

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



HOUSE OF REPRESENTATIVES

? House Bill No. 295

Introduced by Representative Victor A. Yap

EXPLANATORY NOTE

Emergency medical services are crucial in avoiding complications before hospital service is available. When emergency care or medicine is provided to a victim prior to being transported to a hospital, their survival rate becomes much higher. Thus, we must endeavor to cultivate and maintain an environment conducive to the practice of pre-hospital emergency care, and institute a standard system of emergency medical services in the country.

This bill seeks to create the Emergency Medical Services Systems Council that shall develop national standards and protocols to be observed by emergency medical services personnel. The measure also aims to ensure that there are adequate emergency medical services personnel in the country by creating a minimum number of plantilla positions for them in government hospitals and health facilities.

Furthermore, the proposed measure mandates local government units to ensure the availability of adequate emergency transport vehicles or ambulances with qualified emergency medical services personnel, and to establish dispatch centers where constituents can call for all cases of emergencies. It also seeks to adopt a free national emergency 911 hotline number to enable the public to immediately access emergency medical services. This bill ultimately aims to maximize the capability and potential of emergency medical services personnel in order to save more lives.

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



VICTOR A. YAP
Representative, 2nd District of Tarlac

EIGHTEENTH CONGRESS)
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AN ACT

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

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 Services
2 System (EMSS) Act".

3
4 **SEC. 2. Declaration of Policy.** - It is hereby declared the policy of the State to protect
5 and promote the right to health of the people. Pursuant to this policy, the government shall
6 institutionalize a comprehensive, accessible, integrated and standardized system of emergency
7 medical services and provide an environment that will maximize the capability and potential of
8 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 national,
15 regional and local levels of 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 including, but not
21 limited to, accreditation of EMS institutions and/or training of EMS personnel,

1 establishing standards for design, accreditation and regulation of emergency medical
2 vehicles;

3

4 (e) To institutionalize the use of 911 as the Nationwide Emergency Hotline Number;

5

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

8

9 (g) To promote public safety and accessible emergency medical services to the people
10 especially those in the under-served and unserved communities; and

11

12 (h) To establish and provide support services, both internal and external, to emergency
13 medical services.

14

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

16

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

23

24 (b) **Ambulance/Emergency medical vehicle** refers to a vehicle designed and equipped for
25 transporting sick or injured patients to, from, and between places of treatment by land,
26 water or air, affording safety and comfort to the patients and avoiding the aggravation of
27 illness or injury.

28

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

34

35 (d) **Competency-based assessment** refers to the confirmation of an EMS personnel's
36 capability and capacity to perform one's duties and responsibilities, through the process
37 of collective evidence and judgment, in accordance with the standards and guidelines
38 established by the Council.

1
2 (e) ***Emergency Medical Dispatch*** refers to the immediate identification and prioritization
3 of emergency situations, the timely dispatch of appropriate resources, providing essential
4 pre-arrival medical instructions and full endorsement to the receiving hospital. Dispatch
5 encompasses all aspects of communication including request processing, coordination
6 and support, documentation and monitoring.

7
8 (f) ***Emergency medical services (EMS)*** refer to:

9
10 (1) ***Emergency care*** refers to the independent delivery of pre-hospital emergency
11 medical services by appropriately trained and certified EMS personnel, usually in
12 a mobile or community setting, in full accordance with the Emergency Medical
13 Services Treatment Protocols established by the Emergency Medical Services
14 System Council (EMSSC), hereinafter referred to as the Council, created under
15 this Act.

16
17 (2) ***Advance life support*** refers to a set of life saving protocols and skills that
18 extend beyond BLS to further support the circulation and provide an advanced
19 airway and adequate ventilation.

20
21 (a) ***Advanced Cardiac Life Support (ACLS)*** refers to a group of
22 interventions used to treat and stabilize adult victims of life-threatening
23 cardio respiratory emergencies and to resuscitate victims of cardiac arrest.

24
25 (b) ***Advanced Trauma Life Support (ATLS)*** refers to a group protocol for
26 managing trauma victims and designed to maximize management in the first
27 hour after trauma and ensure an optimal long-term outcome.

28
29 (c) ***Pediatric Advanced Life Support (PALS)*** refers to a system of critical
30 care procedures and facilities, such as intensive care nursery, for the basic and
31 advanced treatment of seriously ill or injured infants and children.

32
33 (d) ***Neonatal Advanced Life Support (NALS)*** refers to a group of
34 interventions for the basic and advanced treatment of injured and critically ill
35 new born infants.

36
37 (g) ***Emergency Medical Services Personnel*** refers to a trained and certified personnel
38 engaged in the provision of emergency medical services during emergencies.

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

(i) ***Emergency Medical Technician*** refers to the EMS personnel who provide basic emergency medical care and transportation for critical and emergent patients who access emergency medical system.

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

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

(I) ***Inter-Facility Referral and Transport*** refers to the transport of patient with medical escort, from one referring facility or agency to another receiving facility or agency for definitive care, as the patient requires, in an event that further appropriate services are not available in the referring facility.

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

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

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

CHAPTER II

EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL

SEC. 5. Creation of the Emergency Medical Services Systems Council. - A body to be

1 known as the "Emergency Medical Services Systems Council (EMSSC)" is hereby created under
2 the Department of Interior and Local Government (DILG).

3

4 **SEC. 6. Powers and Functions of the EMSSC.** - The Council shall perform the following
5 functions:

6

7 (a) To formulate policies on EMS systems;

8

9 (b) To develop national standards of emergency medical services to include, among others,
10 the skills and competencies required for EMS personnel and the development of mandatory
11 national emergency medical services treatment protocols to be observed by EMS personnel
12 and such other entities as it may consider appropriate;

13

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

15

16 (d) To develop appropriate standards of operation for EMS personnel;

17

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

20

21 (f) To ensure the establishment of a system of networking and coordination among all
22 existing government health agencies, LGUs, and private and non-government medical
23 institutions for the effective implementation of this Act;

24

25 (g) To establish a Secretariat, pursuant to Section 9 of this Act, under an Executive Director
26 for the administrative and day-to-day operations of the Council;

27

28 (h) To create committees and other mechanisms to help expedite the implementation of plans
29 and strategies;

30 (i) To generate resources from local, national and international organizations/agencies,
31 whether government or private sector, for its operation; and receive and accept donations and
32 other conveyances including funds, materials and services by gratuitous title: *Provided*, That
33 not more than thirty percent (30%) of said funds shall be used for administrative expenses;

34

35 (j) To prepare an annual budget of the Council, through the Department of Interior and
36 Local Government (DILG), and submit the same to the President for inclusion in the annual
37 General Appropriations Act;

38

- 1 (k) To advise the President on matters pertaining to EMS;
- 2
- 3 (l) To investigate complaints of motu proprio and impose penalties for the violation against
- 4 any of the provisions of this Act;
- 5
- 6 (m) To request any department, instrumentality, office, bureau or agency of the government,
- 7 including LGUs, to render such assistance as it may require in order to carry out, enforce or
- 8 implement the provisions of this Act;
- 9
- 10 (n) To regulate activities inimical to the delivery of emergency medical services; and
- 11
- 12 (o) To promulgate rules and regulations and policies and enforce the provisions of this Act.

14 **SEC. 7. Membership of the Council.** - The members of the Council shall be composed of the
15 following:

- 17 (1) The Secretary of the DILG or duly authorized representative as Chairperson of the
18 Council;
- 19 (2) The Secretary of the Department of Health (DOH) or duly authorized representative as
20 Co-Chairperson;
- 21 (3) The Secretary of the Department of Information and Communications Technology
22 (DICT) or duly authorized representative;
- 23 (4) The Chairman of the Philippine National Red Cross (PNRC) or duly authorized
24 representative;
- 25 (5) The President of the Philippine Health Insurance Corporation (PhilHealth) or duly
26 authorized representative; and
- 27 (6) The President of the Philippine College of Emergency Medicine (PCEM) or duly
28 authorized representative;
- 29 (7) One (1) representative of a national organization or society of emergency medical
30 technicians (EMT's) who will undergo a nomination and selection process by the
31 Council;

33 The Executive Director of the Emergency 911 Office, as created by Executive Order No.
34 56-2018, and the Director General of TESDA, shall be required to participate in all meetings of
35 the Council. Relevant stakeholders from the different government offices, private entities and
36 civil society organizations (CSOs) who are involved in the practice and implementation of
37 emergency medical services can be invited as resource persons or representatives in the
38 Council's meetings.

SEC. 8. Compensation and Remuneration. – The Secretaries of the DILG, DOH and T shall perform their duties as such without compensation or remuneration, subject to enable *per diem* allowances as approved by the Council and subject to existing rules and regulations of the Department of Budget and Management (DBM). Members thereof who are not government officials or employees shall be entitled to necessary travelling expenses, *per diem* representation allowances chargeable against funds of the DILG, as approved by the Council, subject to existing rules and regulations of the DBM.

SEC. 9. The Secretariat. –The Bureau of Fire Protection (BFP), an attached agency of DILG, shall act as the Secretariat of the Council. The BFP shall be strengthened by augmenting its additional manpower and budget for its operations.

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

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

SEC. 12. Accreditation. - The Council shall issue authorization for the following:

- (a) Accreditation of training institutions for EMS personnel; and
 - (b) Accreditation of emergency medical vehicle providers.

CHAPTER III

EMERGENCY MEDICAL SERVICES PERSONNEL

SEC. 13. *Creation of Plantilla Positions for Emergency Medical Services Personnel*
shall be created a minimum number of plantilla positions for EMS personnel in the
ing government hospitals/health facilities within the next five (5) years upon approval of

- (a) Level 3 Hospitals –Five (5) EMS personnel and at least one (1) Ambulance Assistant:

(b) Level 1 and 2 Hospitals – Three (3) EMS personnel and at least one (1) Ambulance Assistant;

(c) Local Government Units: -

- (1) Highly-urbanized city (HUC) – Ten (10) EMS personnel and at least one (1) Ambulance Assistant;
- (2) Component city – Eight (8) EMS personnel and at least one (1) Ambulance Assistant;
- (3) First to third class municipality – Four (4) EMS personnel and at least one (1) Ambulance Assistant;
- (4) Fourth to sixth class municipality – Two (2) EMS personnel and at least one (1) Ambulance Assistant; and

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

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

SEC. 14. Authorized Training Institution. - Training programs, courses and continuing education for an EMS personnel shall be conducted by an institution that has been granted a Certificate of Program Registration (COPR) by the TESDA, in case of technical non-degree courses falling under the TESDA jurisdiction, and the Philippine Public Safety College (PPSC) for uniformed personnel. The requirements prescribed by the Council shall serve as the minimum requirement for program registration. The DOH can provide training programs for EMS personnel: *Provided, That* these shall be in accordance with the standards set by the Council.

CHAPTER IV

EMERGENCY MEDICAL SERVICES SYSTEM

SEC. 15. *Emergency Medical Vehicles.* - The Council shall develop minimum requirements for the design, construction, performance, equipment, testing and appearance of emergency medical vehicles. As such, only emergency medical vehicles shall be allowed to

1 display the word "Ambulance" and the universally-accepted "Star of Life" symbol. It shall also
2 provide for the operation protocols of said vehicles. The Council shall design a specification and
3 an accreditation systems and procedures, subject to the existing regulations of the DOH on
4 licensure of medical vehicles.

5

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

10

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

16

17 **SEC. 18. Inter-facility Referral and Transport.** – The Council shall establish the
18 prescribed protocols/guidelines on inter-facility referral and transport, in accordance with
19 appropriate medical direction.

20

CHAPTER V

EMERGENCY COMMUNICATIONS

24 **SEC. 19. Adoption of a Free National Emergency 911 Hotline Number.** - There shall
25 only be one (1) free national emergency 911 hotline number to enable the public to access
26 emergency medical services. The operations of the national emergency 911 hotline number shall
27 be under the DILG, in coordination with the Council.

28

29 **SEC. 20. *Compliance.*** - It shall be the duty of every telecommunications to provide its
30 subscribers with access to the national emergency 911 hotline number in accordance with the
31 implementing rules and regulations to be adopted pursuant to this Act.

32

SEC. 21. Prohibited Acts and Penalties on Emergency Communications. -

34 (a) Any person making a telephone call to an emergency hotline number who annoys,
35 abuses, threatens or harasses any person who is answering the telephone call shall be guilty with
36 the first offense and, subject to subsection (c) of this section, shall be compelled to attend a
37 seminar on the proper use of the nationwide emergency hotline number. Upon commission of the
38 offense for the second time, the offender shall, upon conviction, be imposed with a fine of not

1 less than Five hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00). Upon
2 commission of the offense for the third and succeeding times, the offender shall, upon
3 conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not
4 more than six (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not more
5 than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

6

7 (b) Any person making a telephone call to an emergency hotline number and, upon the
8 call being answered, making or soliciting any comment, request, suggestion, proposal or sound
9 which is obscene, lewd, lascivious, filthy or indecent, shall be mandated to attend a seminar on
10 the proper use of the nationwide emergency hotline number for the first offense. Upon
11 commission of the offense for the second time, the offender shall, upon conviction, be imposed
12 with a fine of not less than Five hundred pesos (P500.00) but not more than One thousand pesos
13 (P1,000.00). Upon commission of the offense for the third and succeeding times, the offender
14 shall, upon conviction, be imposed with a penalty of imprisonment of not less than one (1) month
15 but not more than six (6) months or a fine of not less than Two thousand pesos (P2,000.00) but
16 not more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

17

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

30

CHAPTER VI

OTHER PROVISIONS

33

34 **SEC. 22. *Role of the LGUs.*** - The LGUs are hereby mandated to develop and
35 institutionalize an emergency medical service system within their area of jurisdiction. The
36 Council shall include in its programs, activities that will support and enable the LGUs to
37 accomplish such task. Non-compliance by public officials of the provisions of this Act shall be
38 subject to administrative sanctions under civil service regulations.

1
2 **SEC. 23. Establishment of the EMSS Fund** – There is hereby established an EMSS
3 Fund which may be sourced from fees, donations and grants, to be administered by the Council,
4 and subject to COA regulations. The amount collected shall be used to augment the budget for
5 the EMSS operations of LGUs, particularly for geographically isolated and disadvantaged areas
6 (GIDAs), and the Council's administrative functions, provided, that not more than thirty percent
7 (30%) of said funds shall be used for administrative expenses.

8
9 **SEC. 24. Appropriations.** - The amount needed for the implementation of this Act shall
10 be included in the annual General Appropriations Act.

11
12 **SEC. 25. Implementing Rules and Regulations.** - The DILG, in consultation with the
13 DOH, DICT, DOJ, and Philippine Red Cross, shall issue and promulgate the rules and
14 regulations to implement the provisions of this Act within one hundred twenty (120) days upon
15 constitution of the Council.

16
17 **SEC. 26. Separability Clause.** - If any clause, sentence, paragraph or part of this Act
18 shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impact
19 any other part of this Act.

20
21 **SEC. 27. Transitory Clause.** – Pursuant to Sections 4 (a) and 14 of this Act, all existing
22 rules of TESDA pertaining to the accreditation of EMS personnel shall remain effective until
23 new sets of the rules are established.

24
25 **SEC. 28. Repealing Clause.** - Any provision of laws, orders, agreements, rules or
26 regulations contrary to and inconsistent with this Act is hereby repealed, amended or modified
27 accordingly.

28
29 **SEC. 29. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in
30 the Official Gazette or in any newspaper of general circulation.

31
32 Approved,