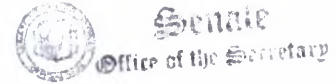



NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 AUG 15 P5 :22

SENATE
S. B. No. 1165

RECEIVED BY: 

Introduced by Senator SONNY ANGARA

AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
PROVIDING FOR THE ESTABLISHMENT, SUPERVISION, AND REGULATION
OF EMERGENCY MEDICAL SERVICES PROGRESSION, AND APPROPRIATING
FUNDS THEREFOR

EXPLANATORY NOTE

The Constitution mandates the State to adopt "an integrated and comprehensive approach to health development...to make essential goods, health and other social services available to all the people at affordable cost."

Various laws have already been enacted in recent years, not to mention several policies implemented, to realize this constitutional mandate of achieving universal healthcare.

And the foregoing measure aligns with this goal, as it aims to establish, institutionalize and strengthen an emergency medical services system (EMSS) throughout the country. Such EMSS would constitute the overarching policy framework governing the provision of emergency medicine (EM) in each of the country's Local Government Units (LGUs).

Emergency medicine is a specialized discipline in the medical field focused on giving timely and coordinated health and safety services to victims of sudden illness or injury, prior to them reaching hospitals, health centers or other brick-and-mortar healthcare facilities.

In fact, according to papers delivered at the October 2013 Asian Conference on Emergency Medicine, the Philippines was one of the earliest among participating

countries that officially recognized pre-hospital EM as a separate discipline (1988) and instituted post-graduate EM exams (1990)¹ to recognize and certify EM physicians and nurses.

Despite these early developments, however, EM in the country has fallen behind, as a national society for EM was established only in 2011. According to data cited at the 2013 Asian Conference on Emergency Medicine, the Philippines only has 3,300 recognized Emergency Medical Service (EMS) personnel. And out of a reported 1,795 hospitals in the country, only 200 (or 11 percent) can be considered "emergency hospitals"—that is, facilities that are capable of providing quality EM care.

The foregoing measure aims to reverse this situation by mandating LGUs to establish emergency dispatch centers with adequate and qualified personnel equipped with emergency transport vehicles like ambulances.

A National EMSS Advisory Committee, co-chaired by the Department of Health (DOH) and the Department of Interior and Local Government (DILG), shall be created to ensure the establishment of a nationwide EMS network.

The National Telecommunications Commission (NTC) is also called on to develop a working system for a national emergency number, such as the 911 emergency hotline rolled out under the Duterte Administration.

The measure also stipulates that each LGU, hospital, and healthcare facility should have a minimum number of positions for Emergency Medical Technicians (EMTs), the salaries of which should be included in the annual financial requirements of their respective institutions.

As more work is put into improving the country's health system, we earnestly seek the swift passage of this measure.



SONNY ANGARA
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¹Pek, Jen Heng et al. 2016. "Emergency medicine as a specialty in Asia." *Acute Medicine & Surgery*, 3: 65-73. Accessible via <http://onlinelibrary.wiley.com/doi/10.1002/ams2.154/abstract>. [Accessed on June 20, 2017].

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

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

3 **SEC. 2. Declaration of Policy.** - It is hereby declared the policy of the State
4 to protect and promote the right to health of the people and instill health
5 consciousness among them. Pursuant to this national policy, the government shall
6 institutionalize a comprehensive, accessible, and integrated system of emergency
7 medical services.

8 **SEC 3. Objectives.** - In support of State policy, this Act:

- 9 a. Mandates the development and institutionalization of EMSS at the
10 national and local levels;
- 11 b. Creates a national EMSS Advisory Committee;
- 12 c. Establishes the national standards for the provision of Emergency
13 Medical Services (EMS);
- 14 d. Ensures the provision of qualified EMS personnel;

- 1 e. Mandates the adoption and use of a National Universal Emergency
- 2 Number; and
- 3 f. Establishes support services to emergency medical services

4 **SEC. 4. Definition of Terms.** - For purposes of this Act, the following terms
5 are hereby defined:

- 6 a. *Accredited Training Institution* refers to a training institution offering training
7 programs, courses, and continuing education for EMS personnel that meet the
8 standards established by the EMS Advisory Committee in coordination with
9 physicians, Emergency Medical Technicians, nurses, and other health care
10 professionals, TESDA, and CHED, among others, and are duly registered in
11 good standing with the EMS Advisory Committee.
- 12 b. *Automated External Defibrillator (AED)* refers to a portable device that checks
13 the heart that checks the heart rhythm and can send an electric shock to the
14 heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac
15 arrest (SCA)
- 16 c. *Command and Control* refers to the multi-faceted supervision or medical
17 oversight by the EMS medical director in handling the processes of EMS
18 operations that may affect patient care directly through the provision of orders
19 to an EMS personnel over the radio, by phone, or on-scene; or indirectly
20 through the development and promulgation of protocols, the education and
21 credentialing of EMS personnel, the conduction of quality improvement
22 activities, and the increased advocacy of appropriate EMS for the patients.
- 23 d. *Emergency Medical Dispatch* refers to the immediate identification and
24 prioritization of emergency situations, the timely dispatch of appropriate
25 resources, providing essential pre-arrival medical instructions and full
26 endorsement to the receiving hospital. Dispatch encompasses all aspects of
27 communication, including request processing, coordination and support,
28 documentation and monitoring.
- 29 e. *Emergency Medical Service Personnel* refers to unique health care personnel
30 involved in the practice of pre-hospital care, which includes the provision of
31 medical care, systematic coordination, and transportation of patients with
32 medical direction. They may include Medical First Responder (MFR), Ambulance

1 Care Assistants (ACA), Emergency Medical Technicians (EMT), Paramedics,
2 Emergency Medical Dispatchers (EMD), and EMS Medical Director.

3 f. *Emergency Medical Services* (EMS) refer to the network of services coordinated
4 to provide aid and medical assistance from the scene to the most appropriate
5 and definitive health facilities, involving personnel trained in stabilization,
6 transportation, and treatment of trauma or medical cases in the pre-hospital
7 setting.

8 g. *Emergency Medical Services System* (EMSS) refers to a comprehensive system
9 that provides the arrangement of personnel, facilities, and equipment for
10 effective, coordinated, and timely delivery of health and safety services to
11 victims of sudden illness or injury in the pre-hospital setting. The conceptual
12 framework of the system revolves around five components and core services
13 of pre-hospital management, namely: Emergency Medical Dispatch, Emergency
14 Response and Care, Emergency Transport, Inter-agency referral and Transport,
15 and Command and Control.

16 h. *Emergency Response and Care* refers to the arrival of resources at the scene
17 and the timely initiation and provision of appropriate interventions.

18 i. *Emergency Transport* refers to transporting the patient to the most appropriate
19 and definitive health facility with continued provision of care and appropriate
20 interventions en route.

21 j. *Emergency Medical Vehicles* refer to an ambulance or other vehicles for
22 emergency medical care which provides, a minimum, (a) a driver's
23 compartment: (b) a patient compartment to accommodate an emergency
24 medical technician (EMT) and a patient so positioned that said patient can be
25 given intensive life-support during transit; (c) equipment and supplies for
26 emergency care at the scene as well as during transport: (d) two-way radio,
27 telephone or electronic communication with the primary medical services
28 provider, and when necessary, equipment for light rescue/extrication
29 procedures. The emergency medical vehicle shall be so designed and
30 constructed to provide the patient with safety and comfort and avoid the
31 aggravation of the patient's injury or illness.

1 k. *Inter-Agency Referral and Transport* refers to the transport of a patient with
2 EMS personnel, if necessary, from one referring facility or agency to another
3 receiving facility or agency for definitive care, as the patient requires, in the
4 event that the services are not available in the referring facility.

5 CHAPTER II

6 EMERGENCY MEDICAL SERVICES SYSTEM

7 **SEC. 5. *Emergency Dispatch.*** - This Act mandates local government units
8 (LGUs) to establish their EMSS Dispatch Centers with adequate and qualified personnel
9 which shall follow the prescribed guidelines on dispatch protocol to be set by the
10 National EMSS Advisory Council created under this Act.

11 **SEC. 6. *Emergency Response and Care.*** – For expeditious response to
12 emergency situations, LGUs shall ensure the availability of emergency transport
13 vehicles or ambulances with qualified EMS personnel: *Provided,* That the EMS
14 personnel shall follow the prescribed guidelines on emergency response and care to
15 be set by the National EMSS Advisory Council created under this Act.

16 **SEC. 7. *Emergency Transport.*** - This Act shall follow the prescribed
17 guidelines of the Department of Health (DOH) on Ambulance Services. The Philippine
18 Health Insurance Corporation (PHIC) shall provide coverage for EMS subject to their
19 policies and guidelines.

20 **SEC. 8. *Inter-agency Referral and Transport.*** - This Act shall establish the
21 prescribed protocols/guidelines on inter-agency referral and transport.

22 **SEC. 9. *Command and Control.*** - A National Command Center which shall
23 be managed jointly by the Department of Health (DOH) and the Department of the
24 Interior and Local Government (DILG) with a functional Universal Emergency Number
25 is hereby established to serve as the coordinating entity between the national
26 government agencies and the LGUs: *Provided,* That all LGUs shall establish their
27 respective Command Centers with designated qualified EMS medical directors:
28 *Provided further,* That Command Centers established by the LGUs shall govern the
29 EMS systems based on the prescribed operational guidelines: *Provided finally,* That
30 the Command Center established by the LGUs may be co-located with the Dispatch
31 Center.

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CHAPTER III

NATIONAL EMSS ADVISORY COMMITTEE

SEC. 10. *Creation of the National EMSS Advisory Committee.* - The National EMSS Advisory Committee is hereby created under the leadership of the Department of Health (DOH) and the Department of Interior and Local Government (DILG).

SEC. 11. *Membership of the EMSS Advisory Committee.* - The members of the EMSS Advisory Committee shall be composed of the Secretary of the DOH as Chairperson, and the Secretary of the Department of the Interior and Local Government (DILG) as Co-Chairperson with the following members:

Permanent Members:

- a. The Chairperson of the Professional Regulation Commission (PRC);
- b. The Secretary of the Department of Justice (DOJ);
- c. The Secretary of the Department of Education (DedEd);
- d. The Secretary of the Department of Transportation (DOTr);
- e. The Secretary of the Department of Information, Communication, and Technology (DICT);
- f. The Director of the National Telecommunication Commission (NTC);
- g. The Secretary of the Department of National Defense (DND);
- h. The Commissioner of the Commission on Higher Education (CHED);
- i. The Director General of Technical Education and Skills Development Authority (TESDA).

Members to be appointed by the Secretary of the DOH upon nomination by their respective associations:

- a. Two (2) nominees of a national organization representing the EMT profession duly registered with the Securities and Exchange Commission (SEC) and recognized by the DOH;
- b. Four (4) nominees of HEMB, one (1) each from the National Capital Region (NCR), Luzon, Visayas and Mindanao;
- c. Two (2) registered emergency medical practitioners representing the Philippine College of Emergency Medicine (PCEM);
- d. One (1) representative from the Philippine Red Cross

1 **SEC. 12. *Term of Office.*** - Each member of the EMSS Advisory Committee
2 shall not serve for more than three (3) consecutive terms. A term shall be for a period
3 of two (2) years.

4 **SEC. 13. *Functions.*** - To carry out its mandate, the EMSS Advisory Committee
5 shall exercise the following functions:

- 6 a. Ensure the establishment of a system of networking & coordination
7 among all existing government health agencies, LGUs, and private and
8 non-government medical institutions for the effective implementation of
9 the Act;
- 10 b. Ensure the development of national standards, protocols and guidelines
11 for the provision of Emergency Medical Services; and
- 12 c. Determine staffing, duties, qualifications, responsibilities, and functions
13 of the Secretariat

14 **SEC. 14. *The Secretariat.*** - The EMSS Advisory Committee shall organize a
15 Secretariat headed by a person of probity and shall have at least five (5) years of
16 experience in emergency medical services or a related field.

17 **SEC. 15. *Meetings.*** - The EMSS Advisory Committee shall meet at least once
18 every quarter and as needed.

19 **CHAPTER IV**

20 **EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL**

21 **SEC. 16. *Creation of Positions for Emergency Medical Services (EMS)***
22 ***Personnel.*** – LGUs, in coordination with the National EMSS Advisory Council shall
23 determine the minimum number of positions for EMS personnel, including Emergency
24 Medical Technicians (EMTs), in all LGUs and healthcare facilities: *Provided,* That the
25 number of personnel shall be based according to the historical needs of the particular
26 LGU for EMS: *Provided further,* That the annual financial requirements needed for the
27 salaries and benefits of EMS personnel shall be included in the annual general
28 appropriations of the respective hospitals, agencies, and local government units.

29 **SEC. 17. *Authorized Training Institution.*** - Training programs, courses,
30 and continuing education for Emergency Medical Technicians (EMTs) may only be
31 conducted in an institution that has been granted a Certificate of Program Registration
32 (COPR) by TESDA if the technical non-degree courses fall under TESDA jurisdiction;

1 or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as
2 Program Accreditation by CHED if the degree programs fall under CHED jurisdiction.

3 The requirements prescribed by the EMSS Advisory Committee shall serve as
4 the minimum requirement for program registration. The DOH can provide training
5 programs for EMTs following the standards set by the EMSS Advisory Committee.

6 **CHAPTER V**

7 **EQUIPMENT AND SUPPORT SERVICES FOR EMS**

8 **SEC. 18. *Emergency Medical Vehicles.*** - This Act shall follow the prescribed
9 guidelines of the DOH on the specification and equipage of an Ambulance Service.

10 **SEC. 19. *Adoption of a National Universal Emergency Telephone***
11 ***Number.*** - There shall only be one national emergency number to enable the public
12 to access emergency medical services (911). Towards this end, the National
13 Telecommunications Commission (NTC) shall develop a program for the adoption of a
14 national emergency number by the LGUs and national government agencies
15 responsible for emergency service and public safety; the telecommunications industry
16 including, but not limited to, the cellular and other wireless telecommunications service
17 providers; the motor vehicle manufacturing industry; emergency medical service
18 providers; emergency dispatch providers; transportation officials; public safety, fire
19 service, and law enforcement officials; consumer groups; and hospital emergency
20 and trauma care personnel including, but not limited to, emergency physicians, trauma
21 surgeons, and nurses.

22 **SEC. 20. *Access to Automated External Defibrillators (AED).*** - All
23 government/public and private institutions, including malls, parks, and transport
24 stations, are hereby mandated to provide at least one (1) automated external
25 defibrillator in their respective areas of responsibility.

26 **CHAPTER VI**

27 **OTHER PROVISIONS**

28 **SEC. 21. *Appropriations.*** - The Secretaries of the Departments concerned as
29 well as the LGUs shall include in their programs the funding needed for the
30 implementation of this Act. Thereafter, the amount necessary for its continued
31 implementation shall be included in the annual General Appropriations Act (GAA) and
32 the annual budget of the respective LGUs.

1 **SEC. 22. Implementing Rules and Regulations** – Within thirty (30) days
2 from the effectivity of this Act, DOH and DILG, in coordination with PRC, DOJ, DepEd,
3 DOTr, DICT, NTC, DND, CHED, TESDA and other government agencies and
4 stakeholders, shall promulgate the Implementing Rules and Regulations (IRR) to carry
5 out the provisions of this Act.

6 **SEC. 23. Separability Clause.** - If any provision or part of this Act is declared
7 invalid or unconstitutional, other provisions hereof which are not affected thereby shall
8 continue to be in full force and effect.

9 **SEC. 24. Repealing Clause.** – All other laws, decrees, orders, other
10 issuances, rules and regulations, or parts thereof inconsistent with the provisions of
11 this Act are hereby repealed or modified accordingly.

12 **SEC. 25. Effectivity.** - This Act shall take effect fifteen (15) days after its
13 publication in the Official Gazette or in a newspaper of general circulation.

14 *Approved,*