



HOUSE OF REPRESENTATIVES

H. No. 4577

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BY REPRESENTATIVES YAP (S.), MERCADO-REVILLA, CO AND BATOCABE,  
PER COMMITTEE REPORT NO. 297

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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,  
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

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

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

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

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

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

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

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

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

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

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

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

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

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

21          (a) *Accredited training institutions* refer to organizations authorized to  
22 offer training programs, courses and continuing education in emergency  
23 medical services for pre-hospital care professionals that meet the standards  
24 established by the National Pre-Hospital Care Council, hereinafter referred to  
25 as the Council created under this Act, in coordination with the Technical  
26 Education and Skills Development Authority (TESDA), the Commission on  
27 Higher Education (CHED) and the Department of Health (DOH), among

1 others, and are duly recognized by the TESDA or the CHED, as applicable,  
2 and duly registered in good standing with the Council;

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

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

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

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

26 (f) *Pre-hospital care professionals* refer to:

27 (1) *Emergency Medical Technician* – a pre-hospital emergency care  
28 provider who has fulfilled the requirements of and continues to hold the

1 qualifications established by the Council, in coordination with the TESDA, the  
2 CHED and the PRC, among others;

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

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

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

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

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

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

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

7   CHAPTER II

8   NATIONAL PRE-HOSPITAL CARE COUNCIL

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

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

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

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

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

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

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

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

27                 (g) To develop standards and protocols for the design, construction,  
28 outfitting and operation of emergency medical vehicles; and

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

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

6 (a) *Ex officio* members.

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

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

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

11 (4) The Chairperson of the CHED; and

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

14 (1) One (1) nominee of a national organization duly registered with the  
15 Securities and Exchange Commission (SEC) and recognized by the DOH as  
16 being representative of the EMT profession within the Republic of the  
17 Philippines: *Provided*, That upon the organization of the national accredited  
18 professional organization of EMT's, mandated under Section 31 of this Act, its  
19 nominee shall automatically hold this seat in the Council;

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

22 (3) One (1) registered emergency medical practitioner representing a  
23 recognized professional-based organization with interest on emergency  
24 medicine;

25 (4) One (1) registered medical physician representing a recognized  
26 professional-based organization on cardiology;

1           (5) One (1) registered nurse with the requisite training or experience in  
2 emergency room nursing, representing a recognized professional-based  
3 organization of emergency care nurses; .

4           (6) One (1) representative from an educational or training institution  
5 offering EMT programs, which has been duly accredited by the TESDA or the  
6 CHED and recognized by the Council in accordance with its rules and  
7 regulations;

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

10          (8) One (1) representative from the Philippine Medical Association;

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

12          (10) One (1) representative from the Philippine National Red Cross.

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

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

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

21          (b) Maintain a roster of qualified pre-hospital care professionals,  
22 providers, and training institutions, and coordinate the licensing and  
23 accreditation of pre-hospital care professionals with the PRC;

24          (c) Establish a secretariat under an executive director for the  
25 administrative and day-to-day operations of the Council;

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

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

5 (f) Generate resources from local, national and international  
6 organizations/agencies, whether government or the private sector, for its  
7 operation;

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

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

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

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

18 (k) Investigate complaints against violators of this Act, its rules and  
19 regulations, and policies of the Council,

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

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

25 SEC. 10. *The Secretariat.* – The Council shall organize a Secretariat  
26 to be headed by an Executive Director from among the Undersecretaries or  
27 Assistant Secretaries of the DOH, and who shall act in a concurrent capacity.  
28 The Secretaries of the DOH and the DILG and the Chairpersons of the TESDA



1 and the CHED shall designate their respective staff to serve as members of the  
2 Secretariat.

3 In establishing the Secretariat, the Council shall consider the following  
4 areas:

5 (a) Education and standards development;

6 (b) National examination/assessment system for pre-hospital care  
7 professionals;

8 (c) Research;

9 (d) Supervision and regulation;

10 (e) Policy, planning and research;

11 (f) Administration;

12 (g) Finance; and

13 (h) Programs on the following areas:

14 (1) Human resource development;

15 (2) Emergency medical vehicles; and

16 (3) Emergency communications.

17 SEC. 11. *Meetings* -- The Council shall meet at least once every  
18 quarter.

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

27 SEC. 13. *Accreditation*. -- The Council shall issue certifications and  
28 licenses for the following:

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

3 (b) Accreditation of emergency medical vehicle providers.

4 CHAPTER III

5 EMERGENCY MEDICAL TECHNICIANS

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

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

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

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

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

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

27 SEC. 16. *Authorized Training Institution* – Training programs,  
28 courses and continuing education for an EMT shall be conducted by an

1 institution that has been granted a certificate of program registration (COPR)  
2 by the TESDA, in case of technical nondegree courses under the supervision of  
3 the TESDA, or a certificate of accreditation as a higher education institution  
4 (HEI) as well as program accreditation by the CHED, in the case of degree  
5 programs under the supervision of the CHED. The requirements prescribed by  
6 the Council shall serve as the minimum requirement for program registration.  
7 The DOH may provide training programs for EMTs: *Provided*, That these  
8 shall be in accordance with the standards set by the Council.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 become a member of the accredited professional organization of EMTs and  
2 shall enjoy the corresponding benefits and privileges.

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

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

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

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

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

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

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

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

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

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

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

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

## 20 CHAPTER IV

### 21 EMERGENCY MEDICAL VEHICLES

22 SEC. 34. *Emergency Medical Vehicles.* – The Council shall develop  
23 minimum requirements for the design, construction, performance,  
24 equipment, testing and appearance of emergency medical vehicles. As such,  
25 only emergency medical vehicles shall be allowed to display the word  
26 “Ambulance” and the universally accepted “Star of Life” symbol. It shall  
27 also provide for the operation protocols of said vehicles. It shall also  
28 design an accreditation system to provide the public with ambulances and other



1 emergency medical vehicles that are easily identifiable, nationally  
2 recognizable, properly constructed, easily maintained and, when  
3 appropriately equipped, will enable EMTs to safely and reliably  
4 perform their functions as basic and advanced pre-hospital life support  
5 providers.

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

8 (a) A driver's compartment;

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

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

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

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

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

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

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

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

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

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

5 CHAPTER V

6 EMERGENCY COMMUNICATIONS

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

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

24 SEC. 37. *Prohibited Acts and Penalties on Emergency*  
25 *Communications.* – (a) Any person who makes a telephone call to an  
26 emergency telephone number with intent to annoy, abuse, threaten or harass  
27 any person who answers the telephone call, subject to subsection (c) of this  
28 section, shall be given a warning for the first offense, and shall be compelled to

1 attend a seminar on the proper use of the national emergency telephone number  
2 on the second offense. Upon commission of the offense for the third time, the  
3 offender shall, upon conviction, be imposed with a fine of not less than five  
4 hundred pesos (P500.00) but not more than one thousand pesos (P1,000.00).  
5 Upon commission of the offense for the fourth and succeeding times, the  
6 offender shall, upon conviction, be imposed with a penalty of imprisonment of  
7 not less than one (1) month but not more than six (6) months or a fine of not  
8 less than two thousand pesos (P2,000.00) but not more than five thousand  
9 pesos (P5,000.00), or both, at the discretion of the court.

10 (b) Any person who makes a telephone call to an emergency telephone  
11 number and, upon the call being answered, makes or solicits any comment,  
12 request, suggestion, proposal or sound which is obscene, lewd, lascivious,  
13 filthy or indecent, shall be given a warning for the first offense, and shall be  
14 compelled to attend a seminar on the proper use of the national emergency  
15 telephone number on the second offense. Upon commission of the offense  
16 for the third time, the offender shall, upon conviction, be imposed with a fine  
17 of not less than five hundred pesos (P500.00) but not more than one thousand  
18 pesos (P1,000.00). Upon commission of the offense for the fourth and  
19 succeeding times, the offender shall, upon conviction, be imposed with a  
20 penalty of imprisonment of not less than one (1) month but not more than six  
21 (6) months or a fine of not less than two thousand pesos (P2,000.00) but not  
22 more than five thousand pesos (P5,000.00), or both, at the discretion of the  
23 court.

24 (c) Any person who gives a false report of a medical emergency or  
25 gives false information in connection with a medical emergency, or makes a  
26 false alarm of a medical emergency, knowing the report or information or  
27 alarm to be false; or makes a false request for ambulance service to an  
28 ambulance service provider, knowing the request to be false, shall be given a

1 warning for the first offense, and shall be compelled to attend a seminar on  
2 the proper use of the national emergency telephone number on the second  
3 offense. Upon commission of the offense for the third time, the offender  
4 shall, upon conviction, be imposed with a fine of not less than two thousand  
5 pesos (P2,000.00) but not more than five thousand pesos (P5,000.00) and  
6 payment for damages. Upon commission of the offense for the fourth and  
7 succeeding times, the offender shall, upon conviction, be imposed with a  
8 penalty of imprisonment of not less than one (1) year but not more than three  
9 (3) years or a fine of not less than five thousand pesos (P5,000.00) but not  
10 more than ten thousand pesos (P10,000.00) and payment for damages, or  
11 both, at the discretion of the court.

## 12 CHAPTER VI

### 13 MISCELLANEOUS PROVISIONS

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

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

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

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

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

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

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

Approved,

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