



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



EIGHTEENTH CONGRESS
First Regular Session

3353

HOUSE BILL NO. _____

Introduced by **REPRESENTATIVE JOEL MAYO Z. ALMARIO**

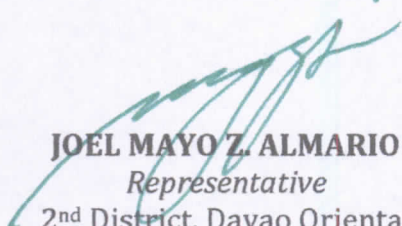
EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that "the State shall protect and promote the right to health of the people and instill health consciousness among them." Article XIII, Section 11 likewise mandates that "the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost." It is therefore the clear duty of the State to develop and maintain an effective and efficient system to deliver basic services – including an Emergency Medical Services System (EMSS).

An EMSS aims to provide emergency medical care to avoid further injury or more serious ailment to a patient suffering from an accident or life-threatening illness. It is an interlocked system of coordinated response and medical care involving multiple agencies and people. Most developed countries have an efficient EMSS in place such as that provided by the National Health Service in United Kingdom or 911 in the United States of America.

This bill seeks to mandate the institutionalization of an EMSS at the national and local levels by establishing a national EMSS Council that will encourage and promote the active participation of the private sector in the provision of EMS; institute a national standard for the provision of EMS; provide a program of standardization for the training of EMS institutions and personnel; establish standards for design, accreditation, and regulation of emergency medical vehicles; mandate the adoption and use of 911 as the National Emergency Hotline Number; and promote public safety and make EMS accessible to the people especially those in need of emergency medical assistance.

Support for this bill is earnestly sought.


JOEL MAYO Z. ALMARIO
Representative

2nd District, Davao Oriental



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HOUSE BILL NO. 3353

Introduced by **REPRESENTATIVE JOEL MAYO Z. ALMARIO**

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM (EMSS),
CREATING FOR THE PURPOSE THE NATIONAL EMSS COUNCIL, AND
APPROPRIATING FUNDS THEREFOR

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

1 **SECTION 1. SHORT TITLE.** - This Act shall be known as the "Emergency Medical Services
2 System (EMSS) Act".
3

4 **SECTION 2. DECLARATION OF POLICY.** - It is hereby declared the policy of the State to
5 protect and promote the right to health of the people. Pursuant to this policy, the
6 government shall institutionalize a standard, comprehensive, accessible, and integrated
7 system of Emergency Medical Services System and provide an environment that will
8 maximize the capability and potential of Emergency Medical Services Personnel.
9

10 **SECTION 3. OBJECTIVES.** - This Act shall have the following objectives:
11

12 (a) To develop and institutionalize an Emergency Medical Services System at the
13 national and local levels;
14

15 (b) To establish a national Emergency Medical Services System Council;
16

1 (c) To encourage and promote the active participation of the private sector in the
2 provision of Emergency Medical Services (EMS);

3
4 (d) To institute the national standard for the provision of EMS;

5
6 (e) To provide a program of standardization for the training of EMS institutions
7 and personnel;

8
9 (f) To establish standards for design, accreditation, and regulation of emergency
10 medical vehicles;

11
12 (g) To mandate the adoption and use of 911 as the National Emergency Hotline
13 Number;

14
15 (h) To establish and provide support services to the EMSS; and

16
17 (i) To promote public safety and make EMS accessible to the people especially
18 those in need of emergency medical assistance.

19
20 **SECTION 4. DEFINITION OF TERMS.** - For purposes of this Act, the following terms shall
21 be defined, as follows:

22
23 (a) *Accredited Training Institutions* - refers to any accredited governmental or non-
24 governmental organization, authorized by the government to conduct EMS
25 trainings and programs which meet the standards established by the Emergency
26 Medical Services System Council (EMSSC), hereinafter referred to as the Council
27 created under Section 5 of this Act, in coordination with the Department of Health
28 (DOH), among others, and duly registered, in good standing, with the DOH;

29
30 (b) *Advanced Life Support (ALS)* - refers to a set of life-saving protocols and skills
31 that extend and further, open airway, adequate ventilation and support
32 circulation. It may include interventions used to treat and stabilize adult victims
33 of life -threatening cardiorespiratory emergencies and to resuscitate victims of

1 cardiac arrest. The interventions may include Cardio Pulmonary Resuscitation,
2 basic and advanced airway management, tracheal intubation, medications,
3 electrical therapy and intravenous (IV) access. It may also refer to a protocol of
4 managing trauma victims that are designed to maximize management in the first
5 hour after trauma for optimal long-term outcome. These interventions may
6 include Basic Life Support, immobilization, venous cannula insertion, surgical
7 airway, chest decompression, and administration of medications, among others;
8

9 (c) *Ambulance* - refers to an emergency medical vehicle designed and equipped for
10 transporting sick or injured patients to, from, and between places of treatment by
11 land, water or air, affording safety and comfort and preventing further illness or
12 injury;
13

14 (d) *Basic Life Support* (BLS) - refers to actions and interventions used to
15 resuscitate and stabilize victims of cardiac and respiratory arrest which include
16 cardiopulmonary resuscitation (CPR), relief of foreign-body airway obstruction,
17 control of bleeding, immobilization, dressing of wounds, administration of oxygen,
18 taking vital signs including level of blood sugar, assisting a normal delivery, in
19 pediatric, adults and elderly patients including pregnant women, among others;
20

21 (e) *Emergency Medical Dispatch* - refers to the immediate identification and
22 prioritization of medical emergency situations, the timely dispatch of appropriate
23 resources, providing essential pre-arrival first-aid instructions and full
24 endorsement to the receiving hospital. Dispatch encompasses all aspects of
25 communication including request processing, coordination and support,
26 documentation and monitoring;
27

28 (f) *Emergency Medical Services* (EMS) - refers to a network of pre-hospital or pre-
29 health care facility services coordinated to provide aid and medical assistance
30 from the place of incident to the nearest appropriate hospital or health care
31 facility, delivered by an EMS personnel. It may include basic and advanced life
32 support;

1 (g) *Emergency Care* - refers to the independent delivery of emergency medical
2 services by appropriately trained and certified EMS personnel, usually in a mobile
3 or community setting, in full accordance with the Emergency Medical Services
4 Treatment Protocols established by the Council;

5
6 (h) *Emergency Medical Services (EMS) Personnel* - refers to a person trained and
7 certified in rendering Emergency Care by any accredited government or
8 nongovernmental organization, authorized by the government to conduct EMS
9 training;

10
11 (i) *Emergency Medical Services Standard* - refers to the standardization of the
12 Emergency Medical Services Procedures outlining the approved clinical practices
13 and therapies to be observed by the EMS personnel, as established by the Council,
14 in coordination with the DOH and the Department of Interior and Local
15 Government (DILG) which shall include interventions for BLS and ALS;

16
17 (j) *Emergency Medical Services (EMS) System* - refers to the arrangement of
18 personnel, facilities, and equipment for the effective and coordinated delivery of
19 EMS required in the prevention, mitigation and management of incidents which
20 occur either as a result of a medical emergency or accident;

21
22 (k) *Emergency Response and Care* - refers to the arrival of resources at the scene
23 and the timely initiation and provision of appropriate interventions;

24
25 (l) *Emergency Transport* - refers to the transportation in an adequate means of
26 medical transportation, of a patient to the nearest appropriate hospital or health
27 care facility with continued provision of care and appropriate interventions *en*
28 *route*;

29
30 (m) *Inter-Agency Referral and Transport* - refers to the transport of a patient with
31 an EMS personnel, if necessary, from one referring facility or agency to another
32 receiving facility or agency for definitive care, as may be deemed necessary, in
33 instances where the services are not available in the referring facility;

1
2 **SECTION 5. CREATION OF THE EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL**

3 - There is hereby created the "Emergency Medical Services Systems Council (EMSSC)"
4 hereinafter referred to as the "Council" which shall be composed of the following
5 members:

6
7 (1) Secretary of the Department of Health (DOH) as Chairperson;

8
9 (2) Secretary of the Department of Interior and Local Government (DILG)
10 as Co-Chairperson;

11
12 (3) Director General of the Technical Education and Skills Development
13 Authority (TESDA);

14
15 (4) Chairperson of the Commission on Higher Education (CHED);

16
17 (5) Chairman of the Philippine Red Cross (PRC);

18
19 (6) President of the Philippine Health Insurance Corporation (PhilHealth);
20 and

21
22 (7) Chairperson of the Professional Regulation Commission (PRC).
23

24 A majority of the Council shall constitute a quorum to conduct day-to-day
25 businesses. A member of the Council may appoint a duly authorized representative to
26 attend and vote in behalf of the member. *Provided* that, it shall be in writing, duly signed
27 by the member, and filed before the scheduled meeting. *Provided, further*, that such
28 authority may only be valid for such meeting.
29

30 Regular meetings shall be conducted by the Board at least once a month. Notice,
31 in writing, must be given three (3) days before the scheduled meeting.
32

1 Members of the Council are entitled to receive commensurate and reasonable *per*
2 *diems*, as may be determined by the Department of Budget and Management (DBM).
3 *Provided* that, the per diems collected per month shall not exceed the equivalent of four
4 (4) meetings, except in cases of extraordinary circumstances.

5
6 **SECTION 6. POWERS AND FUNCTIONS OF THE COUNCIL.** - The Council shall perform
7 the following functions:

8
9 (a) To formulate policies on the EMSS;

10
11 (b) To develop standards in the provision of EMS to include, among others,
12 the skills and competencies required for EMS personnel and the mandatory
13 observation of such standards by all EMS personnel and such other entities;

14
15 (c) To formulate a Code of Ethics for EMS personnel;

16
17 (d) To develop and regulate reasonable standards for EMS personnel;

18
19 (e) To develop standards and protocols for the design, construction,
20 equipment and operations of ambulances;

21
22 (f) To promote trainings and programs of Basic Life Support in the
23 curriculum of all public and private tertiary education institutions;

24
25 (g) To ensure coordination of all concerned institutions for the effective
26 implementation of this Act;

27
28 (h) To monitor the compliance of all Local Government Units (LGUs), health
29 facilities, and EMS personnel of the standards and requirements set out in
30 this Act;

31
32 (i) To generate resources from local, national and international
33 organizations/agencies, whether government or private sector;

1
2 (j) To receive and accept donations and other conveyances including funds,
3 materials and services by gratuitous title: *Provided*, that, not more than
4 thirty percent (30%) of said funds shall be used for administrative
5 expenses;

6
7 (k) To prepare an annual budget of the Council and submit the same to the
8 President for inclusion in the annual General Appropriations Act;

9
10 (l) To advise the President on matters pertaining to EMS;

11
12 (m) To request any department, instrumentality, office, bureau or agency
13 of the government, including LGUs, to render such assistance as it may
14 require to carry out, enforce, or implement the provisions of this Act;

15
16 (n) To promote the conduct of studies, researches, and international
17 cooperation among the DOH, training institutions, and other related
18 organizations;

19
20 (o) To create the mechanisms for continuous education and re-certification
21 and re-accreditation of EMS personnel;

22
23 (p) To create a mechanism for investigation and evaluation of professional
24 claims, in case of breach, against EMS personnel, and the possible
25 suspension or removal of their certification and accreditation; and

26
27 (q) To promulgate other rules and regulations, as may be deemed
28 necessary.

29
30 **SECTION 7. ACCREDITED TRAINING INSTITUTIONS.** - Training programs, courses, and
31 continuing education for EMS personnel shall only be conducted by an Accredited
32 Training Institution, as provided in Sec. 4(a) of this Act. *Provided*, that, EMS Personnel
33 may only be certified by an Accredited Training Institution. *Provided further*, that,

1 certifications issued to EMS Personnel shall be valid for two (2) years which may be
2 renewable, subject to the guidelines which may be determined by the Council. *Provided,*
3 that, following the accreditation of the EMS Personnel, there should be a permit by the
4 Medical Director, or its equivalent, of the organization, where the EMS person practices
5 emergency care, providing her/him with the power to perform ALS procedures
6

7 **SECTION 8. AMBULANCES.** - The Council shall develop the standard and requirements
8 for the design and specifications of ambulances which shall include a system that
9 provides geolocation and time information to a receiver through the use of satellite
10 systems and other necessary and adequate medical equipment. The Council shall also
11 formulate protocols for the operations of ambulances.
12

13 **SECTION 9. INTER-AGENCY REFERRAL AND TRANSPORT.** - The Council shall establish
14 the prescribed guidelines on inter-agency referral and transport in accordance to Section
15 4 (m) of this Act.
16

17 **SECTION 10. ADOPTION OF A NATIONWIDE EMERGENCY HOTLINE NUMBER.** - There
18 shall only be one (1) nationwide emergency hotline number to enable the public to
19 efficiently access EMS. The National Telecommunications Commission (NTC) shall
20 develop a program for the adoption of the nationwide emergency hotline number.
21

22 NTC shall consult and cooperate with national and local agencies and institutions;
23 LGUs and officials responsible for emergency services and public safety; the
24 telecommunications industry (including cellular and other wireless telecommunications
25 service providers); the motor vehicle manufacturing industry; EMS providers; emergency
26 dispatch providers; transportation officials; public safety, fire service, and law
27 enforcement officials; consumer groups; hospital emergency and trauma care personnel,
28 including emergency physicians, trauma surgeons and nurses. *Provided,* that, the
29 nationwide emergency hotline number shall operate twenty-four (24) hours a day and
30 three hundred sixty-five (365) days a year.
31

1 **SECTION 11. COMPLIANCE OF TELECOMMUNICATIONS INDUSTRY.** - It shall be the
2 duty of every telecommunications industry to provide its subscribers with free access to
3 the national emergency hotline number in accordance with the implementing rules and
4 regulations to be adopted pursuant to this Act.

5
6 **SECTION 12. PROHIBITED ACTS.** - In addition to acts and omissions proscribed by the
7 Constitution and existing laws, the following shall constitute prohibited acts and are
8 hereby declared unlawful;

9
10 (a) Any person who makes a call to the nationwide emergency hotline number, or
11 performs any other means of communication, with intent to annoy, abuse,
12 threaten, or harass the call taker, dispatcher, or any person who answers the
13 call;

14
15 (b) Any person who makes a call to the nationwide emergency hotline number
16 and, upon being answered, makes or solicits any comment, request,
17 suggestion, proposal, or sound which is obscene, lewd, lascivious, immoral, or
18 indecent; and

19
20 (c) Any person who gives a false report or false information in connection with a
21 medical emergency, knowing the report or information to be false.

22
23 For purposes of this Act, a call taker shall be defined as any person who handles
24 the calls received through the nationwide emergency hotline number and transmits it to
25 the dispatcher who shall plan and monitor the appropriate emergency medical response.
26 The plan involves dispatching EMS personnel, ambulances, and other vehicles, if
27 necessary; tracking ambulance positions; liaising with other emergency services (such as
28 fire, law enforcement authorities); maintaining contact with all units on assignment; and
29 monitoring progress of the response. Call takers and dispatchers operate a variety of
30 communications equipment including radio consoles, telephones, and computer systems,
31 among others. *Provided* that, call takers and dispatchers shall be required to undergo
32 training, as may be determined by the DOH, in coordination with the Department of
33 Information and Communications Technology (DICT).

SECTION 13. PENALTIES. - Any person who shall commit any violation, as provided in Section 12 of this Act, shall be punished with the following:

(a) First Offense. - The offender shall be compelled to attend a seminar on the proper use of the nationwide emergency hotline number and a fine of Five Thousand Pesos (P5,000.00);

(b) Second Offense. - The offender shall be imposed with a fine of not less than Eight Thousand Pesos (P8,000.00) but not more than Fifteen Thousand Pesos (P15,000.00) or imprisonment of one (1) day to one (1) month, or both, at the discretion of the court;

(c) Third and Succeeding Offenses. - The offender shall be imposed with a fine of not less than Twenty Thousand Pesos (P20,000.00) but not more than One Hundred Thousand Pesos (P100,000.00) or imprisonment of not less than one (1) month to six (6) months, or both, at the discretion of the court.

SECTION 14. LOCAL GOVERNMENT UNITS - The LGUs are hereby mandated to develop and institutionalize an EMSS within each jurisdiction, including appropriations, programs, and activities that will ensure the implementation of this Act.

SECTION 15. APPROPRIATIONS - The Department of Health and the Department of Interior and Local Government shall include in their annual General Appropriations Act the appropriation needed for the implementation of this Act.

SECTION 16. IMPLEMENTING RULES AND REGULATIONS - The Council, in coordination with the concerned departments, agencies, and institutions shall issue and promulgate the rules and regulations within one hundred twenty (120) days upon the effectivity of this Act.

SECTION 17. REPEALING CLAUSE - All laws, decrees, executive orders, rules and regulations or other issuances or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

1
2 **SECTION 18. SEPARABILITY CLAUSE** - If any portion or provision of this Act is declared
3 unconstitutional, the remainder of this Act or any provision not affected thereby shall
4 remain in force and effect.

5
6 **SECTION 19. EFFECTIVITY** - This Act shall take effect fifteen (15) days after the
7 completion of its publication either in the Official Gazette or in a newspaper of general
8 circulation in the Philippines.

9
10 *Approved.*