

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



23 MAR -7 P4 :01

SENATE

S. No. 1973

RECEIVED BY: _____

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

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

EXPLANATORY NOTE

A competent and standardized emergency medical service system (EMSS) is essential to the health care system of a country. Its goal is to provide emergency medical care to all who need it. The availability of emergency medical services (EMS) to treat emergency cases include rapid assessment, timely provision of appropriate interventions, and prompt transportation to the nearest appropriate health facility by the best possible means to enhance survival, control morbidity, and prevent disability. When a timely EMS is provided before the victims are mobilized into a hospital or care clinic, their survival rate is higher.

A 2018 study conducted by authors from UP College of Medicine and the Philippine General Hospital entitled, "Philippine Emergency Medical Services: A Medical Student's Perspective", mentioned that despite government efforts to provide a unified EMSS, hospitals and ambulance services continue to work independently. The study concluded that there is a need to standardize and organize EMS.

In the Philippines, a high number of emergency cases result from natural and man-made disasters, sicknesses, diseases. Based on World Risk Report 2022, out of

193 countries, the Philippines has the highest disaster risk, jumping from its 2018 record of being third in rank. The enactment of an EMSS Law will pave the way for an organized response to any kind of medical or trauma emergency with adequate equipment and skilled EMS professionals, thus, ensuring the greater survival of patients. There is therefore a high demand for ambulance service as well as EMS professionals trained to administer medical treatment which are normally carried out in the emergency rooms of hospitals in the field instead.

This bill seeks to improve emergency medical services by:

- (a) establishing a National Emergency Medical Services Systems Council under the Department of Interior and Local Government;
- (b) creating a national Emergency Medical Services System Council;
- (c) developing and institutionalizing an emergency medical services system at the national, regional and local levels of government;
- (d) encouraging and promoting the active participation of the private sector in the provision of emergency medical services;
- (e) establishing a national standard for emergency medical services including, but not limited to, accreditation of EMS institutions and/or training of EMS personnel, establishing standards for design, accreditation and regulation of emergency medical vehicles;
- (f) institutionalizing the use of 911 as the Nationwide Emergency Hotline Number;
- (g) adopting an emergency medical service protocol in times of natural and man-made disasters;
- (h) promoting public safety and accessible emergency medical services to the people especially those in the under-served and unserved communities; and
- (i) establishing and providing support services, both internal and external, to emergency medical services.

Nearly twenty (20) years ago since bills on emergency medical service and trauma care have been filed in the Senate yet until now, it remained pending in the legislature. It is high time to prioritize the passage of this measure so we can prevent the loss of lives by creating a competent and standardized EMSS.

Hence, the immediate approval of this bill is earnestly sought.

A handwritten signature in black ink, consisting of a stylized 'J' followed by 'V', 'G', and 'E' with a flourish.

JOSEPH VICTOR G. EJERCITO

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

**CHAPTER I
GENERAL PROVISIONS**

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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 encourage and promote the active participation of the private sector in the provision of emergency medical services;
- 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 emergency medical services including, but not limited to, accreditation of EMS institutions and/or training of EMS

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

- 3 e. To institutionalize the use of 911 as the Nationwide Emergency Hotline Number;
- 4 f. To adopt an emergency medical service protocol in times of natural and man-
5 made disasters;
- 6 g. To promote public safety and accessible emergency medical services to the
7 people especially those in the under-served and unserved communities; and
- 8 h. To establish and provide support services, both internal and external, to
9 emergency medical services.

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

- 11 a. *Accredited training and assessment institutions* refer to organizations, in good
12 standing with the Emergency Medical Service System Council (EMSSC),
13 accredited to offer training programs, courses, continuing education and
14 competency-based assessment in emergency medical services for MS personnel
15 that meet the standards established by the EMSSC, hereinafter referred to as
16 the Council created under this Act and, in case of uniformed personnel, in
17 coordination with the Philippine Public Safety College (PPSC).
- 18 b. *Ambulance/Emergency medical vehicle* refers to a vehicle designed and
19 equipped for transporting sick or injured patients to, from, and between places
20 of treatment by land, water or air, affording safety and comfort to the patients
21 and avoiding the aggravation of illness or injury.
- 22 c. *Basic Life Support (BLS)* refers to a group of actions and interventions used to
23 resuscitate and stabilize victims of cardiac and respiratory arrest. These BLS
24 actions and interventions includes the recognition of a cardiac or a respiratory
25 emergency or stroke, activation of the emergency response system, CP and
26 relief of foreign-body airway obstruction.
- 27 d. *Competency-based assessment* refers to the confirmation of an EMS
28 personnel's capability and capacity to perform one's duties and responsibilities,
29 through the process of collective evidence and judgment, in accordance with
30 the standards and guidelines established by the Council.
- 31 e. *Emergency Medical Dispatch* refers to the immediate identification and
32 prioritization of emergency situations, the timely dispatch of appropriate

1 resources, providing essential pre-arrival medical instructions and full
2 endorsement to the receiving hospital. Dispatch encompasses all aspects of
3 communication including request processing, coordination and support,
4 documentation and monitoring.

5 f. *Emergency medical services (EMS)* refer to:

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

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

15 i. *Advanced Cardiac Life Support (ALS)* refers to a group of
16 interventions used to treat and stabilize adult victims of life-
17 threatening cardiorespiratory emergencies and to resuscitate
18 victims of cardiac arrest.

19 ii. *Advanced Trauma Life Support (ATLS)* refers to a group protocol
20 for managing trauma victims and designed to maximize
21 management in the first hour after trauma and ensure an
22 optimal long-term outcome.

23 iii. *Pediatric Advanced Life Support (PALS)* refers to a system of
24 critical care procedures and facilities, such as intensive care
25 nursery, for the basic and advanced treatment of seriously ill or
26 injured infants and children.

27 iv. *Neonatal Advanced Life Support (NALS)* refers to a group of
28 interventions for the basic and advanced treatment of injured
29 and critically ill new born infants.

30 v. *Emergency Medical Services Personnel* refers to a trained and
31 certified personnel engaged in the provision of emergency
32 medical services during emergencies.

- 1 vi. *Emergency Medical Services (EMS) System* refers to the
2 arrangement and coordination of personnel, facilities, and
3 equipment for the effective delivery of EMS required in the
4 management of medical emergencies; for the management and
5 prevention of further incidents or accidents and the broad range
6 of emergency care from emergency care to transport in an
7 intensive care setting.
- 8 vii. *Emergency Medical Technician* refers to the EMS personnel who
9 provide basic emergency medical care and transportation for
10 critical and emergent patients who access emergency medical
11 system.
- 12 viii. *Emergency Response and Care* refers to the arrival of resources
13 at the scene and the timely initiation and provision of appropriate
14 medical interventions.
- 15 ix. *Emergency Transport* refers to the transporting of a patient to
16 the most appropriate and definitive health facility with continued
17 provision of care and appropriate interventions en route to the
18 appropriate health facility.
- 19 x. *Inter-Facility Referral and Transport* refers to the transport of
20 patient with medical escort, from one referring facility or agency
21 to another receiving facility or agency for definitive care, as the
22 patient requires, in an event that further appropriate services are
23 not available in the referring facility.
- 24 xi. *Medical Direction* refers to the communication between an EMS
25 personnel and a physician from the field via radio or other means
26 to obtain instruction on further care of a patient.
- 27 xii. *Medical Emergency* refers to any acute or life-threatening
28 condition that requires immediate intervention by competent
29 medical personnel.
- 30 xiii. *National Emergency Medical Services Treatment Protocols* refer
31 to emergency medical procedures outlining approved clinical

1 practices and therapies to be observed by EMS personnel, as
2 established by the Council created under Section 5 hereof.

3 **CHAPTER II**

4 **EMERGENCY MEDICAL SERVICES SYSTEMS COUNCIL**

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

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

- 10 a. To formulate policies on EMS systems;
- 11 b. To develop national standards of emergency medical services to include, among
12 others, the skills and competencies required for EMS personnel and the
13 development of mandatory national emergency medical services treatment
14 protocols to be observed by EMS personnel and such other entities as it may
15 consider appropriate;
- 16 c. To promulgate a Code of Ethics for EMS personnel;
- 17 d. To develop appropriate standards of operation for EMS personnel;
- 18 e. To develop standards and protocols for the design, accreditation, construction,
19 outfitting and operations of emergency medical vehicles; and
- 20 f. To ensure the establishment of a system of networking and coordination among
21 all existing government health agencies, LGUs, and private and non-
22 government medical institutions for the effective implementation of this Aet;
- 23 g. To establish a Secretariat, pursuant to Section 9 of this Aet, under an Executive
24 Director for the administrative and day to day operations of the Council;
- 25 h. To create committees and other mechanisms to help expedite the
26 implementation of plans and strategies;
- 27 i. To generate resources from local, national and international
28 organizations/agencies, whether government or private sector, for its
29 operation; and receive and accept donations and other conveyances including
30 funds, materials and services by gratuitous title: *Provided*, That not more than
31 thirty percent (30%) of said funds shall be used for administrative expenses;

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

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

- 16 a. The Secretary of the DILG or duly authorized representative as Chairperson of
17 the Council;
- 18 b. The Secretary of the Department of Health (DOH) or duly authorized
19 representative as co-Chairperson;
- 20 c. The Secretary of the Department of Information and Communications
21 Technology (DICT) or duly authorized representative;
- 22 d. The Chairman of the Philippine National Red Cross (PRC) or duly authorized
23 representative;
- 24 e. The President of the Philippine Health Insurance Corporation (PhilHealth) or
25 duly authorized representative;
- 26 f. The President of the Philippine College of Emergency Medicine (PCEM) or duly
27 authorized representative; and
- 28 g. One (1) representative of a national organization or society of emergency
29 medical technicians (EMT's) who will undergo a nomination and selection
30 process by the Council;

31 The Executive Director of the Emergency 911 Office, as created by Executive
32 Order No. 56-2018, and the Director General of TESDA, shall be required to participate

1 in all meetings of the Council. Relevant stakeholders from the different government
2 offices, private entities and civil society organizations (CSOs) who are involved in the
3 practice and implementation of emergency medical services can be invited as resource
4 persons or representatives in the Council's meetings.

5 *Sec. 8. Compensation and Remuneration.* - The Secretaries of the DILG, DOH
6 and DICT shall perform their duties as such without compensation or remuneration,
7 subject to reasonable *per diem* allowances as approved by the Council and subject to
8 existing rules and regulations of the Department of Budget and Management (DBM).
9 Members thereof who are not government officials or employees shall be entitled to
10 necessary traveling expenses, per diem and representation allowances chargeable
11 against funds of the DILG, as approved by the Council, subject to existing rules and
12 regulations of the DBM.

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

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

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

24 *Sec. 12. Accreditation.* - The Council shall issue authorization for the following:

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

28 **CHAPTER III**

29 **EMERGENCY MEDICAL SERVICES PERSONNEL**

30
31 *Sec. 13. Creation of Plantilla Positions for Emergency Medical Services*
32 *Personnel.* - There shall be created a minimum number of *plantilla* positions for MS

1 personnel in the following government hospitals/health facilities within the next five
2 (5) years upon approval of this Act:

- 3 a. Level 3 Hospitals - Five (5) EMS personnel and at least one (1) Ambulance
4 Assistant;
- 5 b. Level 1 and 2 Hospitals - Three (3) EMS personnel and at least one (1)
6 Ambulance Assistant;
- 7 c. Local Government Units -
 - 8 1. Highly-urbanized city (HUC) - Ten (10) MS personnel and at least one (1)
9 Ambulance Assistant
 - 10 2. Component city - Eight (8) EMS personnel and at least one (1) Ambulance
11 Assistant;
 - 12 3. First to third class municipality - Four (4) EMS personnel and at least one
13 (1) Ambulance Assistant;
 - 14 4. Fourth to sixth class municipality - Two (2) EMS personnel and at least one
15 (1) Ambulance Assistant; and
- 16 d. Other Health Facilities - as may be deemed necessary by the Council.

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

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

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1 **CHAPTER IV**

2 **EMERGENCY MEDICAL SERVICES SYSTEM**

3 Sec. 15. *Emergency Medical Vehicles.* - The Council shall develop minimum
4 requirements for the design, construction, performance, equipment, testing and
5 appearance of emergency medical vehicles. As such, only emergency medical vehicles
6 shall be allowed to display the word "Ambulance" and the universally-accepted "Star
7 of Life" symbol. It shall also provide for the operation protocols of said vehicles. The
8 Council shall design a specification and an accreditation systems and procedures,
9 subject to the existing regulations of the DOH on licensure of medical vehicles.

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

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

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

22
23 **CHAPTER V**

24 **EMERGENCY COMMUNICATIONS**

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

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

1 Sec. 21. *Prohibited Acts and Penalties on Emergency Communications.* -

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

13 (b) Any person making a telephone call to an emergency hotline number and, upon
14 the call being answered, making or soliciting any comment, request, suggestion,
15 proposal or sound which is obscene, lewd, lascivious, filthy or indecent, shall be
16 mandated to attend a seminar on the proper use of the nationwide emergency hotline
17 number for the first offense.

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

25 (c) A person giving false report of a medical emergency or giving false information in
26 connection with a medical emergency, or making false alarm of a medical emergency,
27 knowing the report or information or alarm to be false; or making a false request for
28 ambulance service to an ambulance service provider, knowing the request to be false,
29 shall be mandated to attend a seminar on the proper use of the nationwide emergency
30 hotline number for the first offense. Upon commission of the offense for the second
31 time, the offender shall, upon conviction, be imposed with a fine of not less than Two
32 thousand pesos (P2,000.00) but not more than Five thousand pesos (P5,000.00 and

1 payment of damages. Upon commission of the offense for the third and succeeding
2 times, the offender shall, upon conviction, be imposed with a penalty of imprisonment
3 of not less than one (1) year but not more than three (3) years or a fine of not less
4 than Five thousand pesos (P5,000.00) but not more than Ten thousand pesos
5 (P10,000.00) and payment of damages, or both, at the discretion of the court.

6
7 **CHAPTER VI**
8 **OTHER PROVISIONS**

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

14 *Sec. 23. Establishment of the EMSS Fund.* - There is hereby established an
15 EMSS Fund which may be sourced from fees, donations and grants, to be administered
16 by the Council, and subject to COA regulations. The amount collected shall be used to
17 augment the budget for the EMSS operations of LGUs, particularly for geographically
18 isolated and disadvantaged areas (GIDAs), and the Council's administrative functions,
19 provided, that not more than thirty percent (30%) of said funds shall be used for
20 administrative expenses.

21 *Sec. 24. Appropriations.* - The amount needed for the implementation of this
22 Act shall be included in the annual General Appropriations Act.

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

27 *Sec. 26. Separability Clause.* - If any clause, sentence, paragraph or part of this
28 Act shall be declared unconstitutional or invalid, such judgment shall not affect,
29 invalidate or impact any other part of this Act.

30 *Sec. 27. Transitory Clause.* - Pursuant to Sections 4 (a) and 14 of this Act, all
31 existing rules of TESDA pertaining to the accreditation of EMS personnel shall remain
32 effective until new sets of the rules are established.

1 Sec. 28. *Repealing Clause.* - Any provision of laws, orders, agreements, rules
2 or regulations contrary to and inconsistent with this Act is hereby repealed, amended
3 or modified accordingly.

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

Approved,