

**NINETEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
First Regular Session



Senate
Office of the Secretary

22 NOV 14 AIO 58

SENATE
S.B. No. 1504

RECEIVED BY: _____

Introduced by Senator Ramon Bong Revilla, Jr.

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

EXPLANATORY NOTE

Emergency Medical Service (EMS) is a type of service which aims to provide first-aid treatment and/or transport to definitive care to patients with illnesses and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency¹.

At present, this type of service is already in place in our society. Ambulance service, as it is more commonly known here in the country, is summoned by the public through coordination with agencies, such as the PCSO, the local government, the health department, or through the hospital facility itself.

However, we must take into account that through the years, our country has seen the rise of emergency cases resulting from natural and man-made disasters, sicknesses and diseases. Thus, there emerges a need to professionalize and regulate this practice.

¹ (1978) 15th ed. *Encyclopedia Britannica*. Chicago. Encyclopedia Britannica Inc.

This bill seeks to institute a National Pre-Hospital Care Council (NPHCC) which shall facilitate the institutionalization of EMS. Among other things, the NPHCC shall train and accredit Emergency Medical Technicians who will practice the profession. The bill also provides for the adoption of a National Universal Emergency Telephone Number for easy access to the public.

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


RAMON BONG REVILLA, JR.



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**AN ACT
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Be it enacted by the Senate and House of Representatives of the Congress assembled:

**CHAPTER 1
GENERAL PROVISIONS**

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4 SECTION 1. *Short Title.* – This Act shall be known as the “Pre-Hospital
5 Emergency Care Act.”
6

7 Sec. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to
8 protect and promote the right to health of the people and instill health consciousness
9 among them. Pursuant to this national policy, the government shall set up a climate
10 conducive to the practice of pre-hospital emergency care and maximize the capability
11 and potential of Emergency Medical Technicians (EMT) and other pre-hospital care
12 professionals and institute a standard system of pre-hospital emergency medical
13 services in the country.
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15 Sec. 3. *Objectives.* – This Act provides for and shall govern:

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

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

1 ii. *Pre-Hospital Advance Life Support* – Advanced pre-hospital
2 standards for the care of serious illness or injury by
3 appropriately trained and certified EMTs, as established by the
4 Council. These pre-hospital standards may include advanced
5 pre-hospital trauma care, advanced pre-hospital cardiac life
6 support and the care of high dependency patients for inter-
7 hospital transfer, among others.

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

11 (c) *Pre-hospital Care Professionals*

12 i. *Emergency Medical Technician (EMT)* – A pre-hospital
13 emergency care provider who has fulfilled the requirements
14 and continues to hold the qualifications established by the
15 Council in coordination with the Technical Education and Skills
16 Development Authority (TESDA), the Commission on Higher
17 Education (CHED) and the Professional Regulation
18 Commission (PRC), among others.

19 ii. *Ambulance Dispatch Officer (ADO)* – A person duly trained and
20 certified in the administration, arrangement and operation of
21 the ambulance dispatch and communication system, who has
22 fulfilled the requirements and continues to hold the
23 qualifications established by the Council in coordination with
24 Technical Education and Skills Development Authority
25 (TESDA), the Commission on Higher Education (CHED) and
26 the Professional Regulation Commission (PRC), among others.

27 iii. *Ambulance Assistants* – Personnel who, having gained the
28 “minimum” certification as a Medical First responder
29 (Advanced First Aider), charged with the operation and
30 general care of emergency medical vehicles (ambulance
31 driver), in addition to providing basic medical care for patients

1 under the direct supervision of an Emergency Medical
2 Technician / Paramedic.

3 iv. Other pre-hospital care professionals providing other support
4 services for the provision of pre-hospital emergency care.

5 (d) *Competency-based assessment* – Evidence gathering and judgment by an
6 authorized assessor who evaluates the technical and practical skills, abilities
7 and knowledge of a pre-hospital care professional in accordance with
8 standards and guidelines established by the Council in coordination with
9 TESDA in the case of technical non-degree Certified Emergency Medical
10 Technician courses falling under TESDA jurisdiction; or in coordination with
11 CHED and PRC in the case of Registered Emergency Medical Technician –
12 Paramedic (REMT-P) degree courses requiring the issuance of a professional
13 license.

14 (e) *Accredited Training Institutions* – Training institutions offering training
15 programs, courses and continuing education in emergency medical services
16 for pre-hospital care professionals that meet the standards established by
17 the Council, in coordination with TESDA, CHED and DOH among others, and
18 are duly recognized by TESDA or CHED, as applicable, and duly registered
19 in good standing with the Council.

20 (f) *Ambulance / Emergency Medical Vehicle* – An ambulance or other vehicle
21 for emergency medical care and transportation which provides, at minimum,
22 (a) a driver's compartment; (b) a patient compartment to accommodate an
23 emergency medical technician (EMT) and a patient so positioned that said
24 patient can be given intensive life-support during transit; (c) equipment and
25 supplies for emergency care at the scene as well as during transport; (d)
26 two-way radio, telephone or electronic communication with the Ambulance
27 Dispatch Officer; and (e) when necessary, equipment for light
28 rescue/extrication procedures. The emergency medical vehicle shall be so
29 designed and constructed to provide the patient with safety and comfort,
30 and avoid aggravation of the patient's injury or illness. The designated
31 vehicle marking of "Ambulance" is hereby restricted for use by Emergency
32 Medical Vehicles only.

1 (g) *Emergency Medical Services Medical Director* – A licensed physician with
2 training in Emergency Medicine who has at least five (5) years of experience
3 in emergency medical care and approved by the Council or local medical
4 authority charged with the supervision of emergency medical services and
5 the implementation of approved emergency medical treatment protocols set
6 by the Council to govern the practice of EMTs.

7
8 **CHAPTER II**

9 **NATIONAL PRE-HOSPITAL CARE COUNCIL**

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

- 15
16 a) Formulate policies governing the field of pre-hospital emergency medical
17 services and related institutions;
- 18 b) Implement these policies in coordination with affiliated medical and educational
19 institutions
- 20 c) Develop national standards for the provision of pre-hospital emergency medical
21 services to include, among others, the skills, abilities and knowledge required
22 of a pre-hospital care professional, and the development of mandatory national
23 medical treatment protocols to be observed by pre-hospital care professionals
24 and such other entities as it may consider appropriate;
- 25 d) Promulgate a Code of Ethics for Emergency Medical Technicians;
- 26 e) Develop standards of operation for pre-hospital emergency care support
27 services providers to support best practices by pre-hospital care practitioners;
- 28 f) Establish and maintain a roster of certified emergency medical technicians;
- 29 g) Develop standards and protocols for the design, construction, outfitting and
30 operations of emergency medical vehicles;

- 1 h) Engage in research into pre-hospital care, including emerging technology,
2 education and training, the formulation of curricula, and the evaluation of
3 existing courses and assessment and examination procedures.
4

5 *Sec. 6. Membership of the Council.* – The members of the Council shall initially
6 be composed of the following:
7

8 I. *Ex-Officio Members:*

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

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

- 17 a. One (1) nominee of a national organization duly registered with the
18 Securities and Exchange Commission and recognized by the Secretary
19 of the Department of Health as being representative of the profession of
20 Emergency Medical Technician within Republic of the Philippines;
21 b. Four (4) nominees of local health boards, one each from NCR, Luzon,
22 Visayas and Mindanao;
23 c. Two (2) registered emergency medical practitioners, representing
24 recognized Professional-based organizations with interest on emergency
25 medicine;
26 d. One (1) registered medical practitioner representing a recognized
27 professional-based organization on cardiology;
28 e. One (1) registered nurse holding a qualification in emergency room
29 nursing representing a recognized professional-based organization of
30 emergency care nurses;

- 1 f. One (1) representative from an educational or training institution
2 providing EMT programs, which have been duly approved by
3 TESDA/CHED as applicable.
- 4 g. One (1) representative from a recognized national professional
5 association of medical practitioners;
- 6 h. One (1) representative from a recognized national organization of
7 private hospitals; and
- 8 i. One (1) representative from a DOH hospital.

9
10 *Sec. 7. Term of Office.* No member of the Council shall serve for more than
11 three (3) consecutive terms of two (2) years each.

12
13 *Sec. 8. Powers and Functions.* To carry out its mandate, the Council shall
14 exercise the following powers and functions:

- 15
- 16 a) Encourage and facilitate the organization of a network of pre-hospital care
17 professionals, to ensure the provision of emergency medical services to the
18 general public on a national basis;
- 19 b) Maintain a roster of qualified pre-hospital care professionals and providers, and
20 training institutions, and oversee their licensing and accreditation;
- 21 c) Establish a secretariat under an Executive Director for the administrative and
22 day-to-day operations of the Council;
- 23 d) Create committees and other mechanisms to help expedite the implementation
24 of plans and strategies;
- 25 e) Set up a system of networking and coordination with and among all existing
26 government health agencies and local government units for the effective
27 implementation of programs and activities;
- 28 f) Call upon and coordinate with other government and non-government medical
29 and other institutions and agencies for assistance in any form;
- 30 g) Generate resources, both from the Government and private sectors, local,
31 national and international, for its operation;

- 1 h) Receive and accept donations and other conveyances including funds,
2 materials, and services, by gratuitous tide, provided, that not more than thirty
3 per cent (30%) shall be used for administrative expenses;
- 4 i) Prepare an annual budget of the Council and submit the same to the President
5 for inclusion in the annual General Appropriations Act;
- 6 j) Advise the President on matters pertaining to pre-hospital emergency medical
7 services;
- 8 k) Regulate activities inimical to the delivery of emergency medical services;
- 9 l) Review membership of the Council in line with status changes of concerned
10 national organizations duly recognized as involved in Emergency Medical Care
11 as required by this Act; and
- 12 m) Promulgate rules, regulations and undertake any and all measures as may be
13 necessary to implement this Act.

14
15 *Sec 9. The Secretariat.* – The Council shall organize a Secretariat headed by an
16 Executive Director, who shall be a person of probity and shall have at least five (5)
17 years experience in emergency medical services or a related field. The Council shall
18 fix its staffing pattern, determine the duties, qualifications, responsibilities and
19 functions as well as the compensation scheme for the positions to be created upon
20 the recommendation of the Executive Director. The staffing pattern shall be approved
21 and prescribed by the Council within one hundred twenty (120) days from the approval
22 of this Act.

23
24 In establishing the Secretariat, the Council shall consider the need to address,
25 among others, the following areas: (a) Education and Standards Development; (b)
26 National Examination/Assessment System for Pre-hospital Care Professionals; (c)
27 Research; (d) Supervision and Regulation; (e) Policy, Planning and Research; (f)
28 Administration; (g) Finance; and (h) Programs, including (i) Human Resource
29 Development; (ii) Emergency Medical Vehicles and (iii) Emergency Communications.

30
31 *Sec. 10. Accreditation.* – The Council shall issue certification and licenses for
32 the:

- 1 a. Accreditation of training institutions for emergency medical technicians and
- 2 related personnel; and
- 3 b. Accreditation of emergency medical vehicle providers.

4
5 Sec. 11. *Meetings.* – The Council shall meet at least once every quarter.

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

14
15 **CHAPTER III**
16 **EMERGENCY MEDICAL TECHNICIANS**

17
18 Sec. 13. *Creation of Plantilla Positions for Emergency Medical Technicians –*
19 There shall be created a minimum number of plantilla positions for Emergency Medical
20 Technicians in the following government agencies within the next five (5) years upon
21 approval of this Act:

- 22
- 23 a. Specialized Hospitals – Five (5) Emergency Medical Technicians
- 24 b. Regional Hospitals – Five (5) Emergency Medical Technicians
- 25 c. Provincial Hospitals – Three (3) Emergency Medical Technicians
- 26 d. Local Government Units – Three (3) Emergency Medical Technicians
- 27 e. Other agencies – as may be deemed necessary by the Council.

28
29 The annual financial requirements needed to pay for the salaries of emergency
30 Medical Technicians shall be included in the annual general appropriations of the
31 respective hospitals, agencies and local government units.

1 Sec. 14. *Scope of the Practice of the Emergency Medical Technician.* – The
2 practice of Emergency Medical Technician involves services performed in responding
3 to the perceived needs of an individual for immediate medical care in order to prevent
4 loss of life inter-hospital and hospital emergency care setting. For this purpose, the
5 Council shall develop the scope of work of Emergency Medical Technicians based on
6 internally-accepted standards; as adapted to the Philippine setting.

7
8 Sec. 15. *Authorized Training Institution.* – Training programs, courses, and
9 continuing education for an Emergency Medical Technician shall be conducted by an
10 institution that has been granted a Certificate of Program Registration (COPR) by
11 TESDA, in the case of technical non-degree courses falling under TESDA jurisdiction,
12 or a Certificate of Accreditation as a Higher Education Institution (HEI) as well as
13 Program Accreditation by CHED, in the case of degree programs falling under CHED
14 jurisdiction. The requirements prescribed by the Council shall serve as the minimum
15 requirement for program registration. The DOH can provide training programs for
16 EMTs; provided that these shall be in accordance with the standards set by the
17 Council.

18
19 Sec. 16. *Certification, Registration and Re-certification.* – Registration and re-
20 certification of EMTs in the Philippines shall be governed by the Technical Education
21 and Skills Development Authority (TESDA) for non-degree courses, and by the
22 Professional Regulation Commission (PRC) for degree courses, in accordance with PRC
23 rules and regulations and without prejudice to the enactment of a licensure law for
24 EMTs. A certification is valid for a period of three (3) years. TESDA and PRC shall re-
25 certify Emergency Medical Technicians upon submission of a competency-based
26 assessment statement from a recognized Emergency Medical Services Medical
27 Director.

28
29 Sec. 17. *Qualifications.* – All applicants for registration as an Emergency Medical
30 Technician (EMT) must be a citizen of the Philippines, at least twenty-one (21) years
31 of age, of good moral character, and must produce before the NPHCC satisfactory

1 evidence of good moral character, and that no charges against him involving moral
2 turpitude have been filed or are pending in any court in the Philippines.

3
4 He or she must have successfully completed a non-degree course leading to an
5 EMT basic certification, EMT intermediate certification, or EMT-advanced certification,
6 conferred by an authorized training institution as defined in Sec. 15 of this Act. Schools
7 and institutions accredited to offer education and training programs for EMT shall be
8 given the responsibility to certify their graduates as mandated by the Council.

9
10 *Sec. 18. Examination Required.* – All applicants for registration as an
11 Emergency Medical Technician shall be required to undergo a nationally based
12 assessment test or licensure examination, respectively, to be given in such places and
13 dates as may be designated, by the Technical Education and Skills Development
14 Authority (TESDA) for non-degree courses, and by the Professional Regulation
15 Commission (PRC) for degree courses.

16
17 *Sec. 19. Schedule of Examination.* – National written examinations for
18 Emergency Medical Technicians in the Philippines shall be given by TESDA and/or PRC
19 at least twice every year.

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

24
25 *Sec. 21. Issuance of the Certificate of Registration and EMT Identification Card.*
26 – A Certification of Registration shall be issued to examinees who pass the National
27 EMT examinations given by TESDA or the PRC. The Certificate of Registration shall
28 remain in full force and effect until revoked or suspended in accordance with this Act.
29 An EMT Identification Card, bearing the registration number, date of issuance, expiry
30 date, duly signed by TESDA Director-General or PRC Chairman shall likewise be issued
31 to every registrant upon payment of the required fees. The EMT Identification Card

1 shall be renewed every three (3) years upon satisfactory compliance with the
2 requirements of TESDA or PRC as prescribed by the Council.

3
4 *Sec. 22. Disqualification.* – TESDA, PRC and the Council shall not accept an
5 applicant for competency requirement nor issue a national certificate to any person
6 who has been convicted by final judgment by a court of competent jurisdiction of any
7 criminal offense involving moral turpitude, or has been found guilty of immoral or
8 dishonourable conduct after investigation and due process, or has been declared to
9 be of unsound mind by competent authority, or for other grounds a may be
10 determined by the Council in the implementing rules and regulations. The reason for
11 the refusal shall be set forth in writing.

12
13 *Sec. 23. Revocation or Suspension of the Certificate of Registration, EMT*
14 *Identification Card or Cancellation of Temporary/Special Permit.* – The Council, upon
15 recommendation of TESDA or PRC in accordance with the prescribed procedures and
16 due process, may revoke or suspend the national certificate or EMT Identification Card.

17
18 *Sec. 24. Reinstatement, re-issuance or Replacement of Certificate of*
19 *Registration and EMT Identification Card.* – The TESDA or PRC, upon the
20 recommendation of Council, in accordance with the rules and regulations may, after
21 two (2) years from the date of revocation of Certificate of Registration reinstate any
22 revoked Certificate of Registration and re-issue a suspended EMT Identification Card
23 after compliance by the applicant with the requirements for reinstatement.

24
25 *Sec. 25. Continuing Education.* – The Council shall develop a program for
26 continuing education of emergency medical technicians as a condition for EMTs to
27 maintain their license and accreditation.

28
29 *Sec. 26. Roster of Certified Emergency Medical Technician.* – The Council, in
30 coordination with TESDA, CHED, PRC, and the accredited professional organization
31 representing the profession of Emergency Medical Technician within the Republic of

1 the Philippines, shall prepare, update and maintain a roster of certified Emergency
2 Medical Technicians / Paramedics.

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

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

23
24 *Sec. 29. Registration without Examination for Emergency Medical Technicians.*
25 – All practicing Emergency Medical Technicians at the time this Act is passed shall be
26 deemed qualified for registration as a EMT is, in accordance with the rules and
27 regulations of the Council, they have performed work within the scope of the practices
28 of an EMT as defined in this Act, for such period of time as may be required by the
29 Council and have been certified by an EMS medical director to have performed full
30 EMT functions in a pre-hospital and inter-hospital care setting.

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

11
12 While failure of an emergency medical vehicle to conform to the Council
13 standards may be a ground for the removal of its certification, such failure shall not
14 bar EMTs from:

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

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24

CHAPTER V

25

EMERGENCY COMMUNICATIONS

26

27 *Sec. 34. Adoption of a National Universal Emergency Telephone Number.* –
28 There shall only be one national emergency number to enable the public to access
29 emergency medical services. Towards this end, the National Telecommunications
30 Commission (NTC) shall develop a program for the adoption of a national emergency
31 number. It shall consult and cooperate with national and local institutions and officials
32 responsible for emergency services and public safety, the telecommunications industry

1 (specifically including the cellular and other wireless telecommunications service
2 providers), the motor vehicle manufacturing industry, emergency medical service
3 providers and emergency dispatch providers, transportation officials, public safety, fire
4 service and law enforcement officials, consumer groups, and hospital emergency and
5 trauma care personnel (including emergency physicians, trauma surgeons, and
6 nurses).

7
8 *Sec. 35. Compliance.* – It shall be the duty of every voice service provider to
9 provide its subscribers with access to the national universal emergency number in
10 accordance with the implementing rules and regulations.

11
12 *Sec 36. Prohibited Acts.*

- 13
14 1. Any person who makes a telephone call to an emergency telephone number
15 with intent to annoy, abuse, threaten or harass any person who answers the
16 telephone call shall be guilty of an offense and, subject to subsection (3) of
17 this Section, shall be given a warning for the first offense, and shall be
18 compelled to attend a seminar on the proper use of the national emergency
19 telephone number on the second offense. Upon commission of the offense for
20 the third time, the offender shall be liable on conviction to a fine not exceeding
21 P1,000. Upon commission of the offense for the fourth and succeeding times,
22 the offender shall be liable on conviction to a fine not exceeding P5,000 or
23 imprisonment for a term not exceeding six months or both.
- 24 2. Any person who makes a telephone call to an emergency telephone number
25 and, upon the call being answered, makes or solicits any comment, request,
26 suggestion, proposal or other comment, request, suggestion, proposal or other
27 communication or sound which is obscene, lewd, lascivious, filthy or indecent,
28 shall be guilty of an offense and, subject to subsection (3) of this Section, shall
29 be given a warning for the first offense, and shall be compelled to attend a
30 seminar on the proper use of the national emergency telephone number on
31 the second offense. Upon commission of the offense for the third time, the
32 offender shall be liable on conviction to a fine not exceeding the offender

1 P1,000. Upon commission of the offense for the fourth and succeeding times,
2 the offender shall be liable on conviction to a fine not exceeding P5,000 or
3 imprisonment for a term not exceeding six months or both.

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

16
17 *Sec. 37. Implementing Rules and Regulations.* – The Council, in coordination
18 with the NTC and other concerned agencies, shall issue and promulgate the rules and
19 regulations to implement the provisions of this Chapter within one hundred (120) days
20 upon constitution of the Council.

21
22 **CHAPTER VI**
23 **OTHER PROVISIONS**
24

25 *Sec. 38. Service Requirement.* – The Council shall develop policies regarding
26 mandatory service requirement for all pre-hospital emergency care providers as a
27 condition for maintaining their license and accreditation.

28
29 *Sec. 39. Role of the LGUs.* – Local government units are hereby mandated to
30 develop and institutionalize a pre-hospital emergency care system within their area of
31 jurisdiction. The Council shall include in its programs, activities that will support and
32 enable the LGUs to accomplish such task.

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

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

1 Sec. 41. *Penalties.* – The commission of any of the prohibited acts stated under
2 Section 40 shall be penalized with a fine of not less than Fifty Thousand Pesos
3 (P50,000.00) nor more than One Hundred Thousand Pesos (P100,000.00) or by
4 imprisonment of not less than one (1) year nor more than five (5) years, or both, at
5 the discretion of the court.

6
7 Sec. 42. *Enforcement.* – The Council shall implement the provisions of this Act,
8 enforce its implementing rules and regulations, and investigate complaints against
9 violators of this Act, its rules and regulations and other policies of the Council, the
10 Council shall call upon or request any department, instrumentality, office, bureau, or
11 agency of the government including local government units to render such assistance
12 as it may require in order to carry out, enforce or implement the provisions of this Act.

13
14 Sec. 43. *Appropriations.* – The amount of Thirty Million Pesos (P30,000,000) is
15 hereby appropriated for the creation of the Council to enable its initial operations and
16 to implement the provisions of this Act. Thereafter, such amount as may be necessary
17 for the continued implementation of this Act shall be included in the General
18 Appropriations Act.

19
20 Sec. 44. *Implementing Rules and Regulations.* Except as otherwise provided,
21 the Council shall issue and promulgate the rules and regulations to implement the
22 provisions of this Act within one hundred twenty (120) days upon constitution of the
23 Council.

24
25 Sec. 45. *Separability Clause.* – If for any reason any section or provision of this
26 Act is declared unconstitutional, other provisions hereof which are not affected thereby
27 shall continue to be in full force and effect.

28
29 Sec. 46. *Repealing Clause.* – All laws, orders, rules and regulations or parts
30 thereof inconsistent with this Act are hereby repealed or modified accordingly.

31

1 *Sec. 47. Effectivity.* – This Act shall take effect fifteen (15) days after its
2 publication in at least two (2) newspapers of general circulation.

Approved.