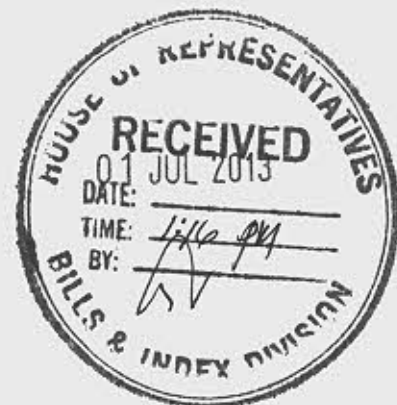




HOUSE OF REPRESENTATIVES

House Bill No. 402

Introduced by Representative Susan A. Yap

EXPLANATORY NOTE

This bill seeks to set up a climate conducive to the practice of the pre-hospital emergency care and maximize the capability and potential of emergency medical technicians and other pre-hospital care professionals and institute a standard system of pre-hospital emergency medical services in the country.

Emergency medical service is crucial in a sense that it helps avert possible complications when hospital service is not readily available. In recognition of its significance, this bill proposes the creation of the National Pre-Hospital Care Council (NPHCC), which shall ensure the development of pre-hospital emergency service system at the national and local level. It shall be tasked to formulate and implement policies, develop national standards and protocols, engage in research, including emerging technology, emergency education and training, formulation of curricula, and the evaluation of existing courses and assessment and examination procedures. It shall likewise develop the scope of work of Emergency Medical Technicians based on internationally accepted standards, subjecting them to a nationally based licensure examination. The bill also ensures that emergency medical vehicles will abide by minimum requirements set by the NPHCC, which if not followed, will serve as a ground for removal of its certification. Furthermore, the proposed measure seeks the adoption of a national emergency number to enable the public to access emergency medical services, which shall be under the purview of the National Telecommunications Council.

Because the country is prone to risks and emergency cases brought by natural and man-made calamities, we need a more responsive and organized pre-hospital and emergency care system to help us a coping mechanism and reduce casualties arising from such instances.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


SUSAN A. YAP
Representative, 2nd District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. 402

Introduced by Representative Susan A. Yap

AN ACT
INSTITUTIONALIZING A PRE-HOSPITAL EMERGENCY MEDICAL 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 2013”.

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people. 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.

SECTION 3. *Objectives.* – This Act has the following objectives:

- (a) To create a National Pre-hospital Care Council;
- (b) To develop and institutionalize a pre-hospital emergency medical service system at the national and local levels;
- (c) To establish a national standard for the provision of pre-hospital emergency medical services by duly certified/registered pre-hospital care professionals;
- (d) To supervise, control and regulate the practice of pre-hospital care professionals;
- (e) To provide a program standardization for the training of pre-hospital care professionals;
- (f) To prescribe certification, registration and recertification requirements of pre-hospital care professionals;
- (g) To establish standards for design, manufacture, accreditation and regulation of emergency medical vehicles;
- (h) To adopt and implement a National Universal Emergency Telephone Number; and
- (i) To establish and provide support services to pre-hospital emergency medical services.

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

- (a) *Pre-hospital emergency medical services:*
 - (1) *Pre-hospital emergency care* shall refer to independent delivery of pre-hospital emergency medical services by appropriately trained and certified EMTs, usually in a mobile or community setting, in full accordance with the National Pre-hospital Emergency Medical Treatment Protocols established by the National Pre-hospital Care Council (NPCC), hereinafter referred to as the Council, created under this Act.

1 (2) *Pre-hospital advance life support* shall refer to advanced pre-hospital standards for the
2 care of seriously ill or injured patient by appropriately trained and certified EMTs, as
3 established by the Council. These pre-hospital standards may include advanced pre-hospital
4 trauma care, advanced pre-hospital cardiac life support and the care of high dependency
5 patients for inter-hospital transfer, among others.

6 (b) *National Pre-hospital Emergency Medical Treatment Protocols* shall refer to emergency
7 medical procedures outlining approved clinical practices and therapies to be observed by pre-
8 hospital care professionals, as established by the Council.

9 (c) *Pre-hospital care professionals*:

10 (1) *Emergency Medical Technician (EMT)* shall refer to a pre-hospital emergency care
11 provider who has fulfilled the requirements of and continues to hold the qualifications
12 established by the Council, in coordination with the Technical Education and Skills
13 Development Authority (TESDA), the Commission on Higher Education (CHED) and the
14 Professional Regulation Commission (PRC), among others.

15 (2) *Registered Emergency Medical Technician-Paramedic (REMT-P)* shall refer to a pre-hospital
16 emergency care provider who is capable of performing extensive pre-hospital care services
17 such as administering medications orally and intravenously, interpreting electrocardiograms
18 (ECGs) tracings, performing endotracheal intubations, and using monitors and other complex
19 equipment. A REMT-P is required to maintain the qualifications and fulfill the requirements
20 set by the Council.

21 (3) *Ambulance Dispatch Officer (ADO)* shall refer to a person duly trained and certified in
22 the administration, management and operation of the ambulance dispatch and communication
23 system and who has fulfilled the requirements and who continues to hold the qualifications
24 established by the Council, in coordination with the TESDA, the CHED and the PRC, among
25 others.

26 (4) *Ambulance Assistant* shall refer to a person who, having gained the minimum
27 certification as a Medical First Responder (Advanced First Aider), is charged with the
28 operation and general care of emergency medical vehicles (ambulance driver), in addition to
29 providing basic medical care for patients under the direct supervision of an EMT or REMT-P.

30 (5) Other pre-hospital care professionals providing other support services for the
31 provision of pre-hospital emergency medical care.

32 (d) *Competency-based assessment* shall refer to evidence gathering and judgment by an
33 authorized assessor who evaluates the technical and practical skills, abilities and knowledge of
34 a pre-hospital care professional in accordance with the standards and guidelines established by
35 the Council, in coordination with the TESDA, in the case of one who holds a technical
36 nondegree Certified Emergency Medical Technician course falling under the TESDA
37 jurisdiction; or in coordination with the CHED and the PRC in the case of one who holds a
38 REMT-P degree course requiring the issuance of a professional license.

39 (e) *Accredited training institutions* shall refer to training institutions offering training
40 programs, courses and continuing education in emergency medical services for pre-hospital
41 care professionals that meet the standards established by the Council, in coordination with the
42 TESDA, the CHED and the Department of Health (DOH), among others, and are duly
43 recognized by the TESDA or the CHED, as applicable, and duly registered in good standing
44 with the Council.

45 (f) *Ambulance/Emergency medical vehicle* shall refer to an ambulance or other vehicle for
46 emergency medical care and transportation which provides, at a minimum: (1) a driver's
47 compartment; (2) a patient compartment with sufficient space to safely and comfortably
48 accommodate an EMT and a patient who can be given intensive life-support during transit;
49 (3) equipment and supplies for emergency care at the scene as well as during transport; (4)
50 two-way radio, telephone or electronic communication with the ADO; and (5) when
51 necessary, equipment for light rescue/extrication procedures. The emergency medical vehicle
52 shall be so designed and constructed to provide the patient with safety and comfort, and to
53 prevent aggravation of the patient's injury or illness. The designated vehicle marking of
54 "Ambulance" is hereby restricted for use by emergency medical vehicles only.

55 (g) *Emergency Medical Services (EMS) Medical Director* shall refer to a licensed physician
56 with training in emergency medicine and with at least five (5) years experience in emergency
57 medical care as approved by the Council or the local medical authority charged with the

1 supervision of EMS and the implementation of approved emergency medical treatment
2 protocols set by the Council.

3
4 CHAPTER II
5 NATIONAL PRE-HOSPITAL CARE COUNCIL
6

7 SECTION 5. *Creation of the National Pre-hospital Care Council.* – A body to be known as
8 the “National Pre-hospital Care Council (NPCC)” is hereby created under the DOH.
9

10 SECTION 6. *Functions of the NPCC.* – The Council shall perform the following
11 functions:

12 (a) To formulate policies governing the field of pre-hospital emergency medical services
13 and related institutions;

14 (b) To implement policies in coordination with affiliated medical and educational
15 institutions;

16 (c) To develop national standards for the provision of pre-hospital emergency medical
17 services to include, among others, the skills, abilities and knowledge required of a pre-hospital
18 care professional, and the development of mandatory national medical treatment protocols to
19 be observed by pre-hospital care professionals and such other entities as it may consider
20 appropriate;

21 (d) To promulgate a Code of Ethics for EMTs;

22 (e) To develop high standards of operation for pre-hospital emergency care support
23 service providers;

24 (f) To establish and maintain a roster of certified EMTs;

25 (g) To develop standards and protocols for the design, construction, outfitting and
26 operations of emergency medical vehicles; and

27 (h) To engage in research on pre-hospital care, technology, education and training, the
28 formulation of curricula and the evaluation of existing courses, assessment and the
29 examination procedures.
30

31 SECTION 7. *Membership of the Council.* – The members of the Council shall be
32 composed of the following:

33 (a) *Ex officio* members:

34 (1) The Secretary of the DOH as Chairperson of the Council;

35 (2) The Secretary of the Department of the Interior and Local Government (DILG);

36 (3) The Director General of the TESDA; and

37 (4) The Chairperson of the CHED; and

38 (b) Members to be appointed by the Secretary of the DOH upon nomination by their
39 respective associations:

40 (1) One (1) nominee of a national organization duly registered with the Securities and
41 Exchange Commission and recognized by the DOH as being representative of the profession
42 of EMT within the Republic of the Philippines: *Provided*, That upon the organization of the
43 national accredited professional organization of EMTs, mandated under Section 31 of this
44 Act, its nominee shall hold this seat in the Council;

45 (2) Four (4) nominees of local health boards, one (1) each from the National Capital
46 Region, Luzon, Visayas and Mindanao;

47 (3) One (1) registered emergency medical practitioner representing a recognized
48 professional-based organization with interest on emergency medicine;

49 (4) One (1) registered medical practitioner representing a recognized professional-based
50 organization on cardiology;

51 (5) One (1) registered nurse holding a qualification in emergency room nursing,
52 representing a recognized professional-based organization of emergency care nurses;

53 (6) One (1) representative from an educational or training institution providing EMT
54 programs, which has been duly accredited by the TESDA or the CHED and recognized by the
55 Council in accordance with its rules and regulations;

56 (7) One (1) representative from a recognized national professional association of medical
57 practitioners;

58 (8) One (1) representative from a recognized national organization of private hospitals;

- (9) One (1) representative from a DOH hospital; and
(10) One (1) representative from the Philippine National Red Cross (PNRC).

SECTION 8. *Term of Office.* – Each member of the Council shall not serve for more than three (3) consecutive terms. A term shall be for a period of two (2) years.

SECTION 9. *Powers and Functions.* – To carry out its mandate, the Council shall exercise the following powers and functions:

- (a) Encourage and facilitate the organization of a network of pre-hospital care professionals to ensure the provision of EMS to the general public on a national basis;
- (b) Maintain a roster of qualified pre-hospital care professionals and providers and training institutions, and oversee their licensing and accreditation;
- (c) Establish a Secretariat under an Executive Director for the administrative and day-to-day operations of the Council;
- (d) Create committees and other mechanisms to help expedite the implementation of plans and strategies;
- (e) Set up a system of networking and coordination among all existing government health agencies, local government units (LGUs) and nongovernment medical institutions/agencies for the effective implementation of its programs and activities;
- (f) Generate resources from local, national and international organizations/agencies, whether government or private sector, for its operation;
- (g) Receive and accept donations and other conveyances including funds, materials and services by gratuitous title: *Provided*, That not more than thirty percent (30%) of said funds shall be used for administrative expenses;
- (h) Prepare an annual budget of the Council and submit the same to the President for inclusion in the annual General Appropriations Act;
- (i) Advise the President on matters pertaining to pre-hospital EMS;
- (j) Review membership of the Council in line with changes in the status of concerned national organizations duly recognized as involved in emergency medical care/pre-hospital emergency medical care, as required by this Act;
- (k) Investigate complaints against violators of this Act, its rules and regulations and policies of the Council;
- (l) Request any department, instrumentality, office, bureau or agency of the government, including LGUs, to render such assistance as it may require in order to carry out, enforce or implement the provisions of this Act; and
- (m) Promulgate rules and regulations and policies of the Council, and enforce the provisions of this Act.

SECTION 10. *The Secretariat.* – The Council shall organize a Secretariat to be headed by an Executive Director coming from any one of the Undersecretaries or Assistant Secretaries from the DOH acting in a concurrent capacity. The Secretaries of the DOH and the DILG and the Chairpersons of the TESDA and the CHED shall designate their respective staff to serve as members of the Secretariat.

In establishing the Secretariat, the Council shall consider the following areas:

- (a) Education and Standards Development;
- (b) National Examination/Assessment System for Pre-hospital Care Professionals;
- (c) Research;
- (d) Supervision and Regulation;
- (e) Policy, Planning and Research;
- (f) Administration;
- (g) Finance; and
- (h) Programs of the following areas:
 - (1) Human Resource Development;
 - (2) Emergency Medical Vehicles; and
 - (3) Emergency Communications.

SECTION 11. *Meetings.* – The Council shall meet at least once every quarter.

1 SECTION 12. *Program Plans.* – The Council shall, within six (6) months after having
2 been officially constituted and finally staffed, adopt and immediately cause to be implemented,
3 in coordination with medical and related agencies, a short-range program in support of
4 relevant existing projects and activities and, within one (1) year, a long-range five (5)-year
5 development program. This development program shall be developed and subjected to annual
6 review and revision by the Council, in coordination with relevant public and private medical
7 agencies and organizations.

8
9 SECTION 13. *Accreditation.* – The Council shall issue certifications and licenses for the
10 following:

- 11 (a) Accreditation of training institutions for EMTs and related personnel; and
12 (b) Accreditation of emergency medical vehicle providers.

13
14 CHAPTER III
15 EMERGENCY MEDICAL TECHNICIANS
16

17 SECTION 14. *Creation of Plantilla Positions for Emergency Medical Technicians (EMTs).* –
18 There shall be created a minimum number of plantilla positions for EMTs in the following
19 government hospitals/health facilities within the next five (5) years upon approval of this Act:

- 20 (a) Level 3 and 4 Hospitals – Five (5) EMTs and at least one (1) Ambulance Assistant;
21 (b) Level 1 and 2 Hospitals – Three (3) EMTs and at least one (1) Ambulance Assistant;
22 and
23 (c) Other Health Facilities – as may be deemed necessary by the Council.

24 The annual financial requirements needed to pay for the salaries of EMTs shall be
25 included in the annual general appropriations of the respective hospitals, health facilities and
26 LGUs.

27
28 SECTION 15. *Scope of the Practice of Emergency Medical Care.* – The emergency medical
29 care practice involves services performed in responding to the perceived needs of an
30 individual for immediate medical care in order to prevent loss of life or aggravation of
31 physiological or psychological illness or injury delivered in a pre-hospital, inter-hospital and
32 hospital emergency care setting. For this purpose, the Council shall develop the scope of work
33 of EMTs based on internationally accepted standards, as adapted to the Philippine setting.

34
35 SECTION 16. *Authorized Training Institution.* – Training programs, courses and
36 continuing education for an EMT shall be conducted by an institution that has been granted a
37 Certificate of Program Registration (COPR) by the TESDA, in case of technical nondegree
38 courses falling under the TESDA jurisdiction, or a Certificate of Accreditation as a Higher
39 Education Institution (HEI) as well as Program Accreditation by the CHED, in the case of
40 degree programs falling under the CHED jurisdiction. The requirements prescribed by the
41 Council shall serve as the minimum requirement for program registration. The DOH can
42 provide training programs for EMTs: *Provided*, That these shall be in accordance with the
43 standards set by the Council.

44
45 SECTION 17. *Certification, Registration and Recertification.* – Certification, registration and
46 recertification of EMTs in the Philippines shall be governed by the TESDA for nondegree
47 courses and by the PRC for degree courses in accordance with PRC rules and regulations and
48 without prejudice to the enactment of a licensure law for EMTs. A certification is valid for a
49 period of three (3) years. The TESDA and the PRC shall recertify EMTs upon submission of a
50 competency-based assessment statement from a recognized EMS Medical Director.

51
52 SECTION 18. *Qualifications.* – All applicants for registration as an EMT must be a
53 citizen of the Philippines, at least twenty-one (21) years of age, of good moral character and
54 must produce before the NPCC satisfactory evidence of good moral character and a
55 certification that no charges against one's person involving moral turpitude have been filed or
56 are pending in any court in the Philippines.
57

1 SECTION 19. *Examination Required.* – All applicants for registration as an EMT shall be
2 required to undergo a nationally-based assessment test or licensure examination, respectively,
3 to be given in such places and dates as may be designated by the TESDA, for those who hold
4 nondegree courses, and by the PRC, for those who hold degree courses.

5
6 SECTION 20. *Schedule of Examination.* – National written examinations for EMTs in the
7 Philippines shall be given by the TESDA and the PRC at least twice every year.

8
9 SECTION 21. *Release of the Results of Examination.* – The results of the examination shall
10 be released by the TESDA within twenty (20) working days and by the PRC within two (2)
11 months from the date of the examination.

12
13 SECTION 22. *Issuance of the Certificate of Registration and EMT Identification Card.* – A
14 Certificate of Registration shall be issued to the examinees who passed the national EMT
15 examinations given by the TESDA or the PRC. The Certificate of Registration shall remain in
16 full force and effect until revoked or suspended in accordance with this Act. An EMT
17 identification card, bearing the registration number, date of issuance and expiry date, duly
18 signed by the TESDA Director General or the PRC Chairperson, shall likewise be issued to
19 every registrant upon payment of the required fees. The EMT examination card shall be
20 renewed every three (3) years upon satisfactory compliance with the requirements of the
21 TESDA or the PRC as prescribed by the Council.

22
23 SECTION 23. *Disqualification.* – The TESDA, the PRC and the Council shall not accept
24 the application for competency requirement nor issue a national certificate to any person who
25 has been convicted by final judgment by a court of competent jurisdiction of any criminal
26 offense involving moral turpitude, or has been found guilty of immoral or dishonorable
27 conduct after investigation and due process, or has been declared to be of unsound mind by
28 competent authority, or for other grounds as may be determined by the Council in the
29 implementing rules and regulations. The reason for the refusal shall be set forth in writing.

30
31 SECTION 24. *Revocation or Suspension of the Certificate of Registration, EMT Identification*
32 *Card or Cancellation of Temporary/Special Permit.* – The Council, upon recommendation of the
33 TESDA or the PRC in accordance with the prescribed procedures and due process, may
34 revoke or suspend the national certificate or EMT identification card.

35
36 SECTION 25. *Reinstatement, Reissuance or Replacement of Certificate of Registration and EMT*
37 *Identification Card.* – The TESDA or the PRC, upon the recommendation of the Council, in
38 accordance with the rules and regulations may, after two (2) years from the date of revocation
39 of the Certificate of Registration, reinstate any revoked Certificate of Registration and reissue
40 a suspended EMT identification card after compliance by the applicant with the requirements
41 for reinstatement.

42
43 SECTION 26. *Continuing Education.* – The Council shall develop a program for the
44 continuing education of EMTs as a condition for EMTs to maintain their license and
45 accreditation.

46
47 SECTION 27. *Roster of Certified EMTs.* – The Council, in coordination with the TESDA,
48 the CHED, the PRC and the accredited professional organizations representing the profession
49 of EMT within the country, shall prepare, update and maintain a roster of certified EMTs and
50 REMTs-P.

51
52 SECTION 28. *Issuance of Temporary/Special Permit.* – Upon application and payment of
53 the necessary fees, and subject to the requirements specified by the Council, the TESDA or
54 the PRC, the Department of Justice (DOJ) and the Bureau of Immigration (BI) may issue
55 temporary/special permits to EMS personnel from foreign countries whose services are
56 urgently needed in the absence or inadequate supply of local EMTs in the Philippines.

1 SECTION 29. *Registration Without Examination for EMTs.* – All practicing EMTs at the
2 time this Act is passed shall be deemed qualified for registration as an EMT if, in accordance
3 with the rules and regulations of the Council, they have performed work within the scope of
4 the practices of an EMT as defined in this Act, for such period of time as may be required by
5 the Council and have been certified by an EMS Medical Director to have performed full EMT
6 functions in a pre-hospital and inter-hospital care setting.
7

8 SECTION 30. *Registration With Examination for EMTs.* – All practicing EMTs who are
9 not graduates of an EMT program from a TESDA or CHED-accredited public or private
10 educational/training institution at the time this Act is passed shall be deemed qualified for
11 registration through examination using the following procedures:

12 (a) All applicants must provide a full record of initial training completed as an EMT.
13 This record must include details of the training establishment, a full syllabus of training
14 completed, a record of ongoing training and proof of having worked as an EMT in any local
15 or international organization for at least one (1) year and has been certified by an EMS
16 Medical Director to have performed full EMT functions in a pre-hospital and inter-hospital
17 care setting; and

18 (b) Once approved by the Council as qualified for examination, the candidate will be
19 referred to an approved TESDA, PRC or EMT assessment center for qualifying examinations
20 for EMT registration.
21

22 SECTION 31. *Accredited Professional Organizations.* – All certified EMTs shall belong to
23 one (1) national organization which shall be recognized by the Council as the one and only
24 accredited EMT organization in the country. A certified EMT duly registered with the TESDA
25 or the PRC shall automatically become a member of the accredited professional organizations
26 of EMTs and shall enjoy the corresponding benefits and privileges.
27

28 SECTION 32. *Code of Ethics of EMTs.* – The Council, in coordination with the
29 accredited professional organizations, shall adopt and promulgate the Code of Ethics and the
30 Code of Technical Standards for EMTs to include, among others, duties of EMTs to pre-
31 hospital emergency care patients, to the community, to their colleagues in the profession and
32 to allied professionals.
33

34 CHAPTER IV 35 EMERGENCY MEDICAL VEHICLES 36

37 SECTION 33. *Emergency Medical Vehicles.* – The Council shall develop minimum
38 requirements for the design, construction, performance, equipment, testing and appearance of
39 emergency medical vehicles. As such, only emergency medical vehicles shall be allowed to
40 display the word "Ambulance" and the universally-accepted "Star of Life" symbol. It shall
41 also provide for the operation protocols of said vehicles. It shall also design an accreditation
42 system to provide the public with ambulances and other emergency medical vehicles that are
43 easily identifiable, nationally recognizable, properly constructed, easily maintained and, when
44 appropriately equipped, will enable EMTs to safely and reliably perform their functions as
45 basic and advanced pre-hospital life support providers.

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

48 (a) Responding and providing appropriate basic or advanced life support on-site to
49 persons reported experiencing acute injury or illness in a pre-hospital setting, and transporting
50 them, while continuing such life support care, to an appropriate medical facility for definitive
51 care;

52 (b) Providing inter-hospital critical transport care; or

53 (c) Transporting essential personnel and equipment to and from the site of a multiple
54 medical emergency or a triage site and transporting appropriately triaged patients to designated
55 medical facilities.
56

57 CHAPTER V 58 EMERGENCY COMMUNICATIONS

1
2 SECTION 34. *Adoption of a National Universal Emergency Telephone Number.* – There shall
3 only be one (1) national emergency number to enable the public to access emergency medical
4 services. Towards this end, the National Telecommunications Commission (NTC) shall
5 develop a program for the adoption of a national emergency number. It shall consult and
6 cooperate with national and local agencies and institutions; LGUs and officials responsible for
7 emergency service and public safety; the telecommunications industry (specifically including
8 the cellular and other wireless telecommunications service providers); the motor vehicle
9 manufacturing industry; emergency medical service providers; emergency dispatch providers;
10 transportation officials; public safety, fire service and law enforcement officials; consumer
11 groups; and hospital emergency and trauma care personnel (including emergency physicians,
12 trauma surgeons and nurses).
13

14 SECTION 35. *Compliance.* – It shall be the duty of every voice service provider to
15 provide its subscribers with access to the national universal emergency number in accordance
16 with the implementing rules and regulations to be adopted pursuant to this Act.
17

18 SECTION 36. *Prohibited Acts and Penalties on Emergency Communications.* –

19 (a) Any person who makes a telephone call to an emergency telephone number with
20 intent to annoy, abuse, threaten or harass any person who answers the telephone call shall be
21 guilty of an offense and, subject to subsection (c) of this section, shall be given a warning for
22 the first offense, and shall be compelled to attend a seminar on the proper use of the national
23 emergency telephone number on the second offense. Upon commission of the offense for the
24 third time, the offender shall, upon conviction, be imposed with a fine of not less than Five
25 hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00). Upon
26 commission of the offense for the fourth and succeeding times, the offender shall, upon
27 conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not
28 more than six (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not
29 more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

30 (b) Any person who makes a telephone call to an emergency telephone number and,
31 upon the call being answered, makes or solicits any comment, request, suggestion, proposal or
32 sound which is obscene, lewd, lascivious, filthy or indecent, shall be given a warning for the
33 first offense, and shall be compelled to attend a seminar on the proper use of the national
34 emergency telephone number on the second offense. Upon commission of the offense for the
35 third time, the offender shall, upon conviction, be imposed with a fine of not less than Five
36 hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00). Upon
37 commission of the offense for the fourth and succeeding times, the offender shall, upon
38 conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not
39 more than six (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not
40 more than Five thousand pesos (P5,000.00), or both, at the discretion of the court.

41 (c) A person who gives a false report of a medical emergency or gives false information
42 in connection with a medical emergency, or makes a false alarm of a medical emergency,
43 knowing the report or information or alarm to be false; or makes a false request for ambulance
44 service to an ambulance service provider, knowing the request to be false, shall be given a
45 warning for the first offense, and shall be compelled to attend a seminar on the proper use of
46 the national emergency telephone number on the second offense. Upon commission of the
47 offense for the third time, the offender shall, upon conviction, be imposed with a fine of not
48 less than Two thousand pesos (P2,000.00) but not more than Five thousand pesos (P5,000.00)
49 and payment of damages. Upon commission of the offense for the fourth and succeeding
50 times, the offender shall, upon conviction, be imposed with a penalty of imprisonment of not
51 less than one (1) year but not more than three (3) years or a fine of not less than Five
52 thousand pesos (P5,000.00) but not more than Ten thousand pesos (P10,000.00) and payment
53 of damages, or both, at the discretion of the court.
54

55 CHAPTER VI
56 OTHER PROVISIONS
57

1 SECTION 37. *Service Requirement.* – The Council shall develop policies regarding
2 mandatory service requirement for all pre-hospital emergency care providers as a condition for
3 maintaining their license and accreditation.
4

5 SECTION 38. *Role of the LGUs.* – The LGUs are hereby mandated to develop and
6 institutionalize a pre-hospital emergency care system within their area of jurisdiction. The
7 Council shall include in its programs, activities that will support and enable the LGUs to
8 accomplish such task.
9

10 SECTION 39. *Other Prohibited Acts.* – The following acts shall constitute an offense
11 punishable under this Act:

12 (a) Practicing or offering to practice pre-hospital emergency care services in the
13 Philippines or offering oneself as an EMT, or using the title, word, letter, figure or any sign
14 tending to convey the impression that one is a registered and licensed EMT, or advertising or
15 indicating in any manner whatsoever that one is qualified to practice pre-hospital emergency
16 care, unless one has satisfactorily demonstrated the prescribed competency standards, in full
17 accordance with the requirements of the Council and is a holder of a National Certificate in
18 Emergency Medical Services or a temporary/special permit duly issued by the Council;

19 (b) Providing pre-emergency hospital care within the meaning of this Act without a
20 valid Certificate of Registration and a professional identification card or a valid
21 temporary/special permit issued in accordance herewith;

22 (c) Presenting or using a Certificate of Registration or a professional identification card
23 belonging to another person;

24 (d) Giving any false or forged evidence of any kind to the Council, the TESDA, the
25 CHED or the PRC in obtaining any of the foregoing documents;

26 (e) Falsely impersonating any registrant with like or different name;

27 (f) Abetting or assisting by any registered and licensed emergency hospital technician
28 the illegal practice of a person who is not lawfully qualified to provide pre-emergency hospital
29 care within the meaning of this Act;

30 (g) Attempting to use a revoked or suspended Certificate of Registration or any invalid
31 or expired EMT identification card or a cancelled temporary/special permit;

32 (h) Operating an EMS training institution without proper accreditation; and

33 (i) Using without appropriate authority an ambulance/emergency medical vehicle such
34 as, but not limited to, transporting illegal drugs and transporting passengers and personnel
35 which are not valid emergency cases.
36

37 SECTION 40. *Penalties.* – The commission of any of the prohibited acts stated under
38 Section 39 shall be penalized with imprisonment of not less than one (1) year but not more
39 than five (5) years or a fine of not less than Fifty thousand pesos (P50,000.00) but not more
40 than One hundred thousand pesos (P100,000.00), or both, at the discretion of the court.
41

42 SECTION 41. *Appropriations.* – The Secretaries of the Departments concerned shall
43 include in their programs the implementation of this Act, the funding of which shall be
44 included in the annual General Appropriations Act.
45

46 SECTION 42. *Implementing Rules and Regulations.* – Except as otherwise provided, the
47 Council, in coordination with the NTC, the TESDA, the CHED, the PRC and the DOH, shall
48 issue and promulgate the rules and regulations to implement the provisions of this Act within
49 one hundred twenty (120) days upon constitution of the Council.
50

51 SECTION 43. *Separability Clause.* – If any clause, sentence, paragraph or part of this Act
52 shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or
53 impact any other part of this Act.
54

55 SECTION 44. *Repealing Clause.* – Any provision of laws, orders, agreements, rules or
56 regulations contrary to and inconsistent with this Act is hereby repealed, amended or modified
57 accordingly.
58

1 SECTION 45. *Effectivity.* – This Act shall take effect fifteen (15) days after its
2 publication in a newspaper of general circulation.

Approved,