

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. **3839**



Introduced by **MAGDALO Party-List Representative**
HON. MANUEL DG. CABOCHAN III

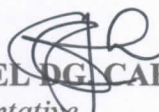
EXPLANATORY NOTE

Pre-Hospital Emergency medicine is relatively a new field of medical practice in the country. Despite this, the provision of emergency medical service in the country is continuing to grow and the linkages among practitioners/providers have become established. It has provided relevant life support services to patients with injuries and illness, or those in critical condition. Its growing practice and relevance in the country's healthcare therefore calls for the need to professionalize and regulate the practice.

This bill seeks to institutionalize a Prehospital Emergency Medical Care System (EMS) in the country through the creation of National Prehospital Care Council (NPCC). The Council shall be in charge with the formulation of policies governing the field of prehospital emergency medical services and related institutions; the development of high standards of operation for prehospital emergency care support service providers; and the engagement in research on prehospital care, technology, education and training; and the formulation of curricula and evaluation of existing courses, assessment and examination procedures. This bill also seeks to create one national emergency number to enable the public to access emergency medical services.

The increase in the number of highly qualified Emergency Medical Technicians and Paramedics is also sought in this measure through the creation of plantilla positions for Emergency Medical Technicians in all government hospitals.

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


MANUEL DG. CABOCHAN III
Representative
Magdalo Para sa Pilipino Party-List

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Introduced by **MAGDALO Party-List Representative**
HON. MANUEL DG. CABOCHAN III

AN ACT
INSTITUTIONALIZING A PRE-HOSPITAL EMERGENCY MEDICAL CARE
SYSTEM, PROVIDING FOR THE ESTABLISHMENT, SUPERVISION AND
REGULATION OF THE PRE-HOSPITAL EMERGENCY, AND PROVIDING
FUNDS THEREFOR

*Be it enacted by the Senate and the 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".

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. 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 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 (NUETN); and
- i) To establish and provide support services to pre-hospital emergency medical services.

SEC. 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.

2) *Pre-hospital advance life support* shall refer to advanced pre-hospital standards for the care of seriously ill or injured patient by appropriately trained and certified EMTs, as established by the Council.

These pre-hospital standards may include advanced pre-hospital trauma care, advanced pre-hospital cardiac life support and the care of high dependency patients for inter-hospital transfer, among others.

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

c) Pre-hospital care professionals:

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

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

- 1 3) *Ambulance Dispatch Officer (ADO)* shall refer to a person duly trained and
2 certified in the administration, management and operation of the ambulance
3 dispatch and communications system and who has fulfilled the requirements
4 and who continues to hold the qualifications established by the Council, in
5 coordination with the TESDA, the CHED and the PRC, among others.
6
7 4) *Ambulance Assistant* shall refer to a person who, having gained the
8 minimum certification as a Medical First Responder (Advanced First Aider), is
9 charged with the operation and general care of emergency medical vehicles
10 (ambulance driver), in addition to providing basic medical care for patients
11 under the direct supervision of an EMT or REMT-P.
12
13 5) Other pre-hospital care professionals providing other support services for
14 the provision of pre-hospital emergency medical care.
15
16 d) *Competency-based assessment* shall refer to evidence gathering and judgment by
17 an authorized assessor who evaluates the technical and practical skills, abilities and
18 knowledge of a pre-hospital care professional in accordance with the standards and
19 guidelines established by the Council, in coordination with the TESDA, in the case of
20 one who holds a technical non-degree Certified Emergency Medical Technician course
21 falling under the TESDA jurisdiction; or in coordination with the CHED and the PRC
22 in the case of one who holds a REMT -P degree course requiring the issuance of a
23 professional license.
24
25 e) *Accredited training institutions* shall refer to training institutions offering
26 training programs, courses and continuing education in emergency medical services
27 for pre-hospital care professionals that meet the standards established by the Council,
28 in coordination with the TESDA, the CHED and the Department of Health (DOH),
29 among others, and are duly recognized by the TESDA or the CHED, as applicable,
30 and duly registered in good standing with the Council.
31
32 f) *Ambulance/Emergency medical vehicle* shall refer to an ambulance or other vehicle
33 for emergency medical care and transportation which provides, at a minimum: (1) a
34 driver's compartment; (2) a patient compartment with sufficient space to safely and
35 comfortably accommodate an EMT and a patient who can be given intensive life-
36 support during transit; (3) equipment and supplies for emergency care at the scene as
37 well as during transport; (4) two-way radio, telephone or electronic communication
38 with the ADO; and (5) when necessary, equipment for light rescue/extrication
39 procedures. The emergency medical vehicle shall be so designed and constructed to
40 provide the patient with safety and comfort, and to prevent aggravation of the patient's
41 injury or illness. The designated vehicle marking of "Ambulance" is hereby
42 restricted for use by emergency medical vehicles only.
43
44 g) *Emergency Medical Services (EMS) Medical Director* shall refer to a
45 licensed physician with training in emergency medicine and with at least five (5)
46 year- experience in emergency medical care as approved by the Council or the local
47 medical authority charged with the supervision of EMS and the implementation of
48 approved emergency medical treatment protocols set by the Council.

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 (NPCC)" is hereby created under the DOH.

SEC. 6. *Functions of the NPCC.* - The Council shall perform the following functions:

- a) To formulate policies governing the field of pre-hospital emergency medical services and related institutions;
- b) To implement policies in coordination with affiliated medical and educational institutions;
- c) To 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) To promulgate a Code of Ethics for EMTs;
- e) To develop high standards of operation for pre-hospital emergency care support service providers;
- f) To establish and maintain a roster of certified EMTs;
- g) To develop standards and protocols for the design, construction, outfitting and operations of emergency medical vehicles; and
- h) To engage in research on pre-hospital care, technology, education and training, the formulation of curricula and the evaluation of existing courses, assessment and the examination procedures.

SEC. 7. *Membership of the Council.* - The members of the Council shall be composed of the following:

- a) Ex officio members:
 - 1) The Secretary of the DOH as Chairperson of the Council;
 - 2) The Secretary of the Department of the Interior and Local Government (DILG);
 - 3) The Director General of the TESDA; and
 - 4) The Chairperson of the CHED; and

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

- 1) One (1) nominee of a national organization duly registered with the Securities and Exchange Commission and recognized by the DOH as being representative of the profession of EMT within the Republic of the Philippines: Provided, That upon the organization of the national accredited professional organization of EMTs, mandated under Section 31 of this Act, its nominee shall hold this seat in the Council;
- 2) Four (4) nominees of local health boards, one (1) each from the National Capital Region Luzon, Visayas and Mindanao;
- 3) One (1) registered emergency medical practitioner representing a recognized professional-based organization with interest on emergency medicine;
- 4) One (1) registered medical practitioner representing a recognized professional-based organization on cardiology;
- 5) One (1) registered nurse holding a qualification in emergency room nursing, representing a recognized professional-based organization of emergency care nurses;
- 6) One (1) representative from an educational or training institution providing EMT programs, which has been duly accredited by the TESDA or the CHED and recognized by the Council in accordance with its rules and regulations;
- 7) One (1) representative from a recognized national professional association of medical practitioners;
- 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).

SEC. 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.

SEC. 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.

SEC. 10. The Secretariat. - The Council shall organize a Secretariat to be headed by an Executive Director coming from anyone 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.

SEC. 11. *Meetings.* - The Council shall meet at least once every quarter.

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

SEC. 13. *Accreditation.* - The Council shall issue certifications and licenses for the following:

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

CHAPTER III EMERGENCY MEDICAL TECHNICIANS

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

- a) Level 3 and 4 Hospitals - Five (5) EMTs and at least one (1) Ambulance Assistant;
- b) Level 1 and 2 Hospitals - Three (3) EMTs and at least one (1) Ambulance Assistant;and
- c) Other Health Facilities - as may be deemed necessary by the Council. The annualfinancial requirements needed to pay for the salaries of EMTs shall be included in the annualgeneral appropriations ofthe respective hospitals, health facilities and LGUs.

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

1 **SEC. 16. *Authorized Training Institution.*** - Training programs, courses and
2 continuing education for an EMT shall be conducted by an institution that has been granted a
3 Certificate of Program Registration (COPR) by the TESDA, in case of technical non-degree
4 courses falling under the TESDA jurisdiction, or a Certificate of Accreditation as a Higher
5 Education Institution (HEI) as well as Program Accreditation by the CHED, in the case of
6 degree programs falling under the CHED jurisdiction. The requirements prescribed by the
7 Council shall serve as the minimum requirement for program registration. The DOH can
8 provide training programs for EMTs: Provided, that these shall be in accordance with the
9 standards set by the Council.

10
11 **SEC. 17. *Certification, Registration and Recertification.*** - Certification, registration
12 and recertification of EMTs in the Philippines shall be governed by the TESDA for non-
13 degree courses and by the PRC for degree courses in accordance with PRC rules and
14 regulations and without prejudice to the enactment of a licensure law for EMTs. A
15 certification is valid for a period of three (3) years. The TESDA and the PRC shall recertify
16 EMTs upon submission of a competency-based assessment statement from a recognized EMS
17 Medical Director.

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

24
25 **SEC. 19. *Examination Required.*** - All applicants for registration as an EMT shall be
26 required to undergo a nationally-based assessment test or licensure examination, respectively,
27 to be given in such places and dates as may be designated by the TESDA, for those who hold
28 non-degree courses, and by the PRC, for those who hold degree courses.

29
30 **SEC. 20. *Schedule of Examination.*** - National written examinations for EMTs in the
31 Philippines shall be given by the TESDA and the PRC at least twice every year.

32
33 **SEC. 21. *Release of the Results of Examination.*** - The results of the examination
34 shall be released by the TESDA within twenty (20) working days and by the PRC within two
35 (2) months from the date of the examination.

36
37 **SEC. 22. *Issuance of the Certificate of Registration and EMT Identification Card.*** -
38 A Certificate of Registration shall be issued to the examinees who passed the national
39 EMT examinations given by the TESDA or the PRC. The Certificate of Registration shall
40 remain in full force and effect until revoked or suspended in accordance with this Act. An
41 EMT identification card, bearing the registration number, date of issuance and expiry date,
42 duly signed by the TESDA Director General or the PRC Chairperson, shall likewise be issued
43 to every registrant upon payment of the required fees.

44
45 The EMT examination card shall be renewed every three (3) years upon satisfactory
46 compliance with the requirements of the TESDA or the PRC as prescribed by the Council.

47
48 **SEC. 23. *Disqualification.*** - The TESDA, the PRC and the Council shall not accept
49 the application for competency requirement nor issue a national certificate to any person who
50 has been convicted by final judgment by a court of competent jurisdiction of any criminal

1 offense involving moral turpitude, or has been found guilty of immoral or dishonorable
2 conduct after investigation and due process, or has been declared to be of unsound mind by
3 competent authority, or for other grounds as may be determined by the Council in the
4 implementing rules and regulations. The reason for the refusal shall be set forth in writing.

5 **SEC. 24. *Revocation or Suspension of the Certificate of Registration, EMT***
6 ***Identification Card or Cancellation of Temporary/Special Permit.*** - The Council, upon
7 recommendation of the TESDA or the PRC in accordance with the prescribed procedures and
8 due process, may revoke or suspend the national certificate or EMT identification card.

9
10 **SEC. 25. *Reinstatement, Reissuance or Replacement of Certificate of Registration***
11 ***and EMT Identification Card.*** - The TESDA or the PRC, upon the recommendation of the
12 Council in accordance with the rules and regulations may, after two (2) years from the date of
13 revocation of the Certificate of Registration, reinstate any revoked Certificate of Registration
14 and reissue a suspended EMT identification card after compliance by the applicant with the
15 requirements for reinstatement.

16
17 **SEC. 26. *Continuing Education.*** - The Council shall develop a program for the
18 continuing education of EMTs as a condition for EMTs to maintain their license and
19 accreditation.

20
21 **SEC. 27. *Roster of Certified EMTs.*** - The Council, in coordination with the TESDA,
22 the CRED, the PRC and the accredited professional organizations representing the profession
23 of EMT within the country, shall prepare, update and maintain a roster of certified EMTs and
24 REMTs-P.

25
26 **SEC. 28. *Issuance of Temporary/Special Permit.*** - Upon application and payment of
27 the necessary fees, and subject to the requirements specified by the Council, the TESDA or
28 the PRC, the Department of Justice (DOJ) and the Bureau of Immigration (BI) may issue
29 temporary/special permits to EMS personnel from foreign countries whose services are
30 urgently needed in the absence or inadequate supply of local EMTs in the Philippines.

31
32 **SEC. 29. *Registration Without Examination for EMTs.*** - All practicing EMTs at the
33 time this Act is passed shall be deemed qualified for registration as an EMT if, in accordance
34 with the rules and regulations of the Council, they have performed work within the scope of
35 the practices of an EMT as defined in this Act, for such period of time as may be required by
36 the Council and have been certified by an EMS Medical Director to have performed full
37 EMT functions in a pre-hospital and inter-hospital care setting.

38
39 **SEC. 30. *Registration with Examination for EMTs.*** - All practicing EMTs who are
40 not graduates of an EMT program from a TESDA or CHED accredited public or private
41 educational/training institution at the time this Act is passed shall be deemed qualified for
42 registration through examination using the following procedures:

- 43
44 a) All applicants must provide a full record of initial training completed as an EMT.
45 This record must include details of the training establishment, a full syllabus of
46 training completed, a record of ongoing training and proof of having worked as an
47 EMT in any local or international organization for at least one (1) year and has been
48 certified by an EMS Medical Director to have performed full EMT functions in a pre-
49 hospital and inter-hospital care setting; and

- 1
2 b) Once approved by the Council as qualified for examination, the candidate will
3 bereferred to an approved TESDA, PRC or EMT assessment center-for qualifying'
4 examinations for'EMT registration.

5 **SEC. 31. Accredited Professional Organizations.** - All certified EMTs shall belong
6 to one (1) national organization which shall be recognized by the Council as the one and only
7 accredited EMT organization in the country. A certified EMT duly registered with the
8 TESDA or the PRC shall automatically become a member of the accredited professional
9 organizations of EMTs and shall enjoy the corresponding benefits and privileges.

10
11 **SEC. 32. Code of Ethics of EMTs.** - The Council, in coordination with the accredited
12 professional organizations, shall adopt and promulgate the Code of Ethics and the Code of
13 Technical Standards for EMTs to include, among others, duties of EMTs to pre-hospital
14 emergency care patients, to the community, to their colleagues in the profession and to allied
15 professionals.

16
17
18 **CHAPTER IV**
19 **EMERGENCY MEDICAL VEHICLES**
20

21 **SEC. 33. Emergency Medical Vehicles.** - The Council shall develop minimum
22 requirements for the design, construction, performance, equipment, testing and appearance of
23 emergency medical vehicles. As such, only emergency medical vehicles shall be allowed to
24 display the word "Ambulance" and the universally-accepted "Star of Life" symbol. It shall
25 also provide for the operation protocols of said vehicles. It shall also .design an accreditation
26 system, to provide the public with ambulances and other emergency medical vehicles that are
27 easily identifiable, nationally recognizable, properly constructed, easily maintained and,
28 when appropriately equipped, will enable EMTs to safely and reliably perform their functions
29 as basic and advanced pre-hospital life support providers. While failure of an emergency
30 medical vehicle to conform to the Council standards may be a ground for the removal of its
31 certification, such failure shall not bar EMTs from:

- 32
33 a) Responding and providing appropriate basic or advanced life support on-site
34 topersons reported experiencing acute injury or illness in a pre-hospital setting, and
35 transportingthem, while continuing such life support care, to an appropriate medical
36 facility for definitivecare;
37 b) Providing inter-hospital critical transport care; or
38
39 c) Transporting essential personnel and equipment to and from the site of a
40 multiplemedical emergency or a triage site and transporting appropriately triaged
41 patients to designatedmedical facilities.

42
43
44 **CHAPTER V**
45 **EMERGENCY COMMUNICATIONS**
46

47 **SEC. 34. Adoption of a National Universal Emergency Telephone Number.** - There
48 shall only be one (1) national emergency number to enable the public to access emergency
49 medical services. Towards this end, the National Telecommunications Commission (NTC)

1 shall develop a program for the adoption of a national emergency number. It shall consult and
2 cooperate with national and local agencies and institutions; LOU s and officials responsible
3 for emergency service and public safety; the telecommunications industry (specifically
4 including the cellular and other wireless telecommunications service providers); the motor
5 vehicle manufacturing industry; emergency medical service providers; emergency dispatch
6 providers; transportation officials; public safety, fire service and law enforcement officials;
7 consumer groups; and hospital emergency and trauma care personnel (including emergency
8 physicians, trauma surgeons and nurses).

9
10 **SEC. 35. Compliance.** - It shall be the duty of every voice service provider to provide
11 its subscribers with access to the national universal emergency number in accordance with
12 the implementing rules and regulations to be adopted pursuant to this Act.

13
14 **SEC. 36. Prohibited Acts and Penalties on Emergency Communications.** -

- 15
16 a) Any person who makes a telephone call to an emergency telephone number with intent
17 to annoy, abuse, threaten or harass any person who answers the telephone call shall
18 be guilty of an offense and, subject to subsection (c) of this section, shall be given a
19 warning for the first offense, and shall be compelled to attend a seminar on the proper
20 use of the national emergency telephone number on the second offense. Upon
21 commission of the offense for the third time, the offender shall, upon conviction, be
22 imposed with a fine of not less than Five hundred pesos (P500.00) but not more than
23 One thousand pesos (P1,000.00). Upon commission of the offense for the fourth and
24 succeeding times, the offender shall, upon conviction, be imposed with a penalty of
25 imprisonment of not less than one (1) month but not more than six (6) months or a fine
26 of not less than Two thousand pesos (P2,000.00) but not more than Five thousand
27 pesos (P5,000.00), or both, at the discretion of the court.
- 28
29 b) Any person who makes a telephone call to an emergency telephone number and,
30 upon the call being answered, makes or solicits any comment, request, suggestion,
31 proposal or sound which is obscene, lewd, lascivious, filthy or indecent, shall be given
32 a warning for the first offense, and shall be compelled to attend a seminar on the
33 proper use of the national emergency telephone number on the second offense. Upon
34 commission of the offense for the third time, the offender shall, upon conviction, be
35 imposed with a fine of not less than Five hundred pesos (P500.00) but not more than
36 One thousand pesos (P1,000.00). Upon commission of the offense for the fourth and
37 succeeding times, the offender shall, upon conviction, be imposed with a penalty of
38 imprisonment of not less than one (1) month but not more than six (6) months or a fine
39 of not less than Two thousand pesos (P2,000.00) but not more than Five thousand
40 pesos (P5,000.00), or both, at the discretion of the court.
- 41
42 c) A person who gives a false report of a medical emergency or gives false information in
43 connection with a medical emergency, or makes a false alarm of a medical
44 emergency, knowing the report or information or alarm to be false; or makes a false
45 request for ambulance service to an ambulance service provider, knowing the request
46 to be false, shall be given a warning for the first offense, and shall be compelled to
47 attend a seminar on the proper use of the national emergency telephone number on the
48 second offense. Upon commission of the offense for the third time, the offender shall,
49 upon conviction, be imposed with a fine of not less than Two thousand pesos
50 (P2,000.00) but not more than Five thousand pesos (P5,000.00) and payment of

1 damages. Upon commission of the offense for the fourth and succeeding times,
2 the offender shall, upon conviction, be imposed with a penalty of imprisonment of not
3 less than one (1) year but not more than three (3) years or a fine of not less than Five
4 thousand pesos (P5,000.00) but not more than Ten thousand pesos (P10,000.00) and
5 payment of damages, or both, at the discretion of the court.
6
7

8 CHAPTER VI 9 OTHER PROVISIONS

10
11 **SEC. 37. Service Requirement.** - The Council shall develop policies regarding
12 mandatory service requirement for all pre-hospital emergency care providers as a condition
13 for maintaining their license and accreditation.
14

15 **SEC. 38. Role of the LGUs.** - The LGUs are hereby mandated to develop and
16 institutionalize a pre-hospital emergency care system within their area of jurisdiction. The
17 Council shall include in its programs, activities that will support and enable the LGUs to
18 accomplish such task.
19

20 **SEC. 39. Other Prohibited Acts.** - The following acts shall constitute an offense
21 punishable under this Act:
22

- 23 a) Practicing or offering to practice pre-hospital emergency care services in
24 the Philippines or offering oneself as an EMT, or using the title, word, letter, figure or
25 any sign tending to convey the impression that one is a registered, and licensed EMT,
26 or advertising or indicating in any manner whatsoever that one is qualified to
27 practice pre-hospital emergency care, unless one has satisfactorily demonstrated the
28 prescribed competency standards, in full accordance with the requirements of the
29 Council and is a holder of a National Certificate in Emergency Medical Services or a
30 temporary/special permit duly issued by the Council;
31
- 32 b) Providing pre-emergency hospital care within the meaning of this Act without a
33 valid Certificate of Registration and a professional identification card or a valid
34 temporary/special permit issued in accordance herewith;
35
- 36 c) Presenting or using a Certificate of Registration or a professional identification
37 card belonging to another person;
38
- 39 d) Giving any false or forged evidence of any kind to the Council, the TESDA,
40 the CHED or the PRC in obtaining any of the foregoing documents;
41
- 42 e) Falsely impersonating any registrant with like or different name;
43
- 44 f) Abetting or assisting by any registered and licensed emergency hospital technician
45 the illegal practice of a person who is not lawfully qualified to provide pre-emergency
46 hospital care within the meaning of this Act;
47
- 48 g) Attempting to use a revoked or suspended Certificate of Registration or any invalid
49 or expired EMT identification card or a cancelled temporary/special permit;
50
- h) Operating an EMS training institution without proper accreditation; and

- 1
2 i) Using without appropriate authority an ambulance/emergency medical vehicle such
3 as, but not limited to, transporting illegal drugs and transporting passengers and
4 personnel which are not valid emergency cases.
5

6 **SEC. 40. Penalties.** - The commission of any of the prohibited acts stated under
7 Section 39 shall be penalized with imprisonment of not less than one (1) year but not more
8 than five (5) years or a fine of not less than Fifty thousand pesos (P50,000.00) but not more
9 than One hundred thousand pesos (P100,000.00), or both, at the discretion of the court.
10

11 **SEC. 41. Appropriations.** - The Secretaries of the Departments concerned shall
12 include in their programs the implementation of this Act, the funding of which shall be
13 included in the annual General Appropriations Act.
14

15 **SEC. 42. Implementing Rules and Regulations.** - Except as otherwise provided, the
16 Council, in coordination with the NTC, the TESDA, the CHED, the PRC and the DOH, shall
17 issue and promulgate the rules and regulations to implement the provisions of this Act within
18 one hundred twenty (120) days upon constitution of the Council.
19

20 **SEC. 43. Separability Clause.** - If any clause, sentence, paragraph or part of this Act
21 shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or
22 impact any other part of this Act.
23

24 **SEC. 44. Repealing Clause.** - Any provision of laws, orders, agreements, rules or
25 regulations contrary to and inconsistent with this Act is hereby repealed, amended or
26 modified accordingly.
27

28 **SEC. 45. Effectivity.** - This Act shall take effect fifteen (15) days after its publication
29 in at least two (2) national newspapers of general circulation.

Approved,