

HOUSE OF REPRESENTATIVES

House Bill No. 539

HOUSE OF REPRESENTATIVES

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Introduced by Representative Victor A. Yap

EXPLANATORY NOTE

It is the policy of the State to protect and promote the right to health of the people and as such it shall endeavor to cultivate and maintain an environment conducive to the practice of pre-hospital emergency care, maximizing the capability and potential of emergency medical technicians (EMTs) and other pre-hospital care professionals in the country, and institute a standard system of pre-hospital emergency medical services for the country.

This bill seeks to establish a standard system for pre-hospital emergency care to maximize the capabilities of emergency medical technicians and other pre-hospital care professionals in order to save Filipino lives. Further, since the Philippines is the second most globally vulnerable to hazards brought about by climate change, as well as other natural and man-made hazards, our citizens need a more responsive and organized pre-hospital and emergency care system.

Emergency medical services are crucial in avoiding complications before hospital service is available. In recognition of its significance in saving lives, this bill proposes the creation of the National Pre-Hospital Care Council (NPHCC), to ensure the development of a pre-hospital emergency service system at the national and local level. The NHPCC shall formulate and implement policies, develop national standards and protocols, engage in research, including emerging technology, emergency education and training, formulation of curricula and the evaluation of existing courses and assessment and examination procedures. It shall develop the scope of work of EMTs based on internationally accepted standards, subject to the requirements of a nationally based licensure examination.

The bill also provides that all emergency medical vehicles will adhere to NPHCC certification guidelines or be removed from use. Furthermore, the proposed measure seeks the adoption of a national emergency number, under the purview of the National Telecommunication Council, to enable immediate public access to emergency medical services.

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

[Signature]
VICTOR A. YAP
Representative, 2nd District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. ____ 539

Introduced by Representative Victor A. Yap

AN ACT
INSTITUTIONALIZING A PRE-HOSPITAL EMERGENCY MEDICAL CARE
SYSTEM, PROVIDING FOR THE ESTABLISHMENT, SUPERVISION AND
REGULATION OF THE PRE-HOSPITAL EMERGENCY CARE PROFESSION,
PROVIDING PENALTIES FOR VIOLATIONS THEREOF AND APPROPRIATING
FUNDS THEREFOR

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

CHAPTER I

GENERAL PROVISIONS

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

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of the people. Pursuant to this policy, the government shall endeavor to cultivate and maintain an environment conducive to the practice of pre-hospital emergency care, maximize the capability and potential of Emergency Medical Technicians (EMTs) and other pre-hospital care professionals and institute a standard system of pre-hospital emergency medical services in the country.

SEC. 3. Objectives. – In support of State policy, this Act:

(a) Mandates the development and institutionalization of a pre-hospital emergency medical service system at the national and local levels;

(b) Creates a National Pre-Hospital Care Council;

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

(d) Mandates the supervision and regulation of the practice of pre-hospital care professionals;

(e) Mandates the standardization of the training of pre-hospital care professionals;

(f) Prescribes certification, registration and recertification requirements of pre-hospital care professionals;

(g) Establishes standards for the design, manufacture, accreditation and regulation of emergency medical vehicles;

(h) Mandates the adoption and use of a National Universal Emergency Telephone Number; and

1 (i) Establishes support services to pre-hospital emergency medical services.

2 **SEC. 4. Definition of Terms.** – As used in this Act:

3 (a) Accredited training institutions refer to organizations authorized to offer training programs,
4 courses and continuing education in emergency medical services for pre-hospital care professionals
5 that meet the standards established by the National Pre-Hospital Care Council, hereinafter referred
6 to as the Council created under this Act, in coordination with the Technical Education and Skills
7 Development Authority (TESDA), the Commission on Higher Education (CHED) and the
8 Department of Health (DOH), among others, and are duly recognized by the TESDA or the
9 CHED, as applicable, and duly registered in good standing with the Council;

10 (b) Ambulance refers to an emergency medical vehicle for transporting sick or injured people to,
11 from or between places of treatment for an illness or injury, and are equipped and manned to, in
12 some instances, provide medical care to the patient;

13 (c) Competency-based assessment refers to evidence gathering and judgment by an authorized
14 assessor who evaluates the technical and practical skills, abilities and knowledge of a pre-hospital
15 care professional in accordance with the standards and guidelines established by the Council, in
16 coordination with the TESDA, in the case of one who holds a technical non-degree Certified
17 Emergency Medical Technician course under the TESDA; or in coordination with the CHED and
18 the Professional Regulation Commission (PRC) in the case of one who holds a Registered
19 Emergency Medical Technician-Paramedic (REMT-P) degree course requiring the issuance of a
20 professional license;

21 (d) Emergency Medical Services (EMS) Medical Director refers to a licensed physician with training
22 in emergency medicine and with at least five (5) years experience in emergency medical care as
23 certified by the Council or the local medical authority charged with the supervision of EMS, and
24 adequate training and experience in the standard emergency medical treatment protocols set by the
25 Council;

26 (e) National Pre-Hospital Emergency Medical Treatment Protocols refer to emergency medical
27 procedures outlining approved clinical practices and therapies to be observed by pre-hospital care
28 professionals, as established by the Council created under Section 5 hereof;

29 (f) Pre-hospital care professionals refer to:

30 (1) Emergency Medical Technician – a pre-hospital emergency care provider who has fulfilled the
31 requirements of and continues to hold the qualifications established by the Council, in coordination
32 with the TESDA, the CHED and the PRC, among others;

33 (2) Registered Emergency Medical Technician-Paramedic (REMT-P) – a pre-hospital emergency
34 care provider who is capable of performing extensive pre-hospital care services such as
35 administering medications orally and intravenously, interpreting electrocardiograms (ECGs) tracings,
36 performing endotracheal intubations and using monitors and other complex equipment. A REMT-P
37 is required to maintain the qualifications and fulfill the requirements set by the Council;

38 (3) Ambulance Dispatch Officer – a person duly trained and certified in the administration,
39 management and operation of the ambulance dispatch and communication system and who has
40 fulfilled the requirements and who continues to hold the qualifications established by the Council, in
41 coordination with the TESDA, the CHED and the PRC, among others;

42 (4) Ambulance Assistant – a person who, having gained the minimum certification as a Medical First
43 Responder (Advanced First Aider), is charged with the operation and general care of emergency

1 medical vehicles (ambulance driver), in addition to providing basic medical care for patients under
2 the direct supervision of an EMT or REMT-P; and

3 (5) Other pre-hospital care professionals providing other support services for the provision of pre-
4 hospital emergency medical care;

5 (g) Pre-hospital emergency medical services refer to:

6 (1) Pre-hospital emergency care – independent delivery of pre-hospital emergency medical services
7 by appropriately trained and certified EMTs, usually in a mobile or community setting, in full
8 accordance with the National Pre-Hospital Emergency Medical Treatment Protocols established by
9 the Council; and

10 (2) Pre-hospital advanced life support – advanced pre-hospital standards for the care of seriously ill
11 or injured patient by appropriately trained and certified EMTs, as established by the Council. These
12 pre-hospital standards may include advanced pre-hospital trauma care, advanced pre-hospital cardiac
13 life support and the care of high dependency patients for inter-hospital transfer, among others.

14 CHAPTER II

15 NATIONAL PRE-HOSPITAL CARE COUNCIL

16 **SEC. 5. Creation of the National Pre-Hospital Care Council.** – The National Pre-Hospital Care
17 Council or the Council is hereby created under the DOH.

18 **SEC. 6. Objectives of the Council.** – The Council shall fulfill the following objectives:

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

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

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

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

27 (e) To develop high standards of operation for pre-hospital emergency care support service
28 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 operation of
31 emergency medical vehicles; and

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

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

36 (a) Ex officio members:

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

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

- 1 (3) The Director General of the TESDA; and
- 2 (4) The Chairperson of the CHED; and
- 3 (b) Members to be appointed by the Secretary of the DOH upon nomination by their respective
- 4 associations:
- 5 (1) One (1) nominee of a national organization duly registered with the Securities and Exchange
- 6 Commission (SEC) and recognized by the DOH as being representative of the EMT profession
- 7 within the Republic of the Philippines: Provided, That upon the organization of the national
- 8 accredited professional organization of EMTs, mandated under Section 31 of this Act, its nominee
- 9 shall automatically hold this seat in the Council;
- 10 (2) Four (4) nominees of local health boards, one (1) each from the National Capital Region, Luzon,
- 11 Visayas and Mindanao areas;
- 12 (3) One (1) registered emergency medical practitioner representing a recognized professional-based
- 13 organization with interest on emergency medicine;
- 14 (4) One (1) registered medical physician representing a recognized professional-based organization
- 15 on cardiology;
- 16 (5) One (1) registered nurse with the requisite training or experience in emergency room nursing,
- 17 representing a recognized professional-based organization of emergency care nurses;
- 18 (6) One (1) representative from an educational or training institution offering EMT programs, which
- 19 has been duly accredited by the TESDA or the CHED and recognized by the Council in accordance
- 20 with its rules and regulations;
- 21 (7) One (1) representative from a recognized national professional association of medical
- 22 practitioners;
- 23 (8) One (1) representative from the Philippine Medical Association;
- 24 (9) One (1) representative from a DOH hospital; and
- 25 (10) One (1) representative from the Philippine National Red Cross.
- 26 **SEC. 8. Term of Office.** – Each member of the Council shall not serve for more than three (3)
- 27 consecutive terms. A term shall be for a period of two (2) years.
- 28 **SEC. 9. Powers and Functions.** – To carry out its mandate, the Council shall exercise the
- 29 following powers and functions:
- 30 (a) Encourage and facilitate the organization of a network of pre-hospital care professionals to
- 31 ensure the provision of EMS to the general public on a national basis;
- 32 (b) Maintain a roster of qualified pre-hospital care professionals, providers, and training institutions,
- 33 and coordinate the licensing and accreditation of pre-hospital care professionals with the PRC;
- 34 (c) Establish a secretariat under an executive director for the administrative and day-to-day
- 35 operations of the Council;
- 36 (d) Create committees and other mechanisms to help expedite the implementation of plans and
- 37 strategies;

- 1 (e) Set up a system of networking and coordination among all existing government health agencies,
2 local government units (LGUs) and non-government medical institutions/agencies for the effective
3 implementation of its programs and activities;
- 4 (f) Generate resources from local, national and international organizations/agencies, whether
5 government or the private sector, for its operation;
- 6 (g) Receive and accept donations and other conveyances including funds, materials and services by
7 gratuitous title: Provided, That not more than thirty percent (30%) of said funds shall be used for
8 administrative expenses;
- 9 (h) Prepare an annual budget of the Council and submit the same to the President for inclusion in
10 the annual General Appropriations Act;
- 11 (i) Advise the President on matters pertaining to pre-hospital EMS;
- 12 (j) Review membership of the Council in line with changes in the status of concerned national
13 organizations duly recognized as involved in emergency medical care/pre-hospital emergency
14 medical care, as required by this Act;
- 15 (k) Investigate complaints against violators of this Act, its rules and regulations, and policies of the
16 Council;
- 17 (l) Request any department, instrumentality, office, bureau or agency of the government, including
18 LGUs, to render such assistance as it may require in order to carry out, enforce or implement the
19 provisions of this Act; and
- 20 (m) Promulgate rules and regulations and policies of the Council, and enforce the provisions of this
21 Act.
- 22 **SEC. 10. The Secretariat.** – The Council shall organize a Secretariat to be headed by an Executive
23 Director from among the Undersecretaries or Assistant Secretaries of the DOH, and who shall act
24 in a concurrent capacity. The Secretaries of the DOH and the DILG and the Chairpersons of the
25 TESDA and the CHED shall designate their respective staff to serve as members of the Secretariat.
- 26 In establishing the Secretariat, the Council shall consider the following areas:
- 27 (a) Education and standards development;
- 28 (b) National examination/assessment system for pre-hospital care professionals;
- 29 (c) Research;
- 30 (d) Supervision and regulation;
- 31 (e) Policy, planning and research;
- 32 (f) Administration;
- 33 (g) Finance; and
- 34 (h) Programs on the following areas:
- 35 (1) Human resource development;
- 36 (2) Emergency medical vehicles; and
- 37 (3) Emergency communications.

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

SEC. 12. Program Plans. – The Council shall, within six (6) months after its constitution and organization, adopt and immediately cause to be implemented, in coordination with medical and related agencies, a short-range one (1)-year program in support of relevant existing projects and activities and a long-range five (5)-year development program geared towards achieving the objectives of this Act. This development program shall be developed and subjected to annual review and revision by the Council, in coordination with relevant public and private medical agencies and organizations.

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

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

(b) Accreditation of emergency medical vehicle providers.

CHAPTER III

EMERGENCY MEDICAL TECHNICIANS

SEC. 14. Creation of Plantilla Positions for Emergency Medical Technicians (EMTs). – There shall be created a minimum number of plantilla positions for EMTs in the following government hospitals/health facilities within five (5) years after the approval of this Act:

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

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

(c) Other Health Facilities – As may be deemed necessary by the Council.

The annual financial requirements for the salaries of EMTs shall be included in the annual general appropriations of the respective hospitals, health facilities and LGUs.

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

SEC. 16. Authorized Training Institution. – Training programs, courses and continuing education for an EMT shall be conducted by an institution that has been granted a certificate of program registration (COPR) by the TESDA, in case of technical non-degree courses under the supervision of the TESDA, or a certificate of accreditation as a higher education institution (HEI) as well as program accreditation by the CHED, in the case of degree programs under the supervision of the CHED. The requirements prescribed by the Council shall serve as the minimum requirement for program registration. The DOH may provide training programs for EMTs: Provided, That these shall be in accordance with the standards set by the Council.

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

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

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

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

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

SEC. 22. Issuance of the Certificate of Registration and EMT Identification Card. – A certificate of registration shall be issued to examinees who pass the national EMT examinations given by the TESDA or the PRC. The certificate of registration shall remain in full force and effect until revoked or suspended in accordance with this Act. An EMT identification card, bearing the registration number, date of issuance and expiry date, duly signed by the TESDA Director General or the PRC Chairperson, shall likewise be issued to every registrant upon payment of the required fees. The EMT identification card shall be renewed every three (3) years upon satisfactory compliance with the requirements of the TESDA or the PRC as prescribed by the Council.

SEC. 23. Disqualification. – The TESDA, the PRC and the Council shall not accept the application for competency requirement nor issue a certificate of registration to any person who has been convicted by final judgment by a court of competent jurisdiction of any criminal offense involving moral turpitude, or has been found guilty of immoral or dishonorable conduct after investigation and due process, or has been declared to be of unsound mind by competent authority, or for other grounds as may be determined by the Council. The applicant shall be informed in writing about the reason for the refusal of the application.

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

SEC. 25. Reinstatement, Reissuance or Replacement of Certificate of Registration and EMT Identification Card. – After two (2) years from the revocation of a certificate of registration, the TESDA or the PRC, upon the recommendation of the Council, may reinstate a revoked certificate of registration and reissue a suspended EMT identification card after compliance by the applicant with the requirements for reinstatement.

SEC. 26. Continuing Education. – The Council shall develop a program for the continuing education of EMTs as a condition for EMTs to continue the practice of their profession and maintain the requisite accreditation by the TESDA or the PRC.

SEC. 27. Roster of Certified EMTs and REMTs-P. – The Council, in coordination with the TESDA, the CHED, the PRC and the accredited professional organizations representing the profession of EMT within the country, shall prepare, update and maintain a roster of certified EMTs and REMTs-P.

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

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

12 **SEC. 30. Registration With Examination for EMTs.** – All practicing EMTs who are not
13 graduates of an EMT program from a TESDA or CHED-accredited public or private
14 educational/training institution at the time of the effectivity of this Act shall be qualified for
15 registration through examination using the following procedures:

16 (a) An applicant must provide a full record of initial training completed as an EMT. This record
17 must include details of the training establishment, a full syllabus of training completed, a record of
18 ongoing training and proof of the applicant's work experience as an EMT in any local or
19 international organization for at least one (1) year and a certification by an EMS Medical Director to
20 have performed full EMT functions in a pre-hospital and inter-hospital care setting; and

21 (b) Upon compliance with the abovementioned requirements, the candidate shall be referred to an
22 accredited TESDA, PRC or EMT assessment center.

23 **SEC. 31. Accredited Professional Organization.** – All certified EMTs shall belong to one
24 national organization which shall be recognized by the Council as the one and only accredited EMT
25 organization in the country. A certified EMT duly registered with the TESDA or the PRC shall
26 automatically become a member of the accredited professional organization of EMTs and shall
27 enjoy the corresponding benefits and privileges.

28 **SEC. 32. Code of Ethics of EMTs.** – The Council, in coordination with the accredited
29 professional organization, shall adopt and promulgate the Code of Ethics and the Code of Technical
30 Standards for EMTs to include, among others, the duties of EMTs to pre-hospital emergency care
31 patients, to the community, to their colleagues in the profession, and to allied professionals.

32 **SEC. 33. Prohibited Acts and Penalties on the Practice of Emergency Medical Service.** – The
33 following shall constitute an offense punishable under this Act:

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

41 (b) Providing pre-emergency hospital care within the meaning of this Act without a valid certificate
42 of registration and a professional identification card or a valid temporary/special permit issued in
43 accordance herewith;

(c) Presenting or using a certificate of registration or a professional identification card belonging to another person;

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

(e) Falsely impersonating any registrant with similar or different name;

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

(g) Attempting to use a revoked or suspended certificate of registration or any invalid or expired EMT identification card or a cancelled temporary/special permit;

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

(i) Using without appropriate authority, an ambulance/emergency medical vehicle such as transporting illegal drugs and transporting passengers and personnel who do not require emergency care.

Any person violating any of the prohibited acts under this section shall be penalized with imprisonment of not less than one (1) year but not more than five (5) years or a fine of not less than fifty thousand pesos (P50,000.00) but not more than one hundred thousand pesos (P100,000.00), or both, at the discretion of the court.

CHAPTER IV

EMERGENCY MEDICAL VEHICLES

SEC. 34. Emergency Medical Vehicles. – The Council shall develop minimum requirements for the design, construction, performance, equipment, testing and appearance of emergency medical vehicles. As such, only emergency medical vehicles shall be allowed to display the word “Ambulance” and the universally accepted “Star of Life” symbol. It shall also provide for the operation protocols of said vehicles. It shall also design an accreditation system to provide the public with ambulances and other emergency medical vehicles that are easily identifiable, nationally recognizable, properly constructed, easily maintained and, when appropriately equipped, will enable EMTs to safely and reliably perform their functions as basic and advanced pre-hospital life support providers.

The ambulance shall be designed to provide the following features at the minimum:

(a) A driver’s compartment;

(b) A patient compartment with sufficient space to safely and comfortably accommodate an EMT and a patient who can be given intensive life support during transit;

(c) Equipment and supplies for emergency care at the scene as well as during transport;

(d) A two-way radio, telephone or electronic communication with the Ambulance Dispatch Officer (ADO); and

(e) When necessary, equipment for light rescue/extrication procedures.

The emergency medical vehicle shall be so designed and constructed to provide the patient with safety and comfort, and to prevent aggravation of the patient’s injury or illness.

1 The designated vehicle marking of "Ambulance" is hereby restricted for use by emergency medical
2 vehicles only.

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

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

8 (2) Providing inter-hospital critical transport care; or

9 (3) Transporting essential personnel and equipment to and from the site of a multiple medical
10 emergency or a triage site and transporting appropriately triaged patients to designated medical
11 facilities.

12 CHAPTER V

13 EMERGENCY COMMUNICATIONS

14 **SEC. 35. Adoption of a National Universal Emergency Telephone Number.** – There shall
15 only be one national emergency number to enable the public to access emergency medical services.
16 Towards this end, the National Telecommunications Commission (NTC) shall develop a program
17 for the adoption of a national emergency number with the LGUs and officials responsible for
18 emergency service and public safety; the telecommunications industry (specifically including the
19 cellular and other wireless telecommunications service providers); the motor vehicle manufacturing
20 industry; emergency medical service providers; emergency dispatch providers; transportation
21 officials; public safety, fire service and law enforcement officials; consumer groups; and hospital
22 emergency and trauma care personnel (including emergency physicians, trauma surgeons and
23 nurses).

24 **SEC. 36. Compliance.** – It shall be the duty of every voice service provider to provide its
25 subscribers with access to the national universal emergency number in accordance with the
26 implementing rules and regulations to be adopted pursuant to this Act.

27 **SEC. 37. Prohibited Acts and Penalties on Emergency Communications.** – (a) Any person
28 who makes a telephone call to an emergency telephone number with intent to annoy, abuse, threaten
29 or harass any person who answers the telephone call, subject to subsection (c) of this section, shall
30 be given a warning for the first offense, and shall be compelled to attend a seminar on the proper
31 use of the national emergency telephone number on the second offense. Upon commission of the
32 offense for the third time, the offender shall, upon conviction, be imposed with a fine of not less
33 than five hundred pesos (P500.00) but not more than one thousand pesos (P1,000.00). Upon
34 commission of the offense for the fourth and succeeding times, the offender shall, upon conviction,
35 be imposed with a penalty of imprisonment of not less than one (1) month but not more than six (6)
36 months or a fine of not less than two thousand pesos (P2,000.00) but not more than five thousand
37 pesos (P5,000.00), or both, at the discretion of the court.

38 (b) Any person who makes a telephone call to an emergency telephone number and, upon the call
39 being answered, makes or solicits any comment, request, suggestion, proposal or sound which is
40 obscene, lewd, lascivious, filthy or indecent, shall be given a warning for the first offense, and shall
41 be compelled to attend a seminar on the proper use of the national emergency telephone number on
42 the second offense. Upon commission of the offense for the third time, the offender shall, upon
43 conviction, be imposed with a fine of not less than five hundred pesos (P500.00) but not more than
44 one thousand pesos (P1,000.00). Upon commission of the offense for the fourth and succeeding

times, the offender shall, upon conviction, be imposed with a penalty of imprisonment of not less than one (1) month but not more than six (6) months or a fine of not less than two thousand pesos (P2,000.00) but not more than five thousand pesos (P5,000.00), or both, at the discretion of the court.

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

CHAPTER VI

MISCELLANEOUS PROVISIONS

SEC. 38. Service Requirement. – The Council shall require mandatory service for all pre-hospital emergency care providers as a condition for maintaining their license and accreditation.

SEC. 39. Role of the LGUs. – The LGUs are hereby mandated to develop and institutionalize a pre-hospital emergency care system within their area of jurisdiction. The Council shall develop and implement training programs and similar activities to enable the LGUs to accomplish this task.

SEC. 40. Appropriations. – The Secretaries of the Departments concerned shall include in their programs the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

SEC. 41. Implementing Rules and Regulations. – Except as otherwise provided, the Council, in coordination with the NTC, the TESDA, the CHED, the PRC and the DOH, shall issue and promulgate the rules and regulations to implement the provisions of this Act within one hundred twenty (120) days after its constitution.

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

SEC. 43. Repealing Clause. – Any provision of laws, orders, agreements, rules or regulations contrary to and inconsistent with this Act is hereby repealed, amended or modified accordingly.

SEC. 44. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,