

EMERGENCY MEDICAL SERVICE ACT

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Act No. 7449, Mar. 31, 2005

Act No. 7428, Mar. 31, 2005

Act No. 7545, May 31, 2005

Act No. 8366, Apr. 11, 2007

Act No. 8648, Oct. 17, 2007

Act No. 8692, Dec. 14, 2007

Act No. 8852, Feb. 29, 2008

Act No. 9124, jun. 13, 2008

Act No. 9305, Dec. 31, 2008

Act No. 11690, Mar. 23, 2013

Act No. 11859, jun. 4, 2013

Act No. 11998, Aug. 6, 2013

Act No. 12448, Mar. 18, 2014

Act No. 12844, Nov. 19, 2014

Act No. 13106, Jan. 28, 2015

Act No. 13367, jun. 22, 2015

Act No. 13436, Jul. 24, 2015

Act No. 14113, Mar. 29, 2016

Act No. 14116, Mar. 29, 2016

Act No. 14218, May 29, 2016

Act No. 14329, Dec. 2, 2016

Act No. 14476, Dec. 27, 2016

Act No. 14927, Oct. 24, 2017

Act No. 15522, Mar. 20, 2018

Act No. 15893, Dec. 11, 2018

Act No. 16252, Jan. 15, 2019

Act No. 16272, Jan. 15, 2019

Act No. 16554, Aug. 27, 2019

Act No. 16724, Dec. 3, 2019
Act No. 17091, Mar. 24, 2020
Act No. 17203, Apr. 7, 2020
Act No. 17210, Apr. 7, 2020
Act No. 17689, Dec. 22, 2020
Act No. 17786, Dec. 29, 2020
Act No. 17968, Mar. 23, 2021

CHAPTER I GENERAL PROVISIONS

Article 1 (Purpose)

The purpose of this Act is to provide for the rights and obligations of the citizens, the responsibilities of the State and local governments, the responsibilities and rights of emergency medical services providers concerning emergency medical services, as well as matters necessary for the efficient management of emergency medical resources, so that the public can receive prompt and appropriate emergency medical services in an emergency situation, thereby protecting the life and health of emergency patients and providing appropriate medical care to the public.

Article 2 (Definitions)

The terms used in this Act are defined as follows: *<Amended on Jan. 28, 2015>*

1. The term "emergency patient" means a patient or a person equivalent thereto, who contracts a disease, sustains an injury, or is in critical conditions due to any accident, disaster, childbirth, and therefore, whose life is at risk or to whom serious mental or physical harm can be inflicted unless he or she immediately undergoes necessary first aid treatments, as prescribed by Ordinance of the Ministry of Health and Welfare;
2. The term "emergency medical service" means a series of measures, such as consultation, rescue, transfer, first aid treatment, and medical examination and treatment, provided to an emergency patient in the process from the onset of an emergency situation until the patient's recovery from the risk of death or the removal of a serious mental or physical harm;
3. The term "first-aid treatment" means a kind of emergency medical examination and treatment, which is urgently needed to secure patency of the airway, return heart rate back to normal, and prevent risks of death or significant aggravation of symptoms of an emergency patient;
4. The term "emergency medical personnel" means medical personnel who provides emergency medical services to emergency patients to the extent allowed under their licenses or qualifications obtained under related statutes and regulations;

5. The term "emergency medical institution" means the National Emergency Medical Center, regional emergency medical centers, specialized emergency medical centers, local emergency medical centers, and local emergency medical institutions designated under this Act, among medical institutions under Article 3 of the Medical Service Act;
6. The term "ambulances, etc." means automobiles, ships, aircraft and other means of transportation which are used for emergency medical services including for the transport, etc. of emergency patients;
7. The term "emergency medical institutions, etc." means emergency medical institutions, ambulance operators, etc., and emergency medical support centers;
8. The term "emergency patient transport services" means business of transporting emergency patients, etc. using ambulances, etc.

CHAPTER II RIGHTS AND OBLIGATIONS OF CITIZENS

Article 3 (Rights to Receive Emergency Medical Services)

All citizens shall have the right to receive emergency medical services without being discriminated against on the basis of sex, age, ethnicity, religion, social status, economic conditions, etc. The same shall apply to foreigners who stay in the Republic of Korea.

Article 4 (Right to Know about Emergency Medical Services)

(1) All citizens shall have the right to know about basic emergency responses, such as first aid manual, information on emergency medical institutions, etc., and the State and local governments shall take necessary measures to ensure the right through education and promotion, etc.

(2) All citizens shall have the right to know about the policies of the State or local governments on emergency medical services.

Article 5 (Obligations to Report Emergency Patients and Cooperate in Emergency Medical Services)

(1) Any person who spots an emergency patient shall immediately report him or her to an emergency medical institution, etc.

(2) Any person requested by emergency medical personnel to provide cooperation necessary for emergency medical services, shall fully cooperate with such request.

Article 5-2 (Exemption from Liability for Emergency Medical Services Performed in Good Faith)

No person who provides an emergency patient in critical condition, with any of the following emergency medical services or first aids shall be held civilly liable for the loss of property, nor be held criminally liable for any injury or damage caused by provision of such services, and shall be exempt from criminal liability for death, unless there is any intentional or grossly negligent conduct: <Amended on Mar. 8, 2011; Aug. 4, 2011>

1. First aid provided by a person who does not fall under any of the following;
 - (a) Emergency medical personnel;
 - (b) Persons obligated to provide first aid pursuant to other statutes or regulations, such as a person in charge of first aid on board a ship under Article 86 of the Seafarers' Act, an emergency squad under Article 35 of the Act on 119 Rescue and Emergency Medical Services;
2. Emergency medical services provided by an emergency medical personnel within the scope of his or her license or qualifications while off duty;
3. First aid provided by a person liable to provide first aid under subparagraph 1 (b) while off duty.

CHAPTER III RIGHTS AND DUTIES OF EMERGENCY MEDICAL PERSONNEL

Article 6 (Prohibitions of Refusal of Emergency Medical Services)

- (1) Emergency medical personnel working with an emergency medical institution, etc. shall faithfully perform their duties by providing emergency medical services, so that they can be prepared to treat emergency patients anytime.
- (2) Where emergency medical personnel receive a request for emergency medical services or find an emergency patient while on duty, they shall immediately perform emergency medical services, and shall neither refuse nor evade performance of emergency medical services without justifiable grounds.

Article 7 (Measures for Non-Emergency Patients)

- (1) Medical personnel may request a medical facility other than an emergency department to treat a non-emergency patient, or transfer such person to another medical institution.
- (2) Matters necessary for criteria, procedures, etc. for requesting medical treatment and transfer of patients shall be prescribed by Presidential Decree.

Article 8 (Prioritized Emergency Medical Services for Emergency Patients)

- (1) Emergency medical personnel shall give priority to providing consultation, rescue, and first aid to an emergency patient to others, and take the best available measures necessary for medical treatment.
- (2) Where there are two or more emergency patients, emergency medical personnel shall provide emergency medical examination and treatment to a patient in a more serious condition according to his or her medical judgment.

Article 9 (Informed Consent to Emergency Medical Treatment)

- (1) Emergency medical personnel shall provide explanations of emergency medical services to an emergency patient and obtain his or her consent thereto except in any of the following cases:

1. Where the emergency patient is incapable of making decisions;
 2. Where a delay in emergency medical services due to procedures for providing explanations and obtaining consent could endanger the patient's life or cause severe bodily or mental harm to the patient.
- (2) If an emergency patient is incapable of making decisions and the patient is accompanied by his or her legal agent, emergency medical personnel shall provide explanations of emergency medical services to his or her legal representative and obtain his or her consent thereto, and where the patient is not accompanied by his or her legal agent, the emergency medical personnel shall provide such explanations to whoever accompanies the patient before giving first aid, and may administer emergency medical examination and treatment according to the medical judgment of a physician.
- (3) Matters necessary for the details of and procedures for providing explanations of and obtaining consent to emergency medical services shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 10 (Prohibition of Suspension of Emergency Medical Treatment)

No emergency medical personnel shall suspend the emergency medical examination and treatment to an emergency patient without good cause.

Article 11 (Emergency Patient Transfer)

- (1) Where medical personnel deem the relevant medical institution is incapable of providing appropriate emergency medical services to an emergency patient within its capacity, they shall immediately transfer such patient to another medical institution capable of providing appropriate emergency medical services.
- (2) The head of a medical institution shall provide medical instruments and manpower required for the safe transport of an emergency patient transferred under paragraph (1), and provide a medical institution to which the patient is transferred with medical records necessary for medical examination and treatment.
- (3) The head of a medical institution may demand that the patient reimburse expenses incurred in the transfer.
- (4) Matters necessary for procedures for transport of an emergency patient, transfer of medical records, and demand for the expenses, etc. shall be prescribed by Ordinance of Ministry of Health and Welfare.

Article 12 (Prohibition of Interference with Emergency Medical Services)

No person shall interfere with the rescue, transfer, first-aid or medical treatment of an emergency patient provided by emergency medical personnel (including a medical service technologist under Article 2 of the Medical Medical Service Technologists Act and a licensed practical nurse under Article 80 of the Medical Service Act) or ambulances, etc. by means of violence, threat, deceptive scheme, influence or by other means, or destroy, damage or occupy medical facilities, equipment and medicines or other objects used by a medical institution, etc. for emergency medical services. <Amended on May 14, 2012; Dec. 29, 2020>

CHAPTER IV RESPONSIBILITY OF STATE AND LOCAL GOVERNMENTS

Article 13 (Provision of Emergency Medical Services)

The State and local governments shall formulate and implement policies to provide emergency medical services, such as protection of emergency patients, the establishment and operation of and support for emergency medical institutions, etc., training of emergency medical personnel and securing of the emergency transport vehicles, etc.

Article 13-2 (Master Plan and Annual Action Plans for Emergency Medical Services)

(1) In order to perform duties under Article 13, the Minister of Health and Welfare shall formulate a master plan for emergency medical services (hereinafter referred to as "master plan") every five years following deliberation by the Central Emergency Medical Service Committee under Article 13-5.

(2) A master plan shall include:

1. The following matters for the creation of a safe living environment for the public:
 - (a) Plans for public education and promotion for first aid and emergency medical services;
 - (b) Infrastructure expansion plans for emergency medical services provided in daily life;
 - (c) Plans for ensuring equal opportunity to emergency medical services;
 2. The following matters for the effective provision of emergency medical services:
 - (a) Plans for fostering private transport resources and improving transport systems;
 - (b) Plans for evaluating, fostering, and supporting emergency medical institutions;
 - (c) Plans for supplying and training human resources for emergency medical services;
 - (d) Plans for establishing and operating information and communications systems for emergency medical services;
 - (e) Quality improvement plans for emergency medical services;
 - (f) Emergency preparedness and response plans for emergency medical services in the case of a disaster, etc. that causes large numbers of people to become ill or injured;
 3. The following matters for the effective fulfillment of the master plan:
 - (a) Objectives of and direction setting for the master plan;
 - (b) Guidelines for evaluating and improving emergency medical service systems and their operating systems;
 - (c) Funding for emergency medical services and operation thereof;
 - (d) Cooperation by central administrative agencies for the implementation of the master plan.
- (3) When the Minister of Health and Welfare has finally determined the master plan, he or she shall without delay notify the heads of the relevant central administrative agencies, the Special Metropolitan City Mayor, Metropolitan City Mayors, Mayors of Special Self-Governing Cities, Do Governors and Special Self-Governing Province Governors (hereinafter referred to as "Mayor/Do Governor") of the

master plan. *<Amended on Jan. 28, 2015>*

(4) Where necessary for health care policies, the Minister of Health and Welfare may change the master plan following deliberation by the Central Emergency Medical Service Committee under Article 13-5.

(5) The Minister of Health and Welfare shall formulate annual action plans based on the master plan, as prescribed by Presidential Decree.

Article 13-3 (Regional Implementation Plan for Emergency Medical Services)

(1) The Mayor/Do Governor shall annually formulate and execute a regional implementation plan for emergency medical services according to the master plan.

(2) The Minister of Health and Welfare may evaluate a regional implementation plan for emergency medical services and the results thereof, as prescribed by Presidential Decree.

(3) The Minister of Health and Welfare may request the Mayor/Do Governor to change or correct a regional implementation plan and projects for emergency medical services, based upon the findings from evaluating such plan and the implementation thereof.

(4) Other matters necessary for the formulation, execution and evaluation of a regional implementation plan for emergency medical services shall be prescribed by Presidential Decree.

Article 13-4 (Cooperation in Emergency Medical Service Plans)

(1) Where necessary for the formulation and execution of a master plan and a regional implementation plan for emergency medical services, the Minister of Health and Welfare or a Mayor/Do Governor may request the heads of State agencies, local governments, institutions or organizations related to emergency medical services, and public institutions (hereinafter referred to as "public institution") under Article 4 of the Act on the Management of Public Institutions to provide cooperation, such as the submission of data. *<Amended on Jan. 28, 2015>*

(2) The heads of State agencies, local governments, related institutions or organizations, and public institutions in receipt of a request for cooperation pursuant to paragraph (1) shall comply with such request, unless there is a compelling reason not to do so. *<Amended on Jan. 28, 2015>*

(3) The scope of data that may be requested pursuant to paragraph (1), and the management, utilization, etc. of such data shall be prescribed by Presidential Decree. *<Newly Inserted on Jan. 28, 2015>*

Article 13-5 (Central Emergency Medical Service Committee)

(1) A Central Emergency Medical Service Committee (hereinafter referred to as the "Central Committee") shall be established under the Ministry of Health and Welfare to deliberate on major policies on emergency medical services.

(2) The Central Committee shall be composed of not more than 15 members including one chairperson and one vice chairperson.

(3) The Ministry of Health and Welfare shall be the chairperson of the Central Committee, and the chairperson shall appoint the vice chairperson from among its members, and members shall be composed of ex officio members and appointed members.

(4) The following persons shall be ex officio members: <Amended on Mar. 23, 2013; Nov. 11, 2019; Jul. 26, 2017>

1. The Vice Minister of Economy and Finance;
2. The Vice Minister of Education;
3. The Vice Minister of Land, Infrastructure and Transport;
4. The Administrator of the National Fire Agency;
5. The head of the National Emergency Medical Center under Article 25.

(5) The chairperson shall commission the following persons as appointed members:

1. Three persons representing non-profit, non-governmental organizations under Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act;
2. Three persons who have extensive knowledge of and experience in emergency medical services;
3. One person representing emergency medical institutions under subparagraph 5 of Article 2;
4. One person representing the Special Metropolitan City and other Metropolitan Cities, who is a local public official in charge of affairs related to health care;
5. One person representing Dos (including the Special Self-governing Province), who is a local public official in charge of affairs related to health care.

(6) The Central Committee shall deliberate on the following matters:

1. Formulation and revision of a master plan for emergency medical services and a yearly implementation plan under Article 13-2;
2. Matters to be discussed at meetings of the Fund Management Council of Emergency Medical Service Fund pursuant to Article 74 of the National Finance Act;
3. Coordination of policies and projects related to emergency medical services;
4. Results of evaluating policies and projects related to emergency medical services;
5. Results of evaluating regional implementation plans for emergency medical services and projects related to emergency medical services of the Special Metropolitan City, Metropolitan Cities, Dos and Special Self-governing province (hereinafter referred to as the "City/Do");
6. Matters concerning the mid- and long-term development direction of emergency medical services and improvement of its system;
7. Other matters submitted by the Minister of Health and Welfare concerning emergency medical services.

(7) The Central Committee shall hold meetings at least twice every year.

(8) Other matters concerning meetings of the Central Committee and the operation thereof shall be prescribed by Presidential Decree.

Article 13-6 (City/Do Emergency Medical Service Committee)

(1) A City/Do emergency medical services committee (hereinafter referred to as "City/Do committee") shall be established in each City/Do to deliberate on major issues concerning emergency medical services.

(2) A City/Do committee shall deliberate on the following matters concerning emergency medical services in the relevant City/Do:

1. Formulation and revision of a regional implementation plan for emergency medical services under Article 13-3 (1);
2. Use of local financing for emergency medical services;
3. Coordination of policies and projects for emergency medical services;
4. Utilization of the result of evaluating emergency medical institutions, etc.;
5. Other matters submitted by the Mayor/Do Governor concerning emergency medical services.

(3) A City/Do committee shall hold meetings at least twice every year.

(4) Matters necessary for the composition, function, operation, etc. of a City/Do committee shall be prescribed by ordinance of the relevant City/Do according to standards prescribed by Presidential Decree.

Article 14 (Education on Rescue and First Aid)

(1) The Minister of Health and Welfare or a Mayor/Do Governor may order any of the following persons, other than emergency medical personnel, to receive education on rescue and first aid: <Amended on Aug. 4, 2011; Jun. 1, 2012; Jul. 24, 2015; Mar. 29, 2016; Dec. 2, 2016; Oct. 24, 2017; Jan. 15, 2019>

1. An ambulance driver, etc.;
2. A driver of passenger transportation vehicle prescribed in Article 3 (1) of the Passenger Transport Service Act;
3. A health teacher prescribed in Article 15 of the School Health Act;
4. A police officer, etc. prescribed in Article 5 of the Road Traffic Act, who is engaged in road traffic safety;
5. Target audience of education on safety and health under the main clause, with the exception of its subparagraphs, of Article 32 (1) of the Industrial Safety and Health Act;
6. A person engaged in medical service, relief or safety in sports facilities prescribed in Articles 5 and 10 of the Installation and Utilization of Sports Facilities Act;
7. A lifeguard prescribed in Article 22 of the Excursion Ship and Ferry Business Act;
8. A person engaged in medical service, relief or safety, among tourism personnel prescribed in Article 3 (1) 2 through 6 of the Tourism Promotion Act;
9. A person engaged in medical service, relief or safety, among aviation personnel or cabin crews prescribed in subparagraphs 14 and 17 of Article 2 of the Aviation Safety Act;
10. A person engaged in medical service, relief or safety, among railroad transportation personnel prescribed in subparagraph 10 (a) through (d) of Article 2 of the Railroad Safety Act;

11. A person engaged in medical service, relief or safety, among seafarers prescribed in subparagraph 1 of Article 3 of the Seafarers Act;
 12. A firefighting safety manager provided for in Article 20 of the Act on Fire Prevention and Installation, Maintenance, and Safety Control of Firefighting Systems and further prescribed by Presidential Decree;
 13. A certified sports leader prescribed in subparagraph 6 of Article 2 of the National Sports Promotion Act;
 14. A teacher prescribed in Article 22 (2) of the Early Childhood Education Act;
 15. An infant care teacher prescribed in Article 21 (2) of the Infant Care Act.
- (2) The Minister of Health and Welfare and a Mayor/Do Governor shall annually formulate and implement plans for education and promotion about first aid manual, etc. under Article 4 (1), as prescribed by Presidential Decree. In such cases, he or she shall consult with the Administrator of the National Fire Agency in formulating such plans. *<Newly Inserted on Jun. 13, 2008; Jan. 18, 2010; Aug. 4, 2011; Nov. 19, 2014; Jul. 26, 2017>*
- (3) A Mayor/Do Governor shall report the results of education and promotion about first aid manual, etc. pursuant to paragraph (2) to the Minister of Health and Welfare. *<Newly Inserted on Aug. 4, 2011>*
- (4) Matters necessary for the details, methods, reporting, etc. of education on rescue and first aid under paragraphs (1) through (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended on Aug. 4, 2011>*

Article 15 (Construction of Emergency Medical Service Information and Communications Networks)

- (1) The State and local governments shall build an emergency medical services information and communications network for various data collection and information exchange to provide effective emergency medical services to the public.
- (2) Matters necessary for the communication system and operating cost for emergency medical services information and communications networks under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.
- (3) Where necessary to build emergency medical services information and communications networks, the Minister of Health and Welfare may request the heads of relevant central administrative agencies or the heads of local governments, institutions, organizations, etc. related to emergency medical services to interconnect information and communications networks. In such cases, the heads of the relevant central administrative agencies or the heads of local governments, institutions, organizations, etc. related to emergency medical services which is requested to interconnect information and communications networks shall comply with the request, unless there is a compelling reason not to do so.

Article 15-2 (Emergency Response Manual)

(1) The State and each local government shall prepare an emergency response manual concerning basic matters on emergency medical service, emergency medical services support, etc. to protect the lives of people and residents from disasters and international disasters under subparagraphs 1 and 2 of Article 3 of the Framework Act on the Management of Disasters and Safety, and shall provide education on such manual to medical service personnel.

(2) The content of the emergency response manual under paragraph (1), medical service personnel subject to education and methods of education, and matters necessary to subsidize expenses, etc. to participants in education shall be prescribed by Presidential Decree.

Article 16 (Financial Support)

(1) The State and local governments may provide necessary financial support to emergency medical institutions, etc. and emergency medical facilities within the budget. *<Amended on Oct. 24, 2017>*

(2) The State and local governments may provide necessary financial support to institutions, etc. which shall have emergency equipment for cardiopulmonary resuscitation, such as automated external defibrillators provided for in Article 47-2. *<Amended on May 29, 2016>*

Article 17 (Evaluation of Emergency Medical Institutions)

(1) The Minister of Health and Welfare may evaluate facilities, equipment, and human resources of an emergency medical institution, etc., and the details, results of provision, etc. of its services. In such cases, the head of an emergency medical institution, etc. requiring evaluation shall undergo such evaluation, unless there is a compelling reason not to do so. *<Amended on Jan. 28, 2015>*

(2) The Minister of Health and Welfare may request an emergency medical institution, etc. to submit data necessary for the evaluation of the relevant emergency medical institution, etc. under paragraph (1). In such cases, the emergency medical institution, etc. in receipt of a request for the submission of data shall comply with such request, in the absence of good cause.

(3) The Minister of Health and Welfare may publish the findings from evaluating emergency medical institutions, etc.

(4) The Minister of Health and Welfare may provide administrative or financial support to emergency medical institutions, etc. based upon the findings from evaluating emergency medical institutions, etc. under paragraph (1).

(5) Matters necessary for the methods, a cycle, and the publication of the findings from evaluations of emergency medical institutions, etc. under paragraphs (1) and (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended on Jan. 28, 2015>*

Article 18 (Measures in Cases of Multiple Emergency Patients)

(1) Where disasters or other catastrophic events result in a number of casualties, the Minister of Health and Welfare, the Mayor/Do Governor, or the head of a Si/Gun/Gu (referring to the head of an autonomous

Gu; hereinafter the same shall apply) may order emergency medical personnel to provide emergency medical services, or order the head of a medical institution or an ambulance operator, etc. to provide medical facilities or emergency patients transport services, and request the head of a central administrative agency or a relevant agency to provide cooperation.

(2) Emergency medical personnel, the head of a medical institution, and an ambulance operator, etc. shall not refuse to comply with orders under paragraph (1) without good cause.

(3) Matters necessary for lifesaving, first aid, etc. in case multiple patients arise shall be prescribed by Presidential Decree.

CHAPTER V FINANCE

Article 19 (Establishment, Management, and Operation of Emergency Medical Service Fund)

(1) The Minister of Health and Welfare shall establish an Emergency Medical Service Fund (hereinafter referred to as the "Fund") to efficiently perform emergency medical services.

(2) The Minister of Health and Welfare may entrust the management and operation of the Fund to an institution or organization relating to medical services (hereinafter referred to as "head of a fund management agency") prescribed by Presidential Decree. In such cases, the Minister of Health and Welfare shall supervise the affairs relating to the management and operation of the Fund, and may give orders necessary therefor.

(3) Matters necessary for the establishment, management, and operation of the Fund shall be prescribed by Presidential Decree.

Article 20 (Creation of the Fund)

(1) The financial resources of the Fund shall be as follows: *<Amended on Aug. 4, 2011>*

1. An amount subsidized pursuant to the National Health Insurance Act out of the amount which the Minister of Health and Welfare collects from medical institutions as penalty surcharges in lieu of the suspension of their services under the National Health Insurance Act;
2. Contributions and donations by institutions and organizations related to emergency medical services;
3. Contributions by the Government;
4. Proceeds from the operation of the Fund.

(2) The Government shall appropriate 20/100 of expected revenues from the following financial sources in the budget for each fiscal year as its contributions referred to in paragraph (1) 3: *<Amended on Dec. 31, 2008; Dec. 22, 2020>*

1. Administrative fines prescribed in Article 160 (2) and (3) of the Road Traffic Act (limited to administrative fines imposed and collected by the commissioner of the competent City/Do police agency pursuant to Article 161 (1) 1 of the same Act);

2. Penalties prescribed in Article 162 (3) of the Road Traffic Act.

Article 21 (Use of Funds)

The Fund shall use its funds for the following purposes: *<Amended on May 29, 2016; Aug. 27, 2019>*

1. Paying an outstanding amount on behalf of an emergency patient under Article 22 among medical expenses charged to such patient;
2. Financing or financial support necessary for fostering and developing emergency medical institutions, etc. and for installing facilities, etc. for medical examination and treatment of emergency patients at medical institutions;
3. Implementing ancillary projects to facilitate the operation of an emergency medical services provision system;
4. Providing medical services when disasters prescribed by Presidential Decree or other cases occur;
5. Providing education and publicity on emergency medical services, such as rescue and first aid manual;
6. Supporting the installation of emergency equipment, such as automated external defibrillators, to facilitate the provision of emergency medical services;
7. Conducting surveys and research to provide emergency medical services;
8. Supporting the execution of a master plan and an action plan for regional emergency medical services;
9. Support for training emergency medical personnel, etc.

Article 22 (Subrogation Payment of Outstanding Amounts)

(1) Where a medical institution or an ambulance operator has provided emergency medical services to an emergency patient but not received expenses thereof, he or she or it may request the head of a fund management agency (where the management and operation of the Fund has not been entrusted, referring to the Minister of Health and Welfare; hereinafter the same shall apply in this Article and Article 22-2) to pay on behalf of the patient the patient's share of medical cost (hereinafter referred to as "outstanding amount") out of such expenses.

(2) Where a medical institution, etc. requests the head of a fund management agency to pay outstanding amount on behalf of an emergency patient pursuant to paragraph (1), it shall examine such request according to the standards prescribed by Ordinance of the Ministry of Health and Welfare, and pay such outstanding amount on behalf of the patient by tapping into the Fund.

(3) The State or local governments may subsidize the amount of payment by subrogation under paragraph (2) to the head of a fund management agency.

(4) Where the head of a fund management agency has paid outstanding amount on behalf of an emergency patient pursuant to paragraph (2), he or she may claim reimbursement for such amount from the patient and his or her spouse, lineal blood relative of the patient and his or her spouse, or a person liable to pay

medical expenses under other statutes or regulations.

(5) If a person urged to redeem the amount of payment by subrogation under paragraph (4) fails to reimburse it within the specified period, the head of a fund management agency may demand it by fixing a deadline. *<Newly Inserted on Oct. 24, 2017>*

(6) A person urged under paragraph (5) fails to reimburse the amount of payment by subrogation by the deadline, the head of a fund management agency may collect it in the same manner as delinquent national taxes are collected, with approval of the Minister of Health and Welfare. *<Newly Inserted on Oct. 24, 2017>*

(7) Where the head of a fund management agency has demanded reimbursement for the amount of payment by subrogation pursuant to paragraph (4) but it is impossible to get paid such amount, or the period of extinctive prescription of reimbursement for the amount under Article 22-3 has elapsed, he or she may book such amount as a deficit. *<Amended on Oct. 24, 2017>*

(8) Matters necessary for persons eligible for, the scope and methods of, and procedures for the payment of outstanding amount by subrogation, and procedures and methods of claiming reimbursement, and the scope of amount of payment by subrogation which cannot be reimbursed and procedures for writing off such amount as a deficit shall be prescribed by Presidential Decree. *<Amended on Oct. 24, 2017>*

Article 22-2 (Provision of Data)

(1) The head of a fund management agency may request relevant agencies, such as the State, local governments, and medical institutions, to provide data concerning national and local taxes, land, housing, buildings, motor vehicles, ships, aircraft, national health insurance, national pension, employment insurance, industrial accident compensation insurance, veterans' benefits, public officials' pension, public officials' accident compensation benefits, military pension, private school teachers' pension, special post office pension, basic pension, resident registration, family relationship registration, etc. for examination of outstanding amounts, claim for reimbursement of the amount of payment by subrogation, write-off, etc. *<Aug. 4, 2011; Jan. 28, 2015; Mar. 20, 2018>*

(2) Any institution in receipt of a request under paragraph (1) shall comply with such request, without a compelling reason not to do so. *<Amended on Aug. 4, 2011>*

(3) The head of a fund management agency shall be exempt from user fees, fees, etc. for data provided to him or her by relevant agencies pursuant to paragraph (1). *<Newly Inserted on Jan. 28, 2015>*

Article 22-3 (Extinctive Prescription of Claim for Reimbursement)

(1) The right to claim reimbursement of payment by subrogation under Article 22 (4) shall be extinguished by prescription if such right has subsisted unexercised for a continuous period of three years from the date on which the head of a fund management agency becomes entitled to claim such amount.

(2) The Civil Act shall apply to the interruption of prescription period and other extinctive prescription.

Article 23 (Standards for Payment of Emergency Medical Service Fees)

(1) The Minister of Health and Welfare shall prescribe standards for payment of emergency medical services fees.

(2) When the Minister of Health and Welfare prescribes standards for payment of emergency medical services fees under paragraph (1), the emergency medical services fees may be commensurate with the results of evaluating emergency medical institutions under Article 17.

Article 24 (Transport and First-Aid Fees)

(1) Where an ambulance operator, etc. has transported an emergency patient using his or her ambulance, etc., he or she may collect transport and first-aid fees from the emergency patient, as prescribed by Ordinance of the Ministry of Health and Welfare.

(2) An ambulance operator, etc. shall not collect extra charges other than the transport and first-aid fees under paragraph (1) from the users of ambulance, etc.

CHAPTER VI EMERGENCY MEDICAL INSTITUTIONS

Article 25 (National Emergency Medical Center)

(1) The Minister of Health and Welfare may designate the National Emergency Medical Center among general hospitals under Article 3-3 of the Medical Service Act (hereinafter referred to as "general hospital") to assign the following duties relating to emergency medical services: <Amended on Jan. 28, 2015>

1. Evaluation of emergency medical institutions, etc. and support for activities improving the service quality;
 2. Education and training for emergency medical personnel;
 3. Coordination among regional emergency medical centers under Article 26, and support therefor;
 4. Research related to emergency medical services;
 5. Coordination and support for duties related to emergency medical services during a disaster, etc. in Korea or overseas;
 6. Management and operation of the emergency medical services telecommunications network and the emergency medical services computer network, and affairs incidental to the management and operation thereof;
 7. Other duties related to emergency medical services prescribed by the Minister of Health and Welfare.
- (2) Matters necessary for the criteria, methods, procedures, etc. for designation of the National Emergency Medical Center shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 26 (Designation of Regional Emergency Medical Center)

(1) The Minister of Health and Welfare may designate a regional emergency medical center among tertiary care hospitals prescribed in Article 3-4 of the Medical Service Act or general hospitals with more than 300 beds prescribed in Article 3-3 of the aforesaid Act to assign the following duties concerning emergency medical services: <Amended on Jan. 28, 2015; Dec. 2, 2016>

1. Medical care focused on emergency patients in serious conditions;
2. Medical services prescribed by Ordinance of the Ministry of Health and Welfare, as a base hospital for disaster preparedness and response;
3. Education and training for emergency medical personnel in the relevant region;
4. Acceptance of emergency patients with serious conditions transferred pursuant to Article 11 from other medical institutions within the relevant region;
5. Other duties related to emergency medical services within the relevant region prescribed by the Minister of Health and Welfare.

(2) Criteria, methods, procedures for designation of a regional emergency medical center and its duties, and criteria, etc. for emergency patients with serious conditions, shall be prescribed by Ordinance of the Ministry of Health and Welfare in consideration of the supply of and demand for emergency medical services within the relevant region. <Amended on Jan. 28, 2015>

Article 27 (Establishment and Operation of Emergency Medical Support Center)

(1) The Minister of Health and Welfare shall establish and operate an emergency medical support center in each region in consideration of distribution of emergency medical resources and of the residential area so that emergency medical services can be provided efficiently. <Amended on Jan. 28, 2015>

(2) An emergency medical support center shall engage in the following duties: <Amended on Jan. 28, 2015>

1. Deleted; <Mar. 21, 2012>
2. Deleted; <Mar. 21, 2012>
3. Management and provision of various information on emergency medical services;
4. Deleted; <Jan. 28, 2015>
5. Education and training for emergency medical personnel in the relevant region;
6. Coordination among emergency medical institutions in the relevant region and support therefor;
7. Support for activities to improve the quality of emergency medical services in the relevant region;
8. Coordination of affairs related to emergency medical services and support therefor during a disaster, etc. in the relevant region;
9. Other duties related to emergency medical services, prescribed by Ordinance of the Ministry of Health and Welfare.

(3) Where the Minister of Health and Welfare deems it necessary to efficiently operate an emergency medical support center, he or she may entrust affairs concerning the operation thereof to the head of a relevant professional institution, corporation or organization, as prescribed by Presidential Decree. <Amended on Jan. 28, 2015>

(4) Where the State or a local government entrusts affairs concerning the operation of an emergency medical support center pursuant to paragraph (3), it may subsidize expenses incurred in the operation thereof. *<Newly Inserted on Jan. 28, 2015>*

Article 28 (Providing Cooperation to Emergency Medical Support Center)

(1) The head of an emergency medical support center shall establish an emergency medical service information management system to effectively manage information related to emergency medical services, and may request the heads of emergency medical institutions and ambulance operators, etc. to provide data about emergency medical services for the establishment of such system. *<Amended on Jan. 28, 2015>*

(2) When deemed necessary to perform duties, the head of an emergency medical support center shall request medical institutions and ambulance operators, etc. to provide various information on emergency cases and to take measures necessary for emergency medical services, including dispatching an ambulance, etc. *<Amended on Jan. 28, 2015>*

(3) Any person in receipt of a request to provide information about emergency cases or to take measures necessary for emergency medical services under paragraphs (1) and (2) shall comply with such request, except in extenuating circumstances.

(4) Matters necessary for the provision of information to an emergency medical support center shall be prescribed by Presidential Decree. *<Amended on Jan. 28, 2015>*

Article 29 (Designation of Specialized Emergency Medical Centers)

(1) The Minister of Health and Welfare may designate a specialized emergency medical center in each field among the National Emergency Medical Center, regional emergency medical centers and local emergency medical centers to provide emergency medical services for pediatric patients, burn patients, poison-addicted patients, etc. *<Amended on Jan. 28, 2015>*

(2) Matters necessary for the criteria, methods, procedures, etc. for the designation of specialized emergency medical centers shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 30 (Designation of Local Emergency Medical Centers)

(1) A Mayor/Do Governor may designate a local emergency medical center among general hospitals to conduct the following affairs concerning emergency medical services: *<Amended on Jan. 28, 2015>*

1. Medical treatment of emergency patients;

2. Transfer of emergency patients where a local emergency medical institution deems that it cannot provide appropriate emergency medical services to the emergency patients pursuant to Article 11.

(2) Matters necessary for criteria, methods and procedures for the designation of local emergency medical centers, their services, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare in consideration of the supply of and demand for emergency medical services of each City/Do. *<Amended on Jan. 28, 2015>*

Article 30-2 (Designation of Regional Trauma Center)

(1) The Minister of Health and Welfare may designate a regional trauma center among the National Emergency Medical Center, regional emergency medical centers, specialized emergency medical centers and local emergency medical centers, to provide the following services concerning emergency medical examination and treatment of trauma patients: *<Amended on Jun. 4, 2013; Jan. 28, 2015>*

1. Medical examination and treatment of trauma patients;
2. Research on medical treatment of trauma patients and development of standards for medical treatment of trauma patients;
3. Education and training of medical personnel who provide medical treatment to trauma patients;
4. Emergency medical services in case of a large-scale disaster, etc.;
5. Other services related to medical treatment of trauma patients prescribed by the Minister of Health and Welfare.

(2) A regional trauma center shall meet the following requirements to effectively provide emergency medical services to trauma patients. In such cases, each of the following requirements shall be prescribed by Ordinance of the Ministry of Health and Welfare:

1. Intensive care beds and ordinary beds dedicated to trauma patients;
2. An operating theater and treatment room dedicated to trauma patients;
3. Medical specialists dedicated to treating trauma patients;
4. Diagnostic imaging equipment and equipment dedicated to treating trauma patients;
5. Other human resources, facilities, and equipment necessary for the examination and treatment of trauma patients.

(3) Other specific matters concerning the criteria, methods, procedures, etc. for the designation of regional trauma centers shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 30-3 (Designation of Local Trauma Center)

(1) The Mayor/Do Governor may designate a local trauma center from among local emergency medical institutions to provide appropriate medical treatment for residents affected by trauma in the region under his or her jurisdiction. *<Amended on Jun. 4, 2013>*

(2) Specific matters concerning the criteria, methods, procedures, etc. for designation of a local trauma center shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 30-4 (Support for Regional Trauma Centers and Local Trauma Centers)

The State and local governments may provide administrative and financial support to regional trauma centers and local trauma centers to lower the death rate caused by major trauma and to establish an effective medical treatment system for trauma.

Article 30-5 (Designation of Type Approval Agency)

- (1) The Minister of Health and Welfare means mentally ill persons under subparagraph 1 of Article 3 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients. An emergency medical center for mentally ill persons may be designated among emergency medical institutions to provide emergency medical services to mentally ill persons.
- (2) Specific matters concerning the criteria, methods, procedures, etc. for designation of a local trauma center shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 31 (Designation of Local Emergency Medical Institutions)

- (1) The head of a Si/Gun/Gu may designate a local emergency medical institution among general hospitals to conduct the following affairs concerning emergency medical services: Provided, That in the case of a Si/Gun, the head of the Si/Gun may designate a local emergency medical institution among hospitals under Article 3 (2) 3 (a) of the Medical Service Act:
 1. Medical treatment of emergency patients;
 2. Transfer of emergency patients where a local emergency medical institution deems that it cannot provide appropriate emergency medical services to the emergency patients pursuant to Article 11.
- (2) Matters necessary for criteria, methods and procedures for the designation of local emergency medical institutions, their services, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare based upon the supply of and demand for emergency medical services of each Si/Gun/Gu.

Article 31-2 (Operation of Emergency Medical Institutions)

- (1) An emergency medical institution shall maintain and operate facilities, manpower, equipment, etc. according to criteria for designation of emergency medical institutions so that it can treat emergency patients 24 hours a day. *<Amended on Dec. 3, 2019>*
- (2) The human resources and equipment referred to in paragraph (1) shall include security personnel and security equipment. *<Newly Inserted on Dec. 3, 2019>*
- (3) Details of security personnel and security equipment referred to in paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted on Dec. 3, 2019>*
- (4) Notwithstanding paragraph (1), where it is impracticable to maintain and operate facilities, human resources, equipment, etc. in accordance with the criteria for designation of emergency medical institutions due to a disaster defined in subparagraph 1 of Article 3 of the Framework Act on the Management of Disasters and Safety, such as natural disasters and any other conditions corresponding thereto, exceptions may be granted in accordance with procedures prescribed by the Minister of Health and Welfare. *<Newly Inserted on Mar. 23, 2021>*

Article 31-3 (Renewal of Designation of Local Emergency Medical Institutions)

(1) The Minister of Health and Welfare, a Mayor/Do Governor and the head of a Si/Gun/Gu may renew the designation of local emergency medical institutions or revoke the designation thereof every three years by reflecting the following matters in all emergency medical institutions designated by the relevant person who has the authority to grant designation: Provided, That where an emergency medical institution fails to meet any of the requirements under subparagraph 1, the designation thereof shall be revoked:

1. Whether criteria for designation under Article 31-2 are met;
2. Findings from the evaluation of an emergency medical institution under Article 17;
3. Other matters specified by Ordinance of the Ministry of Health and Welfare.

(2) Procedures, methods, etc. for renewing the designation of emergency medical institutions shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 31-4 (Triage for Patients and Selection of Patients Suspected of having Infectious Disease)

(1) In order to rapidly and appropriately transfer and treat emergency patients and prevent infection in an emergency department, the head of an emergency medical institution and an ambulance operator, etc. shall perform triage for emergency patients, etc. and select patients suspected of having an infectious disease, as prescribed by Ordinance of the Ministry of Health and Welfare.

(2) The head of an emergency medical institution shall secure isolation facilities, etc. in which patients suspected of having an infectious disease selected pursuant to paragraph (1) can be treated.

(3) Matters concerning criteria for triage and selection referred to in paragraph (1) and standards for isolation facilities referred to in paragraph (2), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 31-5 (Restriction of Access to Emergency Departments)

(1) No person shall access an emergency department for the rapid treatment of patients and the prevention of infection, other than the following persons:

1. Emergency patients;
2. Emergency medical personnel (including persons corresponding thereto);
3. Guardians of emergency patients needed to assist in medical treatment.

(2) The head of an emergency medical institution shall manage an emergency department lest those not allowed to access the emergency department pursuant to paragraph (1) should access the emergency department; and record and manage the names, etc. of persons who access the emergency department.

(3) Matters necessary for criteria for allowing access to an emergency department under paragraph (1) and recording and managing a list of persons who access an emergency department under paragraph (2), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 32 (Emergency Medical Treatment System)

(1) An emergency medical institution shall post emergency medical personnel on duty during holidays and nights to establish a system prepared to treat emergency patients (hereinafter referred to as "emergency medical treatment system") at any time.

(2) Emergency medical personnel who have been ordered to be on duty by the head of an emergency medical institution to maintain an emergency medical treatment system shall faithfully comply with such an order.

(3) Aside from continuously meeting manpower requirements under Article 31-2 for emergency medical personnel on duty under paragraph (1), the head of an emergency medical institution shall post a medical specialist on duty or a doctor on duty who may replace the medical specialist on duty (hereinafter referred to as "medical specialist on duty, etc."), as prescribed by Ordinance of the Ministry of Health and Welfare.

(4) Where a doctor working in an emergency department makes a request pursuant to Article 31-2, the head of an emergency medical institution shall require any of the following persons to directly diagnose and treat an emergency patient:

1. A medical specialist on duty, etc.;

2. A person who is eligible to diagnose and treat the relevant patient and deemed by Ordinance of the Ministry of Health and Welfare to have qualifications equivalent to those of a medical specialist on duty, etc.

(5) Matters necessary for an emergency medical treatment system shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 33 (Securing Spare Beds)

(1) An emergency medical institution shall secure spare beds for emergency patients, and shall not allow non-emergency patients to use such beds.

(2) Matters necessary for securing and maintaining spare beds shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 33-2 (Restriction of Stay in Emergency Departments)

(1) The head of an emergency medical institution shall minimize the patients' length of stay in an emergency department; and take measures to quickly hospitalize patients who need to be hospitalized and treated.

(2) The head of a regional emergency medical center and the head of a local emergency medical center shall maintain the percentage of patients who stay at an emergency department for over 24 hours below the standards prescribed by Ordinance of the Ministry of Health and Welfare.

Article 34 (Designation of Medical Institutions on Duty)

The Minister of Health and Welfare, the Mayor/Do Governor, or the head of a Si/Gun/Gu may designate medical institutions on duty by type of medical institutions, medical specialty, and treatment period, as prescribed by Ordinance of the Ministry of Health and Welfare, to provide emergency medical services to emergency patients; and require them to provide emergency medical services during holidays and nights or where there are other reasons deemed likely to interfere with the diagnosis and treatment of emergency patients.

Article 35 (Cancellation of Designation of Emergency Medical Institutions)

(1) Where an emergency medical institution, a regional trauma center, or a local trauma center falls under any of the following cases, the Minister of Health and Welfare, Mayor/Do Governor or the head of a Si/Gun/Gu who has designated such institution or center may cancel the designation thereof: *<Amended on May 14, 2012; Dec. 2, 2016>*

1. Where it fails to meet criteria for designation;
2. Where it fails to provide services under this Act;
3. Where it violates this Act, or a disposition or order under this Act.

(2) Where an emergency medical institution, a regional trauma center, or a local trauma center falls under paragraph (1), the Minister of Health and Welfare, a Mayor/Do Governor or the head of a Si/Gun/Gu shall order it to correct matters it has violated within a fixed period. *<Newly Inserted on Dec. 2, 2016>*

(3) Where the Minister of Health and Welfare, a Mayor/Do Governor or the head of a Si/Gun/Gu issues an order to make corrections under paragraph (2), he or she may fully or partially suspend financial support referred to in Articles 16 (1), 17 (4) and 30-4 until such order is conscientiously fulfilled. *<Newly Inserted on Dec. 2, 2016>*

(4) Where an emergency medical institution, a regional trauma center, or a local trauma center fails to fulfill an order to make corrections under paragraph (2), the Minister of Health and Welfare may deduct emergency medical service fees referred to in Article 23 from medical service fees. *<Newly Inserted on Dec. 2, 2016>*

Article 35-2 (Medical Institutions other than Emergency Medical Institutions)

(1) Where a medical institution not designated as an emergency medical institution under this Act intends to establish and operate an emergency medical facility, it shall install facilities, manpower, etc. prescribed by Ordinance of the Ministry of Health and Welfare, and report thereon to the head of a Si/Gun/Gu: Provided, That this shall not apply to general hospitals. *<Amended on Dec. 29, 2020>*

(2) In receipt of a report referred to in paragraph (1), the head of a Si/Gun/Gu shall review the report, and accept it if the report complies with this Act. *<Newly Inserted on Dec. 29, 2020>*

CHAPTER VII EMERGENCY MEDICAL TECHNICIANS

Article 36 (Qualification for Emergency Medical Technicians)

(1) Emergency medical technicians shall be classified into emergency medical technician paramedics and emergency medical technicians in accordance with the scope of their duties.

(2) Any of the following persons, who passes an examination conducted by the Minister of Health and Welfare and obtains a license from the Minister of Health and Welfare, shall be qualified as an emergency medical technician paramedic: *<Amended on Dec. 3, 2019>*

1. A university or junior college graduate with a major in emergency medical technology;
2. A person who has been qualified as an emergency medical technician in a foreign country recognized by the Minister of Health and Welfare.
3. A person with at least three year career experience in emergency medical technician services as an emergency medical technician.

(3) Any of the following persons, who passes an examination conducted by the Minister of Health and Welfare and obtains a license from the Minister of Health and Welfare, shall be qualified as an emergency medical technician: *<Amended on Dec. 3, 2019>*

1. A person who has completed a training course prescribed by Presidential Decree at a training institute for emergency medical technicians designated by the Minister of Health and Welfare;
2. A person who has been qualified as an emergency medical technician in a foreign country recognized by the Minister of Health and Welfare.

(4) The Minister of Health and Welfare may entrust affairs concerning the administration of examinations for emergency medical technicians under paragraphs (2) and (3) to the Korea Health Personnel Licensing Examination Institute under the Korea Health Personnel Licensing Examination Institute Act. *<Amended on Jun. 22, 2015>*

(5) Matters necessary for the subjects and methods of examinations, and licenses of emergency medical technician paramedics and emergency medical technicians, shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 36-2 (Issuance of Emergency Medical Technician's License)

(1) The Minister of Health and Welfare shall issue an emergency medical technician's license to those who have passed an examination for emergency medical technicians under Article 36 (2) or (3): Provided, That the Minister shall not issue a license to a person meeting the grounds for disqualification under Article 37 as of the application date for issuance of the license. *<Amended on Dec. 3, 2019>*

(2) Where an emergency medical technician's license issued under paragraph (1) is lost or damaged, a person who has obtained such license may file an application for reissuance with the Minister of Health and Welfare.

(3) No emergency medical technician shall allow a third party to perform duties of an emergency medical technician under Article 41 by using his or her name; or lend an emergency medical technician's license to

a third party. <Amended on Apr. 7, 2020>

(4) Matters necessary for the issuance, reissuance and management of an emergency medical technician's license under paragraphs (1) and (2), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

(5) No person to whom a certificate of qualification has been issued under paragraph (1) shall lend the certificate of qualification to any other person, and no person shall lend it. <Newly Inserted on Apr. 7, 2020>

(6) No person shall engage in brokering the act prohibited under paragraph (5). <Newly Inserted on Apr. 7, 2020>

Article 36-3 (Reporting on Actual Conditions of Emergency Medical Technicians)

(1) Each emergency medical technician shall report his or her status and employment status to the Minister of Health and Welfare every third years after he or she first obtains a license, as prescribed by Presidential Decree.

(2) The Minister of Health and Welfare may return reports submitted under paragraph (1) to emergency medical technicians who have failed to complete a refresher course referred to in Article 43.

(3) The Minister of Health and Welfare may entrust affairs concerning the receipt of reports under paragraph (1) to related institutions, etc., as prescribed by Presidential Decree.

Article 37 (Grounds for Disqualification)

Any of the following persons shall be disqualified as an emergency medical technician: <Amended on Oct. 17, 2007; Dec. 14, 2007; Aug. 4, 2011; Jan. 28, 2015; Dec. 11, 2018; Apr. 7, 2020>

1. A mental patient under subparagraph 1 of Article 3 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients: Provided, That this shall not apply to a person deemed by a medical specialist to be qualified as an emergency medical technician;

2. An addict to narcotics, cannabis, or psychotropic drugs;

3. An incompetent under the adult guardianship or quasi-incompetent under the limited guardianship;

4. A person in whose case his or her imprisonment without labor or a heavier punishment declared by a court for violating any of the following statutes has not been completely executed or exempted:

(a) This Act;

(b) Articles 233, 234, 268 (only applicable to medical malpractices), 269, 270 (1) through (3) or 317 (1) of the Criminal Act;

(c) The Act on Special Measures for the Control of Public Health Crimes, the Regional Public Health Act, the National Health Promotion Act, the Prevention of Acquired Immunodeficiency Syndrome Act, the Medical Service Act, the Medical Technicians, etc. Act, the Anatomy and Preservation of Corpses Act, the Blood Management Act, the Act on the Control of Narcotics, etc., the Mother and Child Health Act, or the National Health Insurance Act.

Article 38 (Punishment for Cheating)

(1) Any person who applied to an examination for an emergency medical technician by unlawful means or cheated on such examination shall be suspended from taking such examination, or his or her passing marks shall be invalidated.

(2) The Minister of Health and Welfare may restrict any person who has been suspended from taking an examination or whose pass in an examination has been nullified pursuant to paragraph (1) from applying for subsequent examinations for emergency medical technicians up to three times. <Amended on Dec. 29, 2020>

Article 39 (Matters to be Complied with by Emergency Medical Technicians)

When an emergency medical technician performs his or her duties for the safety of an emergency patient, he or she shall comply with matters prescribed by Ordinance of the Ministry of Health and Welfare, which are necessary for the transfer and first-aid of such patient, such as the management and operation of first aid medical equipment, radio communications equipment, first-aid medical supplies, and the uniforms, markings, etc. of the emergency medical technicians.

Article 40 (Duty of Confidentiality)

An emergency medical technician shall not divulge or disclose confidential information he or she has become aware of in the course of performing his or her duties.

Article 41 (Duties of Emergency Medical Technicians)

(1) An emergency medical technician shall perform duties, such as consultation, rescue and transfer, toward an emergency patient at the scene where such emergency has occurred, and notwithstanding the provisions prohibiting him or her from practicing medicine without a license in Article 27 of the Medical Service Act, can provide first aid at the scene, during transport or at medical institutions, within the scope of services prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 3, 2019>

(2) The Minister of Health and Welfare may investigate the appropriateness of the scope of duties of emergency medical technicians under paragraph (1) every five years and take measures necessary to adjust the scope subject to deliberation by the Central Committee. <Newly Inserted on Dec. 3, 2019>

Article 41-2 (Development and Distribution of Emergency Medical Technicians' Service Manual)

(1) The Minister of Health and Welfare shall prepare and distribute emergency medical technicians' service manual, based on the procedures, details, and methods prescribed by Ordinance of the Ministry of Health and Welfare for the systematic and professional management of duties of emergency medical technicians.

(2) When performing services under Article 41 (2), an emergency medical technician shall make use of the service manual under paragraph (1). <Newly Inserted on Dec. 3, 2019>

(3) When performing services under Article 41, an emergency medical technician shall make use of the service manual under paragraph (1). <Amended on Dec. 3, 2019>

Article 42 (Restrictions on Duties)

An emergency medical technician shall not provide first aid under Article 41 without specific instructions from a physician: Provided, That this shall not apply where he or she provides first aid prescribed by Ordinance of the Ministry of Health and Welfare, and where he or she cannot receive any instructions from the physician due to communications problems, etc. in an emergency situation.

Article 43 (Refresher Courses for Emergency Medical Technicians)

(1) The Minister of Health and Welfare shall annually provide refresher courses necessary to improve emergency medical technicians' job skills.

(2) The Minister of Health and Welfare may outsource affairs concerning refresher courses referred to in paragraph (1) to a relevant institution or organization prescribed by Ordinance of the Ministry of Health and Welfare.

(3) Where the Minister of Health and Welfare outsources affairs concerning refresher courses to a relevant institution or organization pursuant to paragraph (2), he or she shall conduct periodic evaluation and inspections at least once a year to ensure the effectiveness of refresher courses.

(4) The contents and target students of refresher courses referred to in paragraph (1) and matters necessary for evaluation and inspection referred to in paragraph (3), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 43-2 (Permission for First Aid by Emergency Medical Technology Students)

A student who majors in emergency medical technology in college or junior college may provide first aid following specific instructions issued by a physician, only in cases prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, the provisions governing emergency medical technicians under Articles 39 through 41 and 41-2 shall apply mutatis mutandis thereto.

CHAPTER VIII TRANSPORT OF EMERGENCY PATIENTS

Article 44 (Ambulance Operators)

(1) No person other than those falling under any of the following subparagraphs shall operate ambulances, etc.:

1. The State or local governments;

2. A medical institution defined in Article 3 of the Medical Service Act;
 3. A person permitted to have ambulances, etc. by other statutes or regulations;
 4. A person who has obtained permission to engage in emergency patient transport services (hereinafter referred to as "transport services") pursuant to this Act;
 5. A nonprofit corporation who has obtained permission for the incorporation thereof from the Minister of Health and Welfare for the purpose of providing emergency patient transport services.
- (2) A medical institution may entrust the operation of ambulances, etc. to a person with a transport services license under paragraph (1) 4 (hereinafter referred to as "transport services provider") or a nonprofit corporation under paragraph (1) 5.
- (3) A medical institution which has entrusted the operation of ambulances, etc. pursuant to paragraph (2) and a person entrusted with the operation thereof shall comply with the criteria and procedures for the entrustment of ambulances, etc. prescribed by Ordinance of the Ministry of Health and Welfare.

Article 44-2 (Reporting of Operation of Ambulances)

- (1) Where the State or a local government referred to in Article 44 (1) 1 intends to operate ambulances, etc., it shall register the relevant ambulances, etc. pursuant to relevant statutes or regulations and, without delay, notify the head of a Si/Gun/Gu of the registration thereof, as prescribed by Ordinance of the Ministry of Health and Welfare. The same shall apply to the change of any important matter prescribed by Ordinance of the Ministry of Health and Welfare after notifying such registration.
- (2) Where a person referred to in Article 44 (1) 2 through 5 intends to operate ambulances, etc., he or she shall register the relevant ambulances, etc. pursuant to relevant statutes or regulations and immediately report the registration thereof to the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. The same shall apply to the change of any important matter prescribed by Ordinance of the Ministry of Health and Welfare after submitting such report. *<Amended on Dec. 2, 2016>*
- (3) In receipt of a report under paragraph (2), the head of a Si/Gun/Gu shall review the details thereof and accept it if it complies with this Act. *<Newly Inserted on Dec. 29, 2020>*

Article 44-3 (Reporting of Deregistration of Ambulances)

- (1) Where an ambulance, etc. falls under any of the following, a person who operates the ambulance, etc. under Article 44 (1) 1 shall notify the head of a Si/Gun/Gu of the deregistration of such ambulance, etc., as prescribed by Ordinance of the Ministry of Health and Welfare:
1. Where an ambulance, etc. is deregistered pursuant to Article 13 of the Motor Vehicle Management Act, Article 15 of the Aviation Safety Act, and any other statutes or regulations;
 2. Where the lifespan or mileage referred to in Article 46-2 expires.
- (2) Where an ambulance, etc. falls under paragraph (1), a person who operates the ambulance, etc. under Article 44 (1) 2 through 5 shall report deregistration of the ambulance to the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) Where a person who should notify or report deregistration of an ambulance, etc. pursuant to paragraphs (1) and (2) fails to do so, the head of a Si/Gun/Gu may, ex officio, deregister the ambulance, etc.

Article 44-4 (Prohibition of Use of Name of Ambulance Operator)

No ambulance operator, etc. referred to in Article 44 (1) 2 through 5 shall allow a third person to operate an ambulance, etc. in his or her name.

Article 45 (Prohibition of Use for Other Purposes)

(1) No ambulance, etc. shall be used for the purpose other than the following purposes:

1. Transport of emergency patients;
2. Transport of blood, diagnostic test material, examination and treatment equipment, etc.;
3. Transport of emergency medical personnel for emergency medical examination and treatment;
4. Transfer of a person who dies at the scene due to an accident or who dies while receiving treatment;
5. Other purposes prescribed by Ordinance of the Ministry of Health and Welfare.

(2) The Mayor/Do Governor or the head of a Si/Gun/Gu may order an ambulance operator, etc. who has violated paragraph (1) or Article 44-2 (2) to suspend the operation thereof, or request the head of a registration agency of ambulances, etc. to cancel the registration of the relevant ambulances, etc. In such cases, the head of the registration agency who is requested to cancel registration shall cancel the registration of the relevant ambulance. <Amended on Jun. 4, 2013>

(3) The Mayor/Do Governor or the head of a Si/Gun/Gu may request the commissioner of the competent City/Do police agency or the chief of a police station to confirm as to whether ambulances have violated any traffic laws and regulations, if necessary to check whether the ambulances operated in his or her jurisdiction have been used for purposes other than those prescribed in paragraph (1). In such cases, the commissioner of the competent City/Do police agency or the chief of a police station in receipt of the request shall comply therewith unless there is a compelling reason not to do so. <Newly Inserted on Apr. 18, 2017; Dec. 22, 2020>

Article 46 (Standards for Ambulances)

(1) An ambulance, etc. shall be designed and manufactured suitably for transporting patients and providing emergency medical services.

(2) Standards for the form, markings, internal equipment, etc. of an ambulance shall be prescribed by Joint Ordinance of the Ministry of Health and Welfare and the Ministry of Land, Infrastructure and Transport. <Amended on Mar. 23, 2013; Jan. 28, 2015; Dec. 2, 2016>

Article 46-2 (Lifespan of Ambulances)

(1) No ambulance shall be operated in excess of the lifespan and mileage prescribed by Joint Ordinance of the Ministry of Health and Welfare and the Ministry of Land, Infrastructure and Transport: Provided, That where requirements for safety prescribed by Joint Ordinance of the Ministry of Health and Welfare and the Ministry of Land, Infrastructure and Transport are met, the head of a Si/Gun/Gu may extend the lifespan of the ambulance for up to two years, in consideration of the conditions of operation of ambulances within an area under his or her jurisdiction.

(2) Where deemed that the supply of and demand for ambulances are remarkably unbalanced due to extenuating circumstances, such as the suspension of manufacturing or assembling of ambulances or delay in the delivery of ambulances, the head of a Si/Gun/Gu may permit the operation of ambulances in excess of the lifespan referred to in paragraph (1) within six months on condition that requirements for safety prescribed by Joint Ordinance of the Ministry of Health and Welfare and the Ministry of Land, Infrastructure and Transport are met.

Article 46-3 (Ambulance Helicopters)

(1) The Minister of Health and Welfare or the head of a Si/Gun/Gu may operate helicopters exclusively in charge of air transport of emergency patients (hereinafter referred to as "ambulance helicopters") for quick transportation, emergency treatment of emergency patients in areas vulnerable to emergency medical services.

(2) The Minister of Health and Welfare or the head of a Si/Gun/Gu may install at the emergency patient handover point of ambulance helicopters a signboard informing the fact that such handover point is used to transfer emergency patients, acts prohibited at the patient handover point, etc., in order to make anyone easily recognize it. <Newly Inserted on Dec. 11, 2018>

(3) Matters necessary for the management, etc. of equipment, pharmaceutical drugs, emergency patient handover point of ambulance helicopters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 11, 2018>

Article 47 (Equipment for Ambulances)

(1) An ambulance, etc. shall be equipped with medical equipment and first-aid medical supplies to be able to provide first aid to emergency patients, as well as communications equipment that can communicate with an institution to which the ambulance, etc. belongs, a medical institution and an emergency medical support center. <Amended on Jan. 28, 2015; Mar. 23, 2021>

(2) An ambulance shall be equipped with the following devices meeting standards prescribed by Ordinance of the Ministry of Health and Welfare to understand the conditions of the transfer of an emergency patient and the details of first aid administered to him or her during the transfer. In such cases, the ambulance operator shall collect and store information obtained through such equipment, as prescribed by Ordinance of the Ministry of Health and Welfare, and where the Minister of Health and Welfare requests him or her to submit the relevant information, he or she shall comply with such request: <Newly

Inserted on Jan. 28, 2015>

1. A device to record the operation of the ambulance in both audio and video (referring to a device with functions for storing information related to the operation of the ambulance, such as vehicle speed and location information, and storing video images, etc. of the accident situation when the accident, such as crash, takes place);
 2. An ambulance fare metering device (referring to a device measuring the distance and indicating the distance against the amount of money, and limited to ambulances prescribed by Ordinance of the Ministry of Health and Welfare);
 3. An image information processing device under subparagraph 7 of Article 2 of the Personal Information Protection Act.
- (3) Matters necessary for the management of medical equipment, a first aid kit, communications equipment, etc. that should be equipped pursuant to paragraph (1) and the management of ambulances, etc., and the installation and management of equipment under paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended on Jan. 28, 2015; Mar. 23, 2021>*
- (4) Image information on a user shall be collected through a device under paragraph (2) 3 pursuant to the procedure for approval given by the user, etc. of an ambulance prescribed by Ordinance of the Ministry of Health and Welfare and, except as otherwise expressly provided for in this Act, matters concerning the installation, etc. of an image information processing device shall be governed by the Personal Information Protection Act. *<Newly Inserted on Jan. 28, 2015>*

Article 47-2 (Duty to Secure Emergency Equipment for Cardiopulmonary Resuscitation)

- (1) Any owner, occupant or manager of the following facilities, etc. shall secure emergency equipment capable of cardiopulmonary resuscitation, such as automated external defibrillators: *<Amended on Jun. 9, 2009; Mar. 8, 2011; Aug. 4, 2011; Feb. 1, 2012; Mar. 29, 2016; May 29, 2016; Dec. 11, 2018; Dec. 3, 2019>*
1. Public health and medical institutions prescribed in subparagraph 3 of Article 2 of the Public Health and Medical Services Act;
 2. Ambulances being operated by emergency squads prescribed in Article 10 of the Act on 119 Rescue and Emergency Medical Services;
 3. Passenger airplanes used for air transportation business among airplanes defined in subparagraph 1 of Article 2 of the Aviation Safety Act, and airports defined in subparagraph 3 of Article 2 of the Airport Facilities Act;
 4. Passenger coaches among the rolling stock defined in subparagraph 4 of Article 3 of the Framework Act on Railroad Industry Development;
 5. Ships with a gross tonnage of at least 20 tons, among ships defined in Article 1-2 (1) 1 and 2 of the Ship Act;
 6. Multi-family houses defined in Article 2 (2) 2 of the Building Act, not smaller than the size prescribed by Presidential Decree;

7. Other public-use facilities prescribed by Presidential Decree.

(2) Where facilities, etc. are equipped with emergency equipment capable of cardiopulmonary resuscitation, such as automated external defibrillators, pursuant to paragraph (1), an owner, occupant or manager of the relevant facilities, etc. shall report the fact to the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. The foregoing shall also apply to the change of any important matter prescribed by Ordinance of the Ministry of Health and Welfare, such as the transfer, disuse or relocation of emergency equipment reported. *<Newly Inserted on Dec. 2, 2016>*

(3) A person who secures emergency equipment pursuant to paragraph (1), shall inspect the relevant emergency equipment at least once a month. *<Newly Inserted on May 14, 2012; Dec. 2, 2016>*

(4) Matters necessary for management, etc. of emergency equipment which shall be secured pursuant to paragraph (1), shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended on May 14, 2012; Dec. 2, 2016>*

Article 48 (Boarding Duty of Emergency Medical Technicians)

Ambulance operators, etc. shall have emergency medical technicians on board when vehicles such as ambulances, etc. are dispatched, as prescribed by Ordinance of the Ministry of Health and Welfare: Provided, That this shall not apply where a physician or a nurse is already on board.

Article 48-2 (Confirmation of Accommodation Capacity)

(1) A person (referring to the driver of an ambulance, etc. and an emergency medical technician, physician, or nurse riding the ambulance or other vehicles pursuant to Article 48) who transports emergency patients, etc. shall confirm the emergency bed capacity in an emergency medical institution to which he or she intends to transfer such patients, etc. and notify in advance such emergency medical institution of the patient's condition and details of first aid administered during the transfer, according to methods prescribed by Ordinance of the Ministry of Health and Welfare, unless there is a compelling reason not to do so. *<Amended on Oct. 24, 2017>*

(2) Where the head of an emergency medical institution is incapable of accommodating an emergency patient, he or she shall immediately notify the ambulance operator, etc. of such fact through an emergency medical support center having jurisdiction over the location of the emergency medical institution. *<Amended on Jan. 28, 2015>*

Article 49 (Call and Treatment Records)

(1) Where an emergency medical technician has been called out, he or she shall immediately record the calls taken and details of first aid provided, and submit such records to the ambulance operator who has employed him or her and a physician who examines and treats such patient: Provided, That where a physician or nurse boards an ambulance in lieu of an emergency medical technician, the physician on board (where only a nurse boards an ambulance, referring to the nurse on board) shall perform duties of an

emergency medical technician concerning the call and treatment records. <Amended on Dec. 2, 2016>

(2) An ambulance operator, etc. shall prepare a log book in relation to the operation of the ambulance, etc., as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 2, 2016>

(3) An ambulance operator, etc., who has received the records under paragraph (1), shall submit such records to an emergency medical support center having jurisdiction over his or her business area, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Jan. 28, 2015; Dec. 2, 2016>

(4) An ambulance operator, etc. shall retain the records submitted pursuant to paragraph (1) and the log book prepared pursuant to paragraph (2) for a period prescribed by Ordinance of the Ministry of Health and Welfare, and the head of a medical institution which employs physicians engaged in examining and treating emergency patients shall retain the records submitted pursuant to paragraph (1) for a period prescribed by Ordinance of the Ministry of Health and Welfare, respectively. <Newly Inserted on Dec. 2, 2016>

(5) Matters necessary for detailed records of calls and first-aid treatment, methods for responding to such calls, treatment methods, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 2, 2016>

Article 50 (Guidance and Supervision)

(1) The Mayor/Do Governor or the head of a Si/Gun/Gu may inspect the current status of operation and actual conditions of ambulances, etc. being operated in a region under his or her jurisdiction at least once a year, and take necessary measures, such as a corrective order or suspension order, based upon the findings therefrom. <Amended on Oct. 24, 2017>

(2) The Mayor/Do Governor or the head of a Si/Gun/Gu shall, at least once a year, inspect the facilities, etc. under his or her jurisdiction that are stipulated in subparagraphs of Article 47-2 (1) as to whether they are equipped with emergency equipment capable of cardiopulmonary resuscitation, including automated external defibrillators, and take necessary measures such as a corrective order. <Newly Inserted on Oct. 24, 2017>

Article 51 (Transport Services License)

(1) Any person who intends to provide transport services shall install facilities, etc. prescribed by Joint Ordinance of the Ministry of Health and Welfare and the Ministry of Land, Infrastructure and Transport, and obtain a license from the competent Mayor/Do Governor. In such cases, where he or she intends to provide transport services in two or more Cities/Dos, he or she shall obtain a license from the Mayor/Do Governor of each relevant City/Do. <Amended on Mar. 23, 2013>

(2) Where the Mayor/Do Governor grants a license pursuant to paragraph (1), he or she may do so by limiting the transport services areas taking the facility size, etc. into consideration.

(3) Where a transport services provider intends to modify important matters prescribed by Presidential Decree, he or she shall obtain permission for modification from the competent Mayor/Do Governor.

(4) The Mayor/Do Governor shall notify an applicant of whether to grant permission for modification within 15 days from the date of receiving an application for permission for modification under paragraph (3). *<Newly Inserted on Dec. 11, 2018>*

(5) Where the Mayor/Do Governor fails to notify the applicant of whether to grant permission for modification or the extension of the handling period under the statutes or regulations related to handling civil petitions within the period specified in paragraph (4), such permission for modification shall be deemed granted on the day following the date such period (where the handling period is extended or re-extended pursuant to the statutes or regulations related to handling civil petitions, referring to the relevant handling period) ends. *<Newly Inserted on Dec. 11, 2018>*

(6) Where a transport services provider intends to change matters prescribed by Presidential Decree other than matters referred to in paragraph (3), he or she shall report such changes to the competent Mayor/Do Governor. In such cases, the competent Mayor/Do Governor shall review the details thereof and accept the report if it complies with this Act. *<Amended on Dec. 11, 2018; Dec. 29, 2020>*

(7) A transport services provider shall meet standards for facilities, etc. under paragraph (1). *<Amended on Dec. 11, 2018>*

Article 52 (Preceptors)

(1) Where an ambulance operator, etc. (excluding a medical institution under Article 44 (1) 2; hereafter the same shall apply in this Article) uses the ambulance, etc. to transport an emergency patient, he or she shall employ a preceptor, or commission a physician working at an emergency medical support center or emergency medical institution as a preceptor, to have him or her give instructions on consultation, rescue, transfer and first aid. *<Amended on Jan. 28, 2015>*

(2) Matters necessary for the number of preceptors assigned per ambulance operator, etc. and their duties and appointment shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 53 (Reporting of Suspension of Service)

Where a transport services provider intends to suspend, close, or resume the whole or part of transport services, he or she shall report such plans to the competent Mayor/Do Governor, as prescribed by Ordinance of the Ministry of Health and Welfare.

Article 54 (Business Succession)

(1) Any of the following persons, shall succeed to the status of a transport services provider:

1. Where a transport services provider dies, his or her heir;
2. Where a transport services provider transfers his or her business, the transferee;
3. Where a corporate transport services provider merges with another corporation, a corporation that survives the merger or is incorporated by the merger.

(2) Any person who acquires all service facilities according to any of the following procedures, shall succeed to the status of a transport services provider: <Amended on Dec. 27, 2016>

1. Compulsory auction prescribed in the Civil Execution Act;
2. Conversion prescribed in the Debtor Rehabilitation and Bankruptcy Act;
3. Sale of property seized under the National Tax Collection Act, the Customs Act or the Local Tax Collection Act;
4. Other procedures corresponding to subparagraphs 1 through 3.

(3) A person who has succeeded to the status of a transport services provider pursuant to paragraph (1) or (2), shall report such fact to the competent Mayor/Do Governor within 60 days, as prescribed by Ordinance of the Ministry of Health and Welfare.

Article 54-2 (Prohibition of Inducement or Arrangement)

No ambulance operator, etc. under Article 44 (1) shall transport or introduce an emergency patient to a specific medical institution or medical personnel or arrange the treatment of an emergency patient at such institution or by such personnel for the purpose of profit-making, or perform other acts to seduce or instigate such patient.

Article 54-3 (Duty to Secure Emergency Medical Personnel for Large Events)

Any person who intends to hold a large-scale event prescribed by Presidential Decree shall secure human resources for emergency medical services, means of emergency transportation, etc., as prescribed by Ordinance of the Ministry of Health and Welfare, to provide prompt and appropriate emergency medical services when an emergency patient arises.

CHAPTER IX SUPPLEMENTARY PROVISIONS

Article 55 (Suspension of Licenses or Qualification of Emergency Medical Personnel)

(1) Where a member of emergency medical personnel falls under any of the following cases, the Minister of Health and Welfare may revoke his or her license or qualification, or suspend his or her license or qualification for a specified period of up to six months: <Amended on May 29, 2016; Apr. 7, 2020>

1. Where he or she violates Article 6 (2), 8, 18 (2), 39, 40 or 49 (1);
2. Where he or she excessively collects transport and first-aid fees under Article 24 (1) or collects extra charges other than transport and first-aid fees, in violation of paragraph (2) of said Article;
3. Where he or she causes serious harm to an emergency patient, in violation of Article 32 (2);
- 3-2. Where he or she allows a third party to perform duties of an emergency medical technician under Article 41 by using his or her name or lends an emergency medical technician's license to a third party, in violation of Article 36-2 (3) or (5);

4. Where he or she is disqualified under Article 37;
 5. Where he or she provides first aid without receiving specific instructions from a physician, in violation of Article 42;
 6. Where he or she fails to complete a refresher course, in violation of Article 43 (1);
 7. Where he or she violates this Act or an order issued under this Act.
- (2) Where an emergency medical technician fails to submit a report under Article 36-3, the Minister of Health and Welfare may suspend his or her qualification until he or she submits the report. *<Newly Inserted on Dec. 2, 2016>*
- (3) Where a medical institution, transport service provider, or ambulance operator, etc. falls under any of the following cases, the Minister of Health and Welfare, the relevant Mayor/Do Governor, or the head of the relevant Si/Gun/Gu may revoke permission to open the medical institution, etc. or to operate its business (where it is subject to reporting, referring to closure; hereafter the same shall apply in paragraph (4)), or issue an order to suspend his or her or its business for a specified period of up to six months:
1. Where he or she or it violates Article 18 (2), 28 (3), 32 (1), 33 (1), 35-2 (1), 44 (3), 44-2 (2), 45 (1), 46-2, 47 (1) or (2), 48, 49 (3) or (4), 51 (3) through (5), 52 (1), 53, 54 (3), 54-2 or 59;
 2. Where he or she or it improperly claims the payment of the outstanding amount by subrogation on behalf of a patient under Article 22 (1);
 3. Where he or she or it excessively collects transport and first-aid fees under Article 24 (1) or collects extra charges other than transport and first-aid fees, in violation of paragraph (2) of said Article;
 4. Where a person designated as a medical institution on duty pursuant to Article 34 fails to provide emergency medical services;
 5. Where he or she or it fails to comply with a corrective order or suspension order issued under Article 50 (1);
 6. Where he or she or it violates this Act or an order issued under this Act.
- (4) No person whose permission is revoked pursuant to paragraph (3), shall open a medical institution or operate his or her business within one year from the date of revocation. *<Amended on Dec. 2, 2016>*
- (5) Detailed matters concerning administrative dispositions under paragraphs (1) and (3), shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended on Dec. 2, 2016>*

Article 56 (Hearings)

Where the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a Si/Gun/Gu intends to take any of the following measures, he or she shall hold hearings: *<Amended on Jun. 4, 2013; Dec. 2, 2016>*

1. Cancellation of designation of an emergency medical institution under Article 35 (1);
2. Revocation of a license or qualification of emergency medical personnel under Article 55 (1);
3. Revocation of permission to open or business license of a medical institution, etc. and an order for closure, etc. under Article 55 (3).

Article 57 (Penalty Surcharge)

(1) Where the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a Si/Gun/Gu deems that the suspension of business of a medical institution, transport service provider, or ambulance operator, etc. who falls under Article 55 (3) is likely to bring serious harm to public health care, he or she may impose a penalty surcharge not exceeding 300 million won in lieu of the suspension of business. In such cases, the number of instances penalty surcharges to be imposed shall not exceed three times. <Amended on Dec. 2, 2016; Dec. 11, 2018>

(2) The type of offenses subject to a penalty surcharge, the amount of a penalty surcharge based on the severity of violation pursuant to paragraph (1) and other necessary matters, shall be prescribed by Presidential Decree.

(3) Where a person liable to pay a penalty surcharge under paragraph (1) fails to do so by the deadline for payment, the Minister of Health and Welfare shall collect the penalty surcharge in the same manner as delinquent national taxes are collected, and a Mayor/Do Governor and the head of a Si/Gun/Gu shall collect the penalty surcharge pursuant to the Act on the Collection of Local Administrative Penalty Charges. <Amended on Aug. 6, 2013; Mar. 24, 2020>

Article 58 (Delegation of Authority)

The Minister of Health and Welfare may delegate part of his or her authority under this Act to the Mayor/Do Governor or the head of a Si/Gun/Gu, as prescribed by Presidential Decree.

Article 59 (Prohibition of Use of Similar Names)

(1) No person or entity, other than an emergency medical technician, ambulance, the National Emergency Medical Center, a regional emergency medical center, regional trauma center, specialized emergency medical center, local emergency medical center, local trauma center, local emergency medical institution, or emergency medical support center under this Act, shall use any of the foregoing names or any other name similar thereto. <Amended on Jan. 28, 2015; Dec. 2, 2016>

(2) No medical institution, other than any of the following institutions or hospitals, shall use a title or expression related to the medical treatment of emergency patients, or indicate such title or expression explicitly: <Amended on Dec. 29, 2020>

1. Emergency medical institutions designated pursuant to this Act;
2. Medical institutions reported pursuant to Article 35-2 (1);
3. General hospitals.

CHAPTER X PENALTY PROVISIONS

Article 60 (Penalty Provisions)

(1) A person who inflicts an injury on emergency medical personnel (including medical service technologists under Article 2 of the Medical Service Technologists Act and assistant nurses under Article 80 of the Medical Service Act) by means of violence in an emergency department of a medical institution under Article 3 of the Medical Service Act shall be punished by imprisonment with labor for not more than 10 years or by a fine of not less than 10 million won but not more than 100 million won, a person who inflicts a serious injury shall be punished by imprisonment with labor for a limited term of not less than three years, and a person who causes the death shall be punished by imprisonment with labor for an indefinite term or for not less than five years. <Newly Inserted on Jan. 15, 2019>

(2) Any of the following persons shall be punished by imprisonment with labor for not more than five years or by a fine not exceeding 50 million won: <Amended on Jan. 28, 2015; Jan. 15, 2019>

1. A person who interferes with emergency medical services, or destroys, damages, or occupies medical facilities, etc., in violation of Article 12;
2. A person who performs the duties of an emergency medical technician under Article 41 without being qualified as an emergency medical technician under Article 36, by impersonating an emergency medical technician;
3. A person who provides transport services without obtaining a license for transport services, in violation of Article 51 (1).

(3) Any of the following persons, shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: <Amended on Jan. 28, 2015; May 29, 2016; Jan. 15, 2019; Apr. 7, 2020>

1. A member of emergency medical personnel who refuses or evades emergency medical services, in violation of Article 6 (2);
- 1-2. A person who allows a third party to use his or her name to perform duties of an emergency medical technician under Article 41, in violation of Article 36-2 (3);
- 1-3. A person who lends or borrows a certificate to or from another person, in violation of Article 36-2 (5);
- 1-4. A person who lends a certificate of qualification or arranges such lending in violation of Article 36-2 (6);
2. A person who violates his or her duty of confidentiality referred to in Article 40: Provide, That prosecution for such crime may be instituted only where a criminal complaint thereof is filed;
3. An emergency medical technician who provides first aid treatment without specific instructions from a physician, in violation of Article 42.

(4) Any of the following persons, shall be punished by imprisonment with labor for not more than one year or by a fine not exceeding 10 million won: <Amended on Jan. 28, 2015; Dec. 2, 2016; Jan. 15, 2019; Mar. 23, 2021>

1. Emergency medical personnel, the head of a medical institution, and the operator of an ambulance, etc., who have violated Article 18 (2);
2. A person who operates an ambulance, etc., in violation of Article 44 (1);
3. A person who uses an ambulance, etc. for other purposes, in violation of Article 44-4.
4. A person who uses an ambulance, etc. for other purposes, in violation of Article 45 (1).

Article 61 (Joint Penalty Provisions)

Where the representative of a corporation, or an agent or employee of, or other persons employed by the corporation or an individual commits any violations described in Article 60 in conducting the business affairs of the corporation or individual, the corporation or individual shall, in addition to punishing the violator accordingly, be subject to a fine prescribed in the relevant provisions: Provided, That this shall not apply where such corporation or individual has not been negligent in paying due attention and supervision with respect to the relevant business affairs to prevent such violations.

Article 62 (Administrative Fines)

(1) Any of the following persons shall be subject to an administrative fine not exceeding three million won: <Amended on May 14, 2012; Jun. 4, 2013; May 29, 2016; Dec. 2, 2016>

1. A person who fails to maintain or operate facilities, manpower, equipment, etc. according to the standards for designation of emergency medical institutions, in violation of Article 31-2;
- 1-2. A person who fails to record or manage a list of guardians who access an emergency department, in violation of Article 31-5 (2);
2. A person who fails to assign a medical specialist on duty, etc. or any other person who has a qualification deemed equivalent thereto to diagnose and treat an emergency patient, in violation of Article 32 (4);
3. A person who fails to secure spare beds or allows a non-emergency patient to use a spare bed, in violation of Article 33;
- 3-2. A person who fails to secure emergency equipment capable of cardiopulmonary resuscitation, such as automated external defibrillators, in violation of Article 47-2 (1);
- 3-3. A person who fails to have an emergency medical technician board an ambulance, in violation of the main clause of Article 48;
- 3-4. A person who fails to report the installation of emergency equipment capable of cardiopulmonary resuscitation, such as automated external defibrillators or fails to report the change thereof, in violation of Article 47-2 (2);
4. A person who fails to comply with any matter to be observed or fails to keep and submit a record of the calls taken and of the details of first aid provided, in violation of Article 39 or 49 (1) through (4);
- 4-2. A person who has operated an ambulance, etc. without reporting it under Article 44-2 (2);

- 4-3. A person who fails to notify or report deregistration, in violation of Article 44-3 (1) and (2);
 - 4-4. A person who operates an ambulance in excess of the lifespan or mileage, in violation of Article 46-2;
 5. A person who fails to obtain permission for change or to submit a report under Articles 51 (3), 53 or 54 (3);
 6. A person who uses the phrase “emergency medical technician”, “National Emergency Medical Center”, etc. or similar; uses a title or expression related to the medical examination and treatment of emergency patients; or explicitly indicates such title or expression, in violation of Article 59.
- (2) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a Si/Gun/Gu shall impose and collect administrative fines under paragraph (1), as prescribed by Presidential Decree. <Amended on Dec. 11, 2018>

Article 63 (Extenuation or Mitigation of Punishment on Offenses Caused by First Aid and Medical Services)

- (1) Where emergency medical services provided to an emergency patient in urgent circumstances by emergency medical personnel to prevent the patient’s risk of death, a grave mental or physical harm to him or her, or aggravation of his or her symptoms led to his or her death or injury, if such emergency medical services were unavoidable and the emergency medical services provider did not commit gross negligence, a punishment under Article 268 of the Criminal Act may be exempted or mitigated in consideration of the circumstances.
- (2) Where first aid (including where an automated external defibrillator is used) provided to an emergency patient in urgent circumstances by a person liable to provide first aid under subparagraph 1 (b) of Article 5-2, to prevent the patient’s risk of death, a grave mental or physical harm to him or her, or aggravation of his or her symptoms, led to his or her death or injury, if such first aid was unavoidable and the first aid provider did not commit gross negligence, a punishment may be exempted or mitigated in consideration of the circumstances. <Amended on May 29, 2016>

Article 64 (Special Cases on Provisions concerning Mitigation of Punishment under the Criminal Act)

@Article 10 (1) of the Criminal Act need not apply to persons who commit an offense in violation of Article 12 (3) in mental disorders caused by drinking.

ADDENDA <Act No. 6147, Jan. 12, 2000>

Article 1 (Enforcement Date)

This Act shall enter into force on July 1, 2000.

Article 2 (Transitional Measures concerning Emergency Medical Institutions)

(1) A general hospital which was an emergency medical center at the time of the enforcement of this Act shall be deemed a local emergency medical center designated by the Mayor/Do Governor under this

Act.

(2) A hospital or a clinic which was designated as an emergency medical institution as at the time this Act enters into force shall be deemed a local emergency medical institution designated by the head of a Si/Gun/Gu under this Act.

Article 3 (Transitional Measures concerning Emergency Medical Service Information Center)

An emergency patient information center as at the time this Act enters into force shall be deemed an emergency medical services information center under this Act.

Article 4 (Transitional Measures concerning Emergency Medical Technician)

An emergency medical technician who has obtained recognition of qualifications from the Minister of Health and Welfare in accordance with the previous provisions as at the time this Act enters into force shall be deemed an emergency medical technician under this Act.

Article 5 (Transitional Measures concerning Transport Business)

A person who has obtained a transport business license from the Minister of Health and Welfare as at the time this Act enters into force shall be deemed to have obtained a transport business license from the competent Mayor/Do Governor under this Act.

Article 6 (General Transitional Measures concerning Administrative Dispositions, etc.)

Administrative decisions and other acts that have been made by the administrative agencies, and the acts such as diverse reports, etc. to the said agencies, under previous provisions as at the time this Act enters into force shall be deemed to be the acts done by or to the administrative agencies, pursuant to the provisions corresponding thereto, if any, of this Act.

Article 7 (Transitional Measures concerning Penalty Provisions and Administrative Fines)

In applying the penalty provisions and disposition of an administrative fine on the offenses prior to the enforcement of this Act, the previous provisions shall govern.

ADDENDA <Act No. 6627, Jan. 26, 2002>

Article 1 (Enforcement Date)

This Act shall enter into force on July 1, 2002.

Articles 2 through 7 Omitted.

ADDENDA <Act No. 6677, Mar. 25, 2002>

(1) (Enforcement Date) This Act shall enter into force on October 1, 2002.

(2) (Transitional Measures concerning Write-Off of Payment by Subrogation) The amended provisions of Article 22 (5) shall also apply to the payment by subrogation incurred as at the time this Act enters into force.

ADDENDA <Act No. 7428, Mar. 31, 2005>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 through 6 Omitted.

ADDENDUM <Act No. 7449, Mar. 31, 2005>

This Act shall enter into force three months after the date of its promulgation.

ADDENDA <Act No. 7545, May 31, 2005>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 through 8 Omitted.

ADDENDA <Act No. 8366, Apr. 11, 2007>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation. (Proviso Omitted.)

Articles 2 through 21 Omitted.

ADDENDUM <Act No. 8648, Oct. 17, 2007>

This Act shall enter into force six months after the date of its promulgation.

ADDENDUM <Act No. 8692, Dec. 14, 2007>

This Act shall enter into force six months after the date of its promulgation.

ADDENDA <Act No. 8852, Feb. 29, 2008>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation. (Proviso Omitted.)

Articles 2 through 7 Omitted.

ADDENDA <Act No. 9124, Jun. 13, 2008>

(1) (Enforcement Date) This Act shall enter into force six months after the date of its promulgation.

(2) (Applicability to Exemption from Responsibility for Emergency Medical Service or First Aid) The amended provisions of Articles 5-2 and 63 (2) shall apply from the first emergency medical services or first aid provided after this Act enters into force.

ADDENDA <Act No. 9305, Dec. 31, 2008>

(1) (Enforcement Date) This Act shall enter into force on the date of its promulgation.

(2) (Applicability) The amended provisions of Article 20 (2) shall apply from the first budget for fiscal year 2010.

(3) (Term of Validity) The amended provision of Article 20 (2) 1 shall be valid until December 31, 2012.

ADDENDA <Act No. 9386, Jan. 30, 2009>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 7 Omitted.

ADDENDA <Act No. 9780, Jun. 9, 2009>

Article 1 (Enforcement Date)

This Act shall enter into force three months after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 12 Omitted.

ADDENDA <Act No. 9932, Jan. 18, 2010>

Article 1 (Enforcement Date)

This Act shall enter into force two months after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 5 Omitted.

ADDENDA <Act No. 10219, Mar. 31, 2010>

Article 1 (Enforcement Date)

This Act shall enter into on January 1, 2011.

Articles 2 through 12 Omitted.

ADDENDA <Act No. 10442, Mar. 8, 2011>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 through 5 Omitted.

ADDENDA <Act No. 11004, Aug. 4, 2011>

(1) (Enforcement Date) This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 13-2 through 13-6, 14, 32 (3) and (4), 47- 2 (1), 48-2, 49, 52, 55 (1) and (2) (limited to a part related to the amended provision of Article 49) and 62 (1) 2 shall enter into force one year after the date of their promulgation

(2) (Applicability concerning Prescription of Right to Claim Reimbursement) The amended provisions of Article 22-3 shall apply from the first right to claim reimbursement of advances to an emergency patient on his or her behalf that arises after this Act enters into force.

(3) (Transitional Measures concerning Penalty Provisions and Administrative Fines) The former provisions shall apply to the application of penalty provisions and disposition of administrative fines for offenses committed before this Act enters into force.

ADDENDA <Act No. 11024, Aug. 4, 2011>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 9 Omitted.

ADDENDA <Act No. 11247, Feb. 1, 2012>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 and 3 Omitted.

ADDENDA <Act No. 11403, Mar. 21, 2012>

Article 1 (Enforcement Date)

This Act shall enter into force three months after the date of its promulgation. (Proviso Omitted.)

Article 2 Omitted.

ADDENDUM <Act No. 11422, May. 14, 2012>

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Articles 12 and 62 and the amended provision of paragraph (3) of Addenda to the partly amended Emergency Medical Service Act, Act No. 9305, shall enter into force on the date of their promulgation.

ADDENDA <Act No. 11476, Jun. 1, 2012>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 through 4 Omitted.

ADDENDA <Act No. 11690, Mar. 23, 2013>

Article 1 (Enforcement Date)

(1) This Act shall enter into force on the date of its promulgation.

(2) Omitted.

Articles 2 through 7 Omitted.

ADDENDA <Act No. 11859, Jun. 4, 2013>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 44-2, 45 and 62 (1) 4-2 shall enter into force one year after the date of their promulgation.

Article 2 (Transitional Measures concerning Reporting, etc. of Operation of Ambulances, etc.)

A person who has registered ambulances, etc. before this Act enters into force shall notify the head of a Si/Gun/Gu having jurisdiction over the place of registration of the registration thereof or report the registration thereof to the head of such Si/Gun/Gu pursuant to the amended provisions of Article 44-2 within three months from the date on which the said provisions enter into force.

ADDENDA <Act No. 11998, Aug. 6, 2013>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 and 3 Omitted.

ADDENDUM <Act No. 12448, Mar. 18, 2014>

This Act shall enter into force six months after the date of its promulgation.

ADDENDA <Act No. 12844, Nov. 19, 2014>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation: Provided, That provisions amended pursuant to Article 6 of Addenda, which were promulgated before this Act enters into force, but the enforcement date of which has not arrived, shall enter into force on the enforcement date of the relevant Act, respectively.

Articles 2 through 7 Omitted.

ADDENDA <Act No. 13106, Jan. 28, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Articles 13-2 (3), 13-4, 22-2, subparagraph 3 of Article 37 and Article 60 shall enter into force on the date of its promulgation.

Article 2 (Transitional Measures concerning Emergency Medical Institutions)

Any regional emergency medical center and any local emergency medical center at the time this Act enters into force shall meet criteria for the designation of a regional emergency medical center under the amended provisions of Article 26 and criteria for the designation of a local emergency medical center under the amended provisions of Article 30 within one year after this Act enters into force, and any local emergency medical institution at the time this Act enters into force shall meet criteria for designation of a local emergency medical institution under the amended provisions of Article 31 within three years after this Act enters into force. In such cases, where a regional emergency medical center, local emergency medical center or local emergency medical institution fails to meet criteria for designation within the specified period, the designation thereof shall be deemed revoked without having held hearings under Article 56.

Article 3 (Transitional Measures concerning Installation of Equipment in Ambulances)

(1) Any person who operates an ambulance under Article 44 (1) 1 at the time this Act enters into force shall install equipment under the amended provisions of Article 47 (2) 1 and 3 within one year after this Act enters into force.

(2) Any person who operates ambulances under Article 44 (1) 2 through 5 at the time this Act enters into force shall install equipment under the amended provisions of Article 47 (2) 1 and 3 within two years after this Act enters into force.

Article 4 (Transitional Measures concerning Lifespan of Ambulances)

Notwithstanding the amended provisions of Article 46 (2), an ambulance being operated at the time this Act enters into force may be operated in excess of the lifespan thereof within one year after this Act enters into force.

Article 5 (Transitional Measures concerning Incompetents, etc.)

Notwithstanding the amended provisions of subparagraph 3 of Article 37, the former provision shall apply to a person whose declaration of incompetency or quasi-incompetency remains in effect pursuant to Article 2 of Addenda of the Civil Act partly amended by Act No. 10429.

ADDENDA <Act No. 13367, Jun. 22, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 through 5 Omitted.

ADDENDA <Act No. 13436, Jul. 24, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force two years after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 4 Omitted.

ADDENDA <Act No. 14113, Mar. 29, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 through 18 Omitted.

ADDENDA <Act No. 14116, Mar. 29, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 55 Omitted.

ADDENDA <Act No. 14218, May 29, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 47-2 (1) and 62 (1) 3-2 shall enter into force two years after the date of its promulgation.

Article 2 (Transitional Measures concerning Reports on Emergency Medical Technicians)

An emergency medical technician qualified under the former provisions as at the time this Act enters into force, shall report his or her actual conditions, the current status of employment, etc., as prescribed by Ordinance of the Ministry of Health and Welfare, within one year after this Act enters into force.

ADDENDA <Act No. 14329, Dec. 2, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of paragraph (3) of Addenda of the Emergency Medical Service Act partly amended by Act No. 9305 shall enter into force on the date of its promulgation; the amended provisions of Article 31-4 shall enter into force two years after the date of its promulgation; and the amended provisions of Articles 47-2 (2) and 62 (1) 3-4 shall enter into on May 30, 2018.

Article 2 (Transitional Measures concerning Reports on Operation of Ambulances, etc.)

A person who obtains permission to provide transportation services under Article 51 before this Act enters into force, shall report the operation of ambulances, etc. to the head of a Si/Gun/Gu pursuant to the amended provisions of Article 44-2 (2) within three months after the amended provisions of Article 44-2 (2) enter into force.

Article 3 (Transitional Measures concerning Reports on Installation of Emergency Equipment Available for Cardiopulmonary Resuscitation)

A person who has installed emergency equipment for cardiopulmonary resuscitation pursuant to Article 47-2 (1) before this Act enters into force, shall submit a report to the head of a Si/Gun/Gu pursuant to the amended provisions of Article 47-2 (2) within three months after the amended provisions of Article 47-2 (2) enter into force.

Article 4 (Transitional Measures concerning Administrative Dispositions)

The former provisions shall apply to administrative dispositions taken against an offense committed before this Act enters into force.

ADDENDA <Act No. 14476, Dec. 27, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force three months after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 5 Omitted.

ADDENDUM <Act No. 14778, Apr. 18, 2017>

This Act shall enter into force three months after the date of its promulgation.

ADDENDA <Act No. 14839, Jul. 26, 2017>

Article 1 (Enforcement Date)

(1) This Act shall enter into force on the date of its promulgation. Provided, That the provisions amending any Act that was promulgated before this Act enters into force but has yet to enter into force, among the Acts amended pursuant to Article 5 of the Addenda, shall enter into force on the respective date the relevant Act enters into force.

Articles 2 through 6 Omitted.

ADDENDA <Act No. 14927, Oct. 24, 2017>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 (Applicability to Demand for Amount of Payment by Subrogation and Collection thereof in the Same Manner as Delinquent National Taxes Are Collected)

The amended provisions of Article 22 (5) and (5) shall apply beginning with the first amount of payment by subrogation that accrues after this Act enters into force.

ADDENDA <Act No. 15522, Mar. 20, 2018>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 30 Omitted.

ADDENDA <Act No. 15893, Dec. 11, 2018>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Article 46-3 (2) shall enter into force three months after the date of its promulgation, and the amended provisions of Articles 51 (4) and (5) and 57 (1) shall enter into force six months after the date of its promulgation.

Article 2 (Transitional Measures concerning Penalty Surcharges)

The previous provisions shall apply to the imposition of penalty surcharges on any violation committed before this Act enters into force.

ADDENDUM <Act No. 16252, Jan. 15, 2019>

This Act shall enter into force on the date of its promulgation.

ADDENDA <Act No. 16272, Jan. 15, 2019>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation. (Proviso Omitted.)

Articles 2 through 21 Omitted.

ADDENDUM <Act No. 16554, Aug. 27, 2019>

This Article shall enter into force six months after the date of its promulgation.

ADDENDA <Act No. 16724, Dec. 3, 2019>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provision of Article 31-2 shall enter into force on July 1, 2020.

Article 2 (Applicability to Entrustment of Issuance and Re-Issuance of Certificates for Lifelong Education Teachers)

The amended provisions of the proviso of Article 36-2 (1) shall apply from the first notification of building construction to be filed after this Act enters into force.

ADDENDA <Act No. 17091, Mar. 24, 2020>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation. (Proviso Omitted.)

Articles 2 through 5 Omitted.

ADDENDA <Act No. 17203, Apr. 7, 2020>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 through 5 Omitted.

ADDENDUM <Act No. 17210, Apr. 7, 2020>

This Act shall enter into force three months after the date of its promulgation.

ADDENDA <Act No. 17689, Dec. 22, 2020>

Article 1 (Enforcement Date)

This Act shall enter into force on January 1, 2021.

Articles 2 through 8 Omitted.

ADDENDA <Act No. 17786, Dec. 29, 2020>

Article 1 (Enforcement Date)

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Article 12 shall enter into force three months after the date of its promulgation, and the amended provisions of Articles 38 (2) and 54-3 shall enter into force one year after the date of its promulgation.

Article 2 (Applicability to Punishment for Cheating)

The amended provisions of Article 38 (2) shall begin to apply to a person suspended from an examination or whose success in the examination is invalidated on or after the date this Act enters into force.

Article 3 Omitted.

ADDENDA <Act No. 17968, Mar. 23, 2021>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 31-2 (4) shall enter into force on the date of its promulgation.

Article 2 (Applicability to Disasters such as Natural Disasters and Spread of Infectious Diseases and Situations Equivalent Thereto)

The amended provisions of Article 31-2 (4) shall also apply to the operation of emergency medical institutions during a disaster for which a crisis alert under Article 38 of the Framework Act on the Management of Disasters and Safety is issued as at the time the aforesaid amended provisions enter into force.

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