

SIXTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )



Senate  
Office of the Secretary

'13 JUL 29 P5:16

SENATE

RECEIVED BY: *ji*

S. NO. 1150

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Introduced by Senator Antonio "Sonny" F. Trillanes IV

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#### EXPLANATORY NOTE

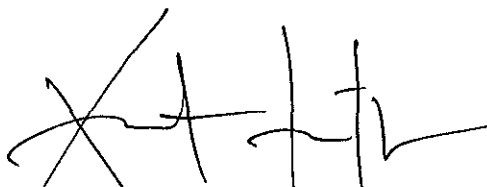
Emergency medicine is relatively a new field of medical practice in the country. Despite, the provision of emergency medical service in the country is continuing to grow and the linkages among practitioners/providers have become established. It has provided relevant life support services to injuries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

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

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

This measure was passed on Third Reading in the House of Representatives and was transmitted to the Senate during the 15<sup>th</sup> Congress.

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

  
ANTONIO "SONNY" F. TRILLANES IV  
Senator

'13 JUL 29 P5:16

SENATE

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S. NO. 1150

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Introduced by Senator Antonio "Sonny" F. Trillanes IV

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

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

CHAPTER I  
GENERAL PROVISIONS

1  
2  
3  
4        **SECTION 1. *Short Title.*** – This Act shall be known as the “Pre-hospital Emergency  
5 Care Act of 2012”.

6  
7        **SEC. 2. *Declaration of Policy.*** – It is hereby declared the policy of the State to protect  
8 and promote the right to health of the people. Pursuant to this national policy, the government  
9 shall set up a climate conducive to the practice of pre-hospital emergency care and maximize the  
10 capability and potential of Emergency Medical Technicians (EMTs) and other pre-hospital care  
11 professionals and institute a standard system of pre-hospital emergency medical services in the  
12 country.

13  
14        **SEC. 3. *Objectives.*** – This Act has the following objectives:

15  
16        (a) To create a National Pre-hospital Care Council;

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

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

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

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

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

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

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

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

9

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

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

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

18

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

22

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

26

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

30

31 (b) *Pre-hospital care professionals:*

32

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

38

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

7           (3) *Ambulance Dispatch Officer (ADO)* shall refer to a person duly trained and certified  
8 in the administration, management and operation of the ambulance dispatch and communication  
9 system and who has fulfilled the requirements and who continues to hold the qualifications  
10 established by the Council, in coordination with the TESDA, the CHED and the PRC, among  
11 others.

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

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

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

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

31           (f) *Ambulance/Emergency medical vehicle* shall refer to an ambulance or other vehicle for  
32 emergency medical care and transportation which provides, at a minimum: (1) a driver's  
33 compartment; (2) a patient compartment with sufficient space to safely and comfortably  
34 accommodate an EMT and a patient who can be given intensive life-support during transit; (3)  
35 equipment and supplies for emergency care at the scene as well as during transport; (4) two-way  
36 radio, telephone or electronic communication with the ADO; and (5) when necessary, equipment  
37 for light rescue/extrication procedures. The emergency medical vehicle shall be so designed and  
38 constructed to provide the patient with safety and comfort, and to prevent aggravation of the

1 patient's injury or illness. The designated vehicle marking of "Ambulance" is hereby restricted  
2 for use by emergency medical vehicles only.

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

8  
9 CHAPTER II

10 NATIONAL PRE-HOSPITAL CARE COUNCIL  
11

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

14  
15 **SEC. 6. *Functions of the NPCC.*** – The Council shall perform the following functions:

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

18 (b) To implement policies in coordination with affiliated medical and educational  
19 institutions;

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

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

26  
27 (e) To develop high standards of operation for pre-hospital emergency care support  
28 service providers;

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

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

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

35  
36 **SEC. 7. *Membership of the Council.*** – The members of the Council shall be composed  
37 of the following:  
38

1 (a) *Ex officio* members:

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

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

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

5 (4) The Chairperson of the CHED; and

6  
7 (b) Members to be appointed by the Secretary of the DOH upon nomination by their  
8 respective associations:

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

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

14 (2) Four (4) nominees of local health boards, one (1) each from the National Capital Region,  
15 Luzon, Visayas and Mindanao; (3) One (1) registered emergency medical practitioner  
16 representing a recognized professional-based organization with interest on emergency medicine;

17  
18 (4) One (1) registered medical practitioner representing a recognized professional-based  
19 organization on cardiology;

20  
21 (5) One (1) registered nurse holding a qualification in emergency room nursing,  
22 representing a recognized professional-based organization of  
23 emergency care nurses;

24  
25 (6) One (1) representative from an educational or training institution providing EMT  
26 programs, which has been duly accredited by the TESDA or the CHED and recognized by the  
27 Council in accordance with its rules and regulations;

28  
29 (7) One (1) representative from a recognized national professional association of medical  
30 practitioners;

31  
32 (8) One (1) representative from a recognized national organization of private hospitals;

33  
34 (9) One (1) representative from a DOH hospital; and

35  
36 (10) One (1) representative from the Philippine National Red Cross (PNRC).

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

3  
4           **SEC. 9. *Powers and Functions.*** – To carry out its mandate, the Council shall exercise  
5 the following powers and functions:

6  
7           (a) Encourage and facilitate the organization of a network of pre-hospital care  
8 professionals to ensure the provision of EMS to the general public on a national basis;

9  
10          (b) Maintain a roster of qualified pre-hospital care professionals and providers and  
11 training institutions, and oversee their licensing and accreditation;

12  
13          (c) Establish a Secretariat under an Executive Director for the administrative and day-to-  
14 day operations of the Council;

15  
16          (d) Create committees and other mechanisms to help expedite the implementation of  
17 plans and strategies;

18  
19          (e) Set up a system of networking and coordination among all existing government health  
20 agencies, local government units (LGUs) and nongovernment medical institutions/agencies for  
21 the effective implementation of its programs and activities;

22  
23          (f) Generate resources from local, national and international organizations/agencies,  
24 whether government or private sector, for its operation;

25  
26          (g) Receive and accept donations and other conveyances including funds, materials and  
27 services by gratuitous title: *Provided*, That not more than thirty percent (30%) of said funds shall  
28 be used for administrative expenses;

29  
30          (h) Prepare an annual budget of the Council and submit the same to the President for  
31 inclusion in the annual General Appropriations Act;

32  
33          (i) Advise the President on matters pertaining to pre-hospital EMS;

34  
35          (j) Review membership of the Council in line with changes in the status of concerned  
36 national organizations duly recognized as involved in emergency medical care/pre-hospital  
37 emergency medical care, as required by this Act;

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

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

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

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

16  
17 In establishing the Secretariat, the Council shall consider the following areas:

18 (a) Education and Standards Development;

19  
20 (b) National Examination/Assessment System for Pre-hospital Care  
21 Professionals;

22  
23 (c) Research;

24  
25 (d) Supervision and Regulation;

26  
27 (e) Policy, Planning and Research;

28  
29 (f) Administration;

30  
31 (g) Finance; and

32  
33 (h) Programs of the following areas:

34  
35 (1) Human Resource Development;

36  
37 (2) Emergency Medical Vehicles; and  
38



1 (3) Emergency Communications.

2  
3 **SEC. 11. *Meetings.*** – The Council shall meet at least once every quarter.

4  
5 **SEC. 12. *Program Plans.*** – The Council shall, within six (6) months after having been  
6 officially constituted and finally staffed, adopt and immediately cause to be implemented, in  
7 coordination with medical and related agencies, a short-range program in support of relevant  
8 existing projects and activities and, within one (1) year, a long-range five (5)-year development  
9 program. This development program shall be developed and subjected to annual review and  
10 revision by the Council, in coordination with relevant public and private medical agencies and  
11 organizations.

12  
13 **SEC. 13. *Accreditation.*** – The Council shall issue certifications and licenses for the  
14 following:

15  
16 (a) Accreditation of training institutions for EMTs and related personnel; and

17  
18 (b) Accreditation of emergency medical vehicle providers.

19  
20 CHAPTER III  
21 EMERGENCY MEDICAL TECHNICIANS  
22

23 **SEC. 14. *Creation of Plantilla Positions for Emergency Medical Technicians (EMTs).***

24 – There shall be created a minimum number of plantilla positions for EMTs in the following  
25 government hospitals/health facilities within the next five (5) years upon approval of this Act:

26  
27 (a) Level 3 and 4 Hospitals – Five (5) EMTs and at least one (1) Ambulance Assistant;

28  
29 (b) Level 1 and 2 Hospitals – Three (3) EMTs and at least one (1) Ambulance Assistant;

30 and

31 (c) Other Health Facilities – as may be deemed necessary by the Council. The annual  
32 financial requirements needed to pay for the salaries of EMTs shall be included in the annual  
33 general appropriations of the respective hospitals, health facilities and LGUs.

34  
35 **SEC. 15. *Scope of the Practice of Emergency Medical Care.*** – The emergency medical  
36 care practice involves services performed in responding to the perceived needs of an individual  
37 for immediate medical care in order to prevent loss of life or aggravation of physiological or  
38 psychological illness or injury delivered in a pre-hospital, inter-hospital and hospital emergency

1 care setting. For this purpose, the Council shall develop the scope of work of EMTs based on  
2 internationally-accepted standards, as adapted to the Philippine setting.

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

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

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

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

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

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

1           **SEC. 22. Issuance of the Certificate of Registration and EMT Identification Card.** – A  
2 Certificate of Registration shall be issued to the examinees who passed the national EMT  
3 examinations given by the TESDA or the PRC. The Certificate of Registration shall remain in  
4 full force and effect until revoked or suspended in accordance with this Act. An EMT  
5 identification card, bearing the registration number, date of issuance and expiry date, duly signed  
6 by the TESDA Director General or the PRC Chairperson, shall likewise be issued to every  
7 registrant upon payment of the required fees.

8  
9           The EMT examination card shall be renewed every three (3) years upon satisfactory  
10 compliance with the requirements of the TESDA or the PRC as prescribed by the Council.

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

19  
20           **SEC. 24. Revocation or Suspension of the Certificate of Registration, EMT**  
21 **Identification Card or Cancellation of Temporary/Special Permit.** – The Council, upon  
22 recommendation of the TESDA or the PRC in accordance with the prescribed procedures and  
23 due process, may revoke or suspend the national certificate or EMT identification card.

24  
25           **SEC. 25. Reinstatement, Reissuance or Replacement of Certificate of Registration and**  
26 **EMT Identification Card.** – The TESDA or the PRC, upon the recommendation of the Council,  
27 in accordance with the rules and regulations may, after two (2) years from the date of revocation  
28 of the Certificate of Registration, reinstate any revoked Certificate of Registration and reissue a  
29 suspended EMT identification card after compliance by the applicant with the requirements for  
30 reinstatement.

31  
32           **SEC. 26. Continuing Education.** – The Council shall develop a program for the  
33 continuing education of EMTs as a condition for EMTs to maintain their license and  
34 accreditation.

35  
36           **SEC. 27. Roster of Certified EMTs.** – The Council, in coordination with the TESDA, the  
37 CHED, the PRC and the accredited professional organizations representing the profession of

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

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

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

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

21  
22 (a) All applicants must provide a full record of initial training completed as an EMT. This  
23 record must include details of the training establishment, a full syllabus of training completed, a  
24 record of ongoing 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 Medical Director to have  
26 performed full EMT functions in a pre-hospital and inter-hospital care setting; and

27  
28 (b) Once approved by the Council as qualified for examination, the candidate will be  
29 referred to an approved TESDA, PRC or EMT assessment center for qualifying examinations for  
30 EMT registration.

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

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

6  
7   CHAPTER IV  
8   EMERGENCY MEDICAL VEHICLES  
9

10           **SEC. 33. Emergency Medical Vehicles.** – The Council shall develop minimum  
11 requirements for the design, construction, performance, equipment, testing and appearance of  
12 emergency medical vehicles. As such, only emergency medical vehicles shall be allowed to  
13 display the word “Ambulance” and the universally-accepted “Star of Life” symbol. It shall also  
14 provide for the operation protocols of said vehicles. It shall also design an accreditation system  
15 to provide the public with ambulances and other emergency medical vehicles that are easily  
16 identifiable, nationally recognizable, properly constructed, easily maintained and, when  
17 appropriately equipped, will enable EMTs to safely and reliably perform their functions as basic  
18 and advanced pre-hospital life support providers. While failure of an emergency medical vehicle  
19 to conform to the Council standards may be a ground for the removal of its certification, such  
20 failure shall not bar EMTs from:

21  
22           (a) Responding and providing appropriate basic or advanced life support on-site to  
23 persons reported experiencing acute injury or illness in a pre-hospital setting, and transporting  
24 them, while continuing such life support care, to an appropriate medical facility for definitive  
25 care;

26  
27           (b) Providing inter-hospital critical transport care; or

28  
29           (c) Transporting essential personnel and equipment to and from the site of a multiple  
30 medical emergency or a triage site and transporting appropriately triaged patients to designated  
31 medical facilities.  
32

33   CHAPTER V  
34   EMERGENCY COMMUNICATIONS  
35

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

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

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

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

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

27  
28 (b) Any person who makes a telephone call to an emergency telephone number and, upon  
29 the call being answered, makes or solicits any comment, request, suggestion, proposal or sound  
30 which is obscene, lewd, lascivious, filthy or indecent, shall be given a warning for the first  
31 offense, and shall be compelled to attend a seminar on the proper use of the national emergency  
32 telephone number on the second offense. Upon commission of the offense for the third time, the  
33 offender shall, upon conviction, be imposed with a fine of not less than Five hundred pesos  
34 (P500.00) but not more than One thousand pesos (P1,000.00). Upon commission of the offense  
35 for the fourth and succeeding times, the offender shall, upon conviction, be imposed with a  
36 penalty of imprisonment of not less than one (1) month but not more than six (6) months or a  
37 fine of not less than Two thousand pesos (P2,000.00) but not more than Five thousand pesos  
38 (P5,000.00), or both, at the discretion of the court.

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

14  
15 CHAPTER VI  
16 OTHER PROVISIONS  
17

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

21  
22 **SEC. 38. *Role of the LGUs.*** – The LGUs are hereby mandated to develop and  
23 institutionalize a pre-hospital emergency care system within their area of jurisdiction. The  
24 Council shall include in its programs, activities that will support and enable the LGUs to  
25 accomplish such task.

26  
27 **SEC. 39. *Other Prohibited Acts.*** – The following acts shall constitute an offense  
28 punishable under this Act:

29  
30 (a) Practicing or offering to practice pre-hospital emergency care services in the  
31 Philippines or offering oneself as an EMT, or using the title, word, letter, figure or any sign  
32 tending to convey the impression that one is a registered and licensed EMT, or advertising or  
33 indicating in any manner whatsoever that one is qualified to practice pre-hospital emergency  
34 care, unless one has satisfactorily demonstrated the prescribed competency standards, in full  
35 accordance with the requirements of the Council and is a holder of a National Certificate in  
36 Emergency Medical Services or a temporary/special permit duly issued by the Council;

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

4  
5 (c) Presenting or using a Certificate of Registration or a professional identification card  
6 belonging to another person;

7  
8 (d) Giving any false or forged evidence of any kind to the Council, the TESDA, the  
9 CHED or the PRC in obtaining any of the foregoing documents;

10  
11 (e) Falsely impersonating any registrant with like or different name;

12  
13 (f) Abetting or assisting by any registered and licensed emergency hospital technician the  
14 illegal practice of a person who is not lawfully qualified to provide pre-emergency hospital care  
15 within the meaning of this Act;

16  
17 (g) Attempting to use a revoked or suspended Certificate of Registration or any invalid or  
18 expired EMT identification card or a cancelled temporary/special permit;

19  
20 (h) Operating an EMS training institution without proper accreditation; and

21  
22 (i) Using without appropriate authority an ambulance/emergency medical vehicle such as,  
23 but not limited to, transporting illegal drugs and transporting passengers and personnel which are  
24 not valid emergency cases.

25  
26 **SEC. 40. Penalties.** – The commission of any of the prohibited acts stated under Section  
27 39 shall be penalized with imprisonment of not less than one (1) year but not more than five (5)  
28 years or a fine of not less than Fifty thousand pesos (P50,000.00) but not more than One hundred  
29 thousand pesos (P100,000.00), or both, at the discretion of the court.

30  
31 **SEC. 41. Appropriations.** – The Secretaries of the Departments concerned shall include  
32 in their programs the implementation of this Act, the funding of which shall be included in the  
33 annual General Appropriations Act.

34  
35 **SEC. 42. Implementing Rules and Regulations.** – Except as otherwise provided, the  
36 Council, in coordination with the NTC, the TESDA, the CHED, the PRC and the DOH, shall  
37 issue and promulgate the rules and regulations to implement the provisions of this Act within one  
38 hundred twenty (120) days upon constitution of the Council.



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

4  
5           **SEC. 44. *Repealing Clause.*** – Any provision of laws, orders, agreements, rules or  
6 regulations contrary to and inconsistent with this Act is hereby repealed, amended or modified  
7 accordingly.

8  
9           **SEC. 45. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in  
10 a newspaper of general circulation.

Approved,