

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

HOUSE BILL No. 5643

Introduced by REPRESENTATIVES LANI MERCADO-REVILLA,
BRYAN B. REVILLA AND RAMON JOLO B. REVILLA III

AN ACT
INSTITUTIONALIZING THE EMERGENCY MEDICAL SERVICES SYSTEM (EMSS),
PROVIDING FOR ITS GOVERNANCE, AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

The frequency of natural disasters that besiege the country, coupled by occurrences of threats to peace and order due to criminality and other disturbances pose great risk to public safety that need concerted intervention from the government and the private sector.¹

Improving public safety services and existing peace and order mechanisms, therefore, cannot be overemphasized. Providing a clear command structure for responsibility and accessibility, and encouraging and facilitating the prompt deployment of a seamless nationwide communication infrastructure for emergency services are therefore paramount.²

To address this need, the Patrol 117, which was later replaced by the Emergency 911, was established to provide a national emergency hotline and institute an emergency response mechanism through a clear command structure.

While the Philippine Emergency Medical Services (EMS) has evolved greatly from the time of its establishment, it has been observed that EMS in the Philippines is not fully centralized and standardized. Despite the government's effort to unify the emergency medical services, different sectors such as hospitals and ambulance

¹ Executive Order No. 56. Institutionalizing the Emergency 911 Hotline as the Nationwide Emergency Answering Point, Replacing Patrol 117, and For Other Purposes

² *ibid*

services continue to work independently resulting in overcrowding of hospitals and poor referral system.³

Changes in the system must be implemented to improve rapid situation assessment, timely provision of appropriate interventions and provide prompt and better quality of service in emergency situations.

The enactment of this measure will institutionalize a standard, comprehensive, accessible, and integrated system of Emergency Medical Services System, enhancing the survival of patients in emergency situations.

Immediate approval of this measure is earnestly requested.



REP. LANI MERCADO-REVILLA
2nd District of Cavite



REP. BRYAN B. REVILLA
AGIMAT Partylist



REP. RAMON JOLO B. REVILLA III
1st District of Cavite

³ Padlan, MP, Mesa-Gaerlan, FJC. Philippine Emergency Medical Services: A Medical Student's Perspective. Juntendo Medical Perspective.
<https://pdfs.semanticscholar.org/a0be/13da73926801362d6d5e92a45079d4887228.pdf>

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

Section 1. *Short Title.* – This Act shall be known as the “Emergency Medical Services System (EMSS) Act of 2025.”

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 policy, the government shall institutionalize a standard, comprehensive, accessible, and integrated system of Emergency Medical Services System and provide an environment that will maximize the capability and potential of Emergency Medical Services Personnel.

Sec. 3. *Objectives.* – This Act shall have the following objectives:

- a. To develop and institutionalize an Emergency Medical Services at the national and local levels;
- b. To establish a national Emergency Medical Services System Council;
- c. To encourage and promote the active participation of the private sector in the provision of Emergency Medical Services (EMS);
- d. To institute the national standard for the provision of EMS;
- e. To provide a program of standardization for the training of EMS institutions and personnel;

- f. To establish standards for design, accreditation, and regulation of emergency medical vehicles;
- g. To mandate the adoption and use of 911 as the National Emergency Hotline Number;
- h. To establish and provide support services to the EMSS; and
- i. To promote public safety and make EMS accessible to the people especially those in need of emergency medical assistance.

Sec. 4. *Definition of Terms.* – For purposes of this Act, the following terms shall be defined:

- a. “Accredited Training Institutions” refer to any accredited government or non-government organization, authorized by the government to conduct EMS trainings and programs, such as the Philippine Red Cross, which meet the standards established by the Emergency Medical Services System Council (EMSSC), hereinafter referred to as the Council, created under Section 5 of this Act, in coordination with the Department of Health (DOH);
- b. “*Advanced Life Support*” refers to a set of life-saving protocols and skills that extend and further, open airway, adequate ventilation and support circulation. It may include interventions used to treat and stabilize adult victims of life-threatening cardio-respiratory emergencies and to resuscitate victims of cardiac arrest. The interventions may include Cardio Pulmonary Resuscitation, basic and advanced airway management, tracheal intubation, medications, electrical therapy and intravenous (IV) access. It may also refer to a protocol of managing trauma victims that are designed to maximize management in the first hour after trauma for optimal long-term outcome. These interventions may include Basic Life Support, immobilization, venous cannula insertion, surgical airway, chest decompression, and administration of medications, among others;
- c. “*Ambulance*” refers to an emergency medical 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 and preventing further illness or injury;
- d. “*Basic Life Support (BLS)*” refers to actions and interventions used to resuscitate and stabilize victims of cardiac and respiratory arrests which include cardiopulmonary resuscitation (CPR), relief of foreign-body airway obstruction, control of bleeding, immobilization, dressing of wounds, administration of oxygen, taking vital signs including level of blood sugar, assisting a normal delivery, in pediatric, adults and elderly patients including pregnant women, among others;
- e. “*Emergency Medical Dispatch*” refers to the immediate identification and prioritization of medical emergency situations, the timely dispatch of appropriate resources, providing essential pre-arrival first-aid instructions and full endorsement to the receiving hospital. Dispatch encompasses all

aspects of communication including request processing, coordination and support, documentation and monitoring;

- f. *"Emergency Medical Services"* refers to a network of pre-hospital or pre-health care facility services coordinated to provide aid and medical assistance from the place of incident to the nearest appropriate hospital or health care facility, delivered by an EMS personnel. It may include basic and advanced life support;
- g. *"Emergency Care"* refers to the independent delivery of emergency medical services by appropriately trained and certified EMS personnel, usually in a mobile or community setting, in full accordance with the Emergency Medical Services Treatment Protocols the Council created under this Act;
- h. *"Emergency Medical Services (EMS) Personnel"* refers to a person trained and certified in rendering Emergency Care by any accredited government or non-governmental organization, authorized by the government to conduct EMS training, such as the Philippine Red Cross;
- i. *"Emergency Medical Services Standard"* refers to the standardization of the EMS Procedures outlining the approved clinical practices and therapies to be observed by the EMS personnel, as established by the Council, in coordination with the DOH and the Department of Interior and Local Government (DILG) which shall include interventions for BLS and ALS;
- j. *"Emergency Medical Services (EMS) System"* refers to the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of EMS required in the prevention, mitigation and management of incidents which occur either as a result of a medical emergency or accident;
- k. *"Emergency Response and Care"* refers to the arrival of resources at the scene and the timely initiation and provision of appropriate interventions;
- l. *"Emergency Transport"* refers to the transportation in an adequate means of medical transportation, of a patient to the nearest appropriate hospital or health care facility with continued provision of care and appropriate interventions en route;
- m. *"Inter-Agency Referral and Transport"* refers to the transport of a patient with an EMS personnel, if necessary, from one referring facility or agency to another receiving facility or agency for definitive care, as may be deemed necessary, in instances where the services are not available in the referring facility.

Sec. 5. Creation of the National Emergency Medical Services Systems Council.

– There is hereby created the "National Emergency Medical Services Systems Council (EMSSC)", hereinafter referred to as the "Council", which shall be composed of the following members:

1. Secretary of the Department of Health (DOH) as Chairperson;
2. Secretary of the Department of the Interior and Local Government (DILG) as Co-Chairperson;

3. Director General of the Technical Education and Skills Development Authority (TESDA);
4. Chairperson of the Commission on Higher Education (CHED);
5. Secretary of the Department of Transportation (DOTr);
6. Secretary of the Department of Information and Communications Technology (DICT);
7. President of the Philippine Health Insurance Corporation (PhilHealth);
8. Chairperson of the Professional Regulation Commission (PRC); and
9. Chairperson of the Philippine Red Cross (PRC);

Sec. 6. *Meetings of the Council.* – A majority of the Council shall constitute a quorum to conduct day-to-day business. A member of the Council may appoint a duly authorized representative to attend and vote on behalf of the member: *Provided*, that it shall be in writing, duly signed by the member, and filed before the scheduled meeting: *Provided further*, that such authority may only be valid for such meeting.

Regular meetings shall be conducted by the Board at least once a month. Notice, in writing, must be given three (3) days before the scheduled meeting. Members of the Council are entitled to receive commensurate and reasonable per diem subject to pertinent accounting and auditing rules and regulations.

Sec. 7. *Powers and Functions of the Council.* – The Council shall perform the following functions:

- a. To formulate policies on the EMSS;
- b. To develop standards in the provision of EMS to include, among others, the skills and competencies required for EMS personnel and the mandatory observation of such standards by all EMS personnel and such other entities;
- c. To formulate a Code of Ethics for EMS personnel;
- d. To develop and regulate reasonable standards for EMS personnel;
- e. To develop standards and protocols for the design, construction, equipment and operations of ambulances;
- f. To promote trainings and programs for Basic Life Support in the curriculum of all public and private tertiary education institutions;
- g. To ensure coordination of all concerned institutions for the effective implementation of this Act;
- h. To monitor the compliance of all Local Government Units (LGUs), health facilities, and EMS personnel of the standards and requirements set out in this Act;
- i. To generate resources from local, national and international organizations/agencies, whether government or private sector;
- j. To receive and accept donations and other conveyances including funds, materials and services by gratuitous title: *Provided*, that not more than thirty percent (30%) of said funds shall be used for administrative expenses;

- k. To prepare an annual budget of the Council and submit the same to the President for inclusion in the annual General Appropriations Act;
- l. To advise the President on matters pertaining to EMS;
- m. To request any department, instrumentality, office, bureau or agency of the government, including LGUs, to render such assistance as it may require to carry out, enforce, implement the provisions of this Act;
- n. To promote the conduct of studies, researches, and international cooperation among the DOH, training institutions, and other related organizations;
- o. To create the mechanisms for continuous education and re-certification and re-accreditation of EMS personnel;
- p. To create a mechanism for investigation and evaluation of professional claims, in case of breach, against EMS personnel, and the possible suspension or removal of their certification and accreditation; and
- q. To promulgate other rules and regulations, as may be deemed necessary.

Sec. 8. *Accredited Training Institutions.* – Training programs, courses, and continuing education for EMS personnel shall only be conducted by an Accredited Training Institution, as provided in Section 4(a) of this Act: *Provided, That* EMS Personnel may only be certified by an Accredited Training Institution: *Provided, further, That* certifications issued to EMS Personnel shall be valid for two (2) years which may be renewable, subject to the guidelines which may be determined by the Council: *Provided, finally, That* following the accreditation of the EMS Personnel, there should be a permit by the Medical Director, or its equivalent, of the organization, where the EMS person practices emergency care, providing her/him with the power to perform ALS procedures.

Sec. 9. *Ambulances.* – The Council shall develop the standard and requirements for the design and specifications of ambulances which shall include a system that provides geolocation and time information to a receiver through the use of satellite systems and other necessary and adequate medical equipment. The Council shall also formulate protocols for the operations of ambulances.

Sec. 10. *Inter-agency Referral and Transport.* – The Council shall establish the prescribed guidelines on inter-agency referral and transport in accordance with Section 4 (m) of this Act.

Sec. 11. *Adoption of a Nationwide Emergency Hotline Number.* – There shall only be one (1) nationwide emergency hotline number to enable the public to efficiently access EMS. The National Telecommunications Commission (NTC) shall develop a program for the adoption of the nationwide emergency hotline number. NTC shall consult and cooperate with national and local agencies and institutions, such as the Philippine Red Cross; LCDs and officials responsible for emergency services and public safety; the telecommunications industry (including cellular and other wireless

telecommunications service providers); the motor vehicle manufacturing industry; EMS providers; emergency dispatch providers; transportation officials; public safety, fire service, and law enforcement officials; consumer groups; hospital emergency and trauma personnel, including emergency physicians, trauma surgeons and nurses: *Provided*, That the nationwide emergency hotline number shall operate twenty-four (24) hours a day and three hundred sixty-five (365) days a year.

Sec. 12. *Compliance of Telecommunications Industry.* – It shall be the duty of the telecommunications industry to provide its subscribers with free access to the national emergency hotline number, in accordance with the implementing rules and regulations to be adopted pursuant to this Act.

Sec. 13. *Harmonization with Existing 911 Emergency Operation Center.* – The implementation of this Act shall be harmonized with the existing 911 Emergency Operation Center created under Executive Order 56, series of 2018.

Sec. 14. *Prohibited Acts.* – In addition to acts and omissions prescribed by the Constitution and existing laws, the following shall constitute prohibited acts and are hereby declared unlawful:

- a. Any person who makes a call to the nationwide emergency hotline number, or performs any other means of communication, with intent to annoy, abuse, threaten, or harass the call taker, dispatcher, or any person who responds to the call;
- b. Any person who makes a call to the nationwide emergency hotline number and, upon being answered, makes or solicits any comment, request, suggestion, proposal, or sound which is obscene, lewd, lascivious, immoral, or indecent; and
- c. Any person who gives false report or false information in connection with a medical emergency, knowing the report or information to be false. For purposes of this Act, a call taker shall be defined as any person who handles the calls received through the nationwide emergency hotline number and transmits it to the dispatcher who shall plan and monitor the appropriate emergency medical response. The plan involves dispatching EMS personnel, ambulances, and other vehicles, if necessary; tracking ambulance positions; liaising with other emergency services (such as fire, law enforcement authorities); maintaining contact with all units on assignment; and monitoring progress of the response. Call takers and dispatchers operate a variety of communications equipment including radio consoles, telephones, and computer systems, among others: *Provided*, that call takers and dispatchers shall be required to undergo training, as may be determined by the DOH, in coordination with the Department of Information and Communications Technology (DICT).

Sec. 15. *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 (₱5,000.00).
- b. Second Offense. – The offender shall be imposed with a fine of not less than Eight Thousand Pesos (₱8,000.00) but not more than Fifteen Thousand Pesos (₱15,000.00) 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 (₱20,000.00) but not more than One Hundred Thousand Pesos (₱100,000.00) or imprisonment of not less than one (1) month to six (6) months, or both, at the discretion of the court.

Sec. 16. *Roles of the Local Government Units.* – The LGUs are hereby mandated to develop and institutionalize an EMSS within their jurisdiction, including appropriations, programs, and activities that will ensure the implementation of this Act.

Sec. 17. *Appropriations.* – The DOH and DILG shall include in their annual General Appropriations Act the amount needed for the full implementation of this Act.

Sec. 18. *Implementing Rules and Regulations (IRR).* – The DOH and DILG, in coordination with the concerned departments, agencies, and institutions shall promulgate the IRR within ninety (90) days upon the effectivity of this Act.

Sec. 19. *Repealing Clause.* – All other laws, rules and regulations, orders, circulars, and other issuances or parts thereof, which are inconsistent with the provisions of this Act are hereby repealed, modified or amended accordingly.

Sec. 20. *Separability Clause.* – If any provision, section, or part of this Act shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate, or impair other provisions, sections or parts hereof.

Sec. 21. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,