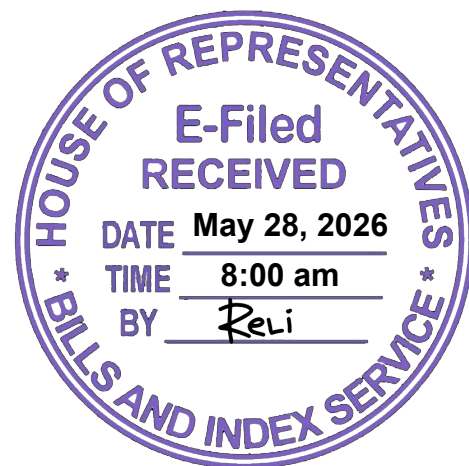


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9474



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM (EMSS),
CREATING FOR THE PURPOSE THE NATIONAL EMSS COUNCIL, AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution mandates the State to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people..." Further to this, Article II, Section 15 expressly mandates the State to protect and promote the right to health of the people and instill health consciousness among them. The policy is further reflected in landmark health legislation such as the Universal Health Care Act, which recognizes that access to timely and quality healthcare is not limited to treatment inside hospitals, but also includes responsive and accessible emergency care systems.

International experience shows that institutionalized and coordinated emergency medical systems are vital for better clinical results. Our neighboring countries in Southeast Asia, such as Singapore, have established centralized emergency hotlines and standardized EMS protocols, allowing for faster emergency response and better patient outcomes.¹ Further, research on health systems in low-income and middle-income countries highlight the importance of interoperability,

¹ Lateef, F. (2006). The emergency medical services in Singapore. *Resuscitation*, 68(3), 323-328.

standardization, and coordinated emergency response systems in improving overall healthcare delivery.²

However, at present, emergency medical response in the Philippines remains fragmented. Different local government units (LGU) operate under varying standards for ambulance services, ambulance dispatch systems, emergency personnel training, and patient transport protocols. In many areas in the country, ambulances are still inadequately equipped, emergency hotlines are either unavailable or poorly coordinated, and response capability still depends on the financial capacity of the LGU.

This measure seeks to address these realities by institutionalizing a comprehensive and integrated Emergency Medical Services System nationwide. Simply, the bill aims to ensure that when a Filipino calls for help during a medical emergency, there is a functioning system ready to respond. Further, it institutionalizes the long-overdue use of a unified emergency hotline (911) which would simplify access to emergency assistance.

The bill also establishes clear national standards for ambulances, emergency personnel, dispatch operations, and emergency treatment protocols, and strengthens coordination among national government agencies, LGUs, hospitals, and first responders, so that emergency response becomes more organized and more dependable. Equally important, it mandates the training and professionalization of emergency medical personnel, in recognition of the fact that emergency response requires specialized skills that must be properly regulated and continuously developed.

In many life-threatening situations, survival is determined not by the sophistication of the hospital equipment, but by how quickly help arrives. Essential as it is for our government to invest in better hospitals, medicines, and medical technology, even more critical is ensuring a system is in place to connect people to these services when they need them most.

In view of the foregoing, the approval of this measure is earnestly sought.


BRIAN RAYMUND S. YAMSUAN
Representative
2nd District, Parañaque City

² Jayathissa, P., & Hewapathirana, R. (2023). Enhancing interoperability among health information systems in low-and middle-income countries: a review of challenges and strategies. arXiv preprint arXiv:2309.12326.

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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”.

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 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 personnel.

SEC. 3. Objectives. - This Act has the following objectives:

- a) To create a national Emergency Medical Services System Council;
- b) To develop and institutionalize an emergency medical services system at the national, regional and local levels of 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 including, but not limited to, accreditation of EMS institutions and/or training of EMS personnel, establishing standards for design, accreditation and regulation of emergency medical vehicles;
- e) To institutionalize the use of 911 as the Nationwide Emergency Hotline Number;
- f) To adopt an emergency medical service protocol in times of natural and man-made disasters;
- g) To promote public safety and accessible emergency medical services to the people especially those in the under-served and unserved communities; and
- h) To establish and provide support services, both internal and external, to emergency medical services.

SEC. 4. Definition of Terms. – As used this Act:

- a) Accredited training and assessment institutions refer to organizations, in good standing with the Emergency Medical Service System Council (EMSSC), accredited to offer training programs, courses, continuing education and competency-based assessment in emergency medical services for EMS personnel that meet the standards established by the EMSSC, hereinafter referred to as the Council created under this Act and, in case of uniformed personnel, in coordination with the Philippine Public Safety College (PPSC).
- 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 and avoiding the aggravation of illness or injury.
- c) Basic Life Support (BLS) refers to a group of actions and interventions used to resuscitate and stabilize victims of cardiac and respiratory arrest. These BLS actions and interventions include the recognition of a cardiac or a respiratory emergency or stroke, activation of the emergency response system, CPR and relief of foreign-body airway obstruction.
- d) Competency-based assessment refers to the confirmation of an EMS personnel's capability and capacity to perform one's duties and responsibilities, through the process of collective evidence and judgment, in accordance with the standards and guidelines established by the Council.
- e) 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.
- f) Emergency medical services (EMS) refer to:
 - (1) Emergency care refers to the independent delivery of pre-hospital 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 established by the Emergency Medical Services System Council (EMSSC), hereinafter referred to as the Council, created under this Act.

- (2) Advance life support refers to a set of life saving protocols and skills that extend beyond BLS to further support the circulation and provide an advanced airway and adequate ventilation.
 - (a) Advanced Cardiac Life Support (ACLS) refers to a group of interventions used to treat and stabilize adult victims of life-threatening cardio respiratory emergencies and to resuscitate victims of cardiac arrest.
 - (b) Advanced Trauma Life Support (ATLS) refers to a group protocol for managing trauma victims and designed to maximize management in the first hour after trauma and ensure an optimal long-term outcome.
 - (c) Pediatric Advanced Life Support (PALS) refers to a system of critical care procedures and facilities, such as intensive care nursery, for the basic and advanced treatment of seriously ill or injured infants and children.
 - (d) Neonatal Advanced Life Support (NALS) refers to a group of interventions for the basic and advanced treatment of injured and critically ill new born infants.
- g) Emergency Medical Services Personnel refers to a trained and certified personnel engaged in the provision of emergency medical services during emergencies.
- h) Emergency Medical Services (EMS) System refers to the arrangement and coordination of personnel, facilities, and equipment for the effective delivery of EMS required in the management of medical emergencies; for the management and prevention of further incidents or accidents and the broad range of emergency care from emergency care to transport in an intensive care setting.
- i) Emergency Medical Technician refers to the EMS personnel who provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system.
- j) Emergency Response and Care refers to the arrival of resources at the scene and the timely initiation and provision of appropriate medical interventions.
- k) Emergency Transport refers to the transporting of a patient to the most appropriate and definitive health facility with continued provision of care and appropriate interventions en route to the appropriate health facility.
- l) Inter-Facility Referral and Transport refers to the transport of patient with medical escort, from one referring facility or agency to another receiving facility or agency for definitive care, as the patient requires, in an event that further appropriate services are not available in the referring facility.

- m) Medical Direction refers to the communication between an EMS personnel and a physician from the field via radio or other means to obtain instruction on further care of a patient.
- n) Medical Emergency refers to any acute or life-threatening condition that requires immediate intervention by competent medical personnel.
- o) National Emergency Medical Services Treatment Protocols refer to emergency medical procedures outlining approved clinical practices and therapies to be observed by EMS personnel, as established by the Council created under Section 5 hereof.

CHAPTER II

EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL

SEC. 5. Creation of the Emergency Medical Services Systems Council. - A body to be known as the "Emergency Medical Services Systems Council (EMSSC)" is hereby created under the Department of Interior and Local Government (DILG).

SEC. 6. Powers and Functions of the EMSSC. - The Council shall perform the following functions:

- a) To formulate policies on EMS systems;
- b) To develop national standards of emergency medical services to include, among others, the skills and competencies required for EMS personnel and the development of mandatory national emergency medical services treatment protocols to be observed by EMS personnel and such other entities as it may consider appropriate;
- c) To promulgate a Code of Ethics for EMS personnel;
- d) To develop appropriate standards of operation for EMS personnel;
- e) To develop standards and protocols for the design, accreditation, construction, outfitting and operations of emergency medical vehicles;
- f) To ensure the establishment of a system of networking and coordination among all existing government health agencies, LGUs, and private and non-government medical institutions for the effective implementation of this Act;
- g) To establish a Secretariat, pursuant to Section 9 of this Act, under an Executive Director for the administrative and day-to-day operations of the Council;
- h) To create committees and other mechanisms to help expedite the implementation of plans and strategies;
- i) To generate resources from local, national and international organizations/agencies, whether government or private sector, for its operation; and 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;

- j) To prepare an annual budget of the Council, through the Department of Interior and Local Government (DILG), and submit the same to the President for inclusion in the annual General Appropriations Act;
- k) To advise the President on matters pertaining to EMS;
- l) To investigate complaints *motu proprio* and impose penalties for the violation against any of the provisions of this Act;
- m) To request any department, instrumentality, office, bureau or agency of the government, including LGUs, to render such assistance as it may require in order to carry out, enforce or implement the provisions of this Act;
- n) To regulate activities inimical to the delivery of emergency medical services; and
- o) To promulgate rules and regulations and policies and enforce the provisions of this Act.

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

- 1) The Secretary of the DILG or duly authorized representative as Chairperson of the Council;
- 2) The Secretary of the Department of Health (DOH) or duly authorized representative as Co-Chairperson;
- 3) The Secretary of the Department of Information and Communications Technology (DICT) or duly authorized representative;
- 4) The Chairman of the Philippine National Red Cross (PNRC) or duly authorized representative;
- 5) The President of the Philippine Health Insurance Corporation (PhilHealth) or duly authorized representative;
- 6) The President of the Philippine College of Emergency Medicine (PCEM) or duly authorized representative; and
- 7) One (1) representative of a national organization or society of emergency medical technicians (EMT's) who will undergo a nomination and selection process by the Council;

The Executive Director of the Emergency 911 Office, as created by Executive Order No. 56-2018, and the Director General of TESDA, shall be required to participate in all meetings of the Council. 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, DOH and DICT 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 thereof who are not government officials or employees shall be entitled to

necessary travelling expenses, per diem and representation allowances chargeable against funds of the DILG, as approved by the Council, subject to existing rules and regulations of the DBM.

SEC. 9. The Secretariat. –The Bureau of Fire Protection (BFP), an attached agency of the DILG, shall act as the Secretariat of the Council. The BFP shall be strengthened by augmenting its additional manpower and budget for its operations.

SEC. 10. Meetings. - The Council shall meet at least once every quarter.

SEC. 11. Program Plans. - The Council shall, within six (6) months after having been officially constituted and finally staffed, adopt and immediately cause to be implemented, in coordination with medical and related agencies, a short-range program in support of relevant existing projects and activities and, within one (1) year, a long-range five (5)-year development program. This development program shall be developed and subjected to annual review and revision by the Council, in coordination with relevant public and private medical agencies and organizations.

SEC. 12. Accreditation. - The Council shall issue authorization for the following:

- 1) Accreditation of training institutions for EMS personnel; and
- 2) Accreditation of emergency medical vehicle providers.

CHAPTER III

EMERGENCY MEDICAL SERVICES PERSONNEL

SEC. 13. Creation of Plantilla Positions for Emergency Medical Services Personnel — There shall be created a minimum number of plantilla positions for EMS personnel in the following government hospitals/health facilities within the next five (5) years upon approval of this Act:

- a) Level 3 Hospitals –Five (5) EMS personnel and at least one (1) Ambulance Assistant;
- b) Level 1 and 2 Hospitals – Three (3) EMS personnel and at least one (1) Ambulance Assistant;
- c) Local Government Units: -
 - 1) Highly-urbanized city (HUC) – Ten (10) EMS personnel and at least one (1) Ambulance Assistant;
 - 2) Component city – Eight (8) EMS personnel and at least one (1) Ambulance Assistant;
 - 3) First to third class municipality – Four (4) EMS personnel and at least one (1) Ambulance Assistant;
 - 4) Fourth to sixth class municipality – Two (2) EMS personnel and at least one (1) Ambulance Assistant; and

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

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

SEC. 14. 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, 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.

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 Council shall design a specification and an accreditation systems and procedures, subject to the existing regulations of the DOH on licensure of medical vehicles.

SEC. 16. Emergency dispatch. - All local government units are mandated to establish their dispatch centers where constituents can call for all cases of emergencies, with adequate and qualified personnel. The dispatch centers shall follow the prescribed guidelines on dispatch protocol as determined by the Council.

SEC. 17. Emergency Response, Care, and Transport. – All LGUs shall ensure the availability of adequate emergency transport vehicles or ambulances with qualified EMS personnel. All emergency transport vehicles and the procedures to be undertaken in responding and caring for patients shall follow the prescribed guidelines of the Council on ambulance services and on emergency response and care.

SEC. 18. Inter-facility Referral and Transport. – The Council shall establish the prescribed protocols/guidelines on inter-facility referral and transport, in accordance with appropriate medical direction.

CHAPTER V EMERGENCY COMMUNICATIONS

SEC. 19. Adoption of a Free National Emergency 911 Hotline Number. - There shall only be one (1) free national emergency 911 hotline number to enable the public to access emergency medical services. The operations of the national emergency 911 hotline number shall be under the DILG, in coordination with the Council.

SEC. 20. Compliance. - It shall be the duty of every telecommunications to provide its subscribers with access to the national emergency 911 hotline 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. -

- a) Any person making a telephone call to an emergency hotline number who annoys, abuses, threatens or harasses any person who is answering 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 (P2,000.00) but not more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.
- b) Any person making a telephone call to an emergency hotline number and, upon the call being answered, making or soliciting 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 giving false report of a medical emergency or giving false information in connection with a medical emergency, or making false alarm of a medical emergency, knowing the report or information or alarm to be false; or making 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. Non-compliance by public officials of the provisions of this Act shall be subject to administrative sanctions under civil service regulations.

SEC. 23. Establishment of the EMSS Fund – There is hereby established an EMSS Fund which may be sourced from fees, donations and grants, to be administered by the Council, and subject to COA regulations. The amount collected shall be used to augment the budget for the EMSS operations of LGUs, particularly for geographically isolated and disadvantaged areas (GIDAs), and the Council's administrative functions, *provided*, that not more than thirty percent (30%) of said funds shall be used for administrative expenses.

SEC. 24. Appropriations. - The amount needed for the implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 25. Implementing Rules and Regulations. - The DILG, in consultation with the DOH, DICT, DOJ, and Philippine Red Cross, 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. Transitory Clause. – Pursuant to Sections 4 (a) and 14 of this Act, all existing rules of TESDA pertaining to the accreditation of EMS personnel shall remain effective until new sets of the rules are established.

SEC. 28. 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. 29. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved,