LEAD DEBATE ON A BILL FOR AN ACT TO AMEND THE NATIONAL HEALTH ACT, NO. 18 OF 2014 TO STRENGTHEN THE PROVISION OF EMERGENCY MEDICAL TREATMENT, PROVIDE FOR MANDATORY TRIAGE, STABILISATION AND REFERRAL PROTOCOLS IN HEALTHCARE FACILITIES; AND FOR RELATED MATTERS, 2026

Rt. Hon. Speaker, Honourable Colleagues,

I rise to lead the debate on the general principles of **this Bill, which seeks to strengthen emergency medical treatment in Nigeria** through **defined response timelines, mandatory professional training** and **enforceable institutional responsibilities.**

Mr. Speaker, **in a medical emergency, time is the difference between life and death. Yet, Nigerians continue to lose their lives or suffer preventable complications** because of **delays arising from administrative bottlenecks, demands for payment before treatment, unavailable hospital beds** and **poorly coordinated referrals.**

Although **the National Health Act, 2014, prohibits the refusal of emergency medical treatment,** experience demonstrates **the need to reinforce this obligation with clear operational standards and enforceable accountability.** The right to emergency treatment must translate into timely assessment, immediate life-saving intervention, stabilisation and effective referral where necessary.

This Bill seeks to bridge that gap by making emergency medical responses more structured, measurable and accountable.

HIGHLIGHTS OF THE BILL

Mr. Speaker, the Bill introduces five key interventions.

First, it **reinforces the prohibition against refusing emergency medical treatment for any reason whatsoever.**

Second, **it mandates training and certification for healthcare workers involved in emergency medical care at intervals not exceeding eighteen months.** It also requires the Medical and Dental Council of Nigeria and the Nursing and Midwifery Council of Nigeria to jointly develop and maintain a standardised national emergency care curriculum.

Third, **it establishes clear response timelines. Healthcare facilities must commence triage within fifteen minutes and basic stabilisation within thirty minutes of arrival,** while life-saving interventions must commence immediately upon recognition of a life-threatening condition. Trained and certified nurses may conduct triage where a medical practitioner is unavailable.

Fourth, **it establishes clear obligations for admission and referral. Where bed space is available, a required hospital bed must be assigned within two hours. Where none is available, the facility must commence stabilisation, initiate referral within two hours of arrival** or immediately upon clinical stabilisation, arrange transportation within thirty minutes of the referral decision and complete transfer within three hours, except where circumstances beyond its control prevent this.

Fifth, **it balances accountability with fairness.** The Bill **protects healthcare workers from liability where they act in good faith, properly document resource limitations, and comply with referral protocols.**

Conversely, **healthcare establishments that refuse, delay or obstruct emergency treatment face financial penalties, licence suspension and possible closure or withdrawal of licence for subsequent offences.** Health workers who wilfully refuse or abandon emergency patients also face criminal penalties and professional disciplinary proceedings.

The Bill further **provides for compensation through civil action against a health facility where injury, disability or death results from a contravention of the emergency treatment provisions.** It defines emergency patient, stabilisation, referral and triage to promote clarity and consistency in implementation.

JUSTIFICATION AND NATIONAL IMPORTANCE

Mr. Speaker, Honourable Colleagues, **this Bill is fundamentally about protecting human life and strengthening public confidence in our healthcare system.**

An emergency patient depends on the readiness, competence and responsiveness of the healthcare facility. Every unnecessary delay increases the risk of deterioration, disability or death. **Our laws must therefore establish clear responsibilities and minimum standards for timely intervention.**

The proposed amendment also recognises the realities of healthcare delivery in Nigeria. It distinguishes genuine resource limitations from negligence and wilful abandonment, protects responsible healthcare professionals and strengthens institutional accountability. **It provides a framework that promotes professional preparedness, coordinated referrals and consequences for failures in emergency care.**

Mr. Speaker, **the true strength of a healthcare system is demonstrated not only by the quality of its routine services but also by its capacity to respond when lives are at immediate risk.** Every Nigerian deserves timely and appropriate emergency medical attention, irrespective of circumstance or location.

CONCLUSION

Mr. Speaker, Honourable Colleagues, **no Nigerian should have to negotiate for survival at the point of a medical emergency. No family should lose a loved one because treatment was unnecessarily delayed, a referral was poorly coordinated or a healthcare facility failed to discharge its responsibility.** This Bill provides an important legislative step towards emergency medical care that is timely, competent, coordinated and accountable.

It seeks to ensure that the right to emergency treatment is not merely declared in our laws but reflected in the actual delivery of healthcare. I therefore urge Honourable Members to support the general principles of this Bill and allow it to proceed to the Committee Stage in the interest of safeguarding the lives and wellbeing of Nigerians. **I so move.** Thank you, Mr. Speaker.