

[AS PASSED BY THE SENATE]

A
Bill

to provide for establishment of the Pakistan Emergency Treatment Coverage Programme

WHEREAS it is necessary to provide for establishment of the Pakistan Emergency Treatment Coverage Programme as a healthcare assistance programme of the Federal Government, to further the goal of expanding access to healthcare in the cases of emergency medical care;

It is hereby enacted as follows:-

1. Short title, extent and commencement.- (1) This Act may be called the Pakistan Emergency Treatment Coverage Programme Act, 2026.

(2) It extends to the Islamabad Capital Territory.

(3) It shall come into force at once.

2. Definitions.- In this Act, unless there is anything repugnant in the subject or context,-

- (a) "emergency medical condition" means any acute illness or accidental injury that necessitates immediate, unexpected and urgent medical care or services to save a person's life or to prevent serious complications from an illness or injury, wherein delay in seeking immediate medical attention would be hazardous to life or health, cause serious impairment to bodily functions or cause serious dysfunction of any bodily organ or part;
- (b) "Federal Government" means the Federal Government of Pakistan;
- (c) "healthcare facility" means any public hospital or other public medical facility that has an emergency medical department;
- (d) "Ministry" means the Ministry of National Health Services Regulations and Coordination;
- (e) "Programme" means the Pakistan Emergency Treatment Coverage Programme;
- (f) "regulations" means regulations made under section 17;
- (g) "rules" means rules made under section 16;
- (h) "stabilize" means to provide treatment for an emergency medical condition as may be necessary to assure, within reasonable medical probability, that no material deterioration is likely to result from or occur during the transfer from a facility;
- (i) "Steering Committee" means the Committee established to provide institutional oversight for the Programme; and
- (j) "treatment" includes diagnostic services, laboratory tests, medicines and medical and surgical procedures necessary for emergency care.

3. **Establishment of Programme.**- There shall be a Programme of the Federal Government to be known as the Pakistan Emergency Treatment Coverage Programme for carrying out the purposes of this Act.

4. **Objective and purposes of Programme.**- The objective and purposes of the Programme shall be to,-

- (a) allow all residents of Islamabad Capital Territory to receive emergency treatment and care under any emergent circumstances, without prepayment of requisite fee or charges including prompt and necessary emergency medical treatment and critical care, emergency obstetric treatment and care by any public sector health care provider, establishment or facility, qualified to provide such care or treatment without delay; and
- (b) complement the Sehat Sahulat program, to collectively provide comprehensive universal healthcare to the greatest extent possible.

5. **Obligations for healthcare facilities.**- (1) Public healthcare facilities with an emergency department shall provide adequate medical screening to determine if an emergency medical condition exists, to all patients that approach their emergency department with a request for examination or treatment.

(4) The emergency medical care screening shall be provided by qualified medical personnel within the capability of its emergency department.

(5) If the initial medical screening determines that an individual has an emergency medical condition, the healthcare facility must either provide further medical examination and treatment to stabilize the patient using available staff or facilities or transfer the patient to a different medical facility with more specialized capabilities.

6. **Governance and administration of Programme.**- (1) The Programme shall be administered by a Programme Management Unit established at a relevant Ministry under the supervision of the Federal Government.

(4) The Programme Management Unit shall be responsible for the implementation, monitoring and evaluation of the Programme in coordination with the relevant government departments and agencies, including managing patients, partnerships with healthcare facilities, payments and carrying out other day-to-day program implementation.

(5) The Ministry shall provide the Programme Management Unit with the necessary staff and resources to deliver on its mandate.

7. **Establishment of Steering Committee for institutional oversight.**- (1) A Steering Committee shall be constituted by the Federal Government to provide oversight for smooth execution of the Programme.

(2) The Steering Committee shall be comprised of the Federal Minister for Health, the Federal Minister for Poverty Alleviation and Social Safety, the CEO of the implementing agency for the Sehat Sahulat Programme, three government officials to be nominated by the Prime Minister and three independent experts from the healthcare field.

(3) The mandate of the Steering Committee shall be to define and approve the strategy and policy related to the Programme, to approve programme design, partnership decisions and to ensure smooth operations of the Programme.

(4) The Steering Committee shall oversee the scale up of the Programme across Islamabad Capital Territory.

(5) The Programme Management Unit at the Ministry will also serve as the Secretariat of the Steering Committee.

8. Eligible persons or families for Programme assistance.- Any person presented to any public hospital of the Islamabad Capital Territory and their families shall be eligible to receive free emergency medical care as part of the Programme.

9. Reimbursement of Healthcare Facilities.- (1) The Federal Government shall either reimburse healthcare facilities for the cost of emergency healthcare expenditure incurred by individuals who are eligible for free coverage under this Act, at rates set by the Steering Committee with input from a panel of technical experts or provide adequate resources to hospitals to cover the costs incurred.

(4) The reimbursement shall be made through a digitized system to ensure transparency and efficiency, after verification of treatment completion.

(5) The Federal Government shall set up a mechanism to periodically review the reimbursement rates to ensure that they are in line with the actual cost of providing emergency healthcare.

10. Budget of Programme. - (1) The Ministry shall, in respect of each financial year, prepare the annual budget estimates of the Programme and submit the same to the Steering Committee for approval in accordance with such financial procedures as may be approved by the Steering Committee.

(3) The Programme may be funded entirely by the Federal Government or by a combination of contributions by the Federal and Provincial Governments.

11. Maintenance of accounts and internal control.- The Programme shall maintain complete and accurate books of accounts in connection with the discharge of its responsibilities as may be prescribed by the Auditor General of Pakistan.

12. Audit.- (1) The accounts of the Programme shall be audited every year by the Auditor General of Pakistan in such manner as may be prescribed

by him.

(3) An independent audit of the Programme shall be carried through an independent audit firm that shall report directly to the Steering Committee and the audit reports shall be presented to the Steering Committee for comments and follow up on the remedial actions.

13. Annual report.- The Ministry shall approve the annual report of the Programme and cause such report to be laid before the National Assembly of Pakistan.

14. Redressal of grievance.- (1) The Programme shall provide channels for members of the public, including program beneficiaries and participating merchants, to register grievances.

(4) These channels for grievance redressal may include, but not be limited to a helpline or complaint portal.

(5) Any person or family aggrieved by a decision involving the eligibility under the Programme may, within thirty days of the decision by the relevant implementing agency, prefer an appeal to the prescribed authority of such implementing agency in such manner as may be prescribed by the rules.

15. Act not to prejudice other laws.- The provisions of this Act shall be in addition to and not in derogation of any other law for the time being in force.

16. Power to make rules.- The Federal Government may make rules for carrying out the purposes of this Act.

17. Power to frame regulations.- (1) The Steering Committee may frame regulations for carrying out the purposes of this Act.

(3) Without prejudice to or limiting sub-section (1), the regulations shall provide, inter alia, for matters involving financial assistance, payment schedule, grievance redressal, social audits and operation of all schemes established and implemented under the Programme.

18. Removal of difficulties.- If any difficulty arises in giving effect to the provisions of this Act, the Federal Government may make such order, not inconsistent with provisions of this Act or any other law regulating the implementing agencies, as is necessary or expedient to remove such difficulty.

STATEMENT OF OBJECTS AND REASONS

Free emergency care in hospitals is a basic human right. It is imperative that we recognize the significance of providing accessible and cost-free emergency medical services to all individuals, regardless of their financial circumstances. Medical emergencies can occur unexpectedly and swift access to emergency services can significantly improve patient outcomes. Without financial barriers, individuals are more likely to seek help promptly, preventing the exacerbation of conditions and reducing the risk of further complications. By safeguarding public health and safety, we create a healthier and more resilient society as a whole.

2. Providing free emergency care aligns with our moral obligation to prioritize human life and wellbeing. Medical emergencies can affect anyone, regardless of their socioeconomic background. Denying or delaying care based on an individual's ability to pay not only contradicts the fundamental principles of fairness and equality but can also have dire consequences for those in desperate need. By funding free emergency care, we uphold the ethical standards of our society and demonstrate compassion for our fellow citizens.

3. Funding free emergency care can have positive economic implications. Prompt and appropriate emergency medical care can prevent the worsening of conditions, thereby reducing the need for more extensive and costly treatments in the future. Furthermore, by treating emergencies efficiently, we can minimize the strain on healthcare resources, preventing the overcrowding of hospitals and enabling them to function optimally. This, in turn, contributes to the overall efficiency of the healthcare system and helps control healthcare costs.

4. Funding free emergency care fosters public trust and confidence in our healthcare system. Knowing that emergency services are available without financial burdens reassures individuals that their lives and well-being are valued. This trust is essential for maintaining a strong relationship between the healthcare providers and the community they serve. It encourages individuals to seek necessary care promptly, leading to improved health outcomes, reduced complications, and ultimately, a healthier population.

5. In conclusion, funding free emergency care in hospitals is not only a moral imperative but also a wise investment in the well-being of our communities. By ensuring access to immediate medical assistance, we can protect public health, fulfill our ethical obligations, reap economic benefits and nurture trust in our healthcare system.

SENATOR SANIA NISHTAR
MEMBER IN CHARGE