

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

2 (a) To create a National Pre-hospital Care Council;

3 (b) To develop and institutionalize a pre-hospital emergency medical
4 service system at the national and local levels;

5 (c) To establish a national standard for the provision of pre-hospital
6 emergency medical services by duly certified/registered pre-hospital care
7 professionals;

8 (d) To supervise, control and regulate the practice of pre-hospital care
9 professionals;

10 (e) To provide a program standardization for the training of
11 pre-hospital care professionals;

12 (f) To prescribe certification, registration and recertification
13 requirements of pre-hospital care professionals;

14 (g) To establish standards for design, manufacture, accreditation and
15 regulation of emergency medical vehicles;

16 (h) To adopt and implement a National Universal Emergency
17 Telephone Number; and

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

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

22 (a) *Pre-hospital emergency medical services:*

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

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

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

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

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

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

25 (3) *Ambulance Dispatch Officer (ADO)* shall refer to a person duly
26 trained and certified in the administration, management and operation of the
27 ambulance dispatch and communication system and who has fulfilled the

1 requirements and who continues to hold the qualifications established by the
2 Council, in coordination with the TESDA, the CHED and the PRC, among
3 others.

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

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

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

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

27 (f) *Ambulance/Emergency medical vehicle* shall refer to an
28 ambulance or other vehicle for emergency medical care and transportation

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

12 (g) *Emergency Medical Services (EMS) Medical Director* shall refer
13 to a licensed physician with training in emergency medicine and with at least
14 five (5) years experience in emergency medical care as approved by the
15 Council or the local medical authority charged with the supervision of EMS
16 and the implementation of approved emergency medical treatment protocols
17 set by the Council.

18 CHAPTER II

19 NATIONAL PRE-HOSPITAL CARE COUNCIL

20 SEC. 5. *Creation of the National Pre-hospital Care Council.* - A
21 body to be known as the "National Pre-hospital Care Council (NPCC)" is
22 hereby created under the DOH.

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

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

27 (b) To implement policies in coordination with affiliated medical and
28 educational institutions;

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

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

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

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

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

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

15 SEC. 7. *Membership of the Council.* – The members of the Council
16 shall be composed of the following:

17 (a) *Ex officio* members:

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

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

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

22 (4) The Chairperson of the CHED; and

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

25 (1) One (1) nominee of a national organization duly registered with the
26 Securities and Exchange Commission and recognized by the DOH as being
27 representative of the profession of EMT within the Republic of the Philippines:

1 *Provided*, That upon the organization of the national accredited professional
2 organization of EMTs, mandated under Section 31 of this Act, its nominee
3 shall hold this seat in the Council;

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

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

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

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

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

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

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

22 (9) One (1) representative from a DOH hospital; and

23 (10) One (1) representative from the Philippine National Red Cross
24 (PNRC).

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

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

3 (a) Encourage and facilitate the organization of a network of
4 pre-hospital care professionals to ensure the provision of EMS to the general
5 public on a national basis;

6 (b) Maintain a roster of qualified pre-hospital care professionals and
7 providers and training institutions, and oversee their licensing and
8 accreditation;

9 (c) Establish a Secretariat under an Executive Director for the
10 administrative and day-to-day operations of the Council;

11 (d) Create committees and other mechanisms to help expedite the
12 implementation of plans and strategies;

13 (e) Set up a system of networking and coordination among all existing
14 government health agencies, local government units (LGUs) and
15 nongovernment medical institutions/agencies for the effective implementation
16 of its programs and activities;

17 (f) Generate resources from local, national and international
18 organizations/agencies, whether government or private sector, for its operation;

19 (g) Receive and accept donations and other conveyances including
20 funds, materials and services by gratuitous title: *Provided*, That not more than
21 thirty percent (30%) of said funds shall be used for administrative expenses;

22 (h) Prepare an annual budget of the Council and submit the same to the
23 President for inclusion in the annual General Appropriations Act;

24 (i) Advise the President on matters pertaining to pre-hospital EMS;

25 (j) Review membership of the Council in line with changes in the
26 status of concerned national organizations duly recognized as involved in
27 emergency medical care/pre-hospital emergency medical care, as required by
28 this Act;

1 (k) Investigate complaints against violators of this Act, its rules and
2 regulations and policies of the Council;

3 (l) Request any department, instrumentality, office, bureau or agency
4 of the government, including LGUs, to render such assistance as it may require
5 in order to carry out, enforce or implement the provisions of this Act; and

6 (m) Promulgate rules and regulations and policies of the Council, and
7 enforce the provisions of this Act.

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

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

16 (a) Education and Standards Development;

17 (b) *National Examination/Assessment System for Pre-hospital Care*
18 Professionals;

19 (c) Research;

20 (d) Supervision and Regulation;

21 (e) Policy, Planning and Research;

22 (f) Administration;

23 (g) Finance; and

24 (h) Programs of the following areas:

25 (1) Human Resource Development;

26 (2) Emergency Medical Vehicles; and

27 (3) Emergency Communications.

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

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

12 SEC. 16. *Authorized Training Institution.* – Training programs,
13 courses and continuing education for an EMT shall be conducted by an
14 institution that has been granted a Certificate of Program Registration (COPR)
15 by the TESDA, in case of technical nondegree courses falling under the
16 TESDA jurisdiction, or a Certificate of Accreditation as a Higher Education
17 Institution (HEI) as well as Program Accreditation by the CHED, in the case of
18 degree programs falling under the CHED jurisdiction. The requirements
19 prescribed by the Council shall serve as the minimum requirement for program
20 registration. The DOH can provide training programs for EMTs: *Provided,*
21 *That these shall be in accordance with the standards set by the Council.*

22 SEC. 17. *Certification, Registration and Recertification.* –
23 *Certification, registration and recertification of EMTs in the Philippines shall*
24 *be governed by the TESDA for nondegree courses and by the PRC for degree*
25 *courses in accordance with PRC rules and regulations and without prejudice to*
26 *the enactment of a licensure law for EMTs. A certification is valid for a period*
27 *of three (3) years. The TESDA and the PRC shall recertify EMTs upon*

1 submission of a competency-based assessment statement from a recognized
2 EMS Medical Director.

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

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

14 SEC. 20. *Schedule of Examination.* – National written examinations
15 for EMTs in the Philippines shall be given by the TESDA and the PRC at least
16 twice every year.

17 SEC. 21. *Release of the Results of Examination.* – The results of the
18 examination shall be released by the TESDA within twenty (20) working days
19 and by the PRC within two (2) months from the date of the examination.

20 SEC. 22. *Issuance of the Certificate of Registration and EMT*
21 *Identification Card.* – A Certificate of Registration shall be issued to
22 the examinees who passed the national EMT examinations given by the
23 TESDA or the PRC. The Certificate of Registration shall remain in full force
24 and effect until revoked or suspended in accordance with this Act. An EMT
25 identification card, bearing the registration number, date of issuance and expiry
26 date, duly signed by the TESDA Director General or the PRC Chairperson,
27 shall likewise be issued to every registrant upon payment of the required fees.
28 The EMT examination card shall be renewed every three (3) years upon

1 satisfactory compliance with the requirements of the TESDA or the PRC as
2 prescribed by the Council.

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

12 SEC. 24. *Revocation or Suspension of the Certificate of Registration,*
13 *EMT Identification Card or Cancellation of Temporary/Special Permit.* –
14 The Council, upon recommendation of the TESDA or the PRC in accordance
15 with the prescribed procedures and due process, may revoke or suspend the
16 national certificate or EMT identification card.

17 SEC. 25. *Reinstatement, Reissuance or Replacement of Certificate of*
18 *Registration and EMT Identification Card.* – The TESDA or the PRC, upon
19 the recommendation of the Council, in accordance with the rules and
20 regulations may, after two (2) years from the date of revocation of the
21 Certificate of Registration, reinstate any revoked Certificate of Registration
22 and reissue a suspended EMT identification card after compliance by the
23 applicant with the requirements for reinstatement.

24 SEC. 26. *Continuing Education.* – The Council shall develop a
25 program for the continuing education of EMTs as a condition for EMTs to
26 maintain their license and accreditation.

27 SEC. 27. *Roster of Certified EMTs.* – The Council, in coordination
28 with the TESDA, the CHED, the PRC and the accredited professional

1 organizations representing the profession of EMT within the country, shall
2 prepare, update and maintain a roster of certified EMTs and REMTs-P.

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

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

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

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

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

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

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

15 CHAPTER IV

16 EMERGENCY MEDICAL VEHICLES

17 SEC. 33. *Emergency Medical Vehicles.* – The Council shall develop
18 minimum requirements for the design, construction, performance, equipment,
19 testing and appearance of emergency medical vehicles. As such, only
20 emergency medical vehicles shall be allowed to display the word “Ambulance”
21 and the universally-accepted “Star of Life” symbol. It shall also provide for
22 the operation protocols of said vehicles. It shall also design an accreditation
23 system to provide the public with ambulances and other emergency medical
24 vehicles that are easily identifiable, nationally recognizable, properly
25 constructed, easily maintained and, when appropriately equipped, will enable
26 EMTs to safely and reliably perform their functions as basic and advanced
27 pre-hospital life support providers.

1 emergency number in accordance with the implementing rules and regulations
2 to be adopted pursuant to this Act.

3 SEC. 36. *Prohibited Acts and Penalties on Emergency*
4 *Communications.* --

5 (a) Any person who makes a telephone call to an emergency
6 telephone number with intent to annoy, abuse, threaten or harass any person
7 who answers the telephone call shall be guilty of an offense and, subject to
8 subsection (c) of this section, shall be given a warning for the first offense, and
9 shall be compelled to attend a seminar on the proper use of the national
10 emergency telephone number on the second offense. Upon commission of the
11 offense for the third time, the offender shall, upon conviction, be imposed with
12 a fine of not less than Five hundred pesos (P500.00) but not more than One
13 thousand pesos (P1,000.00). Upon commission of the offense for the fourth
14 and succeeding times, the offender shall, upon conviction, be imposed with a
15 penalty of imprisonment of not less than one (1) month but not more than six
16 (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not
17 more than Five thousand pesos (P5,000.00), or both, at the discretion of the
18 court.

19 (b) Any person who makes a telephone call to an emergency
20 telephone number and, upon the call being answered, makes or solicits any
21 comment, request, suggestion, proposal or sound which is obscene, lewd,
22 lascivious, filthy or indecent, shall be given a warning for the first offense, and
23 shall be compelled to attend a seminar on the proper use of the national
24 emergency telephone number on the second offense. Upon commission of the
25 offense for the third time, the offender shall, upon conviction, be imposed with
26 a fine of not less than Five hundred pesos (P500.00) but not more than One
27 thousand pesos (P1,000.00). Upon commission of the offense for the fourth
28 and succeeding times, the offender shall, upon conviction, be imposed with a

1 penalty of imprisonment of not less than one (1) month but not more than six
2 (6) months or a fine of not less than Two thousand pesos (P2,000.00) but not
3 more than Five thousand pesos (P5,000.00), or both, at the discretion of the
4 court.

5 (c) A person who gives a false report of a medical emergency or gives
6 false information in connection with a medical emergency, or makes a false
7 alarm of a medical emergency, knowing the report or information or alarm to
8 be false; or makes a false request for ambulance service to an ambulance
9 service provider, knowing the request to be false, shall be given a warning for
10 the first offense, and shall be compelled to attend a seminar on the proper use
11 of the national emergency telephone number on the second offense. Upon
12 commission of the offense for the third time, the offender shall, upon
13 conviction, be imposed with a fine of not less than Two thousand pesos
14 (P2,000.00) but not more than Five thousand pesos (P5,000.00) and payment
15 of damages. Upon commission of the offense for the fourth and succeeding
16 times, the offender shall, upon conviction, be imposed with a penalty of
17 imprisonment of not less than one (1) year but not more than three (3) years or
18 a fine of not less than Five thousand pesos (P5,000.00) but not more than Ten
19 thousand pesos (P10,000.00) and payment of damages, or both, at the
20 discretion of the court.

21 CHAPTER VI

22 OTHER PROVISIONS

23 *SEC. 37. Service Requirement.* – The Council shall develop policies
24 regarding mandatory service requirement for all pre-hospital emergency care
25 providers as a condition for maintaining their license and accreditation.

26 *SEC. 38. Role of the LGUs.* – The LGUs are hereby mandated to
27 develop and institutionalize a pre-hospital emergency care system within their

1 area of jurisdiction. The Council shall include in its programs, activities that
2 will support and enable the LGUs to accomplish such task.

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

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

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

17 (c) *Presenting or using a Certificate of Registration or a professional*
18 *identification card belonging to another person;*

19 (d) *Giving any false or forged evidence of any kind to the Council,*
20 *the TESDA, the CHED or the PRC in obtaining any of the foregoing*
21 *documents;*

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

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

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

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

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

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

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

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

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

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

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

Approved,