

SENATE

Senate
Office of the Secretary

S. No. 646

19 JUL 22 P1 52

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.

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

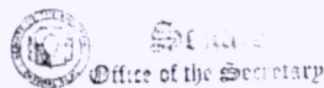
¹ (1978) 15th ed. *Encyclopedia Britannica*. Chicago. Encyclopedia Britannica Inc.

and among us, Filipinos. This will help drive the path towards a just, culturally sensitive, fair, and lasting peace and development in the country.

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


RAMON BONG REVILLA, JR.

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INSTITUTIONALIZING A PRE-HOSPITAL EMERGENCY CARE SYSTEM,
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER 1

GENERAL PROVISIONS

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

Section 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to this national policy, the government shall set up a climate conducive to the practice of pre-hospital emergency care and maximize the capability and potential of Emergency Medical Technicians (EMT) and other pre-hospital care professionals and institute a standard system of pre-hospital emergency medical services in the country.

Section 3. *Objectives.* – This Act provides for and shall govern:

- a) The creation of the National Pre-Hospital Care Council (the Council or NPHCC);
- b) The development and institutionalization of pre-hospital emergency service system at the national and local level;

- 1 c) The establishment of national standards for the provision of pre-hospital
2 emergency medical services by duly certified/registered pre-hospital
3 care professionals;
- 4 d) The supervision, control and regulation of the practice of pre-hospital
5 care professionals;
- 6 e) The program standardization for the training of pre-hospital care
7 professionals;
- 8 f) The certification/registration and re-certification/re-registration
9 requirements of pre-hospital care professionals;
- 10 g) The standards for design, manufacture, accreditation and regulation of
11 Emergency Medical Vehicles;
- 12 h) The adoption and implementation of a National Universal Emergency
13 Telephone Number; and
- 14 i) The establishment and provision of support services to pre-hospital
15 emergency medical services.

16 Sec. 4. *Definition of Terms.* – For purposes of this Act, the following terms are
17 hereby defined:

18 (a) *Pre-Hospital Emergency Medical Services*

- 19 i. *Pre-Hospital Emergency Care* – Independent delivery of pre-
20 hospital emergency medical services by appropriately trained
21 and certified Emergency medical Technicians (EMTs), usually
22 in a mobile or community setting. In full accordance with
23 National Pre-Hospital Emergency Medical Treatment Protocols
24 established by the Council.
- 25 ii. *Pre-Hospital Advance Life Support* – Advanced pre-hospital
26 standards for the care of serious illness or injury by
27 appropriately trained and certified EMTs, as established by the
28 Council. These pre-hospital standards may include advanced
29 pre-hospital trauma care, advanced pre-hospital cardiac life
30 support and the care of high dependency patients for inter-
31 hospital transfer, among others.

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

4 (c) *Pre-hospital Care Professionals*

5 i. *Emergency Medical Technician (EMT)* – A pre-hospital
6 emergency care provider who has fulfilled the requirements
7 and continues to hold the qualifications established by the
8 Council in coordination with the Technical Education and Skills
9 Development Authority (TESDA), the Commission on Higher
10 Education (CHED) and the Professional Regulation
11 Commission (PRC), among others.

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

20 iii. *Ambulance Assistants* – Personnel who, having gained the
21 “minimum” certification as a Medical First responder
22 (Advanced First Aider), charged with the operation and
23 general care of emergency medical vehicles (ambulance
24 driver), in addition to providing basic medical care for patients
25 under the direct supervision of an Emergency Medical
26 Technician / Paramedic.

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

29 (d) *Competency-based assessment* – Evidence gathering and judgment by an
30 authorized assessor who evaluates the technical and practical skills, abilities
31 and knowledge of a pre-hospital care professional in accordance with
32 standards and guidelines established by the Council in coordination with

1 TESDA in the case of technical non-degree Certified Emergency Medical
2 Technician courses falling under TESDA jurisdiction; or in coordination with
3 CHED and PRC in the case of Registered Emergency Medical Technician –
4 Paramedic (REMT-P) degree courses requiring the issuance of a professional
5 license.

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

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

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

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CHAPTER II

NATIONAL PRE-HOSPITAL CARE COUNCIL

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

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

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

- I. *Ex-Officio Members:*
 - a. The Secretary of the Department of Health (DOH) as chair of the Council;
 - b. The Secretary of the Department of Interior and Local Government (DILG);
 - c. The Chair of the Technical Education and Skills Development Authority (TESDA); and

1 d. The Chair of the Commission on Higher Education (CHED).

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

4 a. One (1) nominee of a national organization duly registered with the
5 Securities and Exchange Commission and recognized by the Secretary
6 of the Department of Health as being representative of the profession of
7 Emergency Medical Technician within Republic of the Philippines;

8 b. Four (4) nominees of local health boards, one each from NCR, Luzon,
9 Visayas and Mindanao;

10 c. Two (2) registered emergency medical practitioners, representing
11 recognized Professional-based organizations with interest on emergency
12 medicine;

13 d. One (1) registered medical practitioner representing a recognized
14 professional-based organization on cardiology;

15 e. One (1) registered nurse holding a qualification in emergency room
16 nursing representing a recognized professional-based organization of
17 emergency care nurses;

18 f. One (1) representative from an educational or training institution
19 providing EMT programs, which have been duly approved by
20 TESDA/CHED as applicable.

21 g. One (1) representative from a recognized national professional
22 association of medical practitioners;

23 h. One (1) representative from a recognized national organization of
24 private hospitals; and

25 i. One (1) representative from a DOH hospital.

26
27 Sec. 7. *Term of Office.* No member of the Council shall serve for more than
28 three (3) consecutive terms of two (2) years each.

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

31

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

30 *Sec 9. The Secretariat.* – The Council shall organize a Secretariat headed by an
31 Executive Director, who shall be a person of probity and shall have at least five (5)
32 years experience in emergency medical services or a related field. The Council shall

1 fix its staffing pattern, determine the duties, qualifications, responsibilities and shall
2 fix its staffing pattern, determine the duties, qualifications, responsibilities and
3 functions as well as the compensation scheme for the positions to be created upon
4 the recommendation of the Executive Director. The staffing pattern shall be approved
5 and prescribed by the Council within one hundred twenty (120) days from the approval
6 of this Act.

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

13 Sec. 10. *Accreditation.* – The Council shall issue certification and licenses for
14 the:

- 15 a. Accreditation of training institutions for emergency medical technicians and
16 related personnel; and
17 b. Accreditation of emergency medical vehicle providers.

18
19 Sec. 11. *Meetings.* – The Council shall meet at least once every quarter.

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

27
28 **CHAPTER III**

29 **EMERGENCY MEDICAL TECHNICIANS**

30 Sec. 13. *Creation of Plantilla Positions for Emergency Medical Technicians* –
31 There shall be created a minimum number of plantilla positions for Emergency Medical

1 Technicians in the following government agencies within the next five (5) years upon
2 approval of this Act:

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

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

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

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

27 Sec. 16. *Certification, Registration and Re-certification.* – Registration and re-
28 certification of EMTs in the Philippines shall be governed by the Technical Education
29 and Skills Development Authority (TESDA) for non-degree courses, and by the
30 Professional Regulation Commission (PRC) for degree courses, in accordance with PRC
31 rules and regulations and without prejudice to the enactment of a licensure law for
32 EMTs. A certification is valid for a period of three (3) years. TESDA and PRC shall re-

1 certify Emergency Medical Technicians upon submission of a competency-based
2 assessment statement from a recognized Emergency Medical Services Medical
3 Director.

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

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

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

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

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

26 Sec. 21. *Issuance of the Certificate of Registration and EMT Identification Card.*
27 – A Certification of Registration shall be issued to examinees who pass the National
28 EMT examinations given by TESDA or the PRC. The Certificate of Registration shall
29 remain in full force and effect until revoked or suspended in accordance with this Act.
30 An EMT Identification Card, bearing the registration number, date of issuance, expiry
31 date, duly signed by TESDA Director-General or PRC Chairman shall likewise be issued
32 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 Sec. 22. *Disqualification.* – TESDA, PRC and the Council shall not accept an
4 applicant for competency requirement nor issue a national certificate to any person
5 who has been convicted by final judgment by a court of competent jurisdiction of any
6 criminal offense involving moral turpitude, or has been found guilty of immoral or
7 dishonourable conduct after investigation and due process, or has been declared to
8 be of unsound mind by competent authority, or for other grounds a may be
9 determined by the Council in the implementing rules and regulations. The reason for
10 the refusal shall be set forth in writing.

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

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

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

24 Sec. 26. *Roster of Certified Emergency Medical Technician.* – The Council, in
25 coordination with TESDA, CHED, PRC, and the accredited professional organization
26 representing the profession of Emergency Medical Technician within the Republic of
27 the Philippines, shall prepare, update and maintain a roster of certified Emergency
28 Medical Technicians / Paramedics.

29 Sec. 27. *Issuance of Special or Temporary Permit.* – Upon application and
30 payment of the necessary fees, and subject to the requirements specified by the
31 Council, TESDA or PRC may issue special or temporary permits to Emergency Medical
32 Services personnel from foreign countries whose services are urgently needed in the

1 absence or inadequacy of local Emergency Medical Technicians that can provide pre-
2 hospital emergency care in the Philippines.

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

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

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

- 27 a. All applicants must provide a full record of initial training completed as an EMT.
28 This record must include details of the training establishment, a full syllabus of
29 training and proof of having worked as an EMT in any local or international
30 organization for at least one (1) year and has been certified by an EMS medical
31 director to have performed full EMT functions in a pre-hospital and inter-
32 hospital care setting.

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

4 *Sec. 31. Accredited Professional Organization.* – All certified Emergency Medical
5 Technicians shall have one (1) national organization, which shall be recognized by the
6 Council as the one and only accredited EMT organization in the country. A certified
7 EMT duly registered with TESDA or PRC shall automatically become a member of the
8 accredited professional organization of Emergency Medical Technician and shall
9 receive the benefits and privileges appurtenant thereto.

10 *Sec. 32. Code of Ethics of Emergency Medical Technicians.* – The Council, in
11 coordination with the accredited professional organizations, shall adopt and
12 promulgate the Code of Ethics and Code of Technical Standards for Emergency Medical
13 Technicians to include among others, duties of Emergency Medical Technicians to Pre-
14 Hospital Emergency Care patients, to the community, to their colleagues and to the
15 profession, and to allied professionals.

16 17 **CHAPTER IV**

18 **EMERGENCY MEDICAL VEHICLES**

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

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

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

9

10 **CHAPTER V**

11 **EMERGENCY COMMUNICATIONS**

12

13 *Sec. 34. Adoption of a National Universal Emergency Telephone Number. –*

14 There shall only be one national emergency number to enable the public to access

15 emergency medical services. Towards this end, the National Telecommunications

16 Commission (NTC) shall develop a program for the adoption of a national emergency

17 number. It shall consult and cooperate with national and local institutions and officials

18 responsible for emergency services and public safety, the telecommunications industry

19 (specifically including the cellular and other wireless telecommunications service

20 providers), the motor vehicle manufacturing industry, emergency medical service

21 providers and emergency dispatch providers, transportation officials, public safety, fire

22 service and law enforcement officials, consumer groups, and hospital emergency and

23 trauma care personnel (including emergency physicians, trauma surgeons, and

24 nurses).

25 *Sec. 35. Compliance. –* It shall be the duty of every voice service provider to

26 provide its subscribers with access to the national universal emergency number in

27 accordance with the implementing rules and regulations.

28 *Sec 36. Prohibited Acts.*

- 29 1. Any person who makes a telephone call to an emergency telephone number
- 30 with intent to annoy, abuse, threaten or harass any person who answers the
- 31 telephone call shall be guilty of an offense and, subject to subsection (3) of
- 32 this Section, shall be given a warning for the first offense, and shall be

1 compelled to attend a seminar on the proper use of the national emergency
2 telephone number on the second offense. Upon commission of the offense for
3 the third time, the offender shall be liable on conviction to a fine not exceeding
4 P1,000. Upon commission of the offense for the fourth and succeeding times,
5 the offender shall be liable on conviction to a fine not exceeding P5,000 or
6 imprisonment for a term not exceeding six months or both.

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

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

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- 1 4. Giving any false or forged evidence of any kind to the Council or TESDA or
- 2 CHED or PRC in obtaining any of the foregoing documents;
- 3 5. Falsely impersonating any registrant with like or different name;
- 4 6. Abetting or assisting by any registered and licensed emergency hospital
- 5 technician of the illegal practice of a person who is not lawfully qualified to
- 6 provide pre-emergency hospital care within the meaning of this Act;
- 7 7. Attempting to use a revoked or suspended Certificate of Registration or any
- 8 invalid or expired EMT Identification Card or a cancelled special permit;
- 9 8. Operating an Emergency Medical Services training institution without proper
- 10 Accreditation; and
- 11 9. Unauthorized use of ambulance/emergency medical vehicle, such as but not
- 12 limited to transporting illegal drugs and transporting passengers and personnel
- 13 which are not valid emergency cases.

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

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

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

30 Sec. 44. *Implementing Rules and Regulations.* Except as otherwise provided,
31 the Council shall issue and promulgate the rules and regulations to implement the

1 provisions of this Act within one hundred twenty (120) days upon constitution of the
2 Council.

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

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

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

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Approved,