

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

15th Congress

First Regular Session

HOUSE BILL NO. 1714

Introduced by the Hon. Joel Roy R. Duavit

EXPLANATORY NOTE

The field of Clinical and Academic Emergency Medicine has been an established specialty in many countries and has already been proven as an efficient means of improving emergency care. International studies show that patients seen and treated by a pre-hospital team within one hour of onset acute symptoms had a lower mortality than those patients from whom treatment was delayed for more than an hour. Evidence based research likewise supports the position that Paramedicine or assigning pre-hospital life support to specially trained rescue personnel can significantly reduce the loss of life.

In the United States, emergency medical services continue to evolve and become more sophisticated. Professional emergency medical service practitioners are now an essential component of the medical community. Employment of emergency medical technicians (EMT) and paramedics is expected to grow faster than the average for all occupations through 2010. This is primarily because the large segment of their aging population will further spur demand for EMT services as they become more likely to have medical emergencies.

In the Philippines, emergency medicine is still at its infancy. Pre-hospital care has not been systematically and fully developed to undertake a critical life saving task. Though the profession currently exists in respond to global trend of emergency medical services, there is no law that specifically advances the profession and practice of paramedicine.

To fully maximize the potential and capability of emergency medical technician in the country and in order to professionalize the practice of paramedicine, this measure proposes to establish and develop standards of knowledge and skills among its members, providing for their certification, re-certification and registration. This bill if passed into law would ensure competency and likewise expand members' opportunities locally and internationally.

In addition, this measure provides for the adoption of minimum standard requirements and an accreditation system for emergency medical vehicles to ensure the provision of quality emergency medical care at the earliest possible instance. By providing the public with ambulances and other emergency medical vehicles that are easily identifiable, nationally recognizable, properly constructed, easily maintained, and

appropriately equipped will enable Emergency Medical Technicians (EMTs) to safely and reliably perform their functions as basic and advanced pre-hospital life support providers.

Finally, this Bill provides for the establishment of one national emergency number to give the public fast and easy access to emergency medical services. The adoption of a unique number that is brief, easily remembered and can be dialed quickly will enable those who need emergency medical care to communicate their needs faster and allow the more efficient deployment of emergency medical providers.

In view of the foregoing, immediate approval of the proposed measure is earnestly sought.



JOEL ROY R. DUAVIT

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

FIFTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1714

Introduced by
Representative Joel Roy R. Duavit

AN ACT
INSTITUTIONALIZING A PRE-HOSPITAL EMERGENCY CARE SYSTEM, PROVIDING
FOR THE ESTABLISHMENT, SUPERVISION AND REGULATION OF THE PRE-
HOSPITAL EMERGENCY CARE PROFESSION,
AND FOR OTHER PURPOSES

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

CHAPTER I
GENERAL PROVISIONS

SECTION 1. Short Title. – This Act shall be known as the “Pre-Hospital Emergency Care Act of 2010.”

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 and instill health consciousness among them. Pursuant to this national policy, the government shall set up a climate conducive to the practice of pre-hospital emergency care and maximize the capability and potential of Emergency Medical Technicians (“EMTs”) and other pre-hospital care professionals and institute a standard system of pre-hospital emergency medical services in the country.

SEC. 3. Objectives. – This Act provides for and shall govern:

- (a) The creation of the National Pre-Hospital Care Council (the Council or “NPHCC”);
- (b) The development and institutionalization of pre-hospital emergency service system at the national and local level;
- (c) The establishment of national standards for the provision of pre-hospital emergency medical services by duly certified/registered pre-hospital care professionals;
- (d) The supervision, control and regulation of the practice of pre-hospital care professionals;
- (e) The program standardization for the training of pre-hospital care professionals;
- (f) The certification/registration and re-certification/re-registration requirements of pre-hospital care professionals;
- (g) The standards for design, manufacture, accreditation and regulation of Emergency Medical Vehicles;

- 1 (h) The adoption and implementation of a National Universal Emergency Telephone
2 Number; and
- 3 (i) The establishment and provision of support services to pre-hospital emergency medical
4 services.

5 **SEC. 4. Definition of Terms.** – For purposes of this Act, the following terms are hereby
6 defined:

7 (a) **Pre-Hospital Emergency Medical Services** –

8 (i) **Pre-Hospital Emergency Care** – Independent delivery of pre-hospital emergency
9 medical services by appropriately trained and certified Emergency Medical Technicians
10 (“EMTs”), usually in a mobile or community setting, in full accordance with National Pre-
11 Hospital Emergency Medical Treatment Protocols established by the Council.

12 (ii) **Pre-Hospital Advance Life Support** – Advanced pre-hospital standards for the care of
13 serious illness or injury by appropriately trained and certified EMTs, as established by the
14 Council. These pre-hospital standards may include advanced pre-hospital trauma care,
15 advanced pre-hospital cardiac life support and the care of high dependency patients for inter-
16 hospital transfer, among others.

17 (b) **National Pre-Hospital Medical Treatment Protocols** – Emergency medical procedures
18 outlining approved clinical practices and therapies to be observed by pre-hospital care
19 professionals, as established by the Council.

20 (c) **Pre-hospital Care Professionals**

21 (i) **Emergency Medical Technician (“EMT”)** – A pre-hospital emergency care provider
22 who has fulfilled the requirements and continues to hold the qualifications established by the
23 Council in coordination with the Technical Education and Skills Development Authority
24 (“TESDA”), the Commission on Higher Education (“CHED”) and the Professional
25 Regulation Commission (“PRC”), among others.

26 (ii) **Ambulance Dispatch Officer (“ADO”)** – A person duly trained and certified in the
27 administration, management and operation of the ambulance dispatch and communication
28 system, who has fulfilled the requirements and continues to hold the qualifications
29 established by the Council in coordination with Technical Education and Skills Development
30 Authority (“TESDA”), the Commission on Higher Education (“CHED”) and the
31 Professional Regulation Commission (“PRC”), among others.

32 (iii) **Ambulance Assistants** – Personnel who, having gained the “minimum” certification as
33 a Medical First Responder (Advanced First Aider), charged with the operation and general
34 care of emergency medical vehicles (ambulance driver), in addition to providing basic
35 medical care for patients under the direct supervision of an Emergency Medical Technician /
36 Paramedic.

37 (iv) Other pre-hospital care professionals providing other support services for the provision
38 of pre-hospital emergency care.

- (d) **Competency-based assessment** – Evidence gathering and judgment by an authorized assessor who evaluates the technical and practical skills, abilities and knowledge of a pre-hospital care professional in accordance with standards and guidelines established by the Council in coordination with TESDA in the case of technical non-degree Certified Emergency Medical Technician courses falling under TESDA jurisdiction; or in coordination with CHED and PRC in the case of Registered Emergency Medical Technician – Paramedic (REMT-P) degree courses requiring the issuance of a professional license.
- (e) **Accredited Training Institutions** – Training institutions offering training programs, courses and continuing education in emergency medical services for pre-hospital care professionals that meet the standards established by the Council, in coordination with TESDA, CHED and DOH among others, and are duly recognized by TESDA or CHED, as applicable, and duly registered in good standing with the Council.
- (f) **Ambulance / Emergency Medical Vehicle** – An ambulance or other vehicle for emergency medical care and transportation which provides, at minimum, (a) a driver's compartment; (b) a patient compartment to accommodate an emergency medical technician (EMT) and a patient so positioned that said patient can be given intensive life-support during transit; (c) equipment and supplies for emergency care at the scene as well as during transport; (d) two-way radio, telephone or electronic communication with the Ambulance Dispatch Officer; and (e) when necessary, equipment for light rescue/extrication procedures. The emergency medical vehicle shall be so designed and constructed to provide the patient with safety and comfort, and avoid aggravation of the patient's injury or illness. The designated vehicle marking of "Ambulance" is hereby restricted for use by Emergency Medical Vehicles only.
- (g) **Emergency Medical Services Medical Director** – A licensed physician with training in Emergency Medicine who has at least five (5) years of experience in emergency medical care and approved by the Council or local medical authority charged with the supervision of emergency medical services and the implementation of approved emergency medical treatment protocols set by the Council to govern the practice of EMTs.

CHAPTER II NATIONAL PRE-HOSPITAL CARE COUNCIL

SEC. 5. Creation of the National Pre-Hospital Care Council – A body to be known as the National Pre-Hospital Care Council (NPHCC), hereinafter referred to as the Council, is hereby created to:

- (a) Formulate policies governing the field of pre-hospital emergency medical services and related institutions;
- (b) Implement these policies in coordination with affiliated medical and educational institutions;
- (c) Develop national standards for the provision of pre-hospital emergency medical services to include, among others, the skills, abilities and knowledge required of a pre-hospital care professional, and the development of mandatory national medical treatment protocols to be observed by pre-hospital care professionals and such other entities as it may consider appropriate;
- (d) Promulgate a Code of Ethics for Emergency Medical Technicians;

- (e) Develop standards of operation for pre-hospital emergency care support services providers to support best practices by pre-hospital care practitioners;
- (f) Establish and maintain a roster of certified emergency medical technicians;
- (g) Develop standards and protocols for the design, construction, outfitting and operations of emergency medical vehicles;
- (h) Engage in research into pre-hospital care, including emerging technology, education and training, the formulation of curricula, and the evaluation of existing courses and assessment and examination procedures.

SEC. 6. Membership of the Council -- The members of the Council shall initially be composed of the following:

I. *Ex-Officio Members:*

- (a) The Secretary of the Department of Health (DOH) as chair of the Council;
- (b) The Secretary of the Department of Interior and Local Government (DILG);
- (c) The Chair of the Technical Education and Skills Development Authority (TESDA); and
- (d) The Chair of the Commission on Higher Education (CHED).

II. *Members to be appointed by the Secretary of the Department of Health upon nomination by their respective associations:*

- (a) One (1) nominee of a national organization duly registered with the Securities and Exchange Commission and recognized by the Department of Health as being representative of the profession of Emergency Medical Technician within the Republic of the Philippines; Provided that, upon the organization of the national accredited professional organization of Emergency Medical Technicians, as provided in Section 29 of this Act, this seat in the Council will be held by a duly elected representative of said national accredited professional organization;
- (b) Four (4) nominees of local health boards, one each from NCR, Luzon, Visayas and Mindanao;
- (c) One (1) registered emergency medical practitioner, representing a recognized professional-based organization with interest on emergency medicine;
- (d) One (1) registered medical practitioner representing a recognized professional-based organization on cardiology;
- (e) One (1) registered nurse holding a qualification in emergency room nursing representing a recognized professional-based organization of emergency care nurses;
- (f) One (1) representative from an educational or training institution providing EMT programs, which has been duly accredited by TESDA or CHED and recognized by the Council in accordance with its rules and regulations;
- (g) One (1) representative from a recognized national professional association of medical practitioners;
- (h) One (1) representative from a recognized national organization of private hospitals;
- (i) One (1) representative from a DOH hospital;
- (j) One (1) representative from the Philippine National Red Cross (PNRC).

1 **SEC. 7. Term of Office.** No member of the Council shall serve for more than three (3)
2 consecutive terms of two (2) years each.

3 **SEC. 8. Powers and Functions.** — To carry out its mandate, the Council shall exercise the
4 following powers and functions:

- 5 (a) Encourage and facilitate the organization of a network of pre-hospital care professionals, to
6 ensure the provision of emergency medical services to the general public on a national basis;
- 7 (b) Maintain a roster of qualified pre-hospital care professionals and providers, and training
8 institutions, and oversee their licensing and accreditation;
- 9 (c) Establish a secretariat under an Executive Director for the administrative and day-to day
10 operations of the Council;
- 11 (d) Create committees and other mechanisms to help expedite the implementation of plans and
12 strategies;
- 13 (e) Set up a system of networking and coordination with and among all existing government
14 health agencies and local government units for the effective implementation of programs and
15 activities;
- 16 (f) Call upon and coordinate with other government and non-government medical and other
17 institutions and agencies for assistance in any form;
- 18 (g) Generate resources, both from the Government and private sectors, local, national and
19 international, for its operation;
- 20 (h) Receive and accept donations and other conveyances including funds, materials, and services,
21 by gratuitous title, *Provided, that* not more than thirty percent (30%) shall be used for
22 administrative expenses;
- 23 (i) Prepare an annual budget of the Council and submit the same to the President for inclusion in
24 the annual General Appropriations Act;
- 25 (j) Advise the President on matters pertaining to pre-hospital emergency medical services;
- 26 (k) Regulate activities inimical to the delivery of emergency medical services;
- 27 (l) Review membership of the Council in line with status changes of concerned national
28 organizations duly recognized as involved in Emergency Medical Care / Pre-Hospital
29 Emergency Medical Care as required by this Act and report to Congress any amendments
30 necessary to such membership; and
- 31 (m) Promulgate rules, regulations and undertake any and all measures as may be necessary to
32 implement this Act.

33 **SEC. 9. The Secretariat.** — The Council shall organize a Secretariat headed by an Executive
34 Director, who shall be a person of probity and shall have at least five (5) years experience in emergency
35 medical services or a related field. The Council shall fix its staffing pattern, determine the duties,
36 qualifications, responsibilities and functions as well as the compensation scheme for the positions to be
37 created upon the recommendation of the Executive Director. The staffing pattern shall be approved and
38 prescribed by the Council within one hundred twenty (120) days from the approval of this Act.

39 In establishing the Secretariat, the Council shall consider the need to address, among others, the
40 following areas: (a) Education and Standards Development; (b) National Examination / Assessment
41 System for Pre-hospital Care Professionals; (c) Research; (d) Supervision and Regulation; (e) Policy,

1 Planning and Research; (f) Administration; (g) Finance; and (h) Programs, including (i) Human Resource
2 Development; (ii) Emergency Medical Vehicles and (iii) Emergency Communications

3 **SEC. 10. Meetings.** The Council shall meet at least once every quarter.

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

10 **CHAPTER III** 11 **EMERGENCY MEDICAL TECHNICIANS**

12 **SEC. 12. Creation of Plantilla Positions for Emergency Medical Technicians** - There shall
13 be created a minimum number of plantilla positions for Emergency Medical Technicians in the
14 following government agencies within the next five (5) years upon approval of this Act:

- 15 a) Level 3 and 4 Hospitals – Five (5) Emergency Medical Technicians and at least one (1)
16 Ambulance Assistant
- 17 b) Level 1 and 2 Hospitals – Three (3) Emergency Medical Technicians and at least one (1)
18 Ambulance Assistant
- 19 c) Other Health Facilities - as may be deemed necessary by the Council.

20 The annual financial requirements needed to pay for the salaries of Emergency Medical
21 Technicians shall be included in the annual general appropriations of the respective hospitals, agencies
22 and local government units.

23 **SEC. 13. Scope of the Practice of the Emergency Medical Technician.** – The practice of
24 Emergency Medical Technician involves services performed in responding to the perceived needs of an
25 individual for immediate medical care in order to prevent loss of life or aggravation of physiological or
26 psychological illness or injury delivered in a pre-hospital, inter-hospital and hospital emergency care
27 setting. For this purpose, the Council shall develop the scope of work of Emergency Medical
28 Technicians based on internationally-accepted standards, as adapted to the Philippine setting.

29 **SEC. 14. Authorized Training Institution.** - Training programs, courses, and continuing
30 education for an Emergency Medical Technician shall be conducted by an institution that has been
31 granted a Certificate of Program Registration (COPR) by TESDA, in the case of technical non-degree
32 courses falling under TESDA jurisdiction, or a Certificate of Accreditation as a Higher Education
33 Institution (HEI) as well as Program Accreditation by CHED, in the case of degree programs falling
34 under CHED jurisdiction. The requirements prescribed by the Council shall serve as the minimum
35 requirement for program registration. The DOH can provide training programs for EMTs; *Provided*, that
36 these shall be accordance with the standards set by the Council.

37 **SEC. 15. Certification, Registration and Re-certification.** Registration and re-certification of
38 EMTs in the Philippines shall be governed by the Technical Education and Skills Development
39 Authority (TESDA) for non-degree courses, and by the Professional Regulation Commission (PRC) for
40 degree courses, in accordance with PRC rules and regulations and without prejudice to the enactment of

1 a licensure law for EMTs. A certification is valid for a period of three (3) years. TESDA and PRC shall
2 re-certify Emergency Medical Technicians upon submission of a competency-based assessment
3 statement from a recognized Emergency Medical Services Medical Director.

4 **Sec. 16. Qualifications.** - All applicants for registration as an Emergency Medical Technician
5 (EMT) must be a citizen of the Philippines, at least twenty-one (21) years of age, of good moral
6 character, and must produce before the NPHCC satisfactory evidence of good moral character, and that
7 no charges against him involving moral turpitude have been filed or are pending in any court in the
8 Philippines.

9 He or she must have successfully completed a non-degree course leading to an EMT basic
10 certification, EMT intermediate certification, or EMT-advanced certification, or a degree course leading
11 to an EMT-paramedic certification, conferred by an authorized training institution as defined in Sec. 15
12 of this Act.

13 **Sec. 17. Examination Required.** - All applicants for registration as an Emergency Medical
14 Technician shall be required to undergo a nationally based assessment test or licensure examination,
15 respectively, to be given in such places and dates as may be designated, by the Technical Education and
16 Skills Development Authority (TESDA) for non-degree courses, and by the Professional Regulation
17 Commission (PRC) for degree courses.

18 **SEC. 18. Schedule of Examination.** - National written examinations for Emergency Medical
19 Technicians in the Philippines shall be given by TESDA and/or PRC at least twice every year.

20 **SEC. 19. Release of the Results of Examination.** - The results of the Examination shall be
21 released by TESDA within twenty (20) working days or by the PRC within two (2) months from the date
22 of the examination.

23 **SEC. 20. Issuance of the Certificate of Registration and EMT Identification Card.** - A
24 Certification of Registration shall be issued to examinees who pass the National EMT examinations
25 given by TESDA or the PRC. The Certificate of Registration shall remain in full force and effect until
26 revoked or suspended in accordance with this Act. An EMT Identification Card, bearing the registration
27 number, date of issuance, expiry date, duly signed by TESDA Director-General or PRC Chairman, shall
28 likewise be issued to every registrant upon payment of the required fees. The EMT Identification Card
29 shall be renewed every three (3) years upon satisfactory compliance with the requirements of TESDA or
30 PRC as prescribed by the Council.

31 **SEC. 21. Disqualification.** -TESDA, PRC and the Council shall not accept an applicant for
32 competency requirement nor issue a national certificate to any person who has been convicted by final
33 judgment by a court of competent jurisdiction of any criminal offense involving moral turpitude, or has
34 been found guilty of immoral or dishonorable conduct after investigation and due process, or has been
35 declared to be of unsound mind by competent authority, or for other grounds as may be determined by
36 the Council in the implementing rules and regulations. The reason for the refusal shall be set forth in
37 writing.

38 **SEC. 22. Revocation or Suspension of the Certificate of Registration, EMT Identification**
39 **Card or Cancellation of Temporary/Special Permit.** - The Council, upon recommendation of
40 TESDA or PRC in accordance with the prescribed procedures and due process, may revoke or suspend
41 the national certificate or EMT Identification Card.

1 **SEC. 23. Reinstatement, Re-issuance or Replacement of Certificate of Registration and**
2 **EMT Identification Card** - The TESDA or PRC, upon the recommendation of Council, in accordance
3 with the rules and regulations may, after two (2) years from the date of revocation of Certificate of
4 Registration reinstate any revoked Certificate of Registration and re-issue a suspended EMT
5 Identification Card after compliance by the applicant with the requirements for reinstatement.

6 **SEC. 24. Continuing Education.** - The Council shall develop a program for continuing
7 education of emergency medical technicians as a condition for EMTs to maintain their license and
8 accreditation.

9 **SEC. 25. Roster of Certified Emergency Medical Technician.** - The Council, in
10 coordination with TESDA, CHED, PRC, and the accredited professional organization representing the
11 profession of Emergency Medical Technician within the Republic of the Philippines, shall prepare,
12 update and maintain a roster of certified Emergency Medical Technicians / Paramedics.

13 **SEC. 26. Issuance of Special or Temporary Permit.** - Upon application and payment of the
14 necessary fees, and subject to the requirements specified by the Council, TESDA or PRC may issue
15 special or temporary permits to Emergency Medical Services personnel from foreign countries whose
16 services are urgently needed in the absence or inadequacy of local Emergency Medical Technicians that
17 can provide pre-hospital emergency care in the Philippines.

18 **SEC. 27. Registration Without Examination for Emergency Medical Technicians.** All
19 practicing Emergency Medical Technicians at the time this Act is passed shall be deemed qualified for
20 registration as an EMT if, in accordance with the rules and regulations of the Council, they have
21 performed work within the scope of the practices of an EMT as defined in this Act, for such period of
22 time as may be required by the Council and have been certified by an EMS medical director to have
23 performed full EMT functions in a pre-hospital and inter-hospital care setting.

24 **SEC. 28. Registration With Examination for Emergency Medical Technicians.** All
25 practicing Emergency Medical Technicians who are not graduates of an EMT program from a TESDA-
26 or CHED-accredited public or private educational/training institution at the time this Act is passed shall
27 be deemed qualified for registration through examination using the following procedure:

- 28 a) All applicants must provide a full record of initial training completed as an EMT. This record
29 must include details of the training establishment, a full syllabus of training completed, a record
30 of on-going training and proof of having worked as an EMT in any local or international
31 organization for at least one (1) year and has been certified by a EMS medical director to have
32 performed full EMT functions in a pre-hospital and inter-hospital care setting.
- 33 b) Once approved by the Council as qualified for examination, the candidate will be referred to an
34 approved TESDA or PRC EMT assessment center for qualifying examinations for EMT
35 registration.

36 **SEC. 29. Accredited Professional Organization.** - All certified Emergency Medical
37 Technicians shall have one (1) national organization, which shall be recognized by the Council as the one
38 and only accredited EMT organization in the country. A certified EMT duly registered with TESDA or
39 PRC shall automatically become a member of the accredited professional organization of Emergency
40 Medical Technician and shall receive the benefits and privileges appurtenant thereto.

41 **SEC. 30. Code of Ethics of Emergency Medical Technicians.** - The Council, in
42 coordination with the accredited professional organizations, shall adopt and promulgate the Code of

1 Ethics and Code of Technical Standards for Emergency Medical Technicians to include among others,
2 duties of Emergency Medical Technicians to Pre-Hospital Emergency Care patients, to the community,
3 to their colleagues and to the profession, and to allied professionals.

4 CHAPTER IV 5 EMERGENCY MEDICAL VEHICLES

6 **SEC. 31. Emergency Medical Vehicles.** The Council shall develop minimum requirements for
7 the design, construction, performance, equipment, testing and appearance of emergency medical
8 vehicles. As such, only Emergency Medical Vehicles shall be allowed to display the word "Ambulance"
9 and the universally-accepted "Star of Life" symbol. It shall also provide for the operation protocols of
10 said vehicles. It shall also design an accreditation system to provide the public with ambulances and
11 other emergency medical vehicles that are easily identifiable, nationally recognizable, properly
12 constructed, easily maintained, and, when appropriately equipped, will enable Emergency Medical
13 Technicians (EMTs) to safely and reliably perform their functions as basic and advanced pre-hospital life
14 support providers.

15 While failure of an emergency medical vehicle to conform to the Council standards may be a
16 ground for the removal of its certification, such failure shall not bar EMTs from:

- 17 (a) Responding and providing appropriate basic or advanced life support on-site to persons
18 reported experiencing acute injury or illness in a pre-hospital setting, and transporting them,
19 while continuing such life support care, to an appropriate medical facility for definitive care;
- 20 (b) Providing inter-hospital critical transport care; or
- 21 (c) Transporting essential personnel and equipment to and from the site of a multiple medical
22 emergency or a triage site and transporting appropriately triaged patients to designated
23 medical facilities.

24 CHAPTER V 25 EMERGENCY COMMUNICATIONS

26 **SEC. 32. Adoption of a National Universal Emergency Telephone Number.** There shall
27 only be one national emergency number to enable the public to access emergency medical services.
28 Towards this end, the National Telecommunications Council (NTC) shall develop a program for the
29 adoption of a national emergency number. It shall consult and cooperate with national and local
30 agencies and institutions, **local government units**, and officials responsible for emergency services and
31 public safety, the telecommunications industry (specifically including the cellular and other wireless
32 telecommunications service providers), the motor vehicle manufacturing industry, emergency medical
33 service providers and emergency dispatch providers, transportation officials, public safety, fire service
34 and law enforcement officials, consumer groups, and hospital emergency and trauma care personnel
35 (including emergency physicians, trauma surgeons, and nurses).

36 **SEC. 33. Compliance.** It shall be the duty of every voice service provider to provide its
37 subscribers with access to the national universal emergency number in accordance with the
38 implementing rules and regulations.

39
40 **SEC. 34. Appropriations.** – The amount of Ten Million Pesos (Php 10,000,000.00) is hereby
41 appropriated to assist the Department of Transportation and Communications (DOTC) in the

development and implementation of a program for the adoption of a national emergency number. Thereafter, such amount as may be necessary for the continued implementation of this Act shall be included in the General Appropriations Act.

SEC. 35. Prohibited Acts – (1) Any person who makes a telephone call to an emergency telephone number with intent to annoy, abuse, threaten or harass any person who answers the telephone call shall be guilty of an offense and, subject to subsection (3) of this Section, shall be given a warning for the first offense, and shall be compelled to attend a seminar on the proper use of the national emergency telephone number on the second offense. Upon commission of the offense for the third time, the offender shall be liable on conviction to a fine not exceeding P1,000. Upon commission of the offense for the fourth and succeeding times, the offender shall be liable on conviction to a fine not exceeding P5,000 or imprisonment for a term not exceeding six months or to both.

(2) Any person who makes a telephone call to an emergency telephone number and, upon the call being answered, makes or solicits any comment, request, suggestion, proposal or other comment, request, suggestion, proposal or other communication or sound which is obscene, lewd, lascivious, filthy or indecent, shall be guilty of an offense and, subject to subsection (3) of this Section, shall be given a warning for the first offense, and shall be compelled to attend a seminar on the proper use of the national emergency telephone number on the second offense. Upon commission of the offense for the third time, the offender shall be liable on conviction to a fine not exceeding P1,000. Upon commission of the offense for the fourth and succeeding times, the offender shall be liable on conviction to a fine not exceeding P5,000 or imprisonment for a term not exceeding six months or to both.

(3) A person who gives a false report of a medical emergency or gives false information in connection with a medical emergency, or makes a false alarm of a medical emergency, knowing the report or information or alarm to be false; or makes a false request for ambulance service to an ambulance service provider, knowing the request to be false, shall be liable shall be given a warning for the first offense, and shall be compelled to attend a seminar on the proper use of the national emergency telephone number on the second offense. Upon commission of the offense for the third time, the offender shall be liable on conviction to a fine not exceeding P5,000 and payment of damages. Upon commission of the offense for the fourth and succeeding times, the offender shall be liable on conviction to a fine not exceeding P10,000 or to imprisonment for a term not exceeding 3 years or to both, and payment of damages.

SEC. 36. Implementing Rules and Regulations. – The NTC, in coordination with the Council and other concerned agencies, shall issue and promulgate the rules and regulations to implement the provisions of this Chapter within one hundred twenty (120) days upon constitution of the Council.

CHAPTER VI OTHER PROVISIONS

SEC. 37. Service Requirement. – The Council shall develop policies regarding mandatory service requirement for all pre-hospital emergency care providers as a condition for maintaining their license and accreditation.

SEC. 38. Role of the LGUS. – Local government units are hereby mandated to develop and institutionalize a pre-hospital emergency care system within their area of jurisdiction. The Council shall include in its programs, activities that will support and enable the LGUS to accomplish such task.

SEC. 39. Prohibited Acts. – The following acts shall constitute an offense punishable under this Act:

- (a) Practicing or offering to practice pre-hospital emergency care services in the Philippines or offering himself/herself as an EMT, or using the title, word, letter, figure or any sign tending to convey the impression that one is a registered and licensed EMT, or advertising or indicating in any manner whatsoever that one is qualified to practice pre-hospital emergency care unless he/she has satisfactorily demonstrated the prescribed competency standards, in full accordance with the requirements of the Council and is a holder of a National Certificate in Emergency Medical Services or a temporary/special permit duly issued to him/her by the Council;
- (b) Providing pre-emergency hospital care within the meaning of this Act without a valid Certificate of Registration and a Professional Identification Card or a valid special permit issued in accordance herewith;
- (c) Presenting or using as his or her own a Certificate of Registration or Professional Identification Card belonging to another;
- (d) Giving any false or forged evidence of any kind to the Council or TESDA or CHED or PRC in obtaining any of the foregoing documents;
- (e) Falsely impersonating any registrant with like or different name;
- (f) Abetting or assisting by any registered and licensed emergency hospital technician of the illegal practice of a person who is not lawfully qualified to provide pre-emergency hospital care within the meaning of this Act;
- (g) Attempting to use a revoked or suspended Certificate of Registration or any invalid or expired EMT Identification Card or a cancelled special permit;
- (h) Operating an Emergency Medical Services training institution without proper accreditation; and
- (i) Unauthorized use of ambulance/emergency medical vehicle, such as but not limited to transporting illegal drugs and transporting passengers and personnel which are not valid emergency cases.

SEC. 40. Penalties. – The commission of any of the prohibited acts stated under Section 40 shall be penalized with a fine of not less than Fifty Thousand Pesos (50,000.00) nor more than One Hundred Thousand Pesos (100,000.00) or by imprisonment of not less than one (1) year nor more than five (5) years, or both, at the discretion of the court.

SEC. 41. Enforcement. - The Council shall implement the provisions of this Act, enforce its implementing rules and regulations, and investigate complaints against violators of this Act, its rules and regulations and other policies of the Council.

The Council shall call upon or request any department, instrumentality, office, bureau, or agency of the government including local government units to render such assistance as it may require in order to carry out, enforce or implement the provisions of this Act.

SEC. 42. Appropriations. – The amount of Thirty Million Pesos (Php 30,000,000.00) is hereby appropriated for the creation of the Council to enable its initial operations and to implement the

1 provisions of this Act. Thereafter, such amount as may be necessary for the continued implementation
2 of this Act shall be included in the General Appropriations Act.

3 **SEC. 43. Implementing Rules and Regulations.** – Except as otherwise provided, the Council
4 shall issue and promulgate the rules and regulations to implement the provisions of this Act within one
5 hundred twenty (120) days upon constitution of the Council.

6 **SEC. 44. Separability Clause.** – If any clause, sentence, paragraph or part of this Act shall be
7 declared unconstitutional or invalid, such judgment shall not affect, invalidate or impact any other part
8 of this Act.

9 **SEC. 45. Repealing Clause.** - Any provision of laws, orders, agreements, rules or regulations
10 contrary to and inconsistent with this Act are hereby repealed or amended or modified accordingly.

11 **SEC. 46. Effectivity.** This Act shall take effect fifteen (15) days following its publication in the
12 Official Gazette or in a major newspaper of general circulation in the Philippines.

13 Approved,