


FOURTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Third Regular Session)

SENATE
OFFICE OF THE SECRETARY

9 SEP 23 P1:48

SENATE

S.B. No. 3458

RECEIVED BY 

Introduced by: **Senate President Juan Ponce Enrile**

EXPLANATORY NOTE

An emergency medical service (EMS) is dedicated to providing basic and advanced life support services to a patient with illnesses or injuries which are deemed to be critical and pose an immediate danger to his life or long term health. While such kind of medical service is provided in accordance with the fundamental values of first aid, which are to "*Preserve Life, Prevent Further Injury, and Promote Recovery*", EMS is carried out by highly qualified individuals such as Emergency Medical Technicians (EMTs) and Paramedics who are trained to administer medical treatment which are normally carried out in the emergency rooms of hospitals in the field instead.

In the Philippines, a high number of emergency cases result from natural and man-made disasters, sicknesses, diseases and even terrorist activities. There is therefore a high demand for ambulance service, paramedics and EMTs to provide out-of-hospital, pre-hospital and emergency care in our homes, on the streets or anywhere else. Hence, there is a need to professionalize and regulate the practice of this profession as this will go a long way in reducing the mortality rate in the country as well as in the number of disabilities that occur due to the lack of or inefficient emergency medical care services delivery to our people.

In view of all these, the immediate passage of the bill is earnestly requested.


JUAN PONCE ENRILE
Senator

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AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICE SYSTEM,
PROVIDING FOR THE ESTABLISHMENT AND REGULATION OF PROFESSIONAL
EMERGENCY MEDICAL TECHNICIAN STANDARDS IN THE COUNTRY, 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 “*Emergency Medical Services Systems Act of 2009.*”

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 (“EMT”) 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 establishment of national standards for the provision of pre-hospital emergency medical services by pre-hospital care professionals;
- (c) The supervision, control and regulation of the practice of pre-hospital care professionals;
- (d) The program standardization for the training of pre-hospital care professionals;
- (e) The certification and re-certification requirements of pre-hospital care professionals;

- 1 (f) The accreditation and regulation of Emergency Medical Vehicles;
2 (g) The adoption of a National Universal Emergency Telephone Number; and
3 (h) The establishment and provision of support services to pre-hospital emergency
4 medical services.

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

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

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

15 (ii) **Pre-Hospital Advance Life Support** – Advanced pre-hospital standards for the
16 care of serious illness or injury by appropriately trained and certified EMTs, as
17 established by the Council in coordination with physicians, nurses, and other health
18 care professionals. These pre-hospital standards may include advanced pre-hospital
19 trauma care, advanced pre-hospital cardiac life support and the care of high
20 dependency patients for inter-hospital transfer, among others.

21 (b) **National Pre-Hospital Medical Treatment Protocols** – Emergency medical
22 procedures outlining approved clinical practices and therapies to be observed by pre-
23 hospital care professionals, as established by the Council in coordination with
24 physicians, nurses, and other health care professionals.

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

26 (i) **Emergency Medical Technician (“EMT”)** – A person who has fulfilled the
27 requirements and continues to hold the qualifications established by the Council in
28 coordination with physicians, nurses, and other health care professionals, the
29 Technical Education and Skills Development Authority (“TESDA”), the Commission
30 on Higher Education (“CHED”) and the Professional Regulation Commission
31 (“PRC”), among others.

32 (ii) **Ambulance Assistants** – Personnel charged with the operation of emergency
33 medical vehicles.

34 (iii) Other pre-hospital care professionals providing other support services for the
35 provision of pre-hospital emergency care.

36 (d) **Competency-based assessment** – Evidence gathering and judgment by an authorized
37 assessor who evaluates the technical and practical skills, abilities and knowledge of a
38 pre-hospital care professional in accordance with standards and guidelines established
39 by the Council in coordination with TESDA in the case of technical non-degree

1 courses falling under TESDA jurisdiction; or in coordination with CHED and PRC in
2 the case of degree courses requiring the issuance of a professional license.

- 3 (e) **Accredited Training Institutions** - Training institutions offering training programs,
4 courses and continuing education in emergency medical services for pre-hospital care
5 professionals that meet the standards established by the Council in coordination with
6 physicians, nurses, and other health care professionals, TESDA, and CHED, among
7 others, and are duly recognized by TESDA or CHED, as applicable, and duly
8 registered in good standing with the Council.
- 9 (f) **Emergency Medical Vehicle** – An ambulance or other vehicle for emergency
10 medical care which provides, at minimum, (a) a driver's compartment; (b) a patient
11 compartment to accommodate an emergency medical technician (EMT) and a patient
12 so positioned that said patient can be given intensive life-support during transit; (c)
13 equipment and supplies for emergency care at the scene as well as during transport;
14 (d) two-way radio, telephone or electronic communication with the primary medical
15 services provider; and (e) when necessary, equipment for light rescue/extrication
16 procedures. The emergency medical vehicle shall be so designed and constructed to
17 provide the patient with safety and comfort, and avoid aggravation of the patient's
18 injury or illness.
- 19 (g) **Emergency Medical Services Medical Director** – A licensed physician approved by
20 the Department of Health (DOH) or local medical authority charged with the
21 supervision of emergency medical services and the implementation of approved
22 emergency medical treatment protocols set by the Council to govern the practice of
23 EMTs.

24 CHAPTER II

25 NATIONAL PRE-HOSPITAL CARE COUNCIL

26
27 **SEC. 5. Creation of the National Pre-Hospital Care Council** – A body to be known as
28 the National Pre-Hospital Care Council (NPHCC), hereinafter referred to as the Council, is
29 hereby created to:

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

- 1 (e) Develop standards of operation for pre-hospital emergency care support services
2 providers to support best practices by pre-hospital care practitioners;
3 (f) Establish and maintain a roster of certified emergency medical technicians;
4 (g) Develop standards and protocols for the design, construction, outfitting and
5 operations of emergency medical vehicles;
6 (h) Engage in research into pre-hospital care, including emerging technology, education
7 and training, the formulation of curricula, and the evaluation of existing courses and
8 assessment and examination procedures.
9

10 **SEC. 6. Membership of the Council** -- The members of the Council shall not exceed
11 seventeen (17) and shall be composed of the following:

12 I. *Ex-Officio Members:*

- 13 (a) The Secretary of the Department of Health (DOH);
14 (b) The Secretary of the Department of Interior and Local Government (DILG);
15 (c) The Chair of the Technical Education and Skills Development Authority (TESDA);
16 (d) The Chair of the Commission on Higher Education (CHED); and
17 (e) The Chair of the Professional Regulation Commission (PRC).

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

- 20 (a) One (1) nominee of a national organization duly registered with the Securities and
21 Exchange Commission and recognized by the Secretary of the Department of Health
22 and as being representative of the profession of Emergency Medical Technician within
23 the Republic of the Philippines;
24 (b) Four (4) nominees of local health boards, one each from NCR, Luzon, Visayas and
25 Mindanao;
26 (c) Two (2) registered emergency medical practitioners, composed of one (1)
27 representative of the Philippine College of Emergency Medicine and Acute Care
28 (PCEMAC), and one (1) representative of the Philippine Society of Emergency Care
29 Practitioners (PSECP) respectively;
30 (d) One (1) Consultant in Cardiology representing the Philippine Heart Association
31 (PHA);
32 (e) One (1) registered nurse holding a qualification in emergency room nursing or pre-
33 hospital emergency care;
34 (f) One (1) representative from an educational or training institution providing EMT
35 programs, which have been duly approved by TESDA / CHED as applicable.
36 (g) One (1) representative from the Philippine Medical Association (PMA); and
37 (h) One (1) representative from the Private Hospital Association of the Philippines
38 (PHAP).

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

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

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

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

1 Director. The staffing pattern shall be approved and prescribed by the Council within one
2 hundred twenty (120) days from the approval of this Act.

3 In establishing the Secretariat, the Council shall consider the need to address, among
4 others, the following areas: (a) Education and Standards Development; (b) Research; (c)
5 Supervision and Regulation; (d) Policy, Planning and Research; (e) Administration; (f) Finance;
6 and (g) Programs, including (i) Human Resource Development; (ii) Emergency Medical
7 Vehicles and (iii) Emergency Communications

8
9 **SEC. 10. Accreditation.** The Council shall issue certifications and licenses for the:

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

13
14 **SEC. 11. Meetings.** The Council shall meet at least once every quarter.

15
16 **SEC. 12. Program Plans.** — The Council shall, within six (6) months after having been
17 officially constituted and finally staffed, adopt and immediately cause to be implemented in
18 coordination with medical and related agencies, a short-range program in support of relevant
19 existing projects and activities; and within one (1) year, a long-range five (5) year development
20 program. This development program shall be developed and subjected to annual review and
21 revision by the Council in coordination with relevant public and private medical agencies and
22 organizations.

23 **CHAPTER III**

24 **EMERGENCY MEDICAL TECHNICIANS**

25
26 **SEC. 13. Creation of Plantilla Positions for Emergency Medical Technicians** - There
27 shall be created a minimum number of plantilla positions for Emergency Medical Technicians in
28 the following government agencies within the next five (5) years upon approval of this Act:

- 29 a) Specialized Hospitals – Five (5) Emergency Medical Technicians
30 b) Regional Hospitals – Five (5) Emergency Medical Technicians
31 c) Provincial Hospitals - Three (3) Emergency Medical Technicians
32 d) Local Government Units - Three (3) Emergency Medical Technicians
33 e) Other agencies as may be deemed necessary by the Council.

34
35 **SEC. 14. Scope of the Practice of the Emergency Medical Technician.** – The practice
36 of Emergency Medical Technician involves services performed in responding to the perceived
37 needs of an individual for immediate medical care in order to prevent loss of life or aggravation
38 of physiological or psychological illness or injury delivered in a pre-hospital, inter-hospital and

1 hospital emergency care setting. For this purpose, the Council shall develop the scope of work
2 of Emergency Medical Technicians based on internationally-accepted standards.

3
4 **SEC. 15. Authorized Training Institution.** - Training programs, courses, and
5 continuing education for Emergency Medical Technician may only be conducted in an institution
6 that has been granted a Certificate of Program Registration (COPR) by TESDA, in the case of
7 technical non-degree courses falling under TESDA jurisdiction, or a Certificate of Accreditation
8 as a Higher Education Institution (HEI) as well as Program Accreditation by CHED, in the case
9 of degree programs falling under CHED jurisdiction. The requirements prescribed by the
10 Council shall serve as the minimum requirement for program registration.

11
12 **SEC. 16. Certification, Registration and Re-certification.** Schools and institutions
13 accredited to offer education and training programs for EMT shall be given the responsibility to
14 certify their graduates as mandated by the National Pre-Hospital Care Council. Registration and
15 re-certification of Emergency Medical Technician in the Philippines shall be governed by the
16 Technical Education and Skills Development Authority (TESDA) for EMT-Basic, EMT-
17 Intermediate and EMT-Advance, and by the Commission on Higher Education for EMT-
18 Paramedic levels. A certification is valid for a period of three (3) years. TESDA shall re-certify
19 Emergency Medical Technicians upon submission of a competency-based assessment statement
20 from a recognized Emergency Medical Services Medical Director.

21 I. ***Emergency Medical Technician Basic Certification.*** The following are the minimum
22 requirements for the grant of an EMT-Basic Certification from TESDA:

- 23 a) at least 21 years of age;
24 b) successfully completed an EMT-Basic Training Course and passed the practical test
25 of EMT-Basic Skills prescribed by the Council; and
26 c) passed the written examination given by TESDA in full accordance with the
27 requirements of the Council.

28 II. ***Emergency Medical Technician Intermediate Certification.*** The following are the
29 minimum requirements for the grant of an EMT-Intermediate Certification from TESDA:

- 30 a) at least 21 years of age;
31 b) successfully completed a Training Course for EMT-Intermediate and passed the
32 practical test of EMT-Intermediate skills prescribed by the Council; and
33 c) passed the written examination given by TESDA in full accordance with the
34 requirements of the Council.

35 III. ***Emergency Medical Technician Advanced Certification.*** The following are the
36 minimum requirements for the grant of an EMT-Advanced Certification from TESDA:

- 37 a) at least 21 years of age;
38 b) successfully completed an EMT-Advanced Training Course and passed the practical
39 test of EMT-Advance Skills prescribed by the Council;

1 c) passed the written examination given by TESDA in full accordance with the
2 requirements of the Council.

3 IV. **Emergency Medical Technician Paramedic Certification.** – The following are the
4 minimum requirements for the grant of an EMT-Paramedic Certification from the
5 Professional Regulations Commission (PRC):

- 6 a) at least 21 years of age;
7 b) a certified graduate of a EMT-Paramedic bachelor degree program from a CHED-
8 accredited higher education institution; and
9 c) passed the written examination for EMT-Paramedic administered by PRC in full
10 accordance with the requirements of the Council.

11
12 **SEC. 17. Schedule of Examination.** –Written examinations for Emergency Medical
13 Technicians in the Philippines shall be given by TESDA and/or PRC at least once every year.

14
15 **SEC. 18. Release of the Results of Examination.** – The results of the Examination shall
16 be released by TESDA within ten (10) working days and/or PRC within two (2) months from the
17 date of the examination.

18
19 **SEC. 19. Issuance of the Certificate of Registration and EMT Identification Card.** –
20 A Certification of Registration shall be issued to examinees who pass the EMT examinations
21 given by TESDA/PRC. The Certificate of Registration shall remain in full force and effect until
22 revoked or suspended in accordance with this Act. An EMT Identification Card, bearing the
23 registration number, date of issuance, expiry date, duly signed by TESDA Director-General or
24 PRC Chairman, shall likewise be issued to every registrant upon payment of the required fees.
25 The EMT Identification Card is renewable every three (3) years upon satisfactory compliance
26 with the requirements of TESDA or PRC as prescribed by the Council.

27
28 **SEC. 20. Disqualification.** – Neither TESDA, CHED nor the Council shall accept an
29 applicant for competency requirement nor issue a national certificate to any person who has been
30 convicted by final judgment by a court of competent jurisdiction of any criminal offense
31 involving moral turpitude, or has been found guilty of immoral or dishonorable conduct after
32 investigation and due process, or has been declared to be of unsound mind by competent
33 authority, or for other grounds as may be determined by the Council in the implementing rules
34 and regulations. The reason for the refusal shall be set forth in writing.

35
36 **SEC. 21. Revocation or Suspension of the Certificate of Registration, EMT
37 Identification Card or Cancellation of Temporary/Special Permit.** – The Council, upon
38 recommendation of TESDA, CHED and/or PRC in accordance with the prescribed procedures
39 and due process, may revoke or suspend the national certificate or EMT Identification Card.

1 **SEC. 22. Reinstatement, Re-issuance or Replacement of Certificate of Registration**
2 **and EMT Identification Card** - The TESDA, CHED and/or PRC, upon recommendation of
3 Council, in accordance with its rules and regulations may, after two (2) years from the date of
4 revocation of Certificate of Registration reinstate any revoked Certificate of Registration and re-
5 issue a suspended EMT Identification Card after compliance by the applicant with the
6 requirements for reinstatement.

7
8 **SEC. 23. Continuing Education.** – The Council will develop a program for continuing
9 education of emergency medical technicians as a condition for maintaining license and
10 accreditation.

11
12 **SEC. 24. Roster of Certified Emergency Medical Technician.** – The Council, in
13 coordination with TESDA, CHED and the accredited professional organizations, shall prepare,
14 update and maintain a roster of certified Emergency Medical Technicians.

15
16 **SEC. 25. Issuance of Special or Temporary Permit.** – Upon application and payment
17 of the necessary fees, and subject to the requirements specified by the Council, TESDA and/or
18 PRC may issue special or temporary permits to Emergency Medical Services personnel from
19 foreign countries whose services are urgently needed in the absence or inadequacy of local
20 Emergency Medical Technicians that can provide pre-hospital emergency care in the Philippines.

21
22 **SEC. 26. Prohibition Against the Unauthorized Practice of Pre-Hospital Emergency**
23 **Care.** – No person shall practice or offer to practice pre-hospital emergency care services in the
24 Philippines or offer himself/herself as Emergency Medical Technician, or use the title, word,
25 letter, figure, or any sign tending to convey the impression that one is an Emergency Medical
26 Technician, or advertise or indicate in any manner whatsoever that one is qualified to practice
27 pre-hospital emergency care unless he/she has satisfactorily demonstrated the prescribed
28 competency standards, in full accordance with the requirements of the Council, and is a holder of
29 a National Certificate in Emergency Medical Services or a special/temporary permit duly valid
30 issued to him/her by Council.

31
32 **SEC. 27. Registration Without Examination for Emergency Medical Technicians.**
33 All practicing Emergency Medical Technicians at the time this Act is passed shall be deemed
34 qualified for registration as an EMT if they are a graduate of an EMT program from a TESDA
35 and/or CHED accredited public or private educational/training institution, who has worked as an
36 EMT in any local or international organization for at least one (1) year and has been certified by
37 an EMS medical director to have performed full EMT functions in a pre-hospital and inter-
38 hospital care setting.

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

- 6 a) All applicants must provide a full record of initial training completed as an EMT. This
7 record must include details of the training establishment, a full syllabus of training
8 completed, a record of on-going training and proof of having worked as an EMT in any
9 local or international organization for at least one (1) year and has been certified by a
10 EMS medical director to have performed full EMT functions in a pre-hospital and inter-
11 hospital care setting.
- 12 b) Once approved by the Council as qualified for examination, the candidate will be referred
13 to an approved TESDA / CHED EMT assessment center for qualifying examinations for
14 EMT registration.

15
16 **SEC. 29. Accredited Professional Organization.** – All certified Emergency Medical
17 Technicians shall have one national organization, which shall be recognized by the Council as
18 the one and only accredited EMT organization in the country. A certified EMT duly registered
19 with TESDA/PRC shall automatically become a member of the accredited professional
20 organization of Emergency Medical Technician and shall receive the benefits and privileges
21 appurtenant thereto.

22
23 **SEC. 30. Code of Ethics of Emergency Medical Technicians.** – The Council, in
24 coordination with the accredited professional organizations, shall adopt and promulgate the Code
25 of Ethics and Code of Technical Standards for Emergency Medical Technicians to include
26 among others, duties of Emergency Medical Technicians to Pre-Hospital Emergency Care
27 patients, to the community, to their colleagues and to the profession, and to allied professionals.

28 29 **CHAPTER IV** 30 **EMERGENCY MEDICAL VEHICLES**

31
32 **SEC. 31. Emergency Medical Vehicles.** The Council shall develop minimum
33 requirements for the design, construction, performance, equipment, testing and appearance of
34 emergency medical vehicles. It shall also provide for the operation protocols of said vehicles. It
35 shall also design an accreditation system to provide the public with ambulances and other
36 emergency medical vehicles that are easily detected, nationally recognizable, properly
37 constructed, easily maintained, and, when appropriately equipped, will enable Emergency
38 Medical Technicians (EMTs) to safely and reliably perform their functions as basic and
39 advanced pre-hospital life support providers.

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

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

11
12 **CHAPTER V**
13 **EMERGENCY COMMUNICATIONS**
14

15 **SEC. 32. Adoption of a National Universal Emergency Telephone Number.** The
16 National Telecommunications Council (NTC) shall develop a program for the immediate
17 adoption of a national emergency number to enable the public to access emergency medical
18 services. It shall consult and cooperate with national and local institutions and officials
19 responsible for emergency services and public safety, the telecommunications industry
20 (specifically including the cellular and other wireless telecommunications service providers), the
21 motor vehicle manufacturing industry, emergency medical service providers and emergency
22 dispatch providers, transportation officials, public safety, fire service and law enforcement
23 officials, consumer groups, and hospital emergency and trauma care personnel (including
24 emergency physicians, trauma surgeons, and nurses).

25
26 **SEC. 33. Compliance.** It shall be the duty of every voice service provider to provide its
27 subscribers with access to the national universal emergency number in accordance with the
28 implementing rules and regulations issued by the Council which shall likewise include
29 provisions regarding penalty for abuses of the said service.

30
31 **CHAPTER VI**
32 **OTHER PROVISIONS**
33

34 **SEC. 34. Service Requirement.** – The Council shall develop policies regarding
35 mandatory service requirement for all pre-hospital emergency care providers as a condition for
36 maintaining their license and accreditation.

37
38 **SEC. 35. Penal Provisions.** - Upon conviction,

- 1 (a) any person who shall provide pre-emergency hospital care within the meaning of this
2 Act without a valid Certificate of Registration and a Professional Identification Card
3 or a valid special permit issued in accordance herewith;
- 4 (b) any person presenting or using as his or her own Certificate of Registration or
5 Professional Identification Card of another;
- 6 (c) any person who shall give any false or forged evidence of any kind to the Council or
7 TESDA or CHED in obtaining any of the foregoing documents;
- 8 (d) any person who shall falsely impersonate any registrant with like or different name;
- 9 (e) any registered and licensed emergency hospital technician who shall abet or assist
10 illegal practice of a person who is not lawfully qualified to provide pre-emergency
11 hospital care within the meaning of this Act;
- 12 (f) any person who shall attempt to use a revoked or suspended Certificate of
13 Registration or any invalid or expired EMT Identification Card or a cancelled special
14 permit;
- 15 (g) any person assuming, using or advertising any title, description tending to convey the
16 impression that he or she is a registered and licensed emergency medical technician;
17 or
- 18 (h) any person who operates a Emergency Medical Services training institution without
19 proper accreditation shall be punished by a fine of not less than Fifty Thousand
20 Pesos (50,000.00) nor more than One Hundred Thousand Pesos (100,000.00) or by
21 imprisonment of not less than one (1) year nor more than five (5) years or both at the
22 discretion of the court.

23
24 **SEC. 36. Enforcement.** - The Council shall implement the provisions of this Act,
25 enforce its implementing rules and regulations, and investigate complaints against violators of
26 this Act, its rules and regulations and other policies of the Council.

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

31
32 **SEC. 37. Appropriations.** - The amount of Thirty Million Pesos (Php 30,000,000.00)
33 for the creation of the Council and enable its initial operations is hereby appropriated to
34 implement the provisions of this Act.

35
36 **SEC. 38. Implementing Rules and Regulations.** - Except as otherwise provided, the
37 Council shall issue and promulgate the rules and regulations to implement the provisions of this
38 Act within one hundred twenty (120) days upon constitution of the Council.

1 **SEC. 39. Separability Clause.** – If any clause, sentence, paragraph or part of this Act
2 shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impact
3 any other part of this Act.
4

5 **SEC. 40. Repealing Clause.** - Any provision of laws, orders, agreements, rules or
6 regulations contrary to and inconsistent with this Act are hereby repealed or amended or
7 modified accordingly.
8

9 **SEC. 41. Effectivity.** This Act shall take effect fifteen (15) days following its
10 publication in the Official Gazette or in a major newspaper of general circulation in the
11 Philippines.
12

13 *Approved,*