

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City



TWENTIETH CONGRESS
First Regular Session

House Bill No **3973**

Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

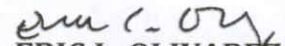
During many emergencies, every second counts. Survivability can decline as the clock ticks away. According to the American Heart Association (AHA), "For every minute that passes between collapse and defibrillation, the chance of survival from a witnessed Ventricular Fibrillation sudden cardiac arrest 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 brothers 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 must 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.


ERIC L. OLIVAREZ

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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. Basic Life Support (BLS) – is as a variety of non-invasive 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.
- b. Motorcycle paramedic or 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 medical technician and ambulance that will transport the patient/victim to a hospital or medical institution.
- c. Standard motorcycle riding equipment – includes helmet and protective clothing such as riding jacket, gloves, boots and pants.

SECTION 3. *Responsibility of the Local Government Unit.* – The local government units are hereby mandated to establish motorcycle paramedic unit as part of the emergency medical service of their local health unit that provides emergency medical response to patient or victim of injury or trauma; and to reach far-flung areas that are under-served or unserved communities.

The motorcycle paramedic unit/s shall be equipped with motorcycles adaptive to the conditions of their service area, standard motorcycle riding equipment, medical equipment, medicines and supplies to perform procedures to stabilize the patient prior to the arrival of emergency medical technicians or ambulance. The minimum medical supplies shall include, but shall not be limited to the following:

- First aid 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 proper 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)

The Department of Health (DOH), in cooperation with Technical Education and Skills Development Authority (TESDA) and non-government organizations like Philippine National Red Cross shall provide the curriculum for the training and certification of Motorcycle Paramedics or 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 paramedics or 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 local government unit concerned. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual budget of the local government concerned.

SECTION 6. *Implementing Rules and Regulations.* – Within sixty (60) days from the effectivity of this Act, the DOH with the Department of Interior and Local Government, and the leagues of provinces, cities and municipalities 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 issuances 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,