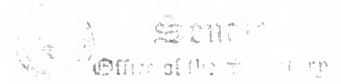


NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 JUL 12 P5:07

SENATE

RECEIVED BY _____

S. No. 421

Introduced by Senator Christopher Lawrence "Bong" T. Go

**AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

At all times, especially during times of emergencies, it is necessary to have a well-coordinated, fast and effective response mechanism to prevent loss of lives and property. This bill provides for a comprehensive Emergency Medical Services (EMS) System that will allow the effective, coordinated, and timely delivery of health and safety services to victims of sudden illness or injury in the pre-hospital setting.

In 2018, President Rodrigo Duterte issued Executive Order (EO) No. 56 to establish the Emergency 911 Hotline as the nationwide emergency hotline number which acts as a call center linking people needing assistance to emergency resources of the government such as the police, firefighters, medical workers and rescue services.

This proposed legislation seeks to institutionalize the nationwide emergency hotline number and mandates mobile phone service providers to provide access to the hotline number free of charge.

This bill also proposes the setting up of a dedicated dispatch center in all local government units equipped with emergency vehicles and trained personnel.

An EMS Council is also established to ensure the development of national standards and programs for the provision 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.

In view of the foregoing, the immediate enactment of this measure is sought.


SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO 

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**AN ACT
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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
2
3
4 Section 1. *Short Title.* – This Act shall be known as the "*Emergency Medical*
5 *Services System (EMSS) Act of 2022.*"
6

7 Sec. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to
8 protect and promote the right to health of the people. Pursuant to this national policy,
9 the government shall institutionalize a comprehensive, accessible, integrated and
10 standardized system of emergency medical services and provide an environment that
11 will maximize the capability and potential of emergency medical services (EMS)
12 personnel.
13

14 Sec. 3. *Objectives.* – This Act has the following objectives:

- 15 a) To create a national Emergency Medical Services System Council;
16 b) To develop and institutionalize an emergency medical services system at
17 the national and local government;
18 c) To encourage and promote the active participation of the private sector in
19 the provision of emergency medical services;

- 1 d) To establish a national standard for an emergency medical services such as
- 2 training of EMS institutions and personnel, and establishing standards for
- 3 design, accreditation and regulation of emergency medical vehicles;
- 4 e) To institutionalize the use of a Nationwide Emergency Hotline Number;
- 5 f) To establish and provide support services to emergency medical services;
- 6 g) To promote public safety and accessible emergency medical services to the
- 7 people especially those in need of emergency medical services and give
- 8 priority for the under-served and unserved communities; and
- 9 h) To adopt an emergency medical service protocol in times of natural and
- 10 man-made disasters.

11 Sec 4. *Definition of Terms.* – For purposes of this Act, the following terms are
12 hereby defined:

- 13 a) Accredited training and assessment institutions refer to organizations
- 14 accredited by the EMSS Council to offer training programs, courses,
- 15 continuing education and competency-based assessment in Emergency
- 16 Medical Services for EMS personnel;
- 17 b) Ambulance or Emergency medical vehicle refers to a vehicle designed and
- 18 equipped for transporting sick or injured patients to, from, and between
- 19 places of treatment by land, water or air, affording safety and comfort to
- 20 the patients and avoiding illness or injury;
- 21 c) Basic Life Support (BLS) refers to a group of actions and interventions used
- 22 to resuscitate and stabilize victims of cardiac and respiratory arrest. These
- 23 BLS actions and interventions includes the recognition of a Cardiac or a
- 24 Respiratory emergency or Stroke, activation of the emergency response
- 25 system, CPR and relief of foreign-body airway obstruction;
- 26 d) Emergency medical services (EMS) refer to:
 - 27 (1) Emergency care which refers to the independent delivery of pre-hospital
 - 28 emergency medical services by appropriately trained and certified EMS
 - 29 personnel, usually in a mobile or community setting, in full accordance
 - 30 with the Emergency Medical Services Treatment Protocols established
 - 31 by the EMSSC;

1 (2) Advanced Life Support which refers to a set of life saving protocols and
2 skills that extend beyond BLS;

3 e) Emergency Medical Services Personnel refers to a trained and certified
4 personnel engaged in the provision of emergency medical services during
5 emergencies. Responders may either be health professionals or non-health
6 professionals;

7 f) Emergency Medical Services System refers to the arrangement and
8 coordination of personnel, facilities, and equipment for the effective delivery
9 of emergency medical services required in the management of
10 emergencies; for the management and prevention of further incidents or
11 accidents and the broad range of emergency care from emergency care to
12 transport in an intensive care setting;

13 g) Emergency Response and Care refers to the arrival of resources at the scene
14 and the timely initiation and provision of appropriate medical interventions;
15 and

16 h) Medical Emergency refers to any acute or life-threatening condition that
17 requires immediate intervention by competent medical personnel.
18

19 **CHAPTER II**

20 **EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL**

21
22 *Sec. 5. Creation of the Emergency Medical Services Systems Council.* - There
23 shall be a council to be known as the "Emergency Medical Services Systems Council",
24 hereinafter referred to as the Council.
25

26 *Sec. 6. Powers and Functions of the EMSSC.* - The Council shall perform the
27 following functions:

28 (a) To formulate policies governing the field of emergency medical services and
29 related institutions;

30 (b) To develop national standards for the provision of emergency medical
31 services to include, among others, the skills and competencies required for

- 1 EMS personnel and the development of mandatory national emergency
2 medical services treatment protocols to be observed by EMS personnel and
3 such other entities as it may consider appropriate;
- 4 (c) To promulgate a Code of Ethics for EMS personnel;
- 5 (d) To develop high standards of operation for EMS personnel;
- 6 (e) To develop standards and protocols for the design, construction, outfitting
7 and operations of emergency medical vehicles
- 8 (f) To integrate the training and study of standard Basic Life Support and First
9 Aid in different kinds of situations and emergencies in the curriculum of all
10 public and private educational institutions.
- 11 (g) To ensure the establishment of a system of networking and coordination
12 among all existing government health agencies, LGUs, and private and non-
13 government medical institutions for the effective implementation of this
14 Act;
- 15 (h) To monitor compliance by all LGUs and government and private health
16 facilities, of the standards and requirements set out in this Act;
- 17 (i) To create committees and other mechanisms to help expedite the
18 implementation of plans and strategies;
- 19 (j) To generate resources from local, national and international organizations
20 and agencies, whether government or private sector, for its operation;
- 21 (k) To receive and accept donations and other conveyances including funds,
22 materials and services by gratuitous title: Provided, that not more than
23 twenty percent (20%) of said funds shall be used for administrative
24 expenses;
- 25 (l) To advise the President on matters pertaining to EMS;
- 26 (m) To investigate complaints against violators of this Act, its rules and
27 regulations and policies of the Council;
- 28 (n) To request any department, instrumentality, office, bureau or agency of
29 the government, including LGUs, to render such assistance as it may
30 require in order to carry out, enforce or implement the provisions of this
31 Act;
- 32 (o) To meet at least once every quarter; and

1 (p) To promulgate rules and regulations and policies of the Council and enforce
2 the provisions of this Act.

3 *Sec. 7. Membership of the Council.* - The members of the Council shall be
4 composed of the following:

5 (a) The Secretary of the Department of Interior and Local Government (DILG)
6 as Chairperson of the Council;

7 (b) The Secretary of the Department of Health (DOH) as Co-Chairperson;

8 (c) The Secretary of the Department of Information, Communication and
9 Technology (DICT);

10 (d) The Head of the Office of Civil Defense (OCD);

11 (e) The President of the League of Municipalities of the Philippines (LMP);

12 (f) The President of the League of Cities of the Philippines (LCP);

13 (g) The President of the League of Provinces of the Philippines (LPP);

14 (h) The Chief of the Bureau of Fire Protection (BFP); and

15 (i) Three (3) representatives from civil society organizations (CSOs) who are
16 involved in the practice and implementation of emergency medical services.

17 *Sec. 8. Compensation and Remuneration.* - Public officials or employees who
18 are members of the Council shall perform their duties as such without compensation
19 or remuneration, subject to reasonable per diem allowances as approved by the
20 Council and subject to existing rules and regulations of the Department of Budget and
21 Management (DBM). Members who are not public officials or employees shall be
22 entitled to necessary traveling expenses, per diem and representation allowances
23 chargeable against funds of the Department of Interior and Local Government, as
24 approved by the Council, subject to existing rules and regulations of the DBM.

25
26 *Sec. 9. The Secretariat.* - The BFP shall serve as the Secretariat of the Council.

27
28 *Sec. 10. Program Plans.* - The Council shall within six (6) months after having
29 been officially constituted, shall adopt and immediately cause to be implemented an
30 Emergency Medical Services development program for the implementation of the
31 objectives of this Act.

1
2 Sec. 11. *Accreditation.* - The Council shall issue certifications and licenses for
3 the accreditation of training and assessment institutions for EMS personnel.
4

5 **CHAPTER III**
6 **EMERGENCY MEDICAL SERVICES PERSONNEL**
7

8 Sec. 12. *Creation of Plantilla Positions for Emergency Medical Services*
9 *Personnel* – In coordination with the DBM, there shall be created a minimum number
10 of plantilla positions for EMS personnel in the following government health facilities
11 within two (2) years from the approval of this Act:

12 (a) Level 3 Hospitals – Ten (10) EMS personnel and at least one (1) Ambulance
13 Assistant;

14 (b) Level 2 Hospitals – Eight (8) EMS personnel and at least one (1) Ambulance
15 Assistant;

16 (c) Level 1 Hospitals – Six (6) EMS personnel and at least one (1) Ambulance
17 Assistant;

18 Each province, city and municipality shall also employ appropriate number of
19 EMS personnel as it may deem necessary. Local government units shall endeavor to
20 have at least (2) EMS personnel in every rural health unit.

21 In accordance with Republic Act No. 11589, otherwise known as the “Bureau
22 of Fire Modernization Act”, the BFP shall employ EMS personnel in every municipality
23 and city.
24

25 Sec. 13. *Authorized Training Institution.* – All EMS personnel shall be duly
26 trained by accredited training and assessment institutions. The Council shall develop
27 a continuing education program for all EMS personnel.
28

29 Training programs, courses and continuing education for an EMS personnel
30 shall be conducted by an institution that has been granted accreditation by the
31 Council.

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

CHAPTER IV
EMERGENCY MEDICAL SERVICES VEHICLES AND DISPATCH

Sec. 15. *Emergency Medical Vehicles.* - The Council shall develop minimum requirements for the design, construction, performance, equipment, testing and appearance of emergency medical vehicles.

The DILG, in coordination with the DOH, shall design a specification and an accreditation systems and procedures for ambulances and other emergency medical vehicles in accordance with the requirements set forth by the Council.

The emergency medical vehicle shall be so designed and constructed to provide the patient with safety and comfort, and to prevent aggravation of the patient’s injury or illness.

Sec 16. *Emergency Dispatch.* – All provinces, cities and municipalities, in coordination with the BFP, are mandated to establish their dispatch centers where constituents can call in 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 provinces, cities and municipalities, in coordination with the BFP and DOH, 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

1 and caring for patients shall follow the prescribed guidelines of the DOH and the
2 Council on ambulance services and on emergency response and care.

3
4 The DOH shall include in its Health Facilities Enhancement Program subsidy for
5 the emergency transport vehicles and ambulances of local government units with low
6 capacity in terms of fiscal resources and local government units with high poverty
7 incidence.

8
9 Sec. 18. *Inter-Agency and Inter-jurisdictional Referral and Transport.* – This
10 Council shall establish the prescribed protocols and guidelines on inter-agency and
11 inter-jurisdictional referral and transport.

12
13 **CHAPTER V**
14 **EMERGENCY COMMUNICATIONS**

15
16 Sec. 19. *Adoption of a Nationwide Emergency Hotline Number.* – Within two
17 (2) years from the approval of this Act, there shall established a nationwide emergency
18 hotline number to be operated by the DICT, in coordination with the DILG and the
19 DOH. Towards this end, the National Telecommunications Commission (NTC) and the
20 Council, in consultation with mobile phone service providers, shall develop a program
21 for the adoption of a nationwide emergency hotline number. The hotline number shall
22 be able to link callers with service responders including, but not limited to, the
23 following:

- 24 (a) Philippine National Police;
25 (b) Bureau of Fire Protection;
26 (c) Public hospitals;
27 (d) EMS dispatch centers;
28 (e) Other law enforcement agencies as determined by the DILG.

29 All mobile phone service providers are mandated to provide access to the
30 nationwide emergency hotline number free of charge.

1 Sec. 20. *Staffing.* – The DICT and all service providers, in coordination with the
2 DBM, shall formulate a staffing pattern to effectively and efficiently carry out the
3 objectives of Section 19 of this Act.

4
5 Voice service providers to be employed in accordance with this Act shall be duly
6 trained to handle distress and emergency calls. It shall be the duty of every voice
7 service provider to provide its subscribers with access to service responders.

8
9 Sec. 21. *Prohibited Acts and Penalties on Emergency Communications.* –

10 (a) Any person who makes a telephone call to an emergency hotline number
11 with intent to annoy, abuse, threaten or harass any person who answers
12 the telephone call shall be guilty with the first offense and, subject to
13 subsection (c) of this section, shall be compelled to attend a seminar on
14 the proper use of the nationwide emergency hotline number. Upon
15 commission of the offense for the second time, the offender shall, upon
16 conviction, be imposed with a fine of not less than Five hundred pesos
17 (P500.00) but not more than One thousand pesos (P1,000.00). Upon
18 commission of the offense for the third and succeeding times, the offender
19 shall, upon conviction, be imposed with a penalty of imprisonment of not
20 less than one (1) month but not more than six (6) months or a fine of not
21 less than Two thousand pesos 16 (P2,000.00) but not more than Five
22 thousand pesos (P5,000.00), or both, at the discretion of the court.

23 (b) Any person who makes a telephone call to an emergency hotline number
24 and, upon the call being answered, makes or solicits any comment, request,
25 suggestion, proposal or sound which is obscene, lewd, lascivious, filthy or
26 indecent, shall be mandated to attend a seminar on the proper use of the
27 nationwide emergency hotline number for the first offense. Upon
28 commission of the offense for the second time, the offender shall, upon
29 conviction, be imposed with a fine of not less than Five hundred pesos
30 (P500.00) but not more than One thousand pesos (P1,000.00). Upon
31 commission of the offense for the third and succeeding times, the offender
32 shall, upon conviction, be imposed with a penalty of imprisonment of not

1 less than one (1) month but not more than six (6) months or a fine of not
2 less than Two thousand pesos (P2,000.00) but not more than Five thousand
3 pesos (P5,000.00), or both, at the discretion of the court.

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

20 **CHAPTER VI**
21 **OTHER PROVISIONS**

22
23 *Sec. 22. Role of the LGUs.* - The LGUs are hereby mandated to develop and
24 institutionalize an emergency medical service system within their area of jurisdiction.
25 The Council shall include in its programs, activities that will support and enable the
26 LGUs to accomplish such task.

27
28 *Sec. 23. Enforcement of the Emergency Medical Services System.* - The DILG,
29 DOH, DICT, local government units and all relevant agencies, instrumentalities, offices
30 or bureaus of the government that are involved in the enforcement of emergency

1 medical services, are hereby mandated to render its utmost support for the
2 implementation of this Act.

3
4 *Sec. 24. Appropriations.* - The amounts necessary for the initial implementation
5 of this Act shall be sourced from the appropriations of all concerned agencies and local
6 government units. Thereafter, such sums as may be necessary for its continued
7 implementation shall be included in the annual General Appropriations Act.

8
9 *Sec. 25. Implementing Rules and Regulations.* – Within sixty (60) days from
10 the effectivity of this Act, the DILG, BFP, DOH, DICT, DBM and other relevant agencies
11 and stakeholders shall issue and promulgate the implementing rules and regulations
12 to carry out the provisions of this Act.

13
14 *Sec. 26. Repealing Clause.* – All laws, decrees, orders, circulars, issuances, rules
15 and regulations and parts thereof which are inconsistent with this act are hereby
16 repealed, amended or modified accordingly.

17
18 *Sec. 27. Separability Clause.* – If any provision of this Act is subsequently
19 declared unconstitutional, the validity of the remaining provisions hereof shall remain
20 in full force and effect.

21
22 *Sec. 28. Effectivity.* - This Act shall take effect fifteen days (15) after its
23 complete publication in at least two (2) newspapers of general circulation in the
24 Philippines.

Approved,