

1 (i) The establishment and provision of support services to pre-hospital
2 emergency medical services.

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

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

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

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

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

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

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

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

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

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

41 (d) **Competency-based assessment** – Evidence gathering and judgment by an
42 authorized assessor who evaluates the technical and practical skills, abilities and
43 knowledge of a pre-hospital care professional in accordance with standards and
44 guidelines established by the Council in coordination with TESDA in the case of
45 technical non-degree Certified Emergency Medical Technician courses falling
46 under TESDA jurisdiction; or in coordination with CHED and PRC in the case

- 1 of Registered Emergency Medical Technician – Paramedic (REMT-P) degree
2 courses requiring the issuance of a professional license.
- 3 (e) **Accredited Training Institutions** – Training institutions offering training
4 programs, courses and continuing education in emergency medical services for
5 pre-hospital care professionals that meet the standards established by the
6 Council, in coordination with TESDA, CHED and DOH among others, and are
7 duly recognized by TESDA or CHED, as applicable, and duly registered in good
8 standing with the Council.
- 9 (f) **Ambulance / Emergency Medical Vehicle** – An ambulance or other vehicle
10 for emergency medical care and transportation which provides, at minimum, (a) a
11 driver’s compartment; (b) a patient compartment to accommodate an emergency
12 medical technician (EMT) and a patient so positioned that said patient can be
13 given intensive life-support during transit; (c) equipment and supplies for
14 emergency care at the scene as well as during transport; (d) two-way radio,
15 telephone or electronic communication with the Ambulance Dispatch Officer;
16 and (e) when necessary, equipment for light rescue/extrication procedures. The
17 emergency medical vehicle shall be so designed and constructed to provide the
18 patient with safety and comfort, and avoid aggravation of the patient's injury or
19 illness. The designated vehicle marking of “Ambulance” is hereby restricted for
20 use by Emergency Medical Vehicles only.
- 21 (g) **Emergency Medical Services Medical Director** – A licensed physician with
22 training in Emergency Medicine who has at least five (5) years of experience in
23 emergency medical care and approved by the Council or local medical authority
24 charged with the supervision of emergency medical services and the
25 implementation of approved emergency medical treatment protocols set by the
26 Council to govern the practice of EMTs.

27 **CHAPTER II**
28 **NATIONAL PRE-HOSPITAL CARE COUNCIL**

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

- 32 (a) Formulate policies governing the field of pre-hospital emergency medical
33 services and related institutions;
- 34 (b) Implement these policies in coordination with affiliated medical and educational
35 institutions;
- 36 (c) Develop national standards for the provision of pre-hospital emergency medical
37 services to include, among others, the skills, abilities and knowledge required of a
38 pre-hospital care professional, and the development of mandatory national
39 medical treatment protocols to be observed by pre-hospital care professionals
40 and such other entities as it may consider appropriate;
- 41 (d) Promulgate a Code of Ethics for Emergency Medical Technicians;
- 42 (e) Develop standards of operation for pre-hospital emergency care support services
43 providers to support best practices by pre-hospital care practitioners;
- 44 (f) Establish and maintain a roster of certified emergency medical technicians;
- 45 (g) Develop standards and protocols for the design, construction, outfitting and
46 operations of emergency medical vehicles;
- 47 (h) Engage in research into pre-hospital care, including emerging technology,
48 education and training, the formulation of curricula, and the evaluation of
49 existing courses and assessment and examination procedures.

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

3 I. *Ex-Officio Members:*

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

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

- 11 (a) One (1) nominee of a national organization duly registered with the Securities and
12 Exchange Commission and recognized by the Secretary of the Department of
13 Health as being representative of the profession of Emergency Medical
14 Technician within the Republic of the Philippines;
15 (b) Four (4) nominees of local health boards, one each from NCR, Luzon, Visayas
16 and Mindanao;
17 (c) Two (2) registered emergency medical practitioners, representing recognized
18 professional-based organizations with interest on emergency medicine;
19 (d) One (1) registered medical practitioner representing a recognized professional-
20 based organization on cardiology;
21 (e) One (1) registered nurse holding a qualification in emergency room nursing
22 representing a recognized professional-based organization of emergency care
23 nurses;
24 (f) One (1) representative from an educational or training institution providing EMT
25 programs, which have been duly approved by TESDA / CHED as applicable.
26 (g) One (1) representative from a recognized national professional association of
27 medical practitioners;
28 (h) One (1) representative from a recognized national organization of private
29 hospitals; and
30 (i) One (1) representative from a DOH hospital.

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

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

- 35 (a) Encourage and facilitate the organization of a network of pre-hospital care
36 professionals, to ensure the provision of emergency medical services to the
37 general public on a national basis;
38 (b) Maintain a roster of qualified pre-hospital care professionals and providers, and
39 training institutions, and oversee their licensing and accreditation;
40 (c) Establish a secretariat under an Executive Director for the administrative and day-
41 to day operations of the Council;
42 (d) Create committees and other mechanisms to help expedite the implementation of
43 plans and strategies;

- 1 (e) Set up a system of networking and coordination with and among all existing
2 government health agencies and local government units for the effective
3 implementation of programs and activities;
- 4 (f) Call upon and coordinate with other government and non-government medical
5 and other institutions and agencies for assistance in any form;
- 6 (g) Generate resources, both from the Government and private sectors, local,
7 national and international, for its operation;
- 8 (h) Receive and accept donations and other conveyances including funds, materials,
9 and services, by gratuitous title, *Provided, that* not more than thirty percent (30%)
10 shall be used for administrative expenses;
- 11 (i) Prepare an annual budget of the Council and submit the same to the President for
12 inclusion in the annual General Appropriations Act;
- 13 (j) Advise the President on matters pertaining to pre-hospital emergency medical
14 services;
- 15 (k) Regulate activities inimical to the delivery of emergency medical services;
- 16 (l) Review membership of the Council in line with status changes of concerned
17 national organizations duly recognized as involved in Emergency Medical Care /
18 Pre-Hospital Emergency Medical Care as required by this Act; and
- 19 (m) Promulgate rules, regulations and undertake any and all measures as may be
20 necessary to implement this Act.

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

28 In establishing the Secretariat, the Council shall consider the need to address, among
29 others, the following areas: (a) Education and Standards Development; (b) National
30 Examination / Assessment System for Pre-hospital Care Professionals; (c) Research; (d)
31 Supervision and Regulation; (e) Policy, Planning and Research; (f) Administration; (g)
32 Finance; and (h) Programs, including (i) Human Resource Development; (ii) Emergency
33 Medical Vehicles and (iii) Emergency Communications

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

- 35 (a) Accreditation of training institutions for emergency medical technicians and
36 related personnel; and
- 37 (b) Accreditation of emergency medical vehicle providers.

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

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

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CHAPTER III
EMERGENCY MEDICAL TECHNICIANS

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

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

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

SEC. 14. Scope of the Practice of the Emergency Medical Technician. – The practice of Emergency Medical Technician 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 Emergency Medical Technicians based on internationally-accepted standards, as adapted to the Philippine setting.

SEC. 15. Authorized Training Institution. - Training programs, courses, and continuing education for an Emergency Medical Technician shall be conducted by an institution that has been granted a Certificate of Program Registration (COPR) by TESDA, in the case of technical non-degree courses falling under TESDA jurisdiction, or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as Program Accreditation by CHED, in the case of degree programs falling under CHED jurisdiction. The requirements prescribed by the Council shall serve as the minimum requirement for program registration. The DOH can provide training programs for EMTs; *Provided*, that these shall be accordance with the standards set by the Council.

SEC. 16. Certification, Registration and Re-certification. Registration and re-certification of EMTs in the Philippines shall be governed by the Technical Education and Skills Development Authority (TESDA) for non-degree courses, and by the Professional Regulation Commission (PRC) for degree courses, in accordance with PRC rules and regulations and without prejudice to the enactment of a licensure law for EMTs. A certification is valid for a period of three (3) years. TESDA and PRC shall re-certify Emergency Medical Technicians upon submission of a competency-based assessment statement from a recognized Emergency Medical Services Medical Director.

Sec. 17. Qualifications. - All applicants for registration as an Emergency Medical Technician (EMT) must be a citizen of the Philippines, at least twenty-one (21) years of age, of good moral character, and must produce before the NPHCC satisfactory evidence of good moral character, and that no charges against him involving moral turpitude have been filed or are pending in any court in the Philippines.

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

1 Schools and institutions accredited to offer education and training programs for
2 EMT shall be given the responsibility to certify their graduates as mandated by the Council.

3 **Sec. 18. Examination Required.** - All applicants for registration as an Emergency
4 Medical Technician shall be required to undergo a nationally based assessment test or
5 licensure examination, respectively, to be given in such places and dates as may be
6 designated, by the Technical Education and Skills Development Authority (TESDA) for
7 non-degree courses, and by the Professional Regulation Commission (PRC) for degree
8 courses.

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

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

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

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

31 **SEC. 23. Revocation or Suspension of the Certificate of Registration, EMT**
32 **Identification Card or Cancellation of Temporary/Special Permit.** - The Council, upon
33 recommendation of TESDA or PRC in accordance with the prescribed procedures and due
34 process, may revoke or suspend the national certificate or EMT Identification Card.

35 **SEC. 24. Reinstatement, Re-issuance or Replacement of Certificate of**
36 **Registration and EMT Identification Card** - The TESDA or PRC, upon the
37 recommendation of Council, in accordance with the rules and regulations may, after two (2)
38 years from the date of revocation of Certificate of Registration reinstate any revoked
39 Certificate of Registration and re-issue a suspended EMT Identification Card after
40 compliance by the applicant with the requirements for reinstatement.

41 **SEC. 25. Continuing Education.** - The Council shall develop a program for
42 continuing education of emergency medical technicians as a condition for EMTs to maintain
43 their license and accreditation.

44 **SEC. 26. Roster of Certified Emergency Medical Technician.** - The Council, in
45 coordination with TESDA, CHED, PRC, and the accredited professional organization
46 representing the profession of Emergency Medical Technician within the Republic of the
47 Philippines, shall prepare, update and maintain a roster of certified Emergency Medical
48 Technicians / Paramedics.

1 **SEC. 27. Issuance of Special or Temporary Permit.** – Upon application and
2 payment of the necessary fees, and subject to the requirements specified by the Council,
3 TESDA or PRC may issue special or temporary permits to Emergency Medical Services
4 personnel from foreign countries whose services are urgently needed in the absence or
5 inadequacy of local Emergency Medical Technicians that can provide pre-hospital
6 emergency care in the Philippines.

7 **SEC. 28. Prohibition Against the Unauthorized Practice of Pre-Hospital**
8 **Emergency Care.** – No person shall practice or offer to practice pre-hospital emergency
9 care services in the Philippines or offer himself/herself as Emergency Medical Technician as
10 defined in this Act, or use the title, word, letter, figure, or any sign tending to convey the
11 impression that one is an Emergency Medical Technician, or advertise or indicate in any
12 manner whatsoever that one is qualified to practice pre-hospital emergency care unless
13 he/she has satisfactorily demonstrated the prescribed competency standards, in full
14 accordance with the requirements of the Council, and is a holder of a National Certificate in
15 Emergency Medical Services or a special/temporary permit duly valid issued to him/her by
16 Council.

17 **SEC. 29. Registration Without Examination for Emergency Medical**
18 **Technicians.** All practicing Emergency Medical Technicians at the time this Act is passed
19 shall be deemed qualified for registration as an EMT if, in accordance with the rules and
20 regulations of the Council, they have performed work within the scope of the practices of an
21 EMT as defined in this Act, for such period of time as may be required by the Council and
22 have been certified by an EMS medical director to have performed full EMT functions in a
23 pre-hospital and inter-hospital care setting.

24 **SEC. 30. Registration With Examination for Emergency Medical**
25 **Technicians.** All practicing Emergency Medical Technicians who are not graduates of an
26 EMT program from a TESDA- or CHED-accredited public or private educational/training
27 institution at the time this Act is passed shall be deemed qualified for registration through
28 examination using the following procedure:

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

38 **SEC. 31. Accredited Professional Organization.** – All certified Emergency
39 Medical Technicians shall have one (1) national organization, which shall be recognized by
40 the Council as the one and only accredited EMT organization in the country. A certified
41 EMT duly registered with TESDA or PRC shall automatically become a member of the
42 accredited professional organization of Emergency Medical Technician and shall receive the
43 benefits and privileges appurtenant thereto.

44 **SEC. 32. Code of Ethics of Emergency Medical Technicians.** – The Council, in
45 coordination with the accredited professional organizations, shall adopt and promulgate the
46 Code of Ethics and Code of Technical Standards for Emergency Medical Technicians to
47 include among others, duties of Emergency Medical Technicians to Pre-Hospital Emergency
48 Care patients, to the community, to their colleagues and to the profession, and to allied
49 professionals.

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**CHAPTER IV
EMERGENCY MEDICAL VEHICLES**

3 **SEC. 33. Emergency Medical Vehicles.** The Council shall develop minimum
4 requirements for the design, construction, performance, equipment, testing and appearance
5 of emergency medical vehicles. As such, only Emergency Medical Vehicles shall be allowed
6 to display the word "Ambulance" and the universally-accepted "Star of Life" symbol. It shall
7 also provide for the operation protocols of said vehicles. It shall also design an accreditation
8 system to provide the public with ambulances and other emergency medical vehicles that are
9 easily identifiable, nationally recognizable, properly constructed, easily maintained, and, when
10 appropriately equipped, will enable Emergency Medical Technicians (EMTs) to safely and
11 reliably perform their functions as basic and advanced pre-hospital life support providers.

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

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

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**CHAPTER V
EMERGENCY COMMUNICATIONS**

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

35 **SEC. 35. Compliance.** It shall be the duty of every voice service provider to
36 provide its subscribers with access to the national universal emergency number in
37 accordance with the implementing rules and regulations.

38 **SEC. 36. Prohibited Acts -** (1) Any person who makes a telephone call to an
39 emergency telephone number with intent to annoy, abuse, threaten or harass any person
40 who answers the telephone call shall be guilty of an offense and, subject to subsection (3) of
41 this Section, shall be given a warning for the first offense, and shall be compelled to attend a
42 seminar on the proper use of the national emergency telephone number on the second
43 offense. Upon commission of the offense for the third time, the offender shall be liable on
44 conviction to a fine not exceeding P1,000. Upon commission of the offense for the fourth

1 and succeeding times, the offender shall be liable on conviction to a fine not exceeding
2 P5,000 or imprisonment for a term not exceeding six months or to both.

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

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

25 **SEC. 37. Implementing Rules and Regulations.** – The NTC, in coordination
26 with the Council and other concerned agencies, shall issue and promulgate the rules and
27 regulations to implement the provisions of this Chapter within one hundred twenty (120)
28 days upon constitution of the Council.

29 **CHAPTER VI**
30 **OTHER PROVISIONS**

31 **SEC. 38. Service Requirement.** – The Council shall develop policies regarding
32 mandatory service requirement for all pre-hospital emergency care providers as a condition
33 for maintaining their license and accreditation.

34 **SEC. 39. Role of the LGUS.** – Local government units are hereby mandated to
35 develop and institutionalize a pre-hospital emergency care system within their area of
36 jurisdiction. The Council shall include in its programs, activities that will support and enable
37 the LGUS to accomplish such task.
38

39 **SEC. 40. Prohibited Acts.** – The following acts shall constitute an offense
40 punishable under this Act:

41 (a) Practicing or offering to practice pre-hospital emergency care services in the
42 Philippines or offering himself/herself as an EMT, or using the title, word, letter,
43 figure or any sign tending to convey the impression that one is a registered and
44 licensed EMT, or advertising or indicating in any manner whatsoever that one is
45 qualified to practice pre-hospital emergency care unless he/she has satisfactorily
46 demonstrated the prescribed competency standards, in full accordance with the
47 requirements of the Council and is a holder of a National Certificate in

- 1 Emergency Medical Services or a temporary/special permit duly issued to
2 him/her by the Council;
- 3 (b) Providing pre-emergency hospital care within the meaning of this Act without a
4 valid Certificate of Registration and a Professional Identification Card or a valid
5 special permit issued in accordance herewith;
- 6 (c) Presenting or using as his or her own a Certificate of Registration or Professional
7 Identification Card belonging to another;
- 8 (d) Giving any false or forged evidence of any kind to the Council or TESDA or
9 CHED or PRC in obtaining any of the foregoing documents;
- 10 (e) Falsely impersonating any registrant with like or different name;
- 11 (f) Abetting or assisting by any registered and licensed emergency hospital
12 technician of the illegal practice of a person who is not lawfully qualified to
13 provide pre-emergency hospital care within the meaning of this Act;
- 14 (g) Attempting to use a revoked or suspended Certificate of Registration or any
15 invalid or expired EMT Identification Card or a cancelled special permit;
- 16 (h) Operating an Emergency Medical Services training institution without proper
17 accreditation; and
- 18 (i) Unauthorized use of ambulance/emergency medical vehicle, such as but not
19 limited to transporting illegal drugs and transporting passengers and personnel
20 which are not valid emergency cases.
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22 **SEC. 41. Penalties.** – The commission of any of the prohibited acts stated under
23 Section 40 shall be penalized with a fine of not less than Fifty Thousand Pesos (50,000.00)
24 nor more than One Hundred Thousand Pesos (100,000.00) or by imprisonment of not less
25 than one (1) year nor more than five (5) years, or both, at the discretion of the court.

26 **SEC. 42. Enforcement.** - The Council shall implement the provisions of this Act,
27 enforce its implementing rules and regulations, and investigate complaints against violators
28 of this Act, its rules and regulations and other policies of the Council.

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

33 **SEC. 43. Appropriations.** – The amount of Thirty Million Pesos (Php
34 30,000,000.00) is hereby appropriated for the creation of the Council to enable its initial
35 operations and to implement the provisions of this Act. Thereafter, such amount as may be
36 necessary for the continued implementation of this Act shall be included in the General
37 Appropriations Act.

38 **SEC. 44. Implementing Rules and Regulations.** – Except as otherwise provided,
39 the Council shall issue and promulgate the rules and regulations to implement the provisions
40 of this Act within one hundred twenty (120) days upon constitution of the Council.

41 **SEC. 45. Separability Clause.** – If any clause, sentence, paragraph or part of this
42 Act shall be declared unconstitutional or invalid, such judgment shall not affect, invalidate or
43 impact any other part of this Act.

44 **SEC. 46. Repealing Clause.** - Any provision of laws, orders, agreements, rules or
45 regulations contrary to and inconsistent with this Act are hereby repealed or amended or
46 modified accordingly.

1 **SEC. 47. Effectivity.** This Act shall take effect fifteen (15) days following its
2 publication in the Official Gazette or in a major newspaper of general circulation in the
3 Philippines.

4 Approved,