

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**SEVENTEENTH CONGRESS**  
Second Regular Session

House Bill No. **6739**



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**Introduced by HON. MARIANO MICHAEL M. VELARDE, JR.**

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**EXPLANATORY NOTE**

During many emergencies, every second counts. Survivability can decline as the clock ticks away. According to the American Heart Association (AHA), "For every minute that passes between collapse and defibrillation, the chance of survival from a witnessed Ventricular Fibrillation sudden cardiac arrest declines by seven to ten percent per minute if no bystander CPR is provided" (ACLS Guide 2011, 54). This is just one reason why emergency vehicle response times are paramount for public safety

A trained medical emergency responder may save the life of a stroke or accident victim but because of lack or no trained medical first responder in the local levels, precious lives are lost that could have been saved. Aside from the need for trained emergency paramedic or first responder, mobility is another major issue in view of the monstrous traffic in highly urban areas since medical first responders are usually, if not generally are using four-wheeled vehicles or ambulances. But the monstrous traffic we are experiencing in highly urban centers, such as Metro Manila, Metro Cebu and other cities, the response time of medical emergency vehicles or ambulances are hampered resulting to serious injury or even death of a victim or patient.

On the other hand, if monstrous traffic is the problem of emergency paramedics in urban centers, poor accessibility or lack of good roads is the concern in many parts of rural Philippines, specifically in the under-served and unserved far-flung and mountainous areas. Many of our brethren in these far flung and mountainous areas suffer serious sicknesses and injuries without being attended to by trained medical personnel. There may be some areas or communities being served by barefoot doctors or medical personnel but again, mobility is a major concern for them to provide timely medical attention to the victims and patients. These committed medical personnel have to walk long distances for several hours if not days just to service these far flung areas. If only government especially the front-line government units in the locality or local government units can provide the means of transportation adaptive to the particularity of the terrain of their locality then we can significantly reduce the response time of our committed medical personnel or paramedics.

With motorcycle paramedics or first responders as our front-line medical emergency responders, we can radically reduce response time and improve patient care while not entailing high operational costs both in urban centers and far flung areas. The two-wheeled motorcycle paramedics can weave through heavy traffic in urban areas or traverse rough roads in the rural areas can provide timely medical response in cases of emergency.

In view of the foregoing, the passage of this measure is sought.



**HON. MARIANO MICHAEL M. VELARDE, JR.**  
*BUHAY Partylist*

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**AN ACT MANDATING ALL PUBLIC AND PRIVATE MEDICAL  
INSTITUTIONS AND HOSPITALS TO PROVIDE FOR MOTORCYCLE MEDICAL  
EMERGENCY FIRST-RESPONDERS**

**SECTION 1.** *Short Title.* This Act shall be known as “Motorcycle Medical Emergency First Responder Act”.

**SECTION 2.** *Declaration of Policy.* It shall be the policy of the State to promote public safety and make emergency medical services available to the people especially those in need of emergency medical services and give priority for the under-served and unserved communities.

**SECTION 3.** *Definition of Terms.* – For purposes of this Act, the following terms shall mean:

- a. Automated External Defibrillator (AED) – an external computerized defibrillator designed for use in unresponsive victims with no breathing and no signs of circulation.
- b. Basic Life Support (BLS) – is as a variety of noninvasive emergency procedures performed to assist in the immediate survival of a patient, including cardiopulmonary resuscitation, hemorrhage control, stabilization of fractures, spinal immobilization, and basic first aid.
- c. Cardio-Pulmonary Resuscitation (CPR) – any maneuvers or techniques designed to restore circulation, or a technique combining artificial ventilation and chest compressions designed to perfuse vital organs or restore circulation to a victim of cardiopulmonary arrest.
- d. Emergency Medical Services (EMS) - medical service designed to provide timely pre-hospital or out of hospital acute medical care and/or transport to

definitive care, to patients with sudden and life-threatening injuries or emergencies.

- e. First Aid – initial emergency care given to a person who is injured or suddenly becomes ill.
- f. Medical emergencies – any acute or life-threatening condition that requires immediate intervention by a competent personnel
- g. Motorcycle Medical First Responder – an emergency medical first-line responder that provides basic life support to a patient or victim of an injury or trauma before the arrival of an emergency paramedic and ambulance that will transport the patient/victim to a hospital or medical facility.
- h. Standard motorcycle riding equipment – includes helmet and protective clothing such as riding jacket, gloves, boots and pants.

**SECTION 3.** *Responsibility of the Hospital and Medical Facilities.* – All public and private hospitals and medical facilities are hereby mandated to establish motorcycle medical first responder unit as part of their emergency medical service that provides emergency medical response to patient/s or victim/s of injury or trauma; and to serve hard-to-reach areas such as traffic congested areas, under-served or unserved communities and areas. Compliance to this Act shall be part of the hospital or medical facility license requirement.

The motorcycle medical first responder unit/s shall be equipped with motorcycles adaptive to the particular condition of their service area, standard motorcycle riding equipment; communication equipment, such as radio trans-receiver and/or cellular phone; medical equipment; medicines and supplies to perform procedures to stabilize the patient prior to the arrival of emergency paramedic or ambulance. The minimum medical supplies shall be, but not limited to the following:

- First aid and Trauma kit
- Oxygen administration
- Automated External Defibrillator (AED)

**SECTION 4.** *Qualifications of Motorcycle Medical First Responder.* – The following are the minimum qualifications of a Motorcycle Medical First Responder:

- Can drive a motorcycle with a driver's license and have undergone and passed a qualifying examination on safe motorcycle driving
- Monitor vital signs
- Perform first aid
- Administer oxygen therapy
- Perform cardio-pulmonary resuscitation (CPR)
- Perform Automated External Defibrillator (AED)

Medical First Responders shall be Standard First Aid, BLS, Emergency Medical Technician (EMT) and ACLS-trained from a DOH-certified training provider.

The Department of Health (DOH) in cooperation with Technical Education and Skills Development Authority (TESDA) and non-government organizations like Philippine National Red Cross (PNRC) shall provide the curriculum for the training and certification of Motorcycle Medical First Responders to develop competency in providing basic life support for adult, child and infant patient.

The Land Transportation Office (LTO) in coordination with the Department of Health is hereby mandated to conduct a safe motorcycle driving course and a qualifying examination to prospective candidates for motorcycle medical first responders. The LTO may in the performance of this mandate accredit non-governmental organizations with at least five (5) years track record on advocacy and conducting education and training for safe motorcycle driving.

**SECTION 5. Appropriations.** – The amount needed for the implementation of this Act shall be taken from the current year's budget of the Department of Health, Technical Education and Skills Development Authority and Land Transportation Office relative to their responsibility in the implementation of this Act. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual budget of the respective government agencies.

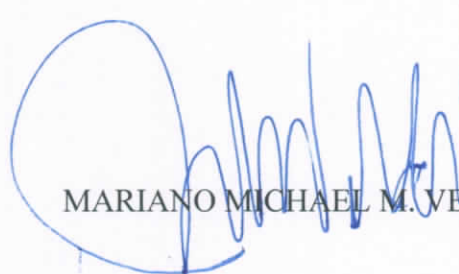
**SECTION 6. Implementing Rules and Regulations** – Within sixty (60) days from the effectivity of this Act, the Department of Health as the lead agency, with the TESDA, LTO, non-governmental organizations and other stakeholders shall promulgate the necessary rules and regulations for the effective implementation of this Act.

**SECTION 7. Separability Clause.** – Should any provision herein be declared unconstitutional, the same shall not affect the validity of the other provisions of this Act.

**SECTION 8. Repealing Clause.** – All laws, decrees, orders, rules, and regulations or other insurances or parts inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

**SECTION 9. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the official Gazette or in any two (2) newspapers of general circulation.

Approved,



MARIANO MICHAEL M. VELARDE, JR.