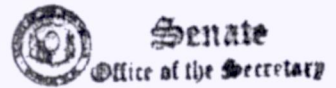


EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



SENATE

'19 AUG -5 P5:23

S. B. No. 861

RECEIVED BY

INTRODUCED BY SENATOR RISA HONTIVEROS

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

EXPLANATORY NOTE

According to the World Health Organization (2017), about 7,000 Filipinos die each year, and thousands more are injured or disabled, due to road traffic crashes, with rides of motorcycles and two-wheeler bicycles making up a large proportion of these statistics. Accidents of all types including road traffic crashes rank fourth among the causes of death in all ages and accounts for a significant proportion of Disability Adjusted Life Years among Filipinos.

It is thus imperative for the government to pursue mechanisms that seek to reduce preventable mortality and morbidity from these incidents. Apart from promoting and instituting road safety policies and programs, it is also important to strengthen the health system response to these emergency situations. There is an urgent need for a more responsive and organized emergency medical services system that can ensure that patients needing urgent medical assistance are adequately attended to and are provided with a better chance of survival from disability or death. Emergency medical services is an essential component in the delivery of a comprehensive health services for all Filipinos and is part of our effort to achieve universal health care.

One of the most pressing issues in the field of emergency or pre-hospital care in the country is the lack of a national standard of practice to guide implementers, as well as the absence of minimum requirements for entry into the service. This proposed measure seeks to establish a standard system of emergency medical services (EMS), address the need to professionalize and regulate the sector, and enhance the provision of emergency medical services in the country.

In addition, the bill proposes the creation of a National Emergency Medical Services System Council to formulate and implement policies and develop national standards for the provision of emergency medical services that is consistent. It also provides for the creation of plantilla positions for EMS personnel in government hospitals and health facilities, thus ensuring a pool of EMS providers that are professionalized and

better equipped to serve their patients. The bill also ensures that the provision of emergency medical services, including all vehicles, equipment and support services, adheres to the standards and guidelines set out by the EMSS Council led by the Department of the Interior and Local Government and Department of Health.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


RISA HONTIVEROS
Senator

SENATE

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

CHAPTER I
GENERAL PROVISIONS

1 **SECTION 1. *Short Title.*** - This Act shall be known as the "Emergency Medical
2 Services System (EMSS) Act".
3

4 **SEC. 2. *Declaration of Policy.*** - It is hereby declared the policy of the State to
5 protect and promote the right to health of the people. Pursuant to this policy, the
6 government shall institutionalize a comprehensive, accessible, integrated and
7 standardized system of emergency medical services and provide an environment that
8 will maximize the capability and potential of emergency medical services personnel.
9

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

11
12 (a) To create a national Emergency Medical Services System Council;

13
14 (b) To develop and institutionalize an emergency medical services system at the
15 national and local government;

16
17 (c) To encourage and promote the active participation of the private sector in the
18 provision of emergency medical services;

19
20 (d) To establish a national standard for an emergency medical services such as,
21 training of ems institutions and personnel and establishing standards for design,
22 accreditation and regulation of emergency medical vehicles;

23
24 (e) To institutionalize the use of 911 as the Nationwide Emergency Hotline Number;
25

1 (f) To establish and provide support services to emergency medical services;

2
3 (g) To promote public safety and accessible emergency medical services to the
4 people especially those in need of emergency medical services and give priority for
5 the under-served and unserved communities; and

6
7 (h) To adopt an emergency medical service protocol in times of natural and man-
8 made disasters.

9
10 **SEC. 4. Definition of Terms.** – As used this Act:

11
12 (a) **Accredited training and assessment institutions** refer to organizations,
13 in good standing with the EMSSC, accredited to offer training programs, courses,
14 [and] continuing education and competency-based assessment in emergency
15 medical services for EMS personnel that meet the standards established by the
16 Philippine Public Safety College (PPSC) for uniformed personnel and the
17 Emergency Medical Service System Council (EMSSC), hereinafter referred to as
18 the Council created under this Act.

19
20 (b) **Ambulance / Medical transport vehicle** refers to a vehicle designed and
21 equipped for transporting sick or injured patients to, from, and between places of
22 treatment by land, water or air, affording safety and comfort to the patients and
23 avoiding of illness or injury.

24
25 (c) **Basic Life Support (BLS)** refers to a group of actions and interventions
26 used to resuscitate and stabilize victims of cardiac and respiratory arrest. These
27 BLS actions and interventions includes the recognition of a cardiac or a
28 respiratory emergency or stroke, activation of the emergency response system,
29 CPR and relief of foreign-body airway obstruction.

30
31 (d) **Competency-based assessment** refers to the confirmation of an EMS
32 personnel's capability and capacity to perform one's duties and responsibilities,
33 through the process of collective evidence and judgment, in accordance with the
34 standards and guidelines established by the council.

35
36 (e) **Emergency Medical Dispatch** refers to the immediate identification and
37 prioritization of emergency situations, the timely dispatch of appropriate
38 resources, providing essential pre-arrival medical instructions and full
39 endorsement to the receiving hospital. Dispatch encompasses all aspects of
40 communication including request processing, coordination and support,
41 documentation and monitoring.

42
43 (f) **Emergency medical services (EMS)** refer to:

44
45 (1) **Emergency care** refers to the independent delivery of pre-hospital
46 emergency medical services by appropriately trained and certified EMS

1 personnel, usually in a mobile or community setting, in full accordance with
2 the Emergency Medical Services Treatment Protocols established by the
3 Emergency Medical Services System Council (EMSSC), hereinafter referred to
4 as the Council, created under this Act.

5
6 (2) **Advance life support** refers to a set of life saving protocols and skills
7 that extend beyond BLS to further support the circulation and provide an
8 advanced airway and adequate ventilation.

9
10 (a) **Advanced Cardiac Life Support (ACLS)** refers to a group of
11 interventions used to treat and stabilize adult victims of life-threatening
12 cardiorespiratory emergencies and to resuscitate victims of cardiac
13 arrest. These interventions include Cardio Pulmonary Resuscitation,
14 basic and advanced airway management such as tracheal intubation,
15 emergency medications, electrical therapy, automated external
16 defibrillation and intravenous (IV) access.

17
18 (b) **Advanced Trauma Life Support (ATLS)** refers to a group protocol
19 for managing trauma victims and designed to maximize management in
20 the first hour after trauma and ensure an optimal long-term outcome.
21 These interventions include BLS, ACLS, immobilization, venous cannula
22 insertion and Pediatric Advanced Life Support (PALS) for children.

23
24 (g) **Emergency Medical Services Personnel** refers to a trained and certified
25 personnel engaged in the provision of emergency medical services during
26 emergencies. Responders may either be health professionals or non-health
27 professionals.

28
29 (h) **Emergency Medical Services (EMS) System** refers to the arrangement
30 and coordination of personnel, facilities, and equipment for the effective delivery
31 of ems required in the management of medical emergencies; for the management
32 and prevention of further incidents or accidents and the broad range of
33 emergency care from emergency care to transport in an intensive care setting.

34
35 (i) **Emergency Response and Care** refers to the arrival of resources at the
36 scene and the timely initiation and provision of appropriate medical interventions.

37
38 (j) **Emergency Transport** refers to the transporting of a patient to the most
39 appropriate and definitive health facility with continued provision of care and
40 appropriate interventions *en route* to the appropriate health facility.

41
42 (k) **Inter-Agency Referral and Transport** refers to the transport of patient
43 with EMS personnel, if necessary, from one referring facility or agency to another
44 receiving facility or agency for definitive care, as the patient requires, in an event
45 that the services are not available in the referring facility.

1 (l) **Medical Direction** refers to the communication between an EMS personnel
2 and a physician from the field via radio or other means to obtain instruction on
3 further care of a patient.

4
5 (l) **Medical Emergency** refers to any acute or life-threatening condition that
6 requires immediate intervention by competent medical personnel.

7
8 (m) **Medical Oversight** refers to the broad understanding of the emergency
9 medical system as a whole and ensuring proper policies and procedures exist to
10 ensure safe transitions of care and utilization of appropriate resources in the field.
11 it is typically performed by a medical director at the local, regional, and national
12 levels, in collaboration with regulatory, regional and local medical directors and
13 advisory committees.

14
15 (n) **National Emergency Medical Services Treatment Protocols** refer to
16 emergency medical procedures outlining approved clinical practices and therapies
17 to be observed by EMS personnel, as established by the Council created under
18 Section 5 hereof.

19
20 (o) **Patient Transport** refers to the transport of patients with non-life threatening
21 conditions to and from medical facilities. In emergency situations, patients are
22 transported by the Emergency Medical Services.

23
24 **CHAPTER II**
25 **EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL**

26
27 **SEC. 5. Creation of the Emergency Medical Services Systems Council.** - A
28 body to be known as the "Emergency Medical Services Systems Council (EMSSC)" is
29 hereby created under the Department of Interior and Local Government (DILG).

30
31 **SEC. 6. Powers and Functions of the EMSSC.** - The Council shall perform the
32 following functions:

33
34 (a) To formulate policies governing the field of emergency medical services and
35 related institutions;

36
37 (b) To develop national standards for the provision of emergency medical services
38 to include, among others, the skills and competencies required for EMS personnel
39 and the development of mandatory national emergency medical services
40 treatment protocols to be observed by EMS personnel and such other entities as
41 it may consider appropriate;

42
43 (c) To promulgate a Code of Ethics for EMS personnel;

44
45 (d) To develop high standards of operation for EMS personnel;

1 (e) To develop standards and protocols for the design, construction, outfitting and
2 operations of emergency medical vehicles; and

3
4 (f) To integrate the training and study of Standard Basic Life Support and first aid
5 in different kinds of situations and emergencies in the curriculum of all public and
6 private tertiary educational institutions.

7
8 (g) To ensure the establishment of a system of networking and coordination
9 among all existing government health agencies, LGUs, and private and non-
10 government medical institutions for the effective implementation of this Act;

11
12 (h) To monitor compliance by all LGUs and government and private health
13 facilities, of the standards and requirements set out in this Act;

14
15 (i) To establish a Secretariat under an Executive Director for the administrative
16 and day-to-day operations of the Council;

17
18 (j) To create committees and other mechanisms to help expedite the
19 implementation of plans and strategies;

20
21 (k) To generate resources from local, national and international
22 organizations/agencies, whether government or private sector, for its operation;

23
24 (l) To receive and accept donations and other conveyances including funds,
25 materials and services by gratuitous title: *Provided*, That not more than thirty
26 percent (30%) of said funds shall be used for administrative expenses;

27
28 (m) To prepare an annual budget of the Council and submit the same to the
29 President for inclusion in the annual General Appropriations Act;

30
31 (n) To advise the President on matters pertaining to EMS;

32
33 (o) To investigate complaints against violators of this Act, its rules and regulations
34 and policies of the Council;

35
36 (p) To request any department, instrumentality, office, bureau or agency of the
37 government, including LGUs, to render such assistance as it may require in order
38 to carry out, enforce or implement the provisions of this Act;

39
40 (q) To regulate activities inimical to the delivery of emergency medical services;
41 and

42
43 (r) To promulgate rules and regulations and policies of the Council and enforce
44 the provisions of this Act.

45
46 **SEC. 7. Membership of the Council.** - The members of the Council shall be

1 composed of the following:
2

- 3 (1) The Secretary of the Department of Health (DOH) as Co-Chairperson;
- 4 (2) The Secretary of the Department of Interior and Local Government (DILG) as
5 Co-Chairperson;
- 6 (3) The Director General of the TESDA;
- 7 (4) The Administrator of the Office of Civil Defense (OCD);
- 8 (5) The Chairman of the Philippine Red Cross (PRC); and
- 9 (6) The President of the Philippine Health Insurance Corporation (PhilHealth).
- 10 (7) The Chairperson of the Commission on Higher Education
- 11 (8) One representative from medical or health professional organizations
- 12 (9) One representative from non-government organizations advocating for
13 patient's
14 rights and welfare

15
16 The members of the Council from the government may designate their
17 permanent authorized representatives, with a rank not lower than a Director level.
18

19 Other relevant stakeholders from the different government offices, private entities
20 and civil society organizations (CSOs) who are involved in the practice and
21 implementation of emergency medical services can be invited as resource persons or
22 representatives in the Council's meetings.
23

24 **SEC. 8. Compensation and Remuneration.** – The Secretaries of the DILG and
25 DOH or their representatives and members of the Council from the government shall
26 perform their duties as such without compensation or remuneration, subject to
27 reasonable *per diem* allowances as approved by the Council and subject to existing
28 rules and regulations of the Department of Budget and Management (DBM).
29 Members thereof who are not government officials or employees shall be entitled to
30 necessary traveling expenses, *per diem* and representation allowances chargeable
31 against funds of the DILG, as approved by the Council, subject to existing rules and
32 regulations of the DBM.
33

34 **SEC. 9. The Secretariat.** – The Bureau of Fire Protection (BFP), an attached
35 agency of the DILG, shall act as the Secretariat of the Council. The BFP shall be
36 strengthened by augmenting its additional manpower and budget for its operations
37 as the primary responder in emergency medical care services.
38

39 **SEC. 10. Meetings.** - The Council shall meet at least once every quarter.
40

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

1 coordination with relevant public and private medical agencies and organizations.

2
3 **CHAPTER III**
4 **EMERGENCY MEDICAL SERVICES PERSONNEL**

5
6 **SEC. 12. *Creation of Plantilla Positions for Emergency Medical Services***

7 ***Personnel*** - There shall be created a minimum number of plantilla positions for EMS
8 personnel in the following government hospitals/health facilities within the next five
9 (5) years upon approval of this Act:

10
11 (a) Level 2 and 3 Hospitals – ten (10) EMS personnel and at least one (1)
12 Ambulance Assistant;

13
14 (b) Level 1 Hospitals – six (6) EMS personnel and at least one (1) Ambulance
15 Assistant;

16
17 (c) Local Government Units – six (6) EMS personnel; and

18
19 (d) Other Health Facilities - as may be deemed necessary by the Council.

20
21 Upon the approval of the necessary plantilla positions for EMS personnel, the
22 Council shall submit a proposed standard of qualification for positions to the Civil
23 Service Commission (CSC) for its approval, pursuant to E.O. No. 292, entitled "The
24 Revised Administrative Code of 1987 on the Civil Service Commission". The annual
25 financial requirements needed to pay for the salaries of EMS personnel shall be
26 included in the annual general appropriations of the respective hospitals, health
27 facilities and LGUs.

28
29 **SEC. 13. *Authorized Training Institution.*** - Training programs, courses and
30 continuing education for an EMS personnel shall be conducted by an institution that
31 has been recognized by the DOH and granted a Certificate of Program Registration
32 (COPR) by the TESDA.

33
34 **SEC. 14. *Code of Ethics of EMS Personnel.*** - The Council, in coordination with
35 the appropriate agencies, shall adopt and promulgate the Code of Ethics and the
36 Code of Technical Standards for EMS personnel to include, among others, duties of
37 EMS personnel to emergency medical patients, to the community, and to their
38 colleagues.

39
40
41 **CHAPTER IV**
42 **EMERGENCY MEDICAL SERVICES SYSTEM**

43
44 **SEC. 15. *Emergency Medical Vehicles.*** - The Council shall adapt and follow the
45 DOH Administrative Order No. 2018-0001 or the Department's A.O. governing
46 licensure of ambulance and ambulance service provider, to provide the public with

1 ambulances and other emergency medical vehicles that are easily identifiable,
2 nationally recognizable, properly constructed, easily maintained and, when
3 appropriately equipped, will enable EMS personnel to safely and reliably perform
4 their functions as basic and advanced life support providers.

5
6 **SEC. 16. *Emergency dispatch.*** - All local government units are mandated to
7 establish their dispatch centers where constituents can call for all cases of
8 emergencies, with adequate and qualified personnel. The dispatch centers shall
9 follow the prescribed guidelines on dispatch protocol as determined by the DILG and
10 the Council.

11
12 **SEC. 17. *Emergency Response, Care, and Transport.*** – All LGUs shall ensure
13 the availability of adequate emergency transport vehicles or ambulances with
14 qualified EMS personnel. All emergency transport vehicles and the procedures to be
15 undertaken in responding and caring for patients shall follow the prescribed
16 guidelines of the Department of Health (DOH) and the Council on ambulance
17 services and on emergency response and care.

18
19 **SEC. 18. *Inter-agency Referral and Transport.*** – The Council shall establish the
20 prescribed protocols / guidelines on inter-agency referral and transport.

21
22 **CHAPTER V**
23 **EMERGENCY COMMUNICATIONS**
24

25 **SEC. 19. *Adoption of a Nationwide Emergency Hotline Number.*** - There shall
26 adapt the National Emergency 911 Hotline to enable the public to access emergency
27 medical services.

28
29 **SEC. 20. *Prohibited Acts and Penalties on Emergency Communications.*** -

30
31 (a) Any person who makes a telephone call to an emergency hotline number
32 with intent to annoy, abuse, threaten or harass any person who answers the
33 telephone call shall be guilty with the first offense and, subject to subsection (c) of
34 this section, shall be compelled to attend a seminar on the proper use of the
35 nationwide emergency hotline number. Upon commission of the offense for the
36 second time, the offender shall, upon conviction, be imposed with a fine of not less
37 than Five hundred pesos (P500.00) but not more than One thousand pesos
38 (P1,000.00). Upon commission of the offense for the third and succeeding times, the
39 offender shall, upon conviction, be imposed with a penalty of imprisonment of not
40 less than one (1) month but not more than six (6) months or a fine of not less than
41 Two thousand pesos (P2,000.00) but not more than Five thousand pesos
42 (P5,000.00), or both, at the discretion of the court.

43
44 (b) Any person who makes a telephone call to an emergency hotline number
45 and, upon the call being answered, makes or solicits any comment, request,
46 suggestion, proposal or sound which is obscene, lewd, lascivious, filthy or indecent,

1 shall be mandated to attend a seminar on the proper use of the nationwide
2 emergency hotline number for the first offense. Upon commission of the offense for
3 the second time, the offender shall, upon conviction, be imposed with a fine of not
4 less than Five hundred pesos (P500.00) but not more than One thousand pesos
5 (P1,000.00). Upon commission of the offense for the third and succeeding times, the
6 offender shall, upon conviction, be imposed with a penalty of imprisonment of not
7 less than one (1) month but not more than six (6) months or a fine of not less than
8 Two thousand pesos (P2,000.00) but not more than Five thousand pesos
9 (P5,000.00), or both, at the discretion of the court.
10

11 (c) A person who gives a false report of a medical emergency or gives false
12 information in connection with a medical emergency, or makes a false alarm of a
13 medical emergency, knowing the report or information or alarm to be false; or makes
14 a false request for ambulance service to an ambulance service provider, knowing the
15 request to be false, shall be mandated to attend a seminar on the proper use of the
16 nationwide emergency hotline number for the first offense. Upon commission of the
17 offense for the second time, the offender shall, upon conviction, be imposed with a
18 fine of not less than Two thousand pesos (P2,000.00) but not more than Five
19 thousand pesos (P5,000.00) and payment of damages. Upon commission of the
20 offense for the third and succeeding times, the offender shall, upon conviction, be
21 imposed with a penalty of imprisonment of not less than one (1) year but not more
22 than three (3) years or a fine of not less than Five thousand pesos (P5,000.00) but
23 not more than Ten thousand pesos (P10,000.00) and payment of damages, or both,
24 at the discretion of the court.
25
26

27 CHAPTER VI 28 OTHER PROVISIONS 29

30 **SEC. 21. *Role of the LGUs.*** - The LGUs are hereby mandated to develop and
31 institutionalize an emergency medical service system within their area of jurisdiction.
32 The Council shall include in its programs, activities that will support and enable the
33 LGUs to accomplish such task.
34

35 **SEC. 22. *Enforcement of the Emergency Medical Services System.*** - The
36 DILG, including all relevant agencies, instrumentalities, offices or bureaus of the
37 government that are involved in the enforcement of emergency medical services, are
38 hereby mandated to render its utmost support for the implementation of this Act.
39

40 **SEC. 23. *Appropriations.*** - The **heads of agencies** concerned shall include in
41 their programs the implementation of this Act, the funding of which shall be included
42 in the annual General Appropriations Act.
43

44 **SEC. 24. *Implementing Rules and Regulations.*** - Except as otherwise provided,
45 the Council, in coordination with the NTC, the TESDA, and the DOH, shall issue and
46 promulgate the rules and regulations to implement the provisions of this Act within

1 one hundred twenty (120) days upon constitution of the Council.

2
3 **SEC. 25. *Separability Clause.*** - If any clause, sentence, paragraph or part of this
4 Act shall be declared unconstitutional or invalid, such judgment shall not affect,
5 invalidate or impact any other part of this Act.

6
7 **SEC. 26. *Repealing Clause.*** - Any provision of laws, orders, agreements, rules or
8 regulations contrary to and inconsistent with this Act is hereby repealed, amended or
9 modified accordingly.

10
11 **SEC. 27. *Effectivity.*** - This Act shall take effect fifteen (15) days after its
12 publication in the *Official Gazette* or in any newspaper of general circulation.

13
14
15 *Approved,*