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Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 4828



Introduced by Hon. John Marvin "Yul Servo" C. Nieto

EXPLANATORY NOTE

This bill seeks to institutionalize an emergency medical service system (EMSS), which will provide for a well-coordinated and effective response system in cases of emergencies that will ultimately prevent any injury or loss of life that may be suffered by the Filipinos.

As complement to the initiative of President Rodrigo Duterte for his creation of a central hotline designed to receive and respond to emergency calls, this proposed legislation will push for the organization of personnel, facilities, and equipment in the national level through the creation of the Emergency Medical Services System Council (EMSSC), under the Department of the Interior and Local Government (DILG).

Moreover, this measure will mandate the Local Government Units (LGUs) to create their respective dedicated dispatch centers, to be connected with the EMSSC's National Command Center, in order to promote centralization and coordination of efforts.

As a manifestation of support to the main proponent of this measure, Senator Bong Go, as well as our colleagues in the Lower House, this representation respectfully refiles this bill.


JOHN MARVIN "YUL SERVO" C. NIETO

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HOUSE BILL NO. _____

Introduced by Hon. John Marvin "Yul Servo" C. Nieto

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
CREATING FOR THE PURPOSE THE 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:

CHAPTER I

GENERAL PROVISIONS

Section 1. Short Title. – This Act shall be known as the "*Emergency Medical Services System (EMSS) Act of 2019*".

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. Pursuant to this national policy, the government shall institutionalize a comprehensive, accessible, integrated and standardized system of emergency medical services and provide an environment that will maximize the capability and potential of emergency medical services (EMS) personnel.

Sec. 3. Objectives. – This Act has the following objectives:

- a) To create a national Emergency Medical Services System Council (EMSSC);
- b) To develop and institutionalize an emergency medical services system at the national and local government;
- c) To encourage and promote the active participation of the private sector in the provision of emergency medical services;
- d) To establish a national standard for an emergency medical services such as training of EMS institutions and personnel, and establishing standards for design, accreditation and regulation of emergency medical vehicles;
- e) To institutionalize the use of a Nationwide Emergency Hotline Number;

- 37 f) To establish and provide support services to emergency medical services;
- 38 g) To promote public safety and accessible emergency medical services to the
- 39 people especially those in need of emergency medical services and give
- 40 priority for the under-served and unserved communities; and
- 41 h) To adopt an emergency medical service protocol in times of natural and
- 42 man-made disasters.

43 **Sec 4. Definition of Terms.** – For purposes of this Act, the following terms

44 are hereby defined:

- 45 a) Accredited training and assessment institutions refer to organizations, in good
- 46 standing with the Emergency Medical Service System Council (EMSSC),
- 47 accredited to offer training programs, courses, continuing education and
- 48 competency-based assessment in Emergency Medical Services for EMS
- 49 personnel that meet the standards established by the Philippine Public Safety
- 50 College (PPSC) for uniformed personnel and the EMSSC, hereinafter referred
- 51 to as the Council created under this Act;
- 52 b) Advanced Cardiac Life Support (ACLS) refers to a group of interventions used
- 53 to treat and stabilize adult victims of life-threatening cardiorespiratory
- 54 emergencies and to resuscitate victims of cardiac arrest. These interventions
- 55 include Cardio Pulmonary Resuscitation (CPR), basic and advanced airway
- 56 management such as endotracheal intubation, emergency medications,
- 57 electrical therapy, automated external defibrillation and intravenous (IV)
- 58 access;
- 59 c) Advanced Trauma Life Support (ATLS) refers to a group protocol for managing
- 60 trauma victims and designed to maximize management in the first hour after
- 61 trauma and ensure an optimal long-term outcome. These interventions include
- 62 BLS, ACLS, immobilization, venous cannula insertion and Pediatric Advanced
- 63 Life Support (PALS) for children;
- 64 d) Ambulance/Emergency medical vehicle refers to a vehicle designed and
- 65 equipped for transporting sick or injured patients to, from, and between places
- 66 of treatment by land, water or air, affording safety and comfort to the patients
- 67 and avoiding illness or injury;
- 68 e) Basic Life Support (BLS) refers to a group of actions and interventions used to
- 69 resuscitate and stabilize victims of cardiac and respiratory arrest. These BLS
- 70 actions and interventions includes the recognition of a Cardiac or a Respiratory
- 71 emergency or Stroke, activation of the emergency response system, CPR and
- 72 relief of foreign-body airway obstruction;

- 73 f) Competency-based assessment refers to the confirmation of an EMS
74 personnel's capability and capacity to perform one's duties and responsibilities,
75 through the process of collective evidence and judgment, in accordance with
76 the standards and guidelines established by the Council;
- 77 g) Emergency Medical Dispatch refers to the immediate identification and
78 prioritization of emergency situations, the timely dispatch of appropriate
79 resources, providing essential pre-arrival medical instructions and full
80 endorsement to the receiving hospital. Dispatch encompasses all aspects of
81 communication including request processing, coordination and support,
82 documentation and monitoring.;
- 83 h) Emergency medical services (EMS) refer to:
- 84 (1)Emergency care which refers to the independent delivery of pre-hospital
85 emergency medical services by appropriately trained and certified EMS
86 personnel, usually in a mobile or community setting, in full accordance with
87 the Emergency Medical Services Treatment Protocols established by the
88 EMSSC;
- 89 (2)Advanced Life Support which refers to a set of life saving protocols and skills
90 that extend beyond BLS (Basic Life Support) to further support the circulation
91 and provide an advanced airway and adequate ventilation. Advanced Life
92 Support may refer to Advanced Cardiac Life Support (ACLS) and Advanced
93 Trauma Life Support (ATLS);
- 94) Emergency Medical Services Personnel refers to a trained and certified personnel
95 engaged in the provision of emergency medical services during emergencies.
96 Responders may either be health professionals or non-health professionals;
- 97) Emergency Medical Services (EMS) System refers to the arrangement and
98 coordination of personnel, facilities, and equipment for the effective delivery of
99 emergency medical services required in the management of emergencies; for the
100 management and prevention of further incidents or accidents and the broad range of
101 emergency care from emergency care to transport in an intensive care setting;
- 102) Emergency Response and Care refers to the arrival of resources at the scene and the
103 timely initiation and provision of appropriate medical interventions.
- 104) Emergency Transport refers to the transporting of a patient to the most appropriate
105 and definitive health facility with continued provision of care and appropriate
106 interventions en route to the appropriate health facility.
- 107m) Inter-Agency Referral and Transport refers to the transport of patient with EMS
108 personnel, if necessary, from one referring facility or agency to another receiving

- 109 facility or agency for definitive care, as the patient requires, in an event that the
110 services are not available in the referring facility;
- 11h) Medical Direction refers to the communication between an EMS personnel and a
112 physician from the field via radio or other means to obtain instruction on further care
113 of a patient.
- 11b) Medical Emergency refers to any acute or life-threatening condition that requires
115 immediate intervention by competent medical personnel.
- 11p) Medical Oversight refers to the broad understanding of the emergency medical
117 system as a whole and ensuring proper policies and procedures exist to ensure safe
118 transitions of care and utilization of appropriate resources in the field, it is typically
119 performed by a medical director at the local, regional, and national levels, in
120 collaboration with regulatory, regional and local medical directors and advisory
121 committees.
- 12a) National Emergency Medical Services Treatment Protocols refer to emergency
123 medical procedures outlining approved clinical practices and therapies to be observed
124 by EMS personnel, as established by the Council; and
- 12f) Patient Transport refers to the transport of patients to and from medical facilities
126 whose condition is of a non-life-threatening nature in emergency situations, patients
127 are transported by the emergency medical services.

128 CHAPTER II

129 EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL

130 **Sec. 5. Creation of the Emergency Medical Services Systems Council. -**

132 There shall be a council to be known as the "Emergency Medical Services Systems
133 Council (EMSSC)" created under the Department of Interior and Local Government
134 (DILG).
135

136 **Sec. 6. Powers and Functions of the EMSSC. -** The Council shall perform
137 the following functions:

138 (a) To formulate policies governing the field of emergency medical services
139 and related institutions;
140

141 (b) To develop national standards for the provision of emergency medical
142 services to include, among others, the skills and competencies required for
143 EMS personnel and the development of mandatory national emergency
144 medical services treatment protocols to be observed by EMS personnel and
145 such other entities as it may consider appropriate;

146 (c) To promulgate a Code of Ethics for EMS personnel;

- 147 (d) To develop high standards of operation for EMS personnel;
- 148 (e) To develop standards and protocols for the design, construction, outfitting
149 and operations of emergency medical vehicles
- 150 (f) To integrate the training and study of Standard Basic Life Support and First
151 Aid in different kinds of situations and emergencies in the curriculum of all
152 public and private tertiary educational institutions.
- 153 (g) To ensure the establishment of a system of networking and coordination
154 among all existing government health agencies, LGUs, and private and
155 non-government medical institutions for the effective implementation of
156 this Act;
- 157 (h) To monitor compliance by all LGUs and government and private health
158 facilities, of the standards and requirements set out in this Act;
- 159 (i) To establish a Secretariat under an Executive Director for the
160 administrative and day-to-day operations of the Council;
- 161 (j) To create committees and other mechanisms to help expedite the
162 implementation of plans and strategies;
- 163 (k) To generate resources from local, national and international
164 organizations/agencies, whether government or private sector, for its
165 operation;
- 166 (l) To receive and accept donations and other conveyances including funds,
167 materials and services by gratuitous title: Provided, that not more than
168 thirty percent (30%) of said funds shall be used for administrative
169 expenses;
- 170 (m) To prepare an annual budget of the Council and submit the same to the
171 President for inclusion in the annual General Appropriations Act;
- 172 (n) To advise the President on matters pertaining to EMS;
- 173 (o) To investigate complaints against violators of this Act, its rules and
174 regulations and policies of the Council;
- 175 (p) To request any department, instrumentality, office, bureau or agency of
176 the government, including LGUs, to render such assistance as it may
177 require in order to carry out, enforce or implement the provisions of this
178 Act;

(q) To regulate activities inimical to the delivery of emergency medical services;

(r) To meet at least once every quarter; and

(s) To promulgate rules and regulations and policies of the Council and enforce the provisions of this Act.

Sec. 7. Membership of the Council. - The members of the Council shall be composed of the following:

(a) The Secretary of the Department of Interior and Local Government (DILG) as Chairperson of the Council;

(b) The Secretary of the Department of Health (DOH) as Co-Chairperson;

(c) The Secretary of the Department of Transport (DOTr);

(d) The Secretary of the Department of Information, Communication and Technology (DICT);

(e) The Head of the Office of Civil Defense (OCD);

(f) The Director General of the TESDA;

(g) The Chairperson of the CHED;

(h) The Chairman of the Philippine Red Cross (PRC); and

(i) The President of the Philippine Health Insurance Corporation (PhilHealth).

Relevant stakeholders from the different government offices, private entities and civil society organizations (CSOs) who are involved in the practice and implementation of emergency medical services can be invited as resource persons or representatives in the Council's meetings.

Sec. 8. Compensation and Remuneration. - The Secretaries of the DILG and DOH 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 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.

211 **Sec. 9. The Secretariat.** – The Council shall organize a Secretariat headed
212 by a person of probity and shall have at least five (5) years experience in emergency
213 medical services or a related field.

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215 **Sec. 10. Program Plans.** – The Council shall within six (6) months after
216 having been officially constituted and finally staffed, adopt and immediately cause to
217 be implemented, in coordination with medical and related agencies, a short-term
218 program in support of relevant existing projects and activities and, within one (1)
219 year, a long-term five (5)-year development program. This development program
220 shall be developed and subjected to annual review and revision by the Council, in
221 coordination with relevant public and private medical agencies and organizations.

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223 **Sec. 11. Accreditation.** – The Council shall issue certifications and licenses
224 for the accreditation of training institutions for EMS personnel and emergency medical
225 vehicle providers.

226 227 **CHAPTER III**

228 **EMERGENCY MEDICAL SERVICES PERSONNEL**

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230 **Sec. 12. Creation of Plantilla Positions for Emergency Medical Services**
231 **Personnel-** There shall be created a minimum number of plantilla positions for EMS
232 personnel in the following government hospitals/health facilities within the next five
233 (5) years upon approval of this Act:

234 (a) Level 2 and 3 Hospitals – Ten (10) EMS personnel and at least one (1)
235 Ambulance Assistant;

236 (b) Level 1 Hospitals – Six (6) EMS personnel and at least one (1) Ambulance
237 Assistant;

238 (c) Local Government Units – Six (6) EMS personnel; and

239 (d) Other Health Facilities - as may be deemed necessary by the Council.

240 Upon the approval of the necessary plantilla positions for EMS personnel, the
241 Council shall submit a proposed standard of qualification for positions to the Civil
242 Service Commission (CSC) for its approval, pursuant to Executive Order No. 292,
243 entitled "The Revised Administrative Code of 1987 on the Civil Service Commission".
244 The annual financial requirements needed to pay for the salaries of EMS personnel
245 shall be included in the annual general appropriations of the respective hospitals,
246 health facilities and LGUs.

Sec. 13. Authorized Training Institution. - Training programs, courses and continuing education for an EMS personnel shall be conducted by an institution that has been granted a Certificate of Program Registration (COPR) by the TESDA, in case of technical non-degree courses falling under the TESDA jurisdiction, or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as Program Accreditation by the CHED, in the case of degree programs falling under the CHED jurisdiction, and the Philippine Public Safety College (PPSC) for uniformed personnel.

The requirements prescribed by the Council shall serve as the minimum requirement for program registration. The DOH can provide training programs for EMS personnel: Provided, That these shall be in accordance with the standards set by the Council.

Sec. 14. Code of Ethics of EMS Personnel. - The Council, in coordination with the appropriate agencies, shall adopt and promulgate the Code of Ethics and the Code of Technical Standards for EMS personnel to include, among others, duties of EMS personnel to emergency medical patients, to the community, and to their colleagues.

CHAPTER IV

EMERGENCY MEDICAL SERVICES SYSTEM

Sec. 15. Emergency Medical Vehicles. - The Council shall develop minimum requirements for the design, construction, performance, equipment, testing and appearance of emergency medical vehicles. As such, only emergency medical 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 said vehicles.

The DILG in coordination with the DOH shall design a specification and an accreditation systems and procedures, which shall follow Administrative Order (AO) No. 2016-0029 or the Department's A.O. governing licensure of ambulance and ambulance service provider, to provide the public with ambulances and other emergency medical vehicles that are easily identifiable, nationally recognizable, properly constructed, easily maintained and, when appropriately equipped, will enable EMS personnel to safely and reliably perform their functions as basic and advanced life support providers.

285 The ambulance shall be designed to provide the following features at the
286 minimum:

- 287 (a) A driver's compartment;
- 288 (b) A patient compartment with sufficient space to safely and comfortably
289 accommodate an EMS personnel and a patient who can be given intensive
290 life support during transit;
- 291 (c) Equipment and supplies for emergency care at the scene as well as during
292 transport;
- 293 (d) A two-way radio, telephone or electronic communication; and
- 294 (e) When necessary, equipment for light rescue or extrication procedures.

295 The emergency medical vehicle shall be so designed and constructed to provide
296 the patient with safety and comfort, and to prevent aggravation of the patient's injury
297 or illness. The designated vehicle marking of "ambulance" is hereby restricted for use
298 by emergency medical vehicles only. While failure of an emergency medical vehicle
299 to conform to the Council standards may be a ground for the removal of its
300 certification, such failure shall not bar EMS personnel from:

- 301 (a) Responding and providing appropriate basic or advanced life support on-
302 site to persons reported experiencing acute injury or illness in an
303 emergency care setting, and transporting them, while continuing such life
304 support care, to an appropriate medical facility for definitive care;
- 305 (b) Providing inter-hospital critical transport care;
- 306 (c) Transporting essential personnel and equipment to and from the site of a
307 multiple medical emergency or a triage site and transporting appropriately
308 triaged patients to designated medical facilities;
- 309 (d) Emergency medical vehicles will be strictly be used for emergency cases
310 only and not for patient OPD/ambulatory consults, non-emergent cases,
311 and elective laboratory procedures; and
- 312 (e) BFP emergency medical vehicles will not be used for transporting non-
313 emergent cases. LGU emergency medical vehicles can be used for
314 transporting elective or non-emergent cases.

315 **Sec 16. Emergency Dispatch.** – All local government units are mandated to
316 establish their dispatch centers where constituents can call for all cases of
317 emergencies, with adequate and qualified personnel. The dispatch centers shall follow

318 the prescribed guidelines on dispatch protocol as determined by the DILG and the
319 Council.

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321 **Sec. 17. Emergency Response, Care and Transport.** – All LGUs shall
322 ensure the availability of adequate emergency transport vehicles or ambulances with
323 qualified EMS personnel. All emergency transport vehicles and the procedures to be
324 undertaken in responding and caring for patients shall follow the prescribed
325 guidelines of the Department of Health (DOH) and the Council on ambulance services
326 and on emergency response and care.

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328 **Sec. 18. Inter-Agency Referral and Transport.** – This Council shall
329 establish the prescribed protocols / guidelines on inter-agency referral and transport.

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CHAPTER V

EMERGENCY COMMUNICATIONS

Sec. 19. Adoption of a Nationwide Emergency Hotline Number. – There shall only be one (1) nationwide emergency hotline number to enable the public to access emergency medical services. Towards this end, the National Telecommunications Commission (NTC) and the Council shall develop a program for the adoption of a nationwide emergency hotline number. It shall consult and cooperate with national and local agencies and institutions; LGUs and officials responsible for emergency service and public safety; 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. 20. Compliance. – It shall be the duty of every voice service provider to provide its subscribers with access to the national universal emergency number in accordance with the implementing rules and regulations to be adopted pursuant to this Act.

Sec. 21. Prohibited Acts and Penalties on Emergency Communications.

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(a) Any person who makes a telephone call to an emergency hotline number with intent to annoy, abuse, threaten or harass any person who answers

the telephone call shall be guilty with the first offense and, subject to subsection (c) of this section, shall be compelled to attend a seminar on the proper use of the nationwide emergency hotline number. Upon commission of the offense for the second time, the offender shall, upon conviction, be imposed with a fine of not less than Five hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00). Upon commission of the offense for the third and succeeding times, the offender shall, upon conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not more than six (6) months or a fine of not less than Two thousand pesos 16 (P2,000.00) but not more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

(b) Any person who makes a telephone call to an emergency hotline number and, upon the call being answered, makes or solicits any comment, request, suggestion, proposal or sound which is obscene, lewd, lascivious, filthy or indecent, shall be mandated to attend a seminar on the proper use of the nationwide emergency hotline number for the first offense. Upon commission of the offense for the second time, the offender shall, upon conviction, be imposed with a fine of not less than Five hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00). Upon commission of the offense for the third and succeeding times, the offender shall, upon conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not more than six (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

(c) A person who gives a false report of a medical emergency or gives false information in connection with a medical emergency, or makes a false alarm of a medical emergency, knowing the report or information or alarm to be false; or makes a false request for ambulance service to an ambulance service provider, knowing the request to be false, shall be mandated to attend a seminar on the proper use of the nationwide emergency hotline number for the first offense. Upon commission of the offense for the second time, the offender shall, upon conviction, be imposed with a fine of not less than Two thousand pesos (P2,000.00) but not more than Five thousand pesos (P5,000.00) and payment of damages. Upon commission of the offense for the third and succeeding times, the offender shall, upon conviction, be imposed with a penalty of imprisonment of not less than one (1) year but not more than three (3) years or a fine of not less than Five thousand pesos (P5,000.00) but not more than Ten

thousand pesos (P10,000.00) and payment of damages, or both, at the discretion of the court.

CHAPTER VI OTHER PROVISIONS

Sec. 22. Role of the LGUs. - The LGUs are hereby mandated to develop and institutionalize an emergency medical service system within their area of jurisdiction. The Council shall include in its programs, activities that will support and enable the LGUs to accomplish such task.

Sec. 23. Enforcement of the Emergency Medical Services System. - The DILG, including all relevant agencies, instrumentalities, offices or bureaus of the government that are involved in the enforcement of emergency medical services, are hereby mandated to render its utmost support for the implementation of this Act.

Sec. 24. Appropriations. - The amounts necessary for the implementation of this Order shall be sourced from the appropriations of all concerned agencies and local government units. Additional funds and possible fund sources as may be necessary for the implementation of this Order shall be identified and provided by the Department of Budget and Management.

Sec. 25. Implementing Rules and Regulations. - Except as otherwise provided, the Council, in coordination with the NTC, the TESDA, the CHED, and the DOH, shall issue and promulgate the rules and regulations to implement the provisions of this Act within one hundred twenty (120) days upon constitution of the Council.

Sec 26. 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. 27. 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. 28. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,