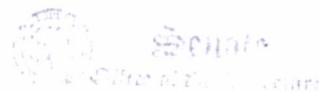


SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)



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SENATE

S.B. No. 1573

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 PROFESSION, 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 who 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

¹ Pek, 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 to
4 protect and promote the right to health of the people and instill health consciousness
5 among them. Pursuant to this national policy, the government shall institutionalize a
6 comprehensive, accessible and integrated system of emergency medical services.

7 **SEC. 3. Objectives.** – In support of State policy, this Act:

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

- 1 f. Establishes support services to emergency medical services.

2 **SEC. 4. Definition of Terms.** – For purposes of this Act, the following terms are
3 hereby defined:

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

1 Technicians (EMT), Paramedics, Emergency Medical Dispatcher (EMD)
2 and EMS Medical Director.

- 3 f. *Emergency Medical Services (EMS)* refer to the network of services
4 coordinated to provide aid and medical assistance from the scene to the
5 most appropriate and definitive health facilities, involving personnel trained
6 in stabilization, transportation, and treatment of trauma or medical cases in
7 the pre-hospital setting.
- 8 g. *Emergency Medical Services System (EMSS)* refers to a comprehensive
9 system which provides the arrangement of personnel, facilities, and
10 equipment for effective, coordinated, and timely delivery of health and
11 safety services to victims of sudden illness or injury in the pre-hospital
12 setting. The conceptual framework of the system revolves around five
13 components and core services of pre-hospital management namely:
14 Emergency Medical Dispatch, Emergency Response and Care,
15 Emergency Transport, Inter-agency referral and Transport, and Command
16 and Control.
- 17 h. *Emergency Response and Care* refers to the arrival of resources at the
18 scene and the timely initiation and provision of appropriate interventions
- 19 i. *Emergency Transport* refers to transporting the patient to the most
20 appropriate and definitive health facility with continued provision of care
21 and appropriate interventions *en route*
- 22 j. *Emergency Medical Vehicles* refer to an ambulance or other vehicles for
23 emergency medical care which provides, a minimum, (a) a driver's
24 compartment; (b) a patient compartment to accommodate an emergency
25 medical technician (EMT) and a patient so positioned that said patient can
26 be given intensive life-support during transit; (c) equipment and supplies
27 for emergency care at the scene as well as during transport; (d) two-way
28 radio, telephone or electronic communication with the primary medical
29 services provider, and when necessary, equipment for light
30 rescue/extrication procedures. The emergency medical vehicle shall be so
31 designed and constructed to provide the patient with safety and comfort,
32 and avoid aggravation of the patient's injury or illness.
- 33 k. *Inter-Agency Referral and Transport* refers to the transport of patient with
34 EMS personnel, if necessary, from one referring facility or agency to

1 another receiving facility or agency for definitive care, as the patient
2 requires, in an event that the services are not available in the referring
3 facility

4 **CHAPTER II**
5 **EMERGENCY MEDICAL SERVICES SYSTEM**

6 **SEC. 5. *Emergency Dispatch.*** – This Act mandates local government units to
7 create their Dispatch Centers with adequate and qualified personnel. The Dispatch
8 Centers shall follow the prescribed guidelines on dispatch protocol.

9 **SEC. 6. *Emergency Response and Care.*** – This Act ensures the availability of
10 emergency transport vehicle or ambulance with qualified EMS personnel.
11 Responders shall follow the prescribed guidelines on emergency response and care.

12 **SEC. 7. *Emergency Transport.*** – This Act shall follow the prescribed guidelines
13 of the Department of Health on Ambulance Services. The Philippine Health
14 Insurance Corporation (PHIC) shall provide coverage for EMS subject to their
15 policies and guidelines.

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

18 **SEC. 9. *Command and Control.*** – This Act mandates the establishment of a
19 National Command Center with a functional Universal Emergency Number. All Local
20 Government Units shall establish their respective Command Centers with designated
21 qualified EMS medical director. Command Centers shall govern the EMS systems
22 based on the prescribed operational guidelines. The Command Center can be co-
23 located with the Dispatch 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:

a. Permanent Members

- i. The Chair of the Professional Regulation Commission (PRC);
- ii. The Secretary of the Department of Justice (DOJ);
- iii. The Secretary of the Department of Education (DEPED);
- iv. The Secretary of the Department of Transport (DOT);
- v. The Secretary of the Department of Information, Communication and Technology (DICT);
- vi. The Director of the National Telecommunication Commission (NTC);
- vii. The Secretary of the Department of National Defense (DND);
- viii. The Commissioner of the Commission on Higher Education (CHED);
- ix. The Director General of Technical Education and Skills Development Authority (TESDA).

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

- i. 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;
- ii. Four (4) nominees of HEMB, one (1) each from the National Capital Region, Luzon, Visayas and Mindanao;
- iii. Two (2) registered emergency medical practitioners representing Philippine College of Emergency Medicine (PCEM);

1 transport stations, to place at least one (1) automated defibrillator in their respective
2 areas of responsibility.

3 **CHAPTER VI**
4 **OTHER PROVISIONS**

5 **SEC. 21. Appropriations.** – The Secretaries of the Departments concerned shall
6 include in their programs the implementation of this Act, the funding of which shall be
7 included in the annual General Appropriations Act.

8

9 **SEC. 22. Separability Clause.** – If any clause, sentence, paragraph or part of
10 this Act shall be declared unconstitutional or invalid, such judgment shall not affect,
11 invalidate or impact any other part of this Act.

12

13 **SEC. 23. Repealing Clause.** – Any provision of laws, orders, agreements, rules
14 or regulations contrary to and inconsistent with this Act is hereby repealed, amended
15 or modified accordingly.

16

17 **SEC. 24. Effectivity.** – This Act shall take effect fifteen (15) days after its
18 publication in the Official Gazette or in a newspaper of general circulation.

Approved,