SENATE
OFFICE OF THE SECRETARY

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

SENATE
S.B. No. 1701

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article 13, Section 11, provides:

> The State shall 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 at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.

The Administrative Code, Book 4, Title 9, Section 3, empowers the Department of Health to define the national health policy and formulate and implement a national health plan within the framework of the government's general policies and plans.

One of the aspects of medical care delivery systems that the government should focus on is the trauma care components of such systems. This way, the number of death and disabilities resulting from incidents of physical trauma can be substantially reduced by improving these medical care delivery systems.

This bill seeks to improve emergency medical services and trauma care by: (a) empowering the Department of Health to identify designated trauma centers; (b) establishing a National Clearinghouse on Emergency Medical Services and Trauma Care; and (c) providing for standards with respect to trauma care centers.

MIRIAM DEFENSOR SANTIAGO

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AN ACT
TO IMPROVE EMERGENCY MEDICAL SERVICES AND TRAUMA

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

SECTION 1. *Short Title.* – This Act shall be known as the "Emergency Medical Services and Trauma Care Improvement Act."

SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to health of the people.

SECTION 3. *Definition of Terms.* – As used in this Act:

(1) "Designated Trauma Center" means a trauma center designated in accordance with this Act;

(2) "Plan for the Provision of Emergency Medical Services" means a plan for a comprehensive, organized system to provide for the access, response, triage, field stabilization, transport, hospital stabilization, definitive care, and rehabilitation of patients of all ages with respect to emergency medical services;

(3) "Trauma Care Component of the Plan for the Provision of Emergency Medical Services" means a plan for a comprehensive health care system, within rural and urban areas of the State, for the prompt recognition, pre-hospital care, emergency medical care, acute surgical and medical care, rehabilitation, and outcome evaluation of seriously injured patients; and

(4) "Secretary" shall mean the Secretary of Health.

SECTION 4. *Clearinghouse on Emergency Medical Services and Trauma Care.* – (1) ESTABLISHMENT – The Secretary shall provide for the establishment and operation of a National Clearinghouse on Emergency Medical Services and Trauma Care (hereinafter referred to in this title as the "Clearinghouse").

(2) DUTIES – The Clearinghouse shall –

(A) foster the development of appropriate, modern emergency medical services, and trauma care (including the development of policies for the notification of family members of individuals involved in a medical emergency) through the sharing of information among agencies and individuals involved in planning, furnishing, and studying such services and care;

(B) collect, compile, and disseminate information on the achievements of, and problems experienced by, national and local agencies and private entities in providing emergency medical services and trauma care and, in so doing, give special consideration of the unique needs of rural areas;

(C) provide technical assistance relating to emergency medical services and trauma care to national and local agencies; and

(D) sponsor workshops and conferences on emergency medical services and trauma care.

(3) FEES AND ASSESSMENTS – A contract entered into by the Secretary under this section may provide that the Clearinghouse shall charge reasonable fees or assessments in order to defray the costs of operating the Clearinghouse.

(4) AUTHORITY TO ENTER INTO CONTRACTS – The authority of the Secretary to enter into contracts under this section shall be to such extent or in such amounts as are provided in Appropriation Acts.

SECTION 5. *General Duties.* – (1) IN GENERAL – The Secretary shall –

(A) identify designated trauma centers;

(B) conduct and support research, training, evaluations, and demonstration projects with respect to emergency medical services and trauma care systems;

(C) provide to national and local agencies technical assistance relating to emergency medical services and trauma care systems; and

(D) establish guidelines for the development of uniform national and local data reporting systems as described in Section 6(2)(H).

(2) GRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS – The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (1).

(3) CONSULTATION AND COORDINATION – The Secretary shall consult and coordinate with the appropriate departments and agencies to ensure that the implementation of this Act will not conflict with their responsibilities, with respect to emergency services.

SECTION 6. *Requirements with Respect to Designated Trauma Care Centers.* –

(1) PLAN –

(A) Trauma Care Component – For each fiscal year, each designated trauma center shall submit the trauma care component of the plan for the provision of emergency medical services (hereafter in this section referred to as the "Plan") to the Secretary.

(B) Interim Plan – For each fiscal year, if a designated trauma center has not completed the plan, it may provide, in lieu of a completed plan, an interim plan or description of efforts made toward the completion of the plan.

(2) REQUIREMENTS OF PLAN – Each plan shall –

(A) contain minimum standards and requirements for the designation of different categories of trauma centers (including facilities with specified capabilities and expertise in the care of the pediatric trauma patient) by such agency or entity, including standards and requirements for –

(i) ensuring that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury which, in

the case of level 1 or level 2 trauma centers, include the number and types of trauma patients for whom such centers must provide care;

(ii) the resources and equipment needed by such centers;

(iii)the availability of rehabilitation services for trauma patients; and

(iv)the provision of assurances that such centers may not refuse the transfer of a trauma patient because the patient is unable to pay for the care that the patient requires;

(B) contain standards and requirements for the implementation of regional trauma care systems, including standards and guidelines or medically directed triage and transportation of trauma patients;

(C) contain standards and requirements for medically directed triage and transport of severely injured children to facilities with specified capabilities and expertise in the care of the pediatric trauma patient;

(D) specify procedures for the evaluation of designated trauma centers and trauma care systems;

(E) provide that the standards and requirements address the special needs and problems of rural communities;

(F) provide for the establishment in the designated trauma center of a central data reporting and analysis system for –

(i) identifying severely injured trauma patients within regional trauma care systems in their area of coverage;

(ii) identifying the nature and cause of severe injuries, and if known, factors contributing to the injury;

(iii)identifying patient outcomes;

(iv)monitoring trauma care resources (including pre-hospital care) within a regional trauma care system (including relevant rehabilitation information);

(v) identifying patients transferred within a regional trauma system including reasons for such transfer;

(G) provide periodic reviews of the transfers and the auditing of such transfers determined to be inappropriate;

(H) improve or establish injury prevention programs and conduct public education activities concerning obtaining access to emergency medical services and trauma care; and

(I) provide for the coordination and cooperation between the Department of Health and any other national agency;

(3) EXAMINATION AND TREATMENT FOR EMERGENCY MEDICAL CONDITIONS – Transfer policies referred to in this Act shall include the following requirements:

(A) Medical Screening Requirements – In the case of a hospital that has a hospital emergency department, if any individual comes to the emergency department and a request is made on the individual's behalf for examination or treatment for a medical condition, the hospital shall provide for an appropriate medical screening examination within the capability of the hospital's emergency department to determine whether or not an emergency medical condition exists or to determine if the individual is in active labor.

(B) Necessary Stabilizing Treatment for Emergency Medical Conditions and Active Labor –

(i) In General – If any individual comes to a hospital and the hospital determines that the individual has an emergency medical condition or is in active labor, the hospital must provide either –

(a) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition or to provide for treatment of the labor; or

(b) for transfer of the individual to another medical facility in accordance with paragraph (C).

(ii) Refusal to Consent to Treatment – A hospital shall be considered to meet the requirement of subparagraph (1) with respect to an individual if the hospital offers the individual further medical examination and treatment described in such clause but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the examination or treatment.

(iii) Refusal to Consent to Transfer – A hospital shall be considered to meet the requirements of subparagraph (i) with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with paragraph (c) but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the transfer.

(C) Restricting Transfers Until Patient Stabilizes –

(i) General Rule – If a patient at a hospital has an emergency medical condition which has not been stabilized or is in active labor, the hospital may not transfer the patient.

(ii) Exception – A patient that has not been stabilized or is in active labor may be transferred if –

(a) the patient (or a legally responsible person acting on the patient's behalf) requests that the transfer be effected; or

(b) a physician, or other qualified medical personnel when a physician is not readily available in the emergency department, has signed a certification that, based on the reasonable risks and benefits to the patient, and based on the information available at the time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical

facility outweigh the increased risks to the individual's medical condition from effecting the transfer; and

(c) the transfer is an appropriate transfer (within the meaning of subparagraph (iv)) to that facility.

(iii) Requirement – If a patient at a hospital has an emergency medical condition that has been stabilized, the hospital may transfer the patient but only by means of an appropriate transfer.

(iv) Appropriate Transfer – A transfer to a medical facility in an appropriate transfer if –

(a) the receiving facility –

(1) has available space and qualified personnel for the treatment of the patient; and

(2) has agreed to accept transfer of the patient and to provide appropriate medical treatment, except that a hospital may not refuse to accept a transferred patient unless such hospital does not have the facilities or personnel available to provide proper care for such transferred patient, or the hospital has a full census at that time;

(b) the transferring hospital provides the receiving facility with appropriate medical records (or copies thereof) of the examination and treatment affected at the transferring hospital;

(c) the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and

(d) the transfer meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the patient transferred.

(D) Call Schedules – In the case of a hospital that has a hospital emergency department, such hospital shall provide a call schedule that lists the appropriate medical specialists that will be immediately available for duty to provide ongoing, definitive treatment to a patient after the initial examination by the emergency physicians.

(4) CERTAIN STANDARDS WITH RESPECT TO TRAUMA CARE CENTERS AND SYSTEMS –

(A) In General – In carrying out paragraphs subsection (2), the Secretary shall adopt standards for the designation of trauma centers, and for triage, transfer, and transportation policies. In adopting such standards the Secretary shall –

(i) take into account existing national standards concerning such;

(ii) consult with medical and nursing specialty groups, hospital associations, emergency medical services, State and local directors, concerned advocates and other interested parties;

(iii)conduct hearings on the proposed standards after providing adequate notice to the public concerning such hearing; and

(iv)beginning in the fiscal year when this Act shall take effect, take into account the model plan described in subsection (5).

(B) Quality of Trauma Care – The highest quality of trauma care shall be the primary goal of the State and the standards adopted under this subsection shall take this into consideration.

(C) Existing Standards – In the case of adopted standards with respect to trauma care centers and systems prior to the date of enactment of this title, such trauma care centers shall demonstrate in the plan that the standards provide for the highest possible quality of trauma care and that it –

(i) took into account existing national standards in adopting such standards; and

(ii) consulted with medical and nursing specialty groups, hospital associations, emergency medical services, State and local directors, concerned advocates, and other interested parties.

(5) MODEL TRAUMA CARE PLAN – Not later than one (1) year after that date of enactment of this Act, the Secretary shall develop a model plan for the designation of trauma centers and for triage, transfer and transportation policies that may be adopted for guidance by the State. Such plan shall –

(A) take into account existing national standards;

(B) take into account existing State plans;

(C) be developed in consultation with medical and nursing specialty groups, hospital associations, emergency medical services, State directors and associations, concerned advocate, and other interested parties; and

(D) include standards for the designation of rural health facilities and hospitals best able to receive, stabilize, and transfer trauma patients to the nearest appropriate designated trauma center, and for triage, transfer, and transportation policies as they relate to rural areas.

SECTION 7. *Requirement of Annual Report by Designated Trauma Centers.* –

The Secretary shall require each designated trauma center in the State to provide to the central data reporting system, for each fiscal year, a report that –

(1) specifies the number of severely injured trauma patients cared for by such facility by injury severity grouping and nature of the injury during the fiscal year;

(2) specifies the average length of hospital stay by such patients according to injury severity groupings during the fiscal year;

(3) specifies the outcomes, including the disability outcome, of severely-injured trauma patients and their discharge disposition;

(4) specifies the total amount of uncompensated trauma care expenditures incurred by such facility for such patients for such fiscal year; and

(5) specifies the number of patients transferred in a manner not in accordance with the provisions of Section 6.

SECTION 8. *Annual Report by Secretary.* – The Secretary shall prepare and submit to the appropriate Committees of Congress an annual report on the activities carried out pursuant to this Act. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives and shall include –

(1) an evaluation of the trauma system plans and standards;

(2) recommendations regarding the plans and standards that result in the most favorable patient outcomes; and

(3) recommendations regarding and, if appropriate, modifications of the model plan as required by section 6(5).

SECTION 9. *Separability Clause.* – If any provision or part thereof, is held invalid or unconstitutional, the remainder of the law of the provision not otherwise affected shall remain valid and subsisting.

SECTION 10. *Repealing Clause.* – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to, or inconsistent with, the provisions of this Act is hereby repealed, modified, or amended accordingly.

SECTION 11. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,

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