned shall include in their programs the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

SEC. 20. *Separability Clause.* – If any clause, sentence, paragraph or part of this Act shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impact any other part of this Act.

SEC. 21. *Repealing Clause.* – Any provision of laws, orders, agreements, rules or regulations contrary to and inconsistent with this Act is hereby repealed, amended or modified accordingly.

SEC. 22. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.