

CONSTITUTIONAL COURT OF THE REPUBLIC OF SERBIA

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11000 Belgrade Proposer: Group of 60 Members of Parliament of the National Assembly of the Republic of Serbia.

Representative of the Proposer: Member of Parliament Slobodan Petrović, Trg Nikole Pašića 13, 11000 Belgrade

Based on Article 167, Paragraph 1, Point 1, and Article 168, Paragraph 1 of the Constitution of the Republic of Serbia ("Official Gazette of RS", No. 98/2006 and 115/2021), as well as Article 29, Point 1, and Articles 50, 51, and 56 of the Law on the Constitutional Court ("Official Gazette of RS", No. 109/2007, 99/2011, 18/2013 - Decision of the Constitutional Court of RS, 40/2015 - other law, 103/2015, 10/2023, and 92/2023), we submit the following

PROPOSAL FOR ASSESSING THE CONSTITUTIONALITY AND LEGALITY

of the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance ("Official Gazette of RS", No. 79/2025 dated September 15, 2025)

I. CHALLENGED PROVISIONS

This proposal challenges the constitutionality and legality of the provisions in Articles 2, 4, 6, 8, 9, 15, 20, 21, 28, and 30 of the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance ("Official Gazette of RS", No. 79/2025) (hereinafter: the Rulebook), due to their direct inconsistency with the Constitution of the Republic of Serbia, ratified international treaties, and laws of the Republic of Serbia.

II. LEGAL BASIS FOR INITIATING THE PROCEDURE

The procedure for assessing constitutionality and legality is initiated based on Article 168, Paragraph 1 of the Constitution of the Republic of Serbia and Article 29, Point 1 of the Law on the Constitutional Court, which stipulate that the procedure may be initiated by at least 25 members of parliament.

III. INTRODUCTORY EXPLANATION

The subject of this proposal is the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance (Attachment 2), which was adopted based on the authorization in Article 83, Paragraph 4 of the Law on Health Care. Although the adoption of this bylaw was a legal obligation, its challenged provisions not only fail to fulfill the purpose of the Law but also deepen and formalize long-standing systemic problems through their deficiencies, ambiguities, and omissions. Instead of establishing a clear, efficient, and evidence-based system, the Rulebook introduces provisions that allow for continued arbitrariness in procedures, endangering citizens' lives, and denying effective legal protection.

The Constitution of the Republic of Serbia, as the highest legal act, establishes the unity of the legal order in Article 194 and requires that all general acts must comply with the Constitution, while Article 195 defines the hierarchy of domestic general legal acts, stating that all bylaws must comply with the law. According to Article 3 of the Constitution, the Republic of Serbia is a state based on the rule of law, which requires authorities to adhere to the Constitution and the law.

The Law on Health Care, as the overarching regulation in this field, imperatively prescribes in Article 5 that health care measures and activities must be "based on scientific evidence, safe, effective, and efficient, in accordance with professional standards, adopted good practice guidelines, and treatment protocols." Specifically, Article 62, Paragraph 1, Point 1 of the Law explicitly obliges health institutions to "provide emergency medical assistance to all citizens, in accordance with the law."

However, the challenged provisions of the Rulebook, instead of operationalizing these clear legal principles, establish a triage system based on subjective physician assessments and legally indeterminate terms such as "timely," without clearly defined and evidence-based medical protocols. This creates a systemic risk of misjudging urgency and untimely provision of assistance, which can have fatal consequences. That such flawed regulation directly produces risk is confirmed by official statistical data from the reports on the work of the Belgrade Institute for Emergency Medicine, which show a huge disproportion between the number of calls and implemented field interventions, where over 450,000 decisions not to dispatch a team are made annually.

By omitting to prescribe the mandatory application of specific protocols, the Rulebook directly acts contrary to the purpose and letter of the Law on Health Care, thereby violating the principle of legality from Article 195 of the Constitution and undermining the principle of the rule of law from Article 3 of the Constitution, as it introduces systemic uncertainty instead of legal predictability.

Therefore, the Rulebook, instead of ensuring constitutional and legal protection of the right to life (Article 24 of the Constitution) and health (Article 68 of the Constitution), as well as citizens' legal security, creates a regulatory framework that is inherently risky, unpredictable, and not based on objective medical standards. Thus, the state fails to fulfill its positive obligation to effectively protect inviolable constitutional rights, which justifies initiating the procedure to assess its constitutionality and legality.

IV. REASONS FOR CHALLENGING AND EXPLANATION

Violation of the right to life (Article 24 of the Constitution, Article 2 of the ECHR) is reflected in creating procedural possibilities for endangering patients' lives and health. Procedural possibilities for violating the right to life refer to the discretion in triage decisions without clear and precise criteria. The Rulebook completely disregards the right to life, which is guaranteed as inviolable in Article 24 of the Constitution of the Republic of Serbia and represents the highest value in the legal order:

"Human life is inviolable."

Article 2 of the European Convention on Human Rights (ECHR) imposes on the state:

1. A negative obligation to refrain from unlawful deprivation of life.
2. A positive obligation to take all necessary measures to protect the lives of individuals under its jurisdiction. In the field of health care, this obligation implies adopting regulations that minimize risks to life and health to the greatest possible extent. The challenged Rulebook, through its legal indeterminacy and introduction of subjectivity into the triage system, not only hinders the realization of the right to life but encroaches on the very essence of the guaranteed right. This is in direct contradiction to Article 18, Paragraph 2 of the Constitution, which explicitly states that the law, and thus any bylaw, "may in no case affect the essence of the guaranteed right." Instead of making the protection of the right to life absolute and guaranteed, the Rulebook makes it arbitrary and unpredictable. By leaving decisions about life and death to the "independent and professional assessment" of physicians without binding protocols, the state, through this act, attacks the very core and predictability of the protection guaranteed by the Constitution. The challenged Rulebook directly violates this obligation by creating a regulatory framework that is inherently risky and legally unregulated, in the following ways:
 3. Establishing a system based on subjectivity and legal indeterminacy - Articles 6 and 9 of the challenged Rulebook establish a triage system based on discretionary assessment

and legally indeterminate standards, instead of clearly defined and evidence-based medical protocols.

Article 6 of the Rulebook authorizes a doctor of medicine to "independently and professionally assess the justification and decide on the need for a team to respond." Such formulation, without binding and objective protocols, leaves decisions about life and death to the subjective assessment of an individual. Article 9 of the Rulebook further deepens this problem by defining the second level of urgency, stating that the team should depart "timely in accordance with the assessment of the patient's current condition and depending on the number of available teams." This provision introduces two inadmissible elements:

I. Legal indeterminacy: The term "timely" lacks an objective time frame, creating unpredictability.

II. Non-medical criterion: Introducing the criterion of "number of available teams" into the definition of urgency level legalizes delaying assistance for organizational reasons, which contradicts the state's obligation to ensure effective protection of life and the principle of legal certainty (Article 3 of the Constitution).

4. Direct contradiction to imperative legal norms -

This system is in direct contradiction to Article 5 of the Law on Health Care, which requires measures to be "based on scientific evidence, safe, effective, and efficient, in accordance with professional standards."

It also contradicts the objective and measurable quality indicators for emergency medical assistance prescribed in Article 8 of the Rulebook on Indicators of Health Care Quality and Verification of Professional Work Quality (e.g., "activation time," "response time").

5. Empirical evidence of systemic risk through official statistical data

That such flawed regulation creates enormous and unacceptable systemic risk is unequivocally confirmed by official statistical data from the reports on the work of the Belgrade Institute for Emergency Medicine:

I. In 2022: Out of 576,273 calls, 89,560 interventions were implemented (15.54%) – page 6, Table 4 (Attachment 3)

II. In 2023: Out of 549,350 calls, 93,933 interventions were implemented (17.10%) – page 6, Table 4 (Attachment 4)

III. In 2024: Out of 540,006 calls, 96,166 interventions were implemented (17.81%) – page 7, Table 4 (Attachment 5)

These data show that over 450,000 decisions not to dispatch an emergency team are made annually based on the triage system regulated by the challenged Rulebook. When such a large number of decisions is made within a system based on subjective assessment, it creates an enormous and unacceptable systemic risk of misjudging urgency.

Inconsistency with the practice of the European Court of Human Rights (ECtHR) and international obligations of the Republic of Serbia is reflected in the violation of the substantive obligation, i.e., the failure to establish an adequate regulatory framework. The ECtHR practice has established that the state has an obligation to establish an effective regulatory framework in health care that minimizes risks to patients' lives. In the judgments *Lopes de Sousa Fernandes v. Portugal* (2017) and *Asiye Genç v. Turkey* (2015), the Court found state responsibility due to systemic deficiencies in the organization of the health system. The challenged Rulebook represents precisely such an example of inadequate regulation, as it does not minimize risk but systematically produces and formalizes it (Attachments 13 and 14).

Violation of the procedural obligation is reflected in the lack of provision for an effective system to establish responsibility. The state also has a procedural obligation to ensure an effective investigation system that can determine facts and hold those responsible accountable when a fatal outcome occurs. The judgment *Calvelli and Ciglio v. Italy* (2002) is key, as it established that a violation of Article 2 of the ECHR exists when the legal system does not enable determination of the cause of death and responsibility (Attachment 15). The challenged Rulebook, by omitting to prescribe binding protocols, creates precisely such a situation, which the Ministry of Health itself acknowledged in its Report on Extraordinary External Quality Control of Professional Work (No. 531-02-00515/2023-11), stating that due to the absence of protocols, "potential omissions cannot be precisely defined" (Attachment 6). This creates a "closed circle of irresponsibility" that prevents the application of Article 186 of the Law on Health Care (professional error), Article 31 of the Law on Patients' Rights (compensation for damages), as well as criminal offenses under Articles 251 and 253 of the Criminal Code. The systemic deficiency of the Rulebook thereby also violates Article 13 of the ECHR (Right to an effective remedy).

The challenged Rulebook, through its provisions that introduce subjectivity and legal uncertainty, and omissions in establishing binding standards, represents an example of inadequate regulation that is in direct contradiction to clearly established ECtHR standards. It simultaneously violates the state's substantive positive obligation to establish a safe regulatory framework, as well as the procedural positive obligation to ensure an effective system for establishing responsibility. In conclusion, the challenged Articles 6 and 9 of the Rulebook, instead of elaborating legal obligations and ensuring legal certainty, formalize a state of legal vacuum and arbitrariness. This directly violates the principle of legality (Article 195 of the Constitution), undermines the principle of the rule of law (Article 3 of the Constitution), and, most importantly, the state fails to fulfill its positive obligation to effectively protect the inviolable right to life (Article 24 of the Constitution) and the right to health protection (Article 68 of the Constitution).

Violation of the right to an effective remedy (Article 36 of the Constitution, Article 13 of the ECHR) is reflected in the impossibility of establishing responsibility. The creation of a "closed circle of irresponsibility" exists through the systemic deficiency of the challenged Rulebook, which omits to prescribe the mandatory application of objective and evidence-based medical protocols, directly preventing the establishment of responsibility for professional errors, thereby denying citizens effective legal protection. Denial of access to key evidence and violation of the principle of legal certainty (Articles 8 and 28 of the Rulebook) is rooted in the Rulebook because there are no clearly defined standards.

The deficiencies of the Rulebook and direct contradiction to higher-ranking laws are clear in Articles 8 and 28, which relate to record-keeping, omitting to explicitly define recorded telephone conversations (audio records) as an integral part of medical documentation. This omission is in direct contradiction to the Law on Health Documentation and Records in the Field of Health, whose Article 4, Point 1) and 5) unequivocally defines "Document" as any record, including "audio, voice... recordings," and "Medical documentation" as a set of such documents. Thus, the Rulebook, as a bylaw, contradicts the law, which constitutes a violation of the principle of hierarchy of legal acts from Article 195 of the Constitution.

2.2.2. Institutional conflict and legal uncertainty in practice: This omission in the Rulebook enables the practice of denying key evidence. However, the Judgment of the Misdemeanor Court in Belgrade (148 Pr. No. 23484/20, Attachment 8), confirmed by the Appellate Judgment (11 Prž. No. 8621/22, Attachment 7), unequivocally established that audio records are medical documentation. This chaos – where one state body (the Institute)

claims one thing, the court another, and the challenged Rulebook is silent on it – represents a textbook example of violating the principle of legal certainty (Article 3 of the Constitution).

Violation of patients' right to access documentation exists through denial of access to audio records, directly violating Article 23, Paragraph 2 of the Law on Patients' Rights, which guarantees the right of immediate family members of the deceased to access documentation for realizing legally established rights.

The challenged Rulebook, through its omissions, creates a system in which responsibility for professional omissions is practically unprovable. The lack of objective standards and denial of access to key evidence make the right to an effective remedy illusory, thereby directly violating Article 36 of the Constitution and Article 13 of the ECHR.

Negative impact on criminal law protection and hindered establishment of responsibility is a consequence of the Rulebook's regulatory deficiencies, which directly affect legal certainty and the efficiency of proceedings. Protection of patients in the Criminal Code is defined in Article 253, which prescribes the criminal offense of Failure to Provide Medical Assistance, and Article 251 of the Criminal Code, the criminal offense of Negligent Provision of Medical Assistance. Considering these criminal offenses, the Rulebook hinders the position of victims in proceedings because, instead of clearly defining physicians' duties, it relies on "independent and professional assessment" (Article 6) and legally indeterminate terms such as "timely" (Article 9). In the absence of clear protocols, it becomes nearly impossible to objectively determine whether a physician acted contrary to their duty or negligently, thereby effectively avoiding criminal responsibility. Essentially, the Rulebook hinders the victim's position in criminal proceedings, violating Article 3 of the Constitution.

In cases with fatal outcomes, families of victims face the impossibility of achieving justice, which contradicts the state's positive obligation to ensure effective investigation and sanctioning of violations of the right to life.

Unlawful commercialization of the service and violation of the right to life by reducing available resources (Articles 4 and 30 of the Rulebook) through the Rulebook further reduces the availability of emergency medical assistance by enabling unlawful commercialization of the service, which is contrary to the Law on Health Insurance. Namely, Articles 4, Point 13, and 30 of the Rulebook allow for the provision of commercial

services without the protective mechanisms prescribed by the Law on Health Insurance. Article 190 allows commercial services only for "excess capacity" and in a manner that "does not endanger" the provision of services under mandatory insurance, while Article 204 establishes absolute priority in fulfilling obligations to the Republic Health Insurance Fund (RHIF).

In practice, violations of the Law on Health Insurance are evident. The Contract for Providing Medical Security Services for the "Ada Ciganlija" Swimming Area for the 2024 Season proves that even four teams are engaged in commercial work, which cannot represent "excess capacity" (Attachments 9 and 10). This is not an isolated case, as confirmed by data on 71 additional invoices for commercial services in the first five months of 2024 (Attachment 11), as well as the RHIF Decision (No. 450.01-90/23-2, Attachment 12) on misuse of funds. Four teams stationed at Ada Ciganlija mean four fewer teams available to Belgrade citizens. By enabling such practice, the Rulebook directly contributes to reducing the service's capacity, which can lead to untimely responses and fatal outcomes, thereby violating the right to life (Article 24 of the Constitution) and the right to health protection (Article 68 of the Constitution). This example also shows a violation of the Law on Health Care, which does not approve commercialization of health care. Article 30, Paragraph 2 of the Law on Health Care prescribes:

"A health institution that provides emergency medical assistance... is established exclusively in public ownership."

The Rulebook, by enabling unlawful commercialization, reduces the availability of resources necessary for life protection, thereby flagrantly violating constitutional principles of the rule of law and legal certainty.

V. ADDITIONAL UNCONSTITUTIONALITIES AND ILLEGALITIES OF THE RULEBOOK

In addition to the already detailed reasons for assessing the constitutionality and legality of the challenged provisions of the Rulebook relating to subjective triage, non-recognition of audio records as medical documentation, and unlawful commercialization, further analysis reveals the following systemic violations of the Constitution of the Republic of Serbia and laws, which additionally confirm that the Rulebook as a whole is contrary to the legal order.

Violation of the principle of equality of citizens before the Constitution and the law (Article 21 of the Constitution) – Establishing a "two-speed" health care system - The challenged Rulebook explicitly establishes different standards in providing emergency

medical assistance, depending on whether a citizen is in an area covered by an institute for emergency medicine or a health center. This is most clearly reflected in the prescribed conditions for health workers performing call reception and processing tasks:

- Article 6, Paragraph 1 of the Rulebook prescribes that call reception and processing tasks in an institute for emergency medicine are performed by a health worker with at least three years of work experience in emergency medical assistance.
- In contrast, Article 20, Paragraph 1 of the Rulebook prescribes that the same tasks in a health center are performed by a health worker with at least one year of work experience in emergency medical assistance.

This difference in required work experience for the most critical phase of providing emergency assistance – call triage – is not merely formal but substantially affects the quality and safety of health care. The operator's experience is crucial for quick and accurate recognition of urgent conditions, especially atypical ones. By prescribing different standards, the Rulebook directly violates:

1. Article 21 of the Constitution of the Republic of Serbia, which guarantees equality of all before the Constitution and the law and prohibits any discrimination, including based on place of residence. Citizens in smaller communities, who rely on health centers, are placed in an unequal position compared to citizens in larger cities by this Rulebook.
2. Article 6, Paragraph 2 of the Law on Patients' Rights, which explicitly prescribes: "In the process of realizing health care, the patient has the right to equal access to health services, without discrimination based on... place of residence..."
3. Article 11, Paragraph 1 of the Law on Health Care, which prescribes that social care for health is achieved by "ensuring health care... under equal conditions throughout the territory of the Republic of Serbia."

Systemic endangerment of patient safety in health centers (Article 21 of the Rulebook) – Providing assistance without a physician's presence - The Rulebook regulates the organization of work in health centers during night shifts in a way that creates unacceptable systemic risk and directly endangers patient safety, especially in urgent situations. Article 21, Paragraph 4 of the Rulebook prescribes that, if the urgent field team of the health center is in the field and a new patient arrives at the emergency medical

assistance premises, the nurse/technician "implements necessary diagnostic and therapeutic measures for the patient, based on prior consultation and instructions from a doctor of medicine... given via available information-communication technologies."

This provision legalizes the practice where a nurse, without the direct presence of a physician, cares for an urgent patient based on telephone instructions. This is in direct contradiction to the basic principles of safe and quality health care:

4. Article 24 of the Constitution (Right to life) and Article 68 of the Constitution (Right to health protection): The state fails to establish a regulatory framework that guarantees safe provision of health care. The patient's life and health are directly endangered by the physician's inability to personally examine the patient, assess the condition, and react adequately in real time.
5. Article 10, Paragraph 3 of the Law on Patients' Rights, which explicitly states: "The patient may not suffer harm caused by inadequate functioning of the health service." This provision of the Rulebook is the definition of "inadequate functioning."
6. Article 5 of the Law on Health Care, which imperatively requires that health care measures and activities must be "safe, effective, and efficient."

Violation of the constitutional obligation for special protection of children (Article 66 of the Constitution) – Lack of specific protocols for children - The Rulebook completely fails to recognize children as a particularly vulnerable category and to prescribe special, stricter, and clearer procedures for them in providing emergency medical assistance, thereby directly violating the constitutional obligation for their special protection.

Although Article 2 of the Rulebook generally states that assistance is provided to "adults and children," in key provisions relating to triage (Articles 6 and 9) and procedures, there is no provision that mandates the application of special pediatric protocols, different criteria for assessing urgency, or mandatory consultation with a pediatrician.

This omission represents a serious systemic deficiency that creates a direct risk of inadequate and untimely provision of assistance, which can have tragic consequences. Pediatric urgent conditions often have a different clinical picture, faster progression, and require specific knowledge and approaches that fundamentally differ from those for adult patients. The lack of special protocols for children and treating children by the same

criteria as adults represents a direct violation of several imperative norms of the Constitution and laws:

The Rulebook violates the obligation for special protection of the child, which is guaranteed in Article 66:

"A child in the Republic of Serbia enjoys special protection."

This constitutional guarantee is not declarative but imposes on the state a positive obligation to ensure a higher and specific level of protection for children through all laws and bylaws. The Rulebook, which does not recognize the physiological and medical specificities of children in the most critical situations, directly undermines and renders meaningless the concept of "special protection," reducing it to the level of general protection that applies to all citizens, which is contrary to the clear intent of the Constitution.

Furthermore, the Rulebook violates Article 20, Paragraph 2 of the Law on Health Care (Principle of respecting the rights of the child). This article prescribes the obligation to "be guided by the best interest of the child in all activities of health care providers, ensuring health services and procedures adapted to children..." The Rulebook, which contains no procedures adapted to children in the area of triage and providing emergency assistance, directly violates this legal obligation. A uniform system is not "adapted to children" and is not guided by their "best interest."

We also emphasize the contradiction between the Rulebook and Article 5 of the Law on Health Care, which requires health care to be "based on scientific evidence... in accordance with professional standards, adopted good practice guidelines, treatment protocols." Modern medical science and practice unequivocally confirm that children require different protocols in emergency medicine. The Rulebook's omission to mandate the application of such protocols makes it inconsistent with this fundamental principle of quality and safety in health care.

The Rulebook multiply violates the Law on Patients' Rights. The most significant violations are contradictions with Article 9 of the Law on Patients' Rights. Article 9 of the Law on Patients' Rights guarantees the right to "timely and quality health service, in accordance

with health condition and established professional standards." Providing service to a child without applying specific pediatric standards means the service is not in accordance with their actual health condition nor with established professional standards for that population group. Also, the Rulebook contradicts Article 10 of the Law on Patients' Rights. Article 10 of the Law on Patients' Rights guarantees the right to safety and states that the patient has the right to protection "in accordance with contemporary achievements of the health profession and science, with the aim... of reducing the risk of adverse consequences... to the lowest possible measure." Applying the same triage criteria to children and adults increases the risk of misassessment and does not represent action in accordance with "contemporary achievements" of pediatric emergency medicine. This directly violates the provision of the same article that states:

"The patient may not suffer harm caused by inadequate functioning of the health service."

A system without pediatric protocols represents an example of "inadequate functioning" of the service.

Violation of the principle of legal certainty and quality through inadequate regulation of education (Article 15 of the Rulebook) - The Rulebook fails to establish uniform and binding standards for the education of staff in emergency medical assistance, leaving it to internal acts of institutions, which creates legal uncertainty and risk of uneven quality of services. Article 15 of the Rulebook states that the institute "plans, develops, and accredits programs for continuous medical education" and "adopts and implements" the education program.

The Rulebook, as a general act that should regulate the "manner and organization" at the level of the entire Republic, does not define the minimum content, scope, standards, and method of knowledge verification for these key educations. It fully delegates this obligation to the institutions themselves. This opens the possibility for different institutes and health centers to have drastically different training standards, which again leads to inequality in service quality and violation of Article 21 of the Constitution. This omission also contradicts the principle of the rule of law (Article 3 of the Constitution), as it does not create legal certainty regarding the competencies of staff making life-and-death decisions.

All the aforementioned additional unconstitutionality and illegalities, together with those

already highlighted in this Proposal, clearly show that the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance is not just a collection of individual flawed provisions but represents a complete systemic failure that is in deep inconsistency with the fundamental values of the constitutional order of the Republic of Serbia. It creates a system that is unequal, unsafe, legally uncertain, and systematically endangers the highest constitutional value – human life and health.

VI. PROPOSAL

Based on all the above, the proposers propose that the Constitutional Court of the Republic of Serbia adopt a

DECISION

1. It is established that the provisions of Articles 2, 4, 6, 8, 9, 15, 20, 21, 28, and 30 of the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance ("Official Gazette of RS", No. 79/2025) are not in compliance with:
 - o The Constitution of the Republic of Serbia ("Official Gazette of RS", No. 98/2006 and 115/2021), particularly Articles 3 (principle of the rule of law and legal certainty), 21 (principle of equality), 24 (right to life), 36 (right to an effective remedy), 51 (right to information), 66 (special protection of the child), 68 (right to health protection), 194 (hierarchy of domestic and international general legal acts), and 195 (hierarchy of domestic general legal acts);
 - o The European Convention for the Protection of Human Rights and Fundamental Freedoms, particularly Article 2 (right to life) and Article 13 (right to an effective remedy);
 - o The Law on Health Care ("Official Gazette of RS", No. 25/19, 92/23 – authentic interpretation, and 29/25 – Constitutional Court), particularly Articles 5 (principles of health care), 11 (social care for health), 20 (principle of respecting the rights of the child), and 30 (public character of the service);

o The Law on Patients' Rights ("Official Gazette of RS", No. 45/2013 and 25/2019 - other law), particularly Articles 6 (right to equal access), 9 (right to quality health service), 10 (right to patient safety), 11 (right to information), 23 (right to access medical documentation), and 31 (right to compensation for damages);

o The Law on Health Documentation and Records in the Field of Health ("Official Gazette of RS", No. 92/2023), particularly Article 4 (definition of medical documentation);

o The Law on Health Insurance ("Official Gazette of RS", No. 25/2019, 92/2023 – Constitutional Court decision, and 113/2023 – other law), particularly Articles 5 (principles of mandatory health insurance), 60 (definition of emergency medical assistance), 61 (definition of necessary health care), 190 (conditions for providing voluntary insurance services), and 204 (priority of mandatory health insurance).

2. Order a temporary measure and suspend the execution of acts and actions undertaken based on the challenged provisions, as their further application could result in irreparable harmful consequences in the form of new fatal outcomes and severe impairments to citizens' health.
3. Publish its decision in the "Official Gazette of the Republic of Serbia," in accordance with Article 168, Paragraph 2 of the Constitution of the Republic of Serbia.

VII. ATTACHMENTS

Along with this Proposal, the following attachments are submitted in three copies:

A. Procedural attachments

1. List of 60 members of parliament, submitters of the proposal, with handwritten signatures – as proof of the proposers' active legitimacy, in accordance with Article 168, Paragraph 1 of the Constitution of the Republic of Serbia and Article 29, Point 1 of the Law on the Constitutional Court.

B. General act and evidence from domestic practice

2. Rulebook on the Manner and Organization of Providing Emergency Medical Assistance ("Official Gazette of RS", No. 79/2025) – the challenged general act, in accordance with Article 51 of the Law on the Constitutional Court.

3. Report on the Work of the Belgrade Institute for Emergency Medicine for 2022, pages 1-7 – as proof of the existence of systemic risk and inadequacy of the triage system, supporting the Proposal's allegations, in relation to the violation of Article 3 (principle of the rule of law) and Article 24 (right to life) of the Constitution of the Republic of Serbia.
4. Report on the Work of the Belgrade Institute for Emergency Medicine for 2023, pages 1-7 – as proof of the existence of systemic risk and inadequacy of the triage system, supporting the Proposal's allegations, in relation to the violation of Article 3 (principle of the rule of law) and Article 24 (right to life) of the Constitution of the Republic of Serbia.
5. Report on the Work of the Belgrade Institute for Emergency Medicine for 2024, pages 1-7 – as proof of the existence of systemic risk and inadequacy of the triage system, supporting the Proposal's allegations, in relation to the violation of Article 3 (principle of the rule of law) and Article 24 (right to life) of the Constitution of the Republic of Serbia.
6. Report on Extraordinary External Quality Control of Professional Work by the Ministry of Health, No. 531-02-00515/2023-11 – as proof of institutional acknowledgment of the impossibility of establishing responsibility due to the absence of protocols, supporting the Proposal's allegations, in relation to the violation of Article 36 (right to an effective remedy) and Article 24 (right to life) of the Constitution of the Republic of Serbia, as well as Article 13 of the European Convention on Human Rights.
7. Final Judgment of the Misdemeanor Appellate Court, 11 Prž. No. 8621/2022 – as proof of the final determination that audio records are medical documentation, supporting the Proposal's allegations, in relation to the violation of Article 36 (right to an effective remedy) of the Constitution of the Republic of Serbia, Article 23, Paragraph 2 of the Law on Patients' Rights, and Article 4 of the Law on Health Documentation and Records in the Field of Health.
8. Judgment of the Misdemeanor Court in Belgrade, 148 Pr. No. 23484/20 – as proof confirmed by the judgment under item 7, supporting the Proposal's allegations, in relation to the violation of Article 36 (right to an effective remedy) of the Constitution of the Republic of Serbia, Article 23, Paragraph 2 of the Law on Patients' Rights, and Article 4 of the Law on Health Documentation and Records in the Field of Health.
9. Contract for Providing Medical Security Services for the "Ada Ciganlija" Swimming Area for the 2024 Season – as proof of unlawful commercialization of the service

and reduction of available resources, supporting the Proposal's allegations, in relation to the violation of Article 24 (right to life) and Article 68 (right to health protection) of the Constitution of the Republic of Serbia, as well as Articles 30, Paragraph 2 of the Law on Health Care and Articles 190 and 204 of the Law on Health Insurance.

10. Technical Specification from the Public Procurement Procedure for Medical Security Services for the "Ada Ciganlija" Swimming Area – as supplementary proof of the scope of team engagement and unlawful commercialization of the service, supporting the Proposal's allegations, in relation to the violation of Article 24 (right to life) and Article 68 (right to health protection) of the Constitution of the Republic of Serbia, as well as Articles 30, Paragraph 2 of the Law on Health Care and Articles 190 and 204 of the Law on Health Insurance.
11. List of Invoices for Commercial Services (71 invoices) Issued by the Belgrade Institute for Emergency Medicine in the First Five Months of 2024 – as proof of established practice of commercialization and reduction of available resources, supporting the Proposal's allegations, in relation to the violation of Article 24 (right to life) and Article 68 (right to health protection) of the Constitution of the Republic of Serbia, as well as Articles 30, Paragraph 2 of the Law on Health Care and Articles 190 and 204 of the Law on Health Insurance.
12. Decision of the Republic Health Insurance Fund (RHIF) No. 450.01-90/23-2 – as proof of systemic financial irregularities and misuse of funds, supporting the Proposal's allegations, in relation to the violation of Article 24 (right to life) and Article 68 (right to health protection) of the Constitution of the Republic of Serbia, as well as Articles 190 and 204 of the Law on Health Insurance.
C. Practice of the European Court of Human Rights (ECtHR)
13. Judgment of the European Court of Human Rights in the case Lopes de Sousa Fernandes v. Portugal (2017) – as proof of the state's substantive positive obligation to establish an effective regulatory framework in health care that minimizes risks to patients' lives, supporting the Proposal's allegations, in relation to the violation of Article 2 of the European Convention on Human Rights and Articles 16, 18, and 24 of the Constitution of the Republic of Serbia.
14. Judgment of the European Court of Human Rights in the case Asiye Genç v. Turkey (2015) – as proof of the state's substantive positive obligation to establish an effective regulatory framework in health care that minimizes risks to patients' lives, supporting the Proposal's allegations, in relation to the violation of Article 2 of the

European Convention on Human Rights and Articles 16, 18, and 24 of the Constitution of the Republic of Serbia.

15. Judgment of the European Court of Human Rights in the case *Calvelli and Ciglio v. Italy* (2002) – as proof of the state's procedural positive obligation to establish an effective system for determining the cause of death and responsibility, supporting the Proposal's allegations, in relation to the violation of Article 2 of the European Convention on Human Rights, Article 24 (right to life), and Article 36 (right to an effective remedy) of the Constitution of the Republic of Serbia, based on the obligation to interpret constitutional rights in accordance with the practice of international institutions prescribed by Article 18, Paragraph 3 of the Constitution of the Republic of Serbia.