LEAD DEBATE ON A BILL FOR AN ACT TO AMEND THE NATIONAL HEALTH ACT, 2014 TO PROVIDE FOR EMERGENCY MEDICAL TREATMENT STANDARDS AND REFERRAL PROTOCOLS IN HEALTHCARE FACILITIES; AND FOR RELATED MATTERS, 2024

Sponsor: Senator Abdulaziz Musa Yar'adua, Katsina Central Senatorial District, Katsina State

Mr. President, Distinguished Colleagues,

I rise to lead the debate on this important Bill, which seeks to fill a critical gap in Nigeria's healthcare system: the absence of enforceable standards for emergency medical treatment and structured referral protocols. The Bill, titled *A Bill for an Act to Amend the National Health Act, 2014 to Provide for Emergency Medical Treatment Standards and Referral Protocols in Healthcare Facilities; and for Related Matters*, was read for the first time on March 24, 2025.

This amendment is simple in its purpose but profound in its effect. It seeks to ensure that every Nigerian—regardless of status, wealth, influence, or geography—receives timely, life-saving care during medical emergencies.

Access to timely emergency medical care is a cornerstone of any functional health system. Yet in Nigeria, preventable deaths persist because there are no clearly defined and enforceable timelines for triage - the process of quickly accessing and prioritizing patients based on the severity of their condition to determine the order of treatment. Delays in these first critical minutes often determine survival.

Nigeria alone accounts for approximately 10% of global maternal deaths, with delayed access to emergency obstetric care as a leading factor. The most recent published statistics of road accidents

by the Federal Road Safety Commission shows that from 7,715 Crashes between January and September 2025, 3,915 deaths and 24,617 Injuries

occurred. Acute medical crises—stroke, cardiac arrest, severe infections—require structured, time-bound responses.

This Bill addresses that gap directly. It establishes clear, realistic timeframes for triage, stabilization, life-saving treatment, and referral across all licensed healthcare facilities. It strengthens coordination across primary, secondary, and tertiary levels of care. It protects healthcare workers who act in good faith within documented resource limitations. And it ensures accountability where there is willful neglect.

The Bill introduces key amendments to the existing National health Act, Part III – Rights and Obligations of Users and Healthcare Personnel. It seeks to amend subsection 20. Which deals with emergency treatment and states that:

1. *A health care provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason.*

2. *A person who contravenes this section counts as an offence and is liable on conviction to a fine of ₦100,000 or to imprisonment for a period not exceeding six months or to both.*

This subsection does not clearly specify procedures and timelines required in emergency situations. It reinforces the principle that no patient shall be denied emergency treatment under any circumstance.

Therefore, this Amendment Bill seeks to mandate all licensed healthcare facilities to triage and assess an emergency patient within 15 minutes of arrival. It also requires that stabilization measures such as oxygen administration, intravenous fluids, and pain management must commence within 30 minutes of arrival. The Bill also provides that life-saving interventions must begin immediately upon recognition of a life-threatening condition. And person or health facility that contravenes any provision of this section, commits an offence and is liable on conviction to a fine not exceeding ₦300,000 or imprisonment a term not exceeding six (6) months, or both.

Finally, it clearly defines operational terms such as "emergency patient," "stabilization," "triage," and "referral," to eliminate ambiguity and promote uniform implementation nationwide.

INTERNATIONAL BEST PRACTICES

Mr. President, Distinguished Colleagues, this Bill does not reinvent the wheel. It aligns Nigeria with established global standards that have demonstrably reduced emergency mortality.

In Ghana, national emergency care guidelines require that patients be triaged within 10 minutes of arrival and stabilized within 30 minutes. Since the introduction of these standards, 25% reductions in emergency mortality have been recorded, particularly in trauma and obstetric cases.

In South Africa, emergency care regulations under its National Health framework establish defined timelines for Triage within 10 minutes, stabilization measures within 30 minutes, and referral initiation within 2 hours with a 20% drop in acute coronary syndrome deaths

In Kenya, structured emergency medical care policies require prompt triage within 15 minutes and referral within 2 hours which resulted in a 11% reduction of deaths from road traffic injury.

In the United Kingdom, NHS standards require triage within 15 minutes, and patient disposition (admit/discharge) within 4 hours, reducing sepsis mortality by 15%.

In the United States, federal law under the Emergency Medical Treatment and Labor Act (EMTALA) prohibits the refusal of emergency care and mandates immediate medical screening and stabilization before transfer. This legal clarity has significantly reduced preventable deaths arising from delayed or denied emergency treatment.

What these countries demonstrate is straightforward: clarity saves lives. When frontline workers know the expected response time, when health facilities understand their legal duty not to refuse emergency care, and when

referral pathways are structured rather than improvised, outcomes improve significantly—even in resource-constrained environments.

Conclusion

Mr. President, Distinguished Colleagues, this bill is about ensuring that when a Nigerian mother, journalist, student, farmer, or child arrives at a health care facility in distress, the response is immediate, coordinated, and time-bound.

The human and economic cost of inaction is far greater than the cost of reform. This amendment provides a practical framework for phased implementation, institutional accountability, and protection for good-faith practitioners.

I therefore respectfully urge my distinguished Colleagues to support this Bill for a Second Reading and allow it to proceed to Committee Stage for further legislative refinement.

Thank you, Mr. President.

Bill Sponsor: Senator Abdulaziz Musa Yar'adua