

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL No. **3145**



Introduced by HON. LINABELLE RUTH R. VILLARICA
4th DISTRICT, BULACAN

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM (EMMS)
AND APPROPRIATING FUNDS THEREFORE

EXPLANATORY NOTE

An emergency medical service system (EMMS) must be institutionalized to provide a practical and comprehensive approach to health and safety services to victims of accidents or sudden illness. A timely and coordinated procedure must be viable to such patients before they are sent to hospitals, health centers and facilities.

Presently, however, there is a need to improve on the services and facilities of the emergency medical system.

The proposed bill seeks to address this situation by establishing an Emergency Medical Services Council. It is mandated to coordinated LGUs, government health agencies and the private sector to implement a policy on the emergency medical services system; prepare guidelines/protocols for emergency number or the 911 hotline is to be developed by the National Telecommunications Commission.

Support for the enactment of this measure is earnestly sought.

A handwritten signature in black ink, appearing to read "Linabelle Villarica".

REP. LINABELLE RUTH R. VILLARICA

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

CHAPTER 1
GENERAL PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the “Emergency Medical Services System (EMMS) Act.

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

SEC. 3. *Objectives.* – To carry out this State Policy, the following are the objectives of this Act.

- a. Organize a national Emergency Medical Services System Council;
- b. Encourage and promote the active participation of the private sector in the provision of emergency medical services;
- c. Standardize the provision of emergency medical services (accreditation of EMS institutions, training of personnel and other related aspects of standardizing EMS);
- d. Adoption of a national emergency number; and
- e. Adoption of an emergency medical services protocol.

SEC. 4. *Definition of Terms.* – The following terms shall mean:

- 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 Emergency Medical Services Council 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 Council.

- b. *Ambulance/Emergency medical vehicle* refers to a vehicle designed and equipped for transporting sick or injured patients to, from and between places of treatment by land, water or air, affording safety and comfort to the patients avoiding the aggravation of illness or injury.
- c. *Emergency Medical Services (EMS)* consists of emergency care procedures such as the application of pre-hospital emergency medical services by trained and certified medical service personnel, usually in a mobile or community setting and advance life support protocols and skills to support the circulation and provide an advanced airway and adequate ventilation;
- d. *Emergency Medical Service Personnel* is the unique health care personnel in the practice of pre-hospital care, which includes the provision of medical care, systematic coordination, and transportation of patients with medical direction. They may include Medical First Responders, Ambulance Care Assistants (ACAs), Emergency Medical Technician (EMTs), paramedic, Emergency Medical Dispatchers (EMDs), and EMS Medical Directors;
- e. *Emergency Medical Services System (EMSS)* is a system that provides for the arrangement of personnel, facilities, and equipment for the prompt delivery of health and safety services to victims of sudden illness or injury in the pre-hospital setting. This system evolves in five components and basic services of pre-hospital management such as:
 - i. *Emergency Medical Dispatch* is the immediate identification and prioritization of emergency situations, the timely dispatch of appropriate resources, providing essentials pre-arrival medical instruction and full endorsement to the receiving hospitals. Dispatch encompasses all aspects of communication, including request processing, coordination and support, documentation and monitoring;
 - ii. *Emergency Response and Care* is the arrival of resources at the scene and the timely initiation and provision of appropriate interventions;
 - iii. *Emergency Transport* is transporting the patient to the most appropriate health facility with the continued provision of appropriate interventions;
 - iv. *Inter-agency Referral and Transport* is the transfer of a patient with emergency medical services personnel, if necessary, from one referring facility or agency to another receiving facility or agency for a specific care as the patient requires, in the event that the services are not available in the referring facility;
 - v. *Command and Control* is the multi-faceted supervision or medical oversight by the EMS medical director handling the processed of EMS operations that may affect patient care directly through the provision of orders to an EMS personnel over the radio, by phone, on-scene; or indirectly through the development 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.

CHAPTER II

EMERGENCY MEDICAL SERVICES COUNCIL

SEC. 5. *Establishment of the Emergency Medical Services Council.* – The Emergency Medical Services Council (EMSC) is hereby organized under the leadership of the Department of Health (DOH) and the Department of the Interior and Local Government (DILG).

SEC. 6. *Membership.* – The following shall comprise the membership of the EMMSC:

Chairman – Secretary of the DOH
Co-Chairman – Secretary of the DILG

Member:

- a. Chairperson of the Professional Regulation Commission (PRC);
- b. Secretary of the Department of Justice (DOJ);
- c. Secretary of the Department of Education (DepEd);
- d. Secretary of the Department of Transportation (DOTr);
- e. Secretary of the Department of Information, Communication, and Technology (DICT);
- f. Director of the National Telecommunication Commission (NTC);
- g. Secretary of the Department of National Defense (DND);
- h. Commission on Higher Education (CHED);
- i. Director General of the Technical Education and Skills Development Authority (TESDA);
- j. Chairman of the Philippine National Red Cross (PNRC);
- k. President of the Philippine Health Insurance Corporation (PhilHealth); and
- l. President of the Philippine College of Emergency Medicine (PCEM).

Members to be appointed by the Secretary of Health upon nomination by their respective associations:

- a. Two (2) nominees of a national organization representing the EMT profession, duly registered with the Securities and Exchange Commission (SEC) and recognized by the DOH; and
- b. Two (2) registered emergency medical practitioners representing the Philippine College of Emergency Medicine (PCEM).

SEC. 7. *Term of Office.* – Each member of the EMMS Council shall not serve for more than three (3) consecutive terms. A term shall be for a period of two (2) years.

SEC. 8. *Function.* – The EMMS Council shall exercise the following function:

- a. Coordinate with all government health agencies, LGUs, and private and non-government medical institutions for the effective implementation of this Act;
- b. Develop national standard, protocols and guidelines to provide for Emergency Medical Services; and
- c. Determine staffing, duties, qualification, responsibilities, and function of the Secretariat.

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

SEC. 10. *Meeting.* – The EMMS Council shall meet at least once every quarter and as necessary.

CHAPTER III EMERGENCY MEDICAL SERVICES SYSTEM

SEC. 11. *Emergency Dispatch.* – All local government units shall establish their EMSS Dispatch Center manned by qualified and adequate personnel which shall abide by the prescribed guidelines on dispatch and protocol as set by the EMS Council of this Act.

SEC. 12. *Emergency Response and Care.* – All local government units shall, at all times, ensure the availability of ambulances and the qualified EMS personnel: *Provided*, That the EMS personnel shall abide by the prescribed guidelines on emergency response and care as set by the EMS Council of this Act.

SEC. 13. *Emergency Transport.* – This Act shall comply with the requires guidelines of the DOH on Ambulance Services. The Philippine Health Insurance Corporation (PHIC) shall provide coverage for EMS, subject to their policies and guidelines.

SEC. 14. *Inter-Agency Referral and Transport.* – This Act shall provide for the prescribed protocols/guidelines on inter-facility referral and transport, in accordance with appropriate medical direction.

SEC. 15. *DOH-DILG National Command Center.* – A National Command Center shall be managed jointly by the Department of Health (DOH) and the Department of the Interior and Local Government (DILG) with a functional Universal Emergency Number, hereby established as the coordination entity between the national government agencies and the LGUs: *Provided*, That all LGUs shall establish their respective Command Centers with designated qualified EMS medical directors: *Provided further*, That Command Centers established by the LGUs shall govern the EMS systems based on the requires operational guidelines: *Provided finally*, That the Command Center established by the LGUs may be co-located with the Dispatch Center.

CHAPTER IV EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL

SEC. 16. *Plantilla Positions for Emergency Medical Services Personnel.* – The LGUs and the EMS Council shall determine the number of positions for EMS personnel and Emergency Medical Technicians (EMTs) in all LGUs and health care facilities: *Provided*, That the number of personnel shall be based according to the historical needs of the particular LGU for EMS.

SEC. 17. *Training of Emergency Medical Technician (EMTs).* – All Emergency Medical Technicians (EMTs) shall be trained by institutions granted with a Certificate of Program Registration by the Technical Education and Skills Development Authority (TESDA) if the technical non-degree course is under its jurisdiction. The training shall be conducted by the Commission on Higher Education (CHED) if the Certificate of Accreditation as a Higher Education Institution is within its jurisdiction.

The requirements prescribed by the EMS Council shall be the minimum requirement for program registration. The DOH can provide training programs for EMTs pursuant to the standards set by the EMS Council.

CHAPTER V EQUIPMENT AND SUPPORT SERVICES FOR EMS

SEC. 18. *Emergency Medical Vehicles.* – The prescribed guidelines on the specifications and equipage of an ambulance service by the DOH shall be complied with.

SEC. 19. *The National Universal Emergency Telephone Number.* – The 911 national emergency number shall be adopted to access emergency medical services. The National Telecommunications Commission (NTC) shall be required to develop a program for the adoption of a national emergency number by the LGUs and national government agencies responsible for emergency service and public safety; the telecommunications industry including but not limited to, 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, but not limited to, emergency physicians, trauma surgeons, and nurses.

SEC. 20. *Access to Automated External Defibrillator (AED).* – All government/public and private institutions, including malls, parks, and transport station, are hereby required to provide at least one (1) automated external defibrillator in their respective areas of responsibility.

CHAPTER VI OTHER PROVISIONS

SEC. 21. *Appropriations.* – The Secretaries of the Department concerned as well as the LGUs shall include in their programs the funding needed for the implementation of this Act. Thereafter, the amount necessary for its continued implementation shall be included in the annual General Appropriations Act and the annual budget of the respective LGUs.

SEC. 22. *Implementing Rules and Regulations.* – The DOH, DILG, PRC, DOJ, DepEd, DOTr, DICT, NTC, DND, CHED, TESDA and other government agencies shall promulgate the IRR to implement the provisions of this Act within thirty (30) days from its implementation.

SEC. 23. *Separability Clause.* – If any provision or part of this Act is declared invalid or unconstitutional, the other provisions hereof which are not affected thereby shall continue to be in full force and effect.

SEC. 24. *Repealing Clause.* – All other laws, decrees, orders, other issuances, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 25. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved.