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SENATE

S. B. No. 1350

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

The World Health Organization (2022) reported that approximately 1.3 million people die yearly from road traffic crashes. Road traffic injuries are the leading cause of death for children and young adults aged 5-29 years. WHO also noted that 93% of the world's fatalities occur in low- and middle-income countries, it costs most countries 3% of their GDP, and more than half of all road traffic deaths involve vulnerable road users, among them pedestrians, cyclists, and motorcyclists.

In 2017, the WHO reported that about 7,000 Filipinos die each year, and thousands more are injured or disabled, due to road traffic crashes, with rides on 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 of all ages and account 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.

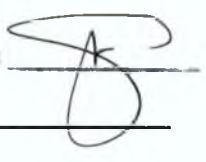
In addition, the bill proposes the creation of a National Emergency Medical Services System Council to formulate and implement policies and develop national standards for the consistent provision of emergency medical services. It also provides for the creation of plantilla positions for EMS personnel 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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AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM (EMSS),
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

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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 and local 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 such as, training of ems institutions and personnel and 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 establish and provide support services to emergency medical services;
- (g) To promote public safety and accessible emergency medical services to the people especially those in need of emergency medical services and give priority for the under-served and unserved communities; and
- (h) To adopt an emergency medical service protocol in times of natural and man-made disasters.

Sec. 4. *Definition of Terms.* - As used this Act:

- (a) *Accredited training and assessment institutions* refer to organizations, in good

1 standing with the EMSSC, accredited to offer training programs, courses, [and]
2 continuing education and competency-based assessment in emergency medical
3 services for EMS personnel that meet the standards established by the
4 Philippine Public Safety College (PPSC) for uniformed personnel and the
5 Emergency Medical Service System Council (EMSSC), hereinafter referred to as
6 the Council created under this Act.

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

11 (c) *Basic Life Support (BLS)* refers to a group of actions and interventions used to
12 resuscitate and stabilize victims of cardiac and respiratory arrest. These BLS
13 actions and interventions includes the recognition of a cardiac or a respiratory
14 emergency or stroke, activation of the emergency response system, CPR and
15 relief of foreign-body airway obstruction.

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

20 (e) *Emergency Medical Dispatch* refers to the immediate identification and
21 prioritization of emergency situations, the timely dispatch of appropriate
22 resources, providing essential pre-arrival medical instructions and full
23 endorsement to the receiving hospital. Dispatch encompasses all aspects of
24 communication including request processing, coordination and support,
25 documentation and monitoring.

26 (f) *Emergency medical services (EMS)* refer to:

27 1) *Emergency care* 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 Emergency Medical Services System Council (EMSSC), hereinafter
32 referred to as the Council, created under this Act.

33 2) *Advance life support* refers to a set of life saving protocols and skills that
34 extend beyond BLS to further support the circulation and provide an
35 advanced airway and adequate ventilation.

36 i. *Advanced Cardiac Life Support (ACLS)* refers to a group of
37 interventions used to treat and stabilize adult victims of life-
38 threatening cardiorespiratory emergencies and to resuscitate
39 victims of cardiac arrest. These interventions include Cardio
40 Pulmonary Resuscitation, basic and advanced airway
41 management such as tracheal intubation, emergency
42 medications, electrical therapy, automated external defibrillation
43 and intravenous (IV) access.

44 ii. *Advanced Trauma Life Support (ATLS)* refers to a group protocol
45 for managing trauma victims and designed to maximize
46 management in the first hour after trauma and ensure an optimal
47 long-term outcome. These interventions include BLS, ACLS,

1 immobilization, venous cannula insertion and Pediatric Advanced
2 Life Support (PALS) for children.

- 3 (g) *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 (h) *Emergency Medical Services (EMS) System* refers to the arrangement and
8 coordination of personnel, facilities, and equipment for the effective delivery of
9 ems required in the management of medical emergencies; for the management
10 and prevention of further incidents or accidents and the broad range of
11 emergency care from emergency care to transport in an intensive care setting
- 12 (i) *Emergency Response and Care* refers to the arrival of resources at the scene
13 and the timely initiation and provision of appropriate medical interventions.
- 14 (j) *Emergency Transport* refers to the transporting of a patient to the most
15 appropriate and definitive health facility with continued provision of care and
16 appropriate interventions *en route* to the appropriate health facility.
- 17 (k) *Inter-Agency Referral and Transport* refers to the transport of patient with EMS
18 personnel, if necessary, from one referring facility or agency to another
19 receiving facility or agency for definitive care, as the patient requires, in an
20 event that the services are not available in the referring facility.
- 21 (l) *Medical Direction* refers to the communication between an EMS personnel and
22 a physician from the field via radio or other means to obtain instruction on
23 further care of a patient.
- 24 (m) *Medical Emergency* refers to any acute or life-threatening condition that
25 requires immediate intervention by competent medical personnel.
- 26 (n) *Medical Oversight* refers to the broad understanding of the emergency medical
27 system as a whole and ensuring proper policies and procedures exist to ensure
28 safe transitions of care and utilization of appropriate resources in the field. it is
29 typically performed by a medical director at the local, regional, and national
30 levels, in collaboration with regulatory, regional and local medical directors and
31 advisory committees.
- 32 (o) *National Emergency Medical Services Treatment Protocols* refer to emergency
33 medical procedures outlining approved clinical practices and therapies to be
34 observed by EMS personnel, as established by the Council created under
35 Section 5 hereof.
- 36 (p) *Patient Transport* refers to the transport of patients with non-life threatening
37 conditions to and from medical facilities. In emergency situations, patients are
38 transported by the Emergency Medical Services.

39
40 **CHAPTER II**
41 **EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL**
42

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

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

- 1 (a) To formulate policies governing the field of emergency medical services and
2 related institutions;
- 3 (b) To develop national standards for the provision of emergency medical services
4 to include, among others, the skills and competencies required for EMS
5 personnel and the development of mandatory national emergency medical
6 services treatment protocols to be observed by EMS personnel and such other
7 entities as it may consider appropriate;
- 8 (c) To promulgate a Code of Ethics for EMS personnel;
- 9 (d) To develop high standards of operation for EMS personnel;
- 10 (e) To develop standards and protocols for the design, construction, outfitting and
11 operations of emergency medical vehicles;
- 12 (f) To integrate the training and study of Standard Basic Life Support and first aid
13 in different kinds of situations and emergencies in the curriculum of all public
14 and private tertiary educational institutions;
- 15 (g) To ensure the establishment of a system of networking and coordination among
16 all existing government health agencies, LGUs, and private and non-
17 government medical institutions for the effective implementation of this Act;
- 18 (h) To monitor compliance by all LGUs and government and private health facilities,
19 of the standards and requirements set out in this Act;
- 20 (i) To establish a Secretariat under an Executive Director for the administrative
21 and day-to-day operations of the Council;
- 22 (j) To create committees and other mechanisms to help expedite the
23 implementation of plans and strategies;
- 24 (k) To generate resources from local, national and international
25 organizations/agencies, whether government or private sector, for its
26 operation;
- 27 (l) To receive and accept donations and other conveyances including funds,
28 materials and services by gratuitous title: *Provided*, That not more than thirty
29 percent (30%) of said funds shall be used for administrative expenses;
- 30 (m) To prepare an annual budget of the Council and submit the same to the
31 President for inclusion in the annual General Appropriations Act;
- 32 (n) To advise the President on matters pertaining to EMS;
- 33 (o) To investigate complaints against violators of this Act, its rules and regulations
34 and policies of the Council;
- 35 (p) To request any department, instrumentality, office, bureau or agency of the
36 government, including LGUs, to render such assistance as it may require in
37 order to carry out, enforce or implement the provisions of this Act;
- 38 (q) To regulate activities inimical to the delivery of emergency medical services;
39 and;
- 40 (r) To promulgate rules and regulations and policies of the Council and enforce the
41 provisions of this Act.

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

- 44 (1) The Secretary of the Department of Health (DOH) as Co-Chairperson;
- 45 (2) The Secretary of the Department of Interior and Local Government (DILG) as
46 Co-Chairperson;
- 47 (3) The Director General of the TESDA;

- 1 (4) The Administrator of the Office of Civil Defense (OCD);
- 2 (5) The Chairman of the Philippine Red Cross (PRC); and
- 3 (6) The President of the Philippine Health Insurance Corporation (PhilHealth).
- 4 (7) The Chairperson of the Commission on Higher Education
- 5 (8) One representative from medical or health professional organizations
- 6 (9) One representative from non-government organizations advocating for
- 7 patient's rights and welfare

8 The members of the Council from the government may designate their permanent
9 authorized representatives, with a rank not lower than a Director level.

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

14 *Sec. 8. Compensation and Remuneration.* – The Secretaries of the DILG and DOH
15 or their representatives and members of the Council from the government shall perform
16 their duties as such without compensation or remuneration, subject to reasonable *per*
17 *diem* allowances as approved by the Council and subject to existing rules and regulations
18 of the Department of Budget and Management (DBM). Members thereof who are not
19 government officials or employees shall be entitled to necessary traveling expenses, *per*
20 *diem* and representation allowances chargeable against funds of the DILG, as approved
21 by the Council, subject to existing rules and regulations of the DBM.

22 *Sec. 9. The Secretariat.* – The Bureau of Fire Protection (BFP), an attached agency
23 of the DILG, shall act as the Secretariat of the Council. The BFP shall be strengthened by
24 augmenting its additional manpower and budget for its operations as the primary
25 responder in emergency medical care services.

26 *Sec. 10. Meetings.* - The Council shall meet at least once every quarter.

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

34

35 **CHAPTER III**

36 **EMERGENCY MEDICAL SERVICES PERSONNEL**

37

38 *Sec. 12. Creation of Plantilla Positions for Emergency Medical Services Personnel-*
39 There shall be created a minimum number of plantilla positions for EMS personnel in the
40 following government hospitals/health facilities within the next five (5) years upon
41 approval of this Act:

- 42 (a) Level 2 and 3 Hospitals – ten (10) EMS personnel and at least one (1)
- 43 Ambulance Assistant;
- 44 (b) Level 1 Hospitals – six (6) EMS personnel and at least one (1) Ambulance
- 45 Assistant;
- 46 (c) Local Government Units – six (6) EMS personnel; and
- 47 (d) Other Health Facilities - as may be deemed necessary by the Council.

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

7 *Sec. 13. Authorized Training Institution.* - Training programs, courses and
8 continuing education for an EMS personnel shall be conducted by an institution that has
9 been recognized by the DOH and granted a Certificate of Program Registration (COPR)
10 by the TESDA.

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

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16 **CHAPTER IV**
17 **EMERGENCY MEDICAL SERVICES SYSTEM**

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19 *Sec. 15. Emergency Medical Vehicles.* - The Council shall adapt and follow the DOH
20 Administrative Order No. 2018-0001 or the Department's A.O. governing licensure of
21 ambulance and ambulance service provider, to provide the public with ambulances and
22 other emergency medical vehicles that are easily identifiable, nationally recognizable,
23 properly constructed, easily maintained and, when appropriately equipped, will enable
24 EMS personnel to safely and reliably perform their functions as basic and advanced life
25 support providers.

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

30 *Sec. 17. Emergency Response, Care, and Transport.* - All LGUs shall ensure the
31 availability of adequate emergency transport vehicles or ambulances with qualified EMS
32 personnel. All emergency transport vehicles and the procedures to be undertaken in
33 responding and caring for patients shall follow the prescribed guidelines of the
34 Department of Health (DOH) and the Council on ambulance services and on emergency
35 response and care.

36 *Sec. 18. Inter-agency Referral and Transport.* - The Council shall establish the
37 prescribed protocols / guidelines on inter-agency referral and transport.

38
39 **CHAPTER V**
40 **EMERGENCY COMMUNICATIONS**

41
42 *Sec. 19. Adoption of a Nationwide Emergency Hotline Number.* - There shall adapt
43 the National Emergency 911 Hotline to enable the public to access emergency medical
44 services.

45 *Sec. 20. Prohibited Acts and Penalties on Emergency Communications.* -

46 (a) Any person who makes a telephone call to an emergency hotline number with
47 intent to annoy, abuse, threaten or harass any person who answers the

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

12 (b) Any person who makes a telephone call to an emergency hotline number and,
13 upon the call being answered, makes or solicits any comment, request,
14 suggestion, proposal or sound which is obscene, lewd, lascivious, filthy or
15 indecent, shall be mandated to attend a seminar on the proper use of the
16 nationwide emergency hotline number for the first offense. Upon commission
17 of the offense for the second time, the offender shall, upon conviction, be
18 imposed with a fine of not less than Five hundred pesos (P500.00) but not
19 more than One thousand pesos (P1,000.00). Upon commission of the offense
20 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) month but
22 not more than six (6) months or a fine of not less than Two thousand pesos
23 (P2,000.00) but not more than Five thousand pesos (P5,000.00), or both, at
24 the discretion of the court.

25 (c) A person who gives a false report of a medical emergency or gives false
26 information in connection with a medical emergency, or makes a false alarm of
27 a medical emergency, knowing the report or information or alarm to be false;
28 or makes a false request for ambulance service to an ambulance service
29 provider, knowing the request to be false, shall be mandated to attend a
30 seminar on the proper use of the nationwide emergency hotline number for the
31 first offense. Upon commission of the offense for the second time, the offender
32 shall, upon conviction, be imposed with a fine of not less than Two thousand
33 pesos (P2,000.00) but not more than Five thousand pesos (P5,000.00) and
34 payment of damages. Upon commission of the offense for the third and
35 succeeding times, the offender shall, upon conviction, be imposed with a
36 penalty of imprisonment of not less than one (1) year but not more than three
37 (3) years or a fine of not less than Five thousand pesos (P5,000.00) but not
38 more than Ten thousand pesos (P10,000.00) and payment of damages, or
39 both, at the discretion of the court.

40
41 **CHAPTER VI**
42 **OTHER PROVISIONS**
43

44 *Sec. 21. Role of the LGUs.* - The LGUs are hereby mandated to develop and
45 institutionalize an emergency medical service system within their area of jurisdiction. The
46 Council shall include in its programs, activities that will support and enable the LGUs to
47 accomplish such task.

1 Sec. 22. *Enforcement of the Emergency Medical Services System.* - The DILG,
2 including all relevant agencies, instrumentalities, offices or bureaus of the government
3 that are involved in the enforcement of emergency medical services, are hereby
4 mandated to render its utmost support for the implementation of this Act.

5 Sec. 23. *Appropriations.* - The heads of agencies concerned shall include in their
6 programs the implementation of this Act, the funding of which shall be included in the
7 annual General Appropriations Act.

8 Sec. 24. *Implementing Rules and Regulations.* - Except as otherwise provided, the
9 Council, in coordination with the NTC, the TESDA, and the DOH, shall issue and
10 promulgate the rules and regulations to implement the provisions of this Act within one
11 hundred twenty (120) days upon constitution of the Council.

12 Sec. 25. *Separability Clause.* - If any clause, sentence, paragraph or part of this
13 Act shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate
14 or impact any other part of this Act.

15 Sec. 26. *Repealing Clause.* - Any provision of laws, orders, agreements, rules or
16 regulations contrary to and inconsistent with this Act is hereby repealed, amended or
17 modified accordingly.

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

Approved,