

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

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5788



Introduced by **Rep. CAMILLE A. VILLAR**

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
PROVIDING FOR THE ESTABLISHMENT, SUPERVISION AND REGULATION
OF EMERGENCY MEDICAL SERVICES PROFESSION, AND APPROPRIATING
FUNDS THEREFOR

EXPLANATORY NOTE

The goal of this measure is to establish, institutionalize and strengthen an emergency medical services system (EMSS) throughout the country. This is in view of the Constitutional mandate for the state to adopt "an integrated and comprehensive approach to health development...to make essential goods, health and other social services available to all the people at affordable cost," aligned with the recently enacted law on universal healthcare.

EMSS would constitute the overarching policy framework governing the provision of emergency medicine (EM) in each of the country's Local Government Units (LGUs). Emergency medicine is a specialized discipline in the medical field focused on giving timely and coordinated health and safety services to victims of sudden illness or injury, prior to them reaching hospitals, health centers or other brick-and-mortar healthcare facilities.

As a brief background, the Philippines was one of the earliest among participating countries who officially recognized pre-hospital EM as a separate discipline (1988) and instituted post-graduate EM exams (1990)¹ to recognize and certify EM physicians and nurses. However, despite these early developments, EM in the country has fallen behind, as a national society for EM was established only in

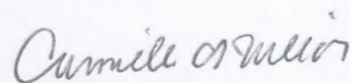
¹ Pek, Jen Heng et al. 2016. "Emergency medicine as a specialty in Asia." *Acute Medicine & Surgery*, 3: 65-73. Accessible via <http://onlinelibrary.wiley.com/doi/10.1002/ams2.154/abstract>. [Accessed on June 20, 2017].

2011. According to data cited at the 2013 Asian Conference on Emergency Medicine, the Philippines only has 3,300 recognized Emergency Medical Service (EMS) personnel. And out of a reported 1,795 hospitals in the country, only 200 (or 11 percent) can be considered "emergency hospitals"—that is, facilities that are capable of providing quality EM care. This is especially alarming as, according to a World Health Organization 2017 data, about 7,000 Filipinos die each year due to road traffic accidents.

By mandating LGUs to establish emergency dispatch centers with adequate and qualified personnel equipped with emergency transport vehicles like ambulances, the country will take a big step forward and be able to save more lives.

The bill creates a National EMSS Advisory Committee, co-chaired by the Department of Health (DOH) and the Department of Interior and Local Government (DILG), shall be created to ensure the establishment of a nationwide EMS network. The National Telecommunications Commission (NTC) is also called on to develop a working system for a national emergency number, such as the 911 emergency hotline rolled out under the Duterte Administration. The measure also stipulates that each LGU, hospital and healthcare facility should have a minimum number of positions for Emergency Medical Technicians (EMTs), the salaries of which should be included in the annual financial requirements of their respective institutions.

The nation's health care system remains a work in progress. The undersigned believes that this measure will significantly contribute to the delivery of efficient medical services to the people, and thus, earnestly seeks its swift passage.


CAMILLE A. VILLAR

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

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5798

Introduced by **Rep. CAMILLE A. VILLAR**

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
PROVIDING FOR THE ESTABLISHMENT, SUPERVISION AND REGULATION
OF EMERGENCY MEDICAL SERVICES PROFESSION, AND APPROPRIATING
FUNDS THEREFOR

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

CHAPTER I

GENERAL PROVISIONS

Section 1. *Title.* – This Act shall be known as the “*Emergency Medical Services System (EMSS) Act.*”

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 State policy, this Act:

- a) Mandates the development and institutionalization of EMSS at the national and local levels;
- b) Creates a national EMSS Advisory Committee;
- c) Establishes the national standards 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 hereby defined:

- a) *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 Advisory Committee in coordination 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 Committee;
- b) *Automated External Defibrillator (AED)* refers to a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA);
- c) *Command and Control* refers to 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;
- d) *Emergency Medical Dispatch* refers to 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;
- e) *Emergency Medical Service Personnel* refers to 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),

- 1 Ambulance Care Assistants (ACA), Emergency Medical Technicians (EMT),
2 Paramedics, Emergency Medical Dispatcher (EMD) and EMS Medical Director;
- 3 f) *Emergency Medical Services (EMS)* refer to the network of services
4 coordinated to provide aid and medical assistance from the scene to the most
5 appropriate and definitive health facilities, involving personnel trained in
6 stabilization, transportation, and treatment of trauma or medical cases in the
7 pre-hospital setting;
- 8 g) *Emergency Medical Services System (EMSS)* refers to a comprehensive
9 system which provides the arrangement of personnel, facilities, and
10 equipment for effective, coordinated, and timely delivery of health and safety
11 services to victims of sudden illness or injury in the pre-hospital setting. The
12 conceptual framework of the system revolves around five components and
13 core services of pre-hospital management namely: Emergency Medical
14 Dispatch, Emergency Response and Care, Emergency Transport, Inter-agency
15 referral and Transport, and Command and Control;
- 16 h) *Emergency Response and Care* refers to the arrival of resources at the scene
17 and the timely initiation and provision of appropriate interventions;
- 18 i) *Emergency Transport* refers to transporting the patient to the most
19 appropriate and definitive health facility with continued provision of care and
20 appropriate interventions *en route*;
- 21 j) *Emergency Medical Vehicles* refer to an ambulance or other vehicles for
22 emergency medical care which provides, a minimum, (a) a driver's
23 compartment; (b) a patient compartment to accommodate an emergency
24 medical technician (EMT) and a patient so positioned that said patient can be
25 given intensive life-support during transit; (c) equipment and supplies for
26 emergency care at the scene as well as during transport; (d) two-way radio,
27 telephone or electronic communication with the primary medical services
28 provider, and when necessary, equipment for light rescue/extrication
29 procedures. The emergency medical vehicle shall be so designed and
30 constructed to provide the patient with safety and comfort, and avoid
31 aggravation of the patient's injury or illness; and

1 k) *Inter-Agency Referral and Transport* refers to the transport of patient with
2 EMS personnel, if necessary, from one referring facility or agency to another
3 receiving facility or agency for definitive care, as the patient requires, in an
4 event that the services are not available in the referring facility.

5 **CHAPTER II**

6 **EMERGENCY MEDICAL SERVICES SYSTEM**

7 Sec. 5. *Emergency Dispatch*. – This Act mandates local government units to
8 create their Dispatch Centers with adequate and qualified personnel. The Dispatch
9 Centers shall follow the prescribed guidelines on dispatch protocol.

10 Sec. 6. *Emergency Response and Care*. – This Act ensures the availability of
11 emergency transport vehicle or ambulance with qualified EMS personnel. Responders
12 shall follow the prescribed guidelines on emergency response and care.

13 Sec. 7. *Emergency Transport*. – This Act shall follow the prescribed guidelines
14 of the Department of Health on Ambulance Services. The Philippine Health Insurance
15 Corporation (PHIC) shall provide coverage for EMS subject to their policies and
16 guidelines.

17 Sec. 8. *Inter-agency Referral and Transport*. – This Act shall establish the
18 prescribed protocols / guidelines on inter-agency referral and transport.

19 Sec. 9. *Command and Control*. – This Act mandates the establishment of a
20 National Command Center with a functional Universal Emergency Number. All Local
21 Government Units shall establish their respective Command Centers with designated
22 qualified EMS medical director. Command Centers shall govern the EMS systems
23 based on the prescribed operational guidelines. The Command Center can be co-
24 located with the Dispatch Center.

25 **CHAPTER III**

26 **NATIONAL EMSS ADVISORY COMMITTEE**

27 Sec. 10. *Creation of the National EMSS Advisory Committee*. – The National
28 EMSS Advisory Committee is hereby created under the leadership of the Department
29 of Health (DOH) and the Department of Interior and Local Government (DILG).

30 Sec. 11. *Membership of the EMSS Advisory Committee*. – The members of the
31 EMSS Advisory Committee shall be composed of the Secretary of the DOH as

1 Chairperson, and the Secretary of the Department of the Interior and Local
2 Government (DILG) as Co-Chairperson with the following:

3 a) Permanent Members –

- 4 i. The Chair of the Professional Regulation Commission (PRC);
- 5 ii. The Secretary of the Department of Justice (DOJ);
- 6 iii. The Secretary of the Department of Education (DEPED);
- 7 iv. The Secretary of the Department of Transport (DOT);
- 8 v. The Secretary of the Department of Information, Communication and
9 Technology (DICT);
- 10 vi. The Director of the National Telecommunication Commission (NTC);
- 11 vii. The Secretary of the Department of National Defense (DND);
- 12 viii. The Commissioner of the Commission on Higher Education (CHED);
- 13 ix. The Director General of Technical Education and Skills Development
14 Authority (TESDA).

15 b) Members to be appointed by the Secretary of the DOH upon nomination by their
16 respective associations –

- 17 i. Two (2) nominees of a national organization representing the EMT
18 profession duly registered with the Securities and Exchange Commission
19 (SEC) and recognized by the DOH;
- 20 ii. Four (4) nominees of HEMB, one (1) each from the National Capital
21 Region, Luzon, Visayas and Mindanao;
- 22 iii. Two (2) registered emergency medical practitioners representing
23 Philippine College of Emergency Medicine (PCEM);
- 24 iv. One (1) representative from the Philippine Red Cross.

25 Sec. 12. *Term of Office.* – Each member of the EMSS Advisory Committee
26 shall not serve for more than three (3) consecutive terms. A term shall be for a
27 period of two (2) years.

28 Sec. 13. *Functions.* – To carry out its mandate, the EMSS Advisory Committee
29 shall exercise the following functions:

- 30 a) Ensure the establishment of a system of networking & coordination among all
31 existing government health agencies, local government units (LGUs), private

1 and non-government medical institutions for the effective implementation of
2 the bill;

3 b) Ensure the development of national standards for the provision of Emergency
4 Medical Services; and

5 c) Determine staffing, duties, qualifications, responsibilities, and functions of the
6 Secretariat.

7 Sec. 14. *The Secretariat.* – The EMSS Advisory Committee shall organize a
8 Secretariat headed by a person of probity and shall have at least five (5) years
9 experience in emergency medical services or a related field.

10 Sec. 15. *Meetings.* – The EMSS Advisory Committee shall meet at least once
11 every quarter and as needed.

12 **CHAPTER IV**

13 **EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL**

14 Sec. 16. *Creation of Positions for Emergency Medical Services (EMS)*
15 *Personnel.* – This Act shall create a minimum number of positions for EMS personnel
16 especially Emergency Medical Technicians (EMTs) in the all local government units
17 and healthcare facilities, according to their context and needs. The annual financial
18 requirements needed to pay for the salaries and benefits of EMS personnel shall be
19 included in the annual general appropriations of the respective hospitals, agencies
20 and local government units.

21 Sec. 17. *Authorized Training Institution.* – Training programs, course, and
22 continuing education for Emergency Medical Technician may only be conducted in an
23 institution ha has been granted a Certificate of Program Registration (COPR) by
24 TESDA, in the case of technical non-degree courses falling under TESDA jurisdiction,
25 or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as
26 Program Accreditation by CHED, in the case of degree programs falling under CHED
27 jurisdiction. The requirements prescribed by the EMSS Advisory Committee shall
28 serve as the minimum requirement for program registration. The DOH can provide
29 training programs for EMTs following the standards set by the EMSS Advisory
30 Committee.

1 **CHAPTER V**

2 **EQUIPMENTS AND SUPPORT SERVICES FOR EMS**

3 Sec. 18. *Emergency Medical Vehicles.* – This Act shall follow the prescribed
4 guidelines of the Department of Health on the specification and equipage of an
5 Ambulance Service.

6 Sec. 19. *Adoption of a National Universal Emergency Telephone Number.* –
7 There shall only be one national emergency number to enable the public to access
8 emergency medical services (911). Towards this end, the National
9 Telecommunications Commission (NTC) shall develop a program for the adoption of
10 a national emergency number with the LGUs and officials responsible for emergency
11 service and public safety; the telecommunications industry (specifically including the
12 cellular and other wireless telecommunications service providers); the motor vehicle
13 manufacturing industry; emergency medical service providers; emergency dispatch
14 providers; transportation officials; public safety, fire service and law enforcement
15 officials; consumer groups; and hospital emergency and trauma care personnel
16 (including emergency physicians, trauma surgeons and nurses).

17 Sec. 20. *Access to Automated External Defibrillators (AED).* – This Act shall
18 mandate all government/public and private institutions, including malls, parks and
19 transport stations, to place at least one (1) automated defibrillator in their respective
20 areas of responsibility.

21 **CHAPTER VI**

22 **OTHER PROVISIONS**

23 Sec. 21. *Appropriations.* – The Secretaries of the Departments concerned
24 shall include in their programs the implementation of this Act, the funding of which
25 shall be included in the annual General Appropriations Act.

26 Sec. 22. *Separability Clause.* – If any portion or provision of this Act is
27 subsequently declared invalid or unconstitutional, other provisions hereof which are
28 not affected thereby shall remain in full force and effect.

29 Sec. 23. *Repealing Clause.* – All other laws, acts, presidential decrees,
30 executive orders, presidential proclamations, issuances, rules and regulations, or
31 parts thereof which are contrary to or inconsistent with any of the provisions of this
32 Act are hereby repealed, amended, or modified accordingly.

1 Sec. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its
2 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,