House Bill No. 7431

EXPLANATORY NOTE

Nurses are essential and valuable to the healthcare of all Filipinos. At almost 500,000 strong, nurses comprise approximately 60% of the total human resource for health (HRH) in all settings of healthcare delivery. They are the core providers of safe, quality and equitable care by applying evidence-based and coordinated care to patients, families, population groups, and communities. Nurses are care integrators, working in partnership with health and non-health care team members and networks using innovative, nurse-driven and contextualized client/patient care models.

Equipped with the needed competencies in the science of care, organizational skills, and a strong commitment to address safety risks and promote population health, nurses have established themselves as the backbone of the health system, significantly contributing to national health. They are crucial to the achievement of national targets in ensuring patient safety, health, wellness, and management of communicable and non-communicable diseases, disaster preparedness and resilience, and the successful delivery of Universal Health Care.

However, despite having 467,053 active nurse professionals in the country (PRC Information Communication Technology Services, August 6, 2020), there are persistent quantity and distribution challenges adversely affecting the number of nurses needed to meet population needs stemming from a lack of plantilla positions, migration, geographic maldistribution, unjust compensation, and poor working conditions (Dawit et al., 2018). In the advent of global and national challenges, there is a dire need to ensure that nurses are empowered, enabled, and supported by policies that optimize their impact through effective leadership, sound workforce and workload management, healthy practice environments, and a scope of practice that is responsive to the needs of the Filipino people.

As such, this bill seeks to protect and care for nurses through just employment, welfare, compensation, and practice environments through: (1) strengthening the regulation of the profession through the empowerment of the Professional Regulatory Board of Nursing, (2) ensuring top level leadership in nursing regulation, education, service and research, (3) promoting competent and credentialed professionals through continuing professional development and career progression, (4) ensuring safe staffing and nursing skill mix for quality care through the institutionalization of the Nursing Human Resource for Health Management System (NHRHMS) in all settings and sectors, and (5) preparing, credentialing, and recognizing nurses for advanced practice in nursing to meet the gap created by increasingly complex healthcare needs, the strong focus of universal healthcare on primary care, and the need to reach Filipinos in inaccessible or underserved settings.

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

RUFUS B. RODRIGUEZ
EIGHTEENTH CONGRESS
REPUBLIC OF THE PHILIPPINES
Second Regular Session.

HOUSE OF REPRESENTATIVES

Introduced by Representative Rufus B. Rodriguez

House Bill No. 7431

AN ACT
PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS A QUALITY HEALTH CARE SYSTEM, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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

ARTICLE I
GENERAL PROVISIONS

SEC. 1. Title. — This Act shall be known as the "Philippine Nursing Practice Act of 2020."

SEC. 2. Declaration of Policy. — In pursuit of the constitutional mandate that Health is a right of every Filipino, it is hereby declared as the policy of the State to uphold the health workforce as an important instrument in the achievement of the Universal Health Care (UHC) through Primary Health Care. It is likewise declared as the policy of the State to uphold the dignity of and respect for Nurses and to improve the practice of the Nursing profession by instituting measures to promote comprehensive and relevant nursing practice standards towards the promotion of the health and safety of the public, just and humane conditions of work, and the professional growth of Nurses. Nurses comprise a great majority of the health workforce, both in the institutional and community levels. Thus, the State recognizes Nurses as prime movers of national development and contributors to international cooperation and understanding. The State furthermore guarantees the delivery of accessible, affordable, and available quality healthcare through the implementation of an adequate and comprehensive Nursing Human Resource for Health Management System (NHRHMS) throughout the country.

SEC. 3. Definition of Terms. — The following terms as used in this Act shall mean:
   a) Accredited Professional Organization (APO) refers to the national professional organization of Nurses duly accredited by the Professional Regulation Commission;
   b) Advanced Practice Nurse (APN) refers to a nurse who has acquired substantial and higher level of theoretical knowledge and decision-making skills in a specialty area of nursing practice and demonstrated proficiency in clinical utilization of such knowledge and skills in providing expanded, autonomous or collaborative expert care. An APN must be endorsed by a Specialty Organization based on the recommendation of the Career Progression and Specialization (CPS) Council, and certified by the Board and the Commission. An APN must have at least a master's degree in Nursing and must possess substantial specialty experience. The scope or practice is Individual-based health services as defined in RA 11223 and acts as navigator, coordinator, and initial and continuing point of contact of the patient to ensure care continuity during transitions of care. The APN is eligible for PhilHealth payments using performance-driven, close-end, prospective payments based on disease or diagnosis related groupings and validated costing methodologies as described in RA 11223 or the Universal Care Act.
   c) Advanced Practice Nursing refers to the specialized and expanded role of an APN. It involves certification of Nurses with higher degree of qualifications by the Board,
thereby, providing the former with opportunities for role recognition within the human resource for health framework and expanded professional scope of practice. It maximizes the use of graduate education in nursing and the Nurse’s expertise to ensure safe, holistic and quality care to individuals, families, population groups or communities towards achieving quality, accessible, and affordable health care for all Filipinos;

d) **Bachelor of Science in Nursing (BSN)** refers to the baccalaureate program that provides sound and liberal professional education that equips graduates with competencies for registration and is the sole required academic standard for entry into nursing practice in the Philippines, in accordance with the appropriate qualification framework. The BSN program is effectively promulgated under the enabling Policies, Standards and Guidelines (PSG) prescribed and issued by the Commission on Higher Education (CHED);

e) **Career Progression and Specialization Council for Nursing (CPSCN)** is the body deputized by the Professional Regulation Commission to develop differentiated nursing-level standards, establish mechanisms and criteria for credentialing of specialty organizations and interest groups, certification of individuals at different levels of Post-Baccalaureate nursing and advanced practice for recommendation to the Board.

f) **Career Progression and Specialization Program for Nursing (CPSPN)** refers to the Program of differentiating nursing-level standards, the system of credentialing specialty organizations and interest groups, and certification of individuals at different levels of practice, recognized by the PRC and Board of Nursing.

g) **Certification** refers to the process of validating achievement/s through a variety of measures and assessment strategies to confirm or attest to the competency of an Advanced Practice Nurse upon completion of a specialty program and/or Continuing Professional Development (CPD) program. Certification is issued by the Board and the Commission upon endorsement of the specified recognized and credentialed specialty organization in accordance with the prescribed guidelines.

h) **Chief Nursing Officer (CNO)** is the highest nursing administrative and clinical official in healthcare facilities. The CNO is responsible for leading and coordinating an organization’s nursing department/services and its daily operation. The CNO is the primary spokesperson for nurses in the facility and must be a Registered Nurse.

i) **Clinical Practice** refers to any professional practice rendered in any healthcare setting like institutional, public health, and any healthcare industry.

j) **Commission on Higher Education (CHED)** refers to the national government agency created by law to promulgate the PSG for baccalaureate and graduate programs offered by Higher Educational Institutions (HEIs);

k) **CREDENTIALING** refers to the formal recognition of a specialty or interest group conferred by the PRC and Board of Nursing upon the recommendation of the CPSC after complying with prescribed guidelines;

l) **Decent Work** refers to aspirations by people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development, psychological well-being and social integration, freedom for people to express their concerns, organize and participate in decisions that affect their lives, and equality of opportunity or treatment regardless of ethnicity, gender, position, or religion;

m) **Expanded Role** refers to the broadening of the roles of an APN by virtue of the nurse’s expertise and professional scope of nursing practice. An APN has recognized role autonomy within a specialized field of practice;

n) **Geographically-Isolated and Disadvantaged Areas (GIDAs)**—refer to barangays specifically disadvantaged due to the presence of both physical and socio-economic factors;
o) Health Facility refers to a public or private institution, establishment or clinic devoted primarily to the provision of services, including nursing, for health promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury or disability, or deformity, or in need of obstetrical, psychiatric or other medical and nursing care, including, but is not limited to hospitals, barangay health centers and other clinics;

p) Individual-based Health Services refer to services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient, has limited effect at a population level and does not alter the underlying cause of illness, such as ambulatory and inpatient care, medicine, laboratory tests and procedures, among others.

q) National Chief Nursing Officer (NCNO) is the highest-ranking nursing official of the Department of Health whose main function is to influence safe nursing and quality standards and implement nursing policies for both the public and private sectors. The responsibility of the NCNO is to assist the government to achieve the health goals of the country through nursing, by provision of expert advice based on timely accurate local data and national and international evidence, and through professional networks of influence and professional understanding;

r) Nurse refers to a person duly registered and licensed to practice the nursing profession, with all the rights and privileges appurtenant thereto;

s) Nursing is a profession based on caring science. Those who practice it have substantial judgment and skills to perform safe and quality care; are able to work autonomously and/or in collaboration with others to enable individuals, families, communities and populations to achieve their optimum level of health;

l) Nursing Human Resource for Health Management System (NHRHMS) refers to an organized human resource management and development information system based in the Department of Health (DOH) and directed by the National Chief Nursing Officer, that provides meaningful data used to undergird policies affecting nurses and nursing.

u) Nursing Service refers to an office within a public or private healthcare institution, responsible for administrative and clinical supervision of nurses and nursing personnel, headed by a Chief Nursing Officer (CNO) who is a Registered Nurse;

v) Philippine Nurse Licensure Examination (PNLE) refers to the written examination given by the Board to qualified BSN graduates to be registered and licensed to practice nursing in the Philippines;

w) Philippine Qualifications Framework (PQF) refers to the quality assured national system for the development, recognition and award of qualifications at defined levels based on standards of knowledge, skills and values acquired in different ways and methods by professionals, learners and workers. The PQF is competency-based, labor-market driven and an assessment-based qualification recognition;

x) Population-based Health Services refer to interventions such as health promotion, disease surveillance, and vector control, which have population groups as recipients;

y) Positive practice environment refers to a practice setting that promotes economic welfare, professional autonomy, job satisfaction and retention of nurses by ensuring safe staffing, managerial support, professional development, occupational safety and psychological health and prevention of workplace violence to promote patient and nurse safety;

z) Precarious Work refers to working conditions which are contingent, atypical or non-standard. It is usually characterized by uncertainty as to the duration of employment, multiple possible employers or a disguised or ambiguous employment relationship, lack of access to social protection benefits usually associated with employment, low pay and substantial legal and practical obstacles to joining a trade union and bargaining collectively;
aa) *Primary Care* refers to initial-contact, continuous, comprehensive and coordinated, and culturally appropriate care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary;

bb) *Professional Regulation Commission (Commission)* refers to the national government agency created by law that is mandated to enforce, administer and implement the policies of the national government with respect to the licensing and regulation of the professions and occupations under its jurisdiction;

c) *Professional Regulatory Board of Nursing (Board)* refers to the administrative body created by law to supervise and regulate the practice of the nursing profession in the Philippines;

d) *Public Health Institution (PHI)* refers to any government-led, -owned or -controlled institutions which pursues and realizes the lofty goals and objectives of providing and managing safe, efficient, effective and quality public health programs and services and advocacies for health in all levels of the Health Care Delivery System (HCDS – national to local) which include, among others: Rural Health Units (RHUs/ Barangay Health Centers); Research Facilities, e.g. Research Institute for Tropical Medicine, etc.; Training Resource Facilities, e.g. the U.P. College of Public Health and State or Local Colleges or Universities offering Health-Related Programs; the Department of Health (DOH) and all retained Health Facilities, and the like;

e) *Return Service Agreement* refers to an agreement whereby graduates of nursing and other health-related courses who are recipients of government-funded scholarship programs are required to serve in priority areas in the public sector, subject to the conditions prescribed by R.A. 11223 or the Universal Health Care Act;

ff) *Special Temporary Permit (STP)* refers to the authority to engage in limited nursing practice granted to foreign registered/licensed nurses and Filipino nursing graduates under the conditions set forth in this Act.

**ARTICLE II**

**BOARD OF NURSING**

**SEC. 4. Creation and Composition of the Board.** – There shall be created a Professional Regulatory Board of Nursing, hereinafter referred to as the Board, under the administrative supervision of the Professional Regulation Commission, hereinafter referred to as the Commission. The Board shall be composed of seven (7) Members who shall elect among themselves a Chairperson to serve for one (1) year only but may be re-elected as Chairperson on a year-to-year basis. The President of the Republic of the Philippines shall appoint the Members of the Board from among those recommended by the Commission and ranked from a list of at least three (3) nominees per vacancy as provided by the APO. Preferably, that the membership of the Board shall be distributed to proportionately represent both nursing service and nursing academe, and that the members’ areas of expertise cover all the areas of the licensure examination.

**SEC. 5. Mission of the Board** - The mission of the Board is to protect and promote the welfare of the people of the Philippines by ensuring that each person holding a license as a nurse in the Philippines is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs, the latter which is done in collaboration with the Commission on Higher Education (CHED). This mission, derived from the Philippine Nurse Practice Act of 2020, supersedes the interest of any individual or any special interest group.

Acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and transparency, the Board approaches its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public trust.
SEC. 6. Qualifications of the Members of the Board. – The Members of the Board must, at the time of their appointments, possess the following qualifications:
   a) Natural born citizens and residents of the Philippines for five (5) consecutive years immediately preceding their date of appointment;
   b) Holders of valid Certificates of Registration (CORs) and current Professional Identification Cards (PICs) as Nurses;
   c) Holders of master's degree in Nursing, and preferably, with relevant Doctorate Degree conferred by an HEI duly recognized by the government;
   d) Have at least ten (10) years of continuous practice of the nursing profession prior to appointment. Provided, however, that the last five (5) years of which must be in the Philippines;
   e) Of good moral character and have not been convicted of any offense involving moral turpitude; and
   f) Must be physically and mentally fit.

SEC. 7. Prohibition as Members of the Board. – The Members of the Board shall not hold any position nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review or training center for the Philippine Nurses Licensure Examination (PNLE), training hospital or health facility with nursing affiliates, and is not an officer of the APO at the time of appointment.

SEC. 8. Term of Office. – The Members of the Board shall hold office for a term of three (3) years. Any Member of the Board may serve for a maximum of two (2) terms of a total of six (6) years, or until their successors shall have been appointed and qualified.

SEC. 9. Vacancy. – Any vacancy in the Board must be filled in the manner prescribed in this Act and only for the unexpired portion of the term. Each Member of the Board shall take the proper oath of office prior to the performance of duties.

SEC. 10. Compensation. – The Members of the Board shall receive compensation and allowances comparable to those received by the Members of other regulatory boards under the Commission.

SEC. 11. Limited Practice. – During their incumbency, the members of the Board may be allowed to practice their profession or maintain employment or affiliation in the public or private sector subject to the conditions and limitations prescribed by law and upon proper and timely disclosure of possible or actual conflict of interest as input for the Commission’s action.

SEC. 12. Administrative Supervision of the Board, Custodian of its Records, Secretariat and Support Services. – The Board shall be under the administrative supervision of the Commission. All records of the Board, including applications for examinations, administrative and other investigative cases conducted by the Board must be under the custody of the Commission. The Commission shall designate the Secretary of the Board and shall provide the secretariat and other support services to implement the provisions of this Act.

SEC. 13. Powers and Duties of the Board. – The Board shall supervise and regulate the practice of the nursing profession and shall have the following powers, duties and functions:
   a) Ensure the proper conduct of the PNLE, including the evaluation of exam applications, test development, administration of the examination, correction and release of the results thereof. The use of appropriate technologies and modalities on the conduct of the PNLE is encouraged to enhance efficiency while upholding integrity;
   b) Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting nursing practice in the Philippines, and exercise the powers necessary to ensure the maintenance of efficient, ethico-moral, technical and
professional standards in the practice of nursing towards the optimal health and common good of the nation;

c) Ensure quality nursing education by examining and monitoring HEIs offering and seeking permission to open nursing education programs to ensure that the standards of nursing education are properly complied with and maintained at all times.

d) Promulgate a Code of Ethics that is responsive to the needs of the nursing profession, in coordination with the APO for Nurses, within one (1) year from the effectivity of this Act;

e) Prescribe and operationalize, via necessary infrastructures, a Career Progression and Specialization Program for Nursing (CPSPN) to ensure the continuing professional development of Nurses, and for this purpose, create the CPS Council for Nursing (CPSCN), in collaboration with the various Nursing Specialty organizations, to support the Board in implementing and monitoring of the Career Progression and Specialization Program, including recognition and credentialing of organized nursing groups and certification of advanced practice nurses.

f) Ensure performance of mandated duties and functions with the provision of operational resources including human, financial and special resources as provided in the annual budget of the Commission as promulgated in the General Appropriations Act;

g) Collaborate with appropriate agencies to identify and utilize resources earmarked for national nursing development;

h) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and to submit recommendations to authorities and agencies to aid in policy- and decision-making as may be necessary for the improvement of nursing practice, advancement of the profession, and for the proper and full enforcement of this Act, subject to the review and approval of the Commission;

i) Spearhead and oversee the Philippine Nursing Development Plan (or Nursing Roadmap);

j) Conduct hearings and investigations to resolve complaints against Nurses for unethical or unprofessional conduct or any violation of this Act, or its rules and regulations, and in connection therewith, issue _subpoena ad testificandum_ and/or _subpoena duces tecum_ to require the appearance of respondents and witnesses and/or the production of documents and to penalize for contempt persons obstructing, impeding or otherwise interfering with the conduct of such proceedings, upon application with the regular courts; and

k) Issue, suspend, revoke or reinstate CORs and Special Temporary Permits (STPs) for the practice of nursing;

SEC. 14. Annual Report. – The Board shall, at the close of every calendar year, submit an annual report to the President and Congress of the Philippines, through the Commission, giving a detailed account of its proceedings and the accomplishments during the year and making recommendations for the adoption of measures that will upgrade and improve the conditions affecting the practice of the nursing profession.

SEC. 15. Removal or Suspension of Board Members. – The President may remove or suspend any Member of the Board, after due process, upon recommendation of the Commission on any of the following grounds:

a) Continued neglect of duty or incompetence;

b) Commission or toleration of irregularities in the conduct of the PNLE;

c) Unprofessional, immoral, or dishonorable conduct; or

d) Non-disclosure of conflict of interest.
ARTICLE III
EXAMINATION AND REGISTRATION

SEC. 16. Philippine Nurse Licensure Examination (PNLE). – In order to obtain CORs and PICs, all nursing graduates must take and pass the PNLE. The Board shall administer the PNLE in such places and dates as may be designated by the Commission.

SEC. 17. Scope of Examination. – The Board shall determine the scope of the PNLE, taking into consideration the nursing core competencies, the nursing curriculum, the scope and areas of nursing practice, and other related disciplines.

SEC. 18. Qualifications for Admission to the PNLE. – At the time of the filing of application for the PNLE, an applicant must be:
   a) A holder of a BSN degree from an HEI that complies with the standards of nursing education recognized by the government;
   b) Of good moral character and has not been convicted by final judgment of any criminal offense involving moral turpitude or found guilty of immoral or dishonorable conduct, or judicially declared to be of unsound mind; and
   c) A citizen of the Philippines, or of a foreign country or state which permits Filipino Nurses to practice within its territorial limits on the same basis as the subject or citizen of such country or state: Provided, That the requirements for the registration or licensing of Nurses in said country or state are substantially the same as those prescribed in this Act.

SEC. 19. Fees for Examination and Registration. – Applicants for the PNLE and registration must pay the prescribed fees set by the Commission.

SEC. 20. Ratings. – To be considered as having passed the PNLE, an examinee must obtain at least seventy-five percent (75%) of the tested areas of all the nursing competencies. An examinee who has failed the PNLE three times (3x) shall not be allowed to take any further PNLE, without having undertaken a refresher program in a duly accredited institution. The Board shall issue the guidelines on the refresher program requirement.

SEC. 21. Issuance of Certificate of Registration and Professional Identification Card. – CORs and PICs shall be issued to all successful examinees, upon compliance with all the requirements for registration. The COR shall show the full name of the registrant, COR number and date of initial registration. The same must be duly signed by the Members of the Board and Chairperson of the Commission, with the corresponding seals of the Board and the Commission.

The PICs shall bear the full name of the registrant, the COR number, date of initial registration and date of expiration of the PIC, and which must be duly signed by the Chairperson of the Commission. The PIC shall be renewed after every three (3) years upon satisfying the requirements set by the Commission, including the payment of the required fees and compliance with the Continuing Professional Development (CPD).

SEC. 22. Oath of Profession. – All successful examinees must take the Oath of Professional before any Member of the Board or government official authorized to administer oaths prior to practicing the nursing profession.

SEC. 23. Registry of Nurses. – The Commission shall maintain a roster of Nurses which shall serve as the centralized database of Nurses for purposes of documentation, verification of registrants, statistics, research, and development.

SEC. 24. Accredited Professional Organization (APO). – All Nurses whose names appear in the Registry of Nurses of the Commission may become members of the APO for Nurses,
and shall receive all the benefits and privileges therefrom, upon payment of membership fees and duties. Membership in other organizations of Nurses shall not be barred.

SEC. 25. Foreign Reciprocity. – No foreign Nurse shall be given a COR and PIC or be entitled to any of the privileges under this Act unless the country or state of which such foreign Nurse is a subject or citizen permits Filipino nurses to practice within its territorial limits on the same basis as the subjects or citizens of said country or state.

SEC. 26. Limited Practice Through Special Temporary Permit. – The Board may issue Special Temporary Permits (STPs) to the following persons based on qualifications, and professional and moral standards as approved by the Board and the Commission:

a) Registered/Licensed nurses of foreign citizenship: (i) whose services are either for a fee or free if they are internationally well-known specialists or outstanding experts in any branch or specialty in nursing; (ii) who are on medical mission whose services shall be free in particular hospital, center or clinic; (iii) who are engaged by HEIs offering the BSN program as exchange professors in a branch or specialty of nursing; or (iv) who come to aid during declared disasters and calamities.

b) Nursing graduates of Philippine citizenship who may render nursing service during epidemics or national emergencies under the supervision of a registered and licensed nurse. Provided, that they have graduated within the last five (5) years prior to the occurrence of the epidemic or national emergency in which they shall serve.

The STP issued to those belonging to sub-item a (i), (ii), (iii) and (iv) shall be effective only for the duration of the project, health mission, engagement, but which in no case shall exceed one (1) year, subject to renewal. The STP issued to those belonging to sub-item b) shall automatically cease upon the lifting or termination of the epidemic or national emergency.

A completion report shall be submitted to the Board and the Commission after completion of the project, medical mission, engagement or contract. In the case of sub-item b), the completion report shall be submitted by the registered nurse having supervision over the nursing graduate(s).

The Board shall issue the corresponding guidelines in the issuance of the STP pursuant to this Section.

SEC. 27. Non-Registration and Non-issuance of Certificate of Registration, Professional Identification Card, Special Permit or Temporary Permit. – Any person who has been convicted by final judgment of any criminal offense involving moral turpitude or found guilty of immoral or dishonorable conduct or judicially declared to be of unsound mind shall not be registered and issued a COR, PIC or an STP.

The Board shall furnish the applicant a written statement setting forth the reasons for such actions, and which shall be incorporated in the records of the Board.

SEC. 28. Revocation and Suspension of Certificate of Registration, Professional Identification Card and Cancellation of Special Temporary Permit. – The Board shall have the power to reprimand a Nurse or revoke or suspend his/her COR, PIC or STP, after due notice and hearing, on any of the following grounds:

a) Conviction by final judgment of any criminal offense involving moral turpitude or of immoral or dishonorable conduct or having been judicially declared to be of unsound mind;

b) Violation of this Act, the Code of Ethics for Nurses and other policies, rules and regulations of the Board and the Commission;

c) Negligence, misconduct, or incompetence in the nursing practice resulting to injury, harm, disability or death;
d) Commission of fraud, concealment, or misrepresentation in obtaining a COR, PIC, or STP;

e) Practicing the nursing profession during the period of suspension of license;

f) Breach of ethical practice in research in accordance with prevailing national and international guidelines; or

g) Other grounds analogous to the foregoing.

If the penalty imposed is suspension or revocation of the license, the respondent shall be required to surrender their COR and PIC.

SEC. 29. Reinstatement and Re-Issuance of Revoked Certificates of Registration and Professional Identification Card. – The Board may, upon proper application therefor and payment of the required fees, reinstate or reissue a revoked certificate of registration after two (2) years from the effectivity of the period for revocation, which is the date of surrender of the certificate and professional identification card, for reasons of equity and justice, and when the cause for revocation has disappeared or has been cured or corrected.

ARTICLE IV
NURSING PRACTICE

SEC. 30. Nursing Practice. – Nursing practice embraces various stages of development towards the promotion of health, prevention of illness, health care techniques and procedures, restoration of health, alleviation of suffering, and end-of-life care. It encompasses the care of clients in various stages of human growth and development from conception, labor, delivery, infancy, childhood, toddler, pre-school, school age, adolescence, adulthood to old age, be it performed independently or collaboratively with other professions.

SEC. 31. Scope of Nursing Practice. – The scope of Nursing practice includes nursing service, education, research, leadership, and governance as defined in this Act. A person shall be deemed practicing nursing when singly or in collaboration with other professionals, with or without fee or compensation, the person assumes any or all of the four (4) roles: (1) provider of direct client care, (2) educator, (3) researcher, and (4) manager and leader. The nurse's clients shall include individuals, families, population groups, and communities, with varying age groups, gender, health-illness status, in any health care, industrial or community setting.

Nurses are primarily responsible for the promotion of health and prevention of illness. As a member of the health team, Nurses shall collaborate with other health care providers for the promotive, preventive, curative and rehabilitative aspects of care, restoration of health, alleviation of suffering and when recovery is not possible, in the provision of palliative and end-of-life care.

In performing independent and collaborative functions, it shall be the duty of the Nurse to:

a) Provide nursing care through the utilization of the nursing process. Basic nursing care is holistic care which includes, but is not limited to, the provision of physiologic, psycho-social, emotional and spiritual care. This shall comprise any or combination of essential primary health care, the application of traditional, complementary, and innovative approaches, the therapeutic use of self, rendering health care procedures and interventions, safety and comfort measures, health education, health counselling and administration of written prescription for treatment, therapies, oral topical and parenteral medications, performance of peripartal care covering pre-intra-postpartum care, including the performance of internal examination during labor in the absence of antenatal bleeding, management of normal delivery and suturing of perineal laceration and immediate care of the newborn; performance of perioperative care covering pre-intra-postanesthesia case intervention; provision of life-saving interventions during emergency and disasters; palliative and end-of-life care
b) Provide advanced nursing care based on the CPSCN and the Philippine Qualifications Framework (PQF);
c) Establish linkages with community resources and coordination with the health team in any health care, industrial or community setting;
d) Provide health education and health counselling to empower individuals, families, population groups and communities towards the promotion of health, prevention of illness, and caring towards a peaceful and good death;
e) Teach, guide and supervise students in nursing education programs, including the administration of nursing services in varied settings such as hospitals, clinics and other health, industrial or community settings where practice of the nursing profession exists;
f) Provide duly compensated professional nursing services, such as but not limited to consultation services and private/independent nursing practice;
g) Supervise nursing and ancillary nursing personnel in the delivery of safe and quality healthcare services in varied settings;
h) Maintain competence by adhering to the CPSP standards and the Philippine Professional Nursing Practice Standards (PPNPS) as well as engage in CPD and lifelong learning within the context of the CPSP;
i) Observe, at all times, the Code of Ethics for Nurses promulgated by the Board, uphold the standards of safe and quality nursing practice, and demonstrate cultural and gender sensitivity and social responsibility; and
j) Undertake nursing and health human resource development training and research for continuous quality improvement and evidence-based practice.

SEC. 32. Nursing Care. – Nursing care includes, but is not limited to, the provision of physiological, psychological, spiritual, social and emotional care, essential health care, safety and comfort measures, and health teachings; execution of health care techniques and procedures and traditional and innovative approaches to individuals, families, population groups and communities from conception to death.

SEC. 33. Roles, Responsibilities, and Competencies of a Nurse. – A Nurse shall possess and exercise the core competencies in the performance of their respective roles and responsibilities, in accordance with the PPNPS.

SEC. 34. Continuing Professional Development (CPD). – All Nurses shall abide by the requirements, rules and regulations on the CPD to be promulgated by the Commission, in coordination with the APO for Nurses, and the duly authorized representative of the organization of deans of HEIs offering the BSN program. For this purpose, a CPD Council shall be created to accredit CPD providers and programs for Nurses.

SEC. 35. Requirement for Inactive Nurses Returning to Practice. – Nurses are considered to be inactive under any of the following circumstances:

a) They are not utilizing nursing competencies as defined in the scope of nursing practice for five (5) consecutive years;
b) They have not renewed their PIC for five (5) years; or
c) They do not have proof of five (5) years of continuous nursing practice;

Inactive nurses intending to return to practice must undergo a refresher course as may be prescribed by the Board.

ARTICLE V
NURSING EDUCATION

SEC. 36. Basic Nursing Education. – Nursing education refers to the formal learning and training in the science and art of nursing provided by HEIs duly recognized by the CHED.
There shall be a standard Baccalaureate and Graduate Program for Nursing Education pursuant to R. A. No. 7722 or Higher Education Act of 1994.

SEC. 37. Baccalaureate Program for Nursing Education. – The Baccalaureate Program for Nursing Education refers to the basic nursing education program which envisions a sound and liberal professional education that will adequately equip nursing students with the necessary competencies for entry-level nursing practice.

Admission to the Baccalaureate Program for nursing Education requires passing a National Nursing Admission Test (NNAT).

The curriculum and the Related Learning Experiences (RLE) must be in accordance with the appropriate PSG of the CHED.

SEC. 38. Graduate Program for Nursing Education. – The Graduate Program for nursing education refers to the post baccalaureate nursing program which builds on the experiences and skills of a Nurse towards mastery, expertise, and leadership in practice, education, and research. This includes the master’s degree and Doctorate Degree in Nursing.

Graduate Program for Nursing Education shall be offered only by an accredited program of HEIs in accordance with the prevailing CHED PSG for Graduate Education.

SEC. 39. Qualifications of the Dean. – The Dean of the College of Nursing of a BSN program shall formulate policies and plans, in collaboration with the administration/school officials and stakeholders. The Dean must adhere to the prescribed curriculum for the advancement of nursing education.

The Dean must:

a) Be a Filipino citizen, physically and mentally fit and with good moral character;
b) Be a holder of a valid COR and a current PIC issued by the Commission;
c) Be a holder of a master’s degree in Nursing conferred by an HEI duly recognized by the government;
d) Have at least three (3) years of clinical experience in any nursing practice setting;
e) Have at least a total of five (5) years’ experience in teaching, administration, and supervision in nursing education.
f) Be a member of the organization of Deans duly recognized by the BON.
g) Must not hold a concurrent Dean position in another HEI and no other teaching assignments or administrative functions in other public/private institution or higher education institution; and
h) Has a duly notarized employment contract as dean of the nursing program of at least one (1) academic year with corresponding academic rank renewable annually.

SEC. 40. Qualifications of the Dean/Administrator of the Graduate Program. – The Dean/administrator of the academic unit shall be a holder of a doctoral degree in the discipline or allied field and has published works in refereed journals in one of the disciplines under the academic unit.

SEC. 41. Qualifications of the Faculty. –

a) Baccalaureate Program in Nursing Education. – A member of the faculty in a College of Nursing teaching professional courses must:

1. Be a Filipino citizen, physically and mentally fit and with good moral character;
2. Be a BSN degree holder;
3. Be a holder of a master’s degree in nursing for teaching professional nursing subjects or health-related programs for teaching non-professional subjects conferred by an HEI duly recognized by the government;
4. Be a holder of a valid COR and a current PIC as a Nurse issued by the Commission;
5. Have at least three (3) years clinical experience in any nursing practice setting; and
6. Preferably be a member of an accredited professional nursing organization of good standing and of a specialty nursing organization.

b) Graduate Program for Nursing Education. – A member of the faculty teaching Graduate professional courses must:
   1. Be a Filipino citizen, physically and mentally fit and with good moral character;
   2. Be a BSN degree holder;
   3. Be a holder of a valid COR and a current PIC as a Nurse issued by the Commission;
   4. Have at least three (3) years clinical experience in any nursing practice setting;
   5. Be a holder of a Doctorate degree in Nursing conferred by an HEI duly recognized by the government; and
   6. Has published works in refereed Nursing or health-related journals.
   7. Preferably be a member of an accredited professional nursing organization of good standing and of a specialty nursing organization.

SEC. 42. Faculty-to-Student-Ratio. – The faculty-to-student ratio must be in accordance with the standards to be determined and prescribed by the CHED.

ARTICLE VI
NURSING SERVICE

SEC. 43. Nursing Service. – Nursing service refers to the healthcare services provided by Nurses in accordance with Section 29, Article IV of this Act. It includes the provision of beginning, specialized, and advanced practice of nursing, including nursing management in various health, industry or community settings where the competencies of a Nurse are required.

SEC. 44. Qualifications of a Registered Nurse. – A Nurse shall have a broad and coherent knowledge and skills in the field of nursing to provide safe and quality care to an individual, family, population group or community, independently or as part of a team. A Nurse must be able to assess, plan, implement, and evaluate the care provided to clients based on evidence derived from practice and research. They may practice in special areas, such as but not limited to high dependency unit, critical care unit, disaster areas, special procedure or interventional area: Provided, that they have acquired relevant competencies.

   a) General Practice Nursing refers to the beginning roles of the Nurses in the provision of safe, holistic and quality care to individuals, families, population groups, or communities, and which include the assessment, planning, implementation and evaluation of evidence-based care to the clients.
   A Nurse must have the following minimum qualifications:

   1. Must be a BSN graduate from an HEI recognized by the government;
   2. Must have a valid COR and current PIC as a Nurse that is issued by the Commission;
   3. Must be physically, mentally and psychologically fit to practice nursing; and
   4. Must not be convicted of any crime involving moral turpitude.
b) *Specialty Practice Nursing* refers to the practice of a Nurse in a specialty area of the nursing practice for which the Nurse needs to obtain specialty recognition after having undergone specialty training. Specialties can be differentiated in categories, according to function, disease, pathology, systems, age, sex, acuity, setting, technology, and therapies. Nurses who practice within this field are referred to as “Specialists.”

A Specialty Practice Nurse or Specialist must have the following minimum qualifications:

1. Must be a BSN graduate from an HEI recognized by the government;

2. Must have a valid COR and current PIC as a Nurse that is issued by the Commission;

3. With at least 3 years of clinical experience in the area of specialty;

4. Must have received a specialty training in the area of specialty practice, and this training is CPD Council-accredited and provided by a CPS Council-credentialed organization.

5. Must be physically, mentally, and psychologically fit to practice nursing;

6. Must not be convicted of any crime involving moral turpitude; and

7. Preferably a member of the appropriate Board-credentialed Specialty organization

c) *Advanced Practice Nursing* refers to the direct, autonomous or collaborative expert care of Nurses with higher level competencies as defined in this Act. An APN must have acquired substantial theoretical knowledge and decision-making skills reflecting specialized and expanded competencies over and above the General Practice Nurse requirements.

An Advanced Practice Nurse must have the following minimum qualifications:

1. A graduate with relevant master’s degree from a government recognized HEI, with substantial specialty experience as may be determined by the Board;

2. Must have satisfied the requirements for certification as promulgated by the Board; and

3. Preferably be a member of the appropriate Board-credentialed Specialty organization

An Advanced Practice Nurse has the following responsibilities in collaboration with a Collaborating Physician.

1. Initiate patient admission to a primary, secondary, or tertiary health facility;

2. Provide direct primary-care services to patients of all ages;

3. Diagnose diseases and injuries;

4. Treat continuum of care of disease conditions;

5. Provide promotive, preventive, rehabilitative and end-of-life care;

6. Exercise prescriptive authority;

7. Order and interpret laboratory and diagnostic tests;

8. Provide anesthetic care;

9. Refer patients to specialists, other health professionals, and institutions for appropriate care; and

10. Initiate patient discharge.
SEC 45. Public Health Nursing Service. – There shall be adequate provision of essential health services in every local health facility to effectively implement public health programs for community and population groups. These essential services shall include: health information and education; expanded program of immunization against major infectious diseases; maternal and child health care including family planning and counselling; micronutrient and nutritional food supplementation; prevention, treatment and control of communicable and non-communicable diseases including locally endemic diseases; mental health promotion; occupational health and safety; safe water and environmental sanitation; basic drugs supply; and, emergency and disaster management.

SEC 46. Public Health Nurse (PHN). – Public Health Nurse function in the delivery of essential health services as described in SEC. 45. They work with the individuals, families, and population groups that are the nucleus of the community. They collaborate with other members of the service delivery network with the goal of promoting health, preventing disease and disability, and treatment of common diseases. PHN may progress to become a Specialist in PHN who obtained specialty training focused on public health-based programs and substantial experience in managing public health conditions. A PHN Specialist may progress to become Advanced Practice Nurse in Public Health who obtained an advanced nursing preparation, either a master’s or doctoral degree with emphasis on public health sciences, or their equivalencies issued according to promulgation by the Commission on Higher Education (CHED), and as defined in SEC. 44.

As Advanced PHN Practitioners, their duties and responsibilities include the following:

a) Delivering population-centered services and programs and other public health services such as occupational health; school health; emergency and disaster; and, home health/hospice services;

b) Providing direct and indirect care to population groups and communities. Direct care consists of assessing and diagnosing population or communities; planning nursing actions; mobilizing community response; monitoring population health status and evaluating outcomes. Indirect care consists of engaging in policy change, education and training of PH practitioners and in interdisciplinary research; acting as consultants to policy makers; and,

c) Exercising collaborative leadership and political skills for successful population outcomes.

ARTICLE VII
NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

SEC. 47. Nursing Research and Policy Development. – Nursing Research and Policy Development shall involve the study of nurse-related issues, to include as follows:

a) Professional nursing practice and nursing development such as advancing nursing knowledge, health and nursing governance to ensure quality nursing care for all and advocacy for sound health policies nationally and globally;

b) Information and knowledge management and communication technology;

c) Nursing regulation on credentialing, Code of Ethics, standards and competencies; and

d) Socio-economic welfare for Nurses like occupational health and safety, human resources planning and policy, remuneration, career development.

ARTICLE VI
NURSING LEADERSHIP AND GOVERNANCE

SEC. 48. Nursing Leadership and Governance. – Nursing leadership and governance involves the process of influencing other people through the exercise of authority, direction, control, and regulation in the practice of the nursing profession to achieve desired goals.
SEC. 49. Nursing Service Management. – Nursing service management refers to the management and administration of nursing services by Nurses who must be equipped with necessary competencies on governance and leadership, to wit:

a) First Level Manager is responsible for the management of a nursing unit and supervision of nursing support personnel including, but not limited to Patient Care Technician I, Orderlies, Caregiver I, Healthcare Sitter, Caregiver II, Patient Care Technician II, Surgical Technician, Dialysis Technician, Orthopedics Technician, Medication Technician, and Ward Clerk/Unit Secretary.

b) Middle Level Manager is responsible for the leadership and governance of more than one (1) nursing unit, particularly management of the operational systems, financial and human resources.

c) Executive Level is responsible for establishing the strategic direction for the entire nursing division, particularly on the development of policies, standards and guidelines and has full authority in their implementation.

Nursing Service Managers must have the following minimum qualifications:

a) For first level managerial position in nursing: Must have at least eighteen (18) units of nursing management and clinical subjects in Master of Arts in Nursing or Master of Science in Nursing, with at least three (3) years of clinical work experience, and must have participated in at least one (1) research project to improve quality of care.

b) For middle level managerial position in nursing: Must have completed all the academic requirements in Master of Arts in Nursing or Master of Science in Nursing, with at least three (3) years of clinical work and two (2) years of management experience, and must have conducted at least one (1) research project to improve quality of care.

c) For executive position in nursing: Must have a post-graduate degree in nursing or health management-related sciences, with at least three (3) years of clinical work and three (3) years of management experience and must have conducted at least two (2) research projects to improve quality of care.

For all managerial positions – Must have satisfied the requirements for certification as promulgated by the Board.

SEC. 50. Nursing Service and the Chief Nursing Officer (CNO). – There shall be a nursing service office in every health institution, be it administrative or clinical, with at least ten (10) Nurses. Nursing services must be under the control and management of a registered nurse designated as Chief Nursing Officer (CNO) in each health institution. There shall also be a National Chief Nursing Officer (NCNO) instituted at the Department of Health (DOH) to oversee and coordinate national nursing personnel utilization, welfare, decent work and nursing development covering both the public and private sectors.

Within the framework of health care delivery, nursing services in private and public institutions or community settings must be led and managed by a Chief Nursing Officer (CNO), or equivalent (i.e., Chief Nurse (CN), Director of Nursing). The CNO shall be bestowed full administrative responsibility as leader and manager of nursing services within each institution. The CNO shall have the authority and accountability over the planning, organizing, directing, and controlling including monitoring, evaluation, and policy development of nursing resources related to nursing services. The CNO responsibilities include strategic and operational planning, financial and resource allocation, policies and procedures development, professional and organizational involvement to address issues that have relevance for nursing.

The NCNO, being the highest-ranking nursing official in the Department of Health, shall be responsible for overseeing and coordinating strategic management, financial and resource allocation, policies and standards development, professional and organizational development to relevantly address national epidemiologic and nursing personnel supply, demand, and distribution trends. The NCNO shall oversee the development of the Nursing Human Resource for Health Management System (NHRHMS), a national nursing information system and utilize
statistical data and other nursing outcome metrics in the exercise of good governance and full accountability over nursing personnel systems in both private and public health care and community settings. The NCNO shall also act as the advocate for the rights and welfare of Nurses in both public and private institutions.

A CNO and NCNO must be qualified and credentialed based on the PSG as promulgated by the Board.

The CNO must have the following minimum qualifications:

a) Be a registered nurse in the Philippines;

b) Have a degree of a Master’s degree in Nursing

c) Be a holder of a master’s degree in nursing conferred by an HEI duly recognized by the government;

d) Be a holder of a valid COR and a current PIC as a Nurse issued by the Commission; and

e) Have at least five years’ experience in general nursing service administration with experience in policy development;

f) Preferably be a member of good standing of the accredited professional organization of nurses; and

g) Preferably be a member of the organization of nursing service administrators duly recognized by the BON.

The NCNO must have the following minimum qualifications:

a) Must be a registered nurse in the Philippines

b) Must have a degree of Bachelor of Science in Nursing

c) Be a holder of a Doctorate degree conferred by an HEI duly recognized by the government in a relevant healthcare and business/administration field

d) Be a holder of a valid COR and a current PIC as a nurse issued by the Commission

e) Must have the necessary Career Executive Service Officer (CESO) rank

f) Have at least five years’ experience in general nursing service administration with experience in policy development;

g) Preferably be a member of good standing of the accredited professional organization of nurses

h) Preferably be a member of the organization of nursing service administrators duly recognized by the BON

ARTICLE VII
NURSING HEALTH HUMAN RESOURCE MANAGEMENT SYSTEM

SEC. 51. Nursing Human Resource for Health Management System. – The Nursing Human Resource for Health Management System (NHRHMS) shall cover all nursing human resources in the nursing service of both public and private sectors, i.e. in the healthcare, industrial and community settings. Institutions shall be mandated to report their information to ensure accurate nursing human resource and workforce projections and to reconcile these with supply data from CHED and PRC.

Health facilities and institutions, including industrial establishments that hire Nurses, shall implement strategic NHRHMS in all levels of the nursing service, and in this pursuit, shall adopt and define appropriate nursing organizational structure to support competency development, career/professional growth, job delight, productivity and conditions for “decent work” of their Nurses.

It shall be mandatory for each healthcare facility to employ an evidence-based HRH assessment tool for nursing workload and workload pressure (preferably the WHO Workload Indicators for Staffing Needs or WSN) to determine minimum safe staffing needs for registered nurses and nursing personnel under nurse supervision on an annual basis. These nursing staffing ratios, nursing plantilla, and skill-mix standards are requisites for safe and quality care for patients and must be upheld and practiced to be granted continued permission
to operate the facility. The facility must use this assessment to plan and provide a budget for regular plantilla positions to ensure that safe and quality care is provided by the institution.

Additionally, a registry of nursing professionals shall be incorporated in the NHRHMS in coordination with DOH, private institutions, and nursing organizations and groups, indicating, among others, their current number of practitioners and location of practice.

SEC. 52. Nursing staff complement. — The Board, in consultation with the DOH and other stakeholders, ensures safe nursing workforce complement for any healthcare setting guided by the following principles:

a) Use of evidence-based, reliable, and up-to-date staffing/workforce data.
b) Regular review and updating of staffing based on up-to-date evidence and best practice on the nurses’ practice environment and nurse, nurse-sensitive patient, organizational and system outcomes.
c) Nurses must not be substituted with other cadres of workers in performing functions within the scope of nursing.
d) Nurses in management positions must not be delegated to augment staffing limitations to fully perform their administrative roles and function to lead, support and mentor nursing staff.
e) Respect for nurses’ professional judgement in determining the required safe workforce staffing.
f) Active involvement of direct care nursing staff and nursing management in all stages/aspects of the institution’s HRH design, policy development, and decision making.
g) Timely adjustments to nurse staffing based on changes in patients and population healthcare needs.

The nursing workforce complement is planned to ensure that patient safety, quality service delivery, and positive practice environment is present. Safe Staffing Standard means that the ‘appropriate number of nurses are available at all times across the continuum of care, with a suitable mix of education, skills and experience to ensure that patient care needs are met and that the working environment and conditions support staff the delivery of safe, quality care (ICN, 2018).

Hence, ‘safe staffing’ or the maximum number of clientele cared for by each nurse assigned in a healthcare facility, setting or unit shall be determined by the ratio of staff nurse-to-patient in a general nursing service or general ward of a hospital shall be based on patient acuity, complexity of work, nurse competencies, and nursing modalities to effectuate positive practice environment, safe, and quality nursing care for patients.

For general units, the maximum number of patients that a nurse may effectively and safely handle at any given time is 10. Thus, the minimum safe staffing ratio standard for general units is 1:10 or one nurse for every 10 patients. However, this staffing complement/ratio may vary based on the assessed Safe Staffing Standard.

Failure to comply with the above minimum safe staffing ratios must be justified through the assessment tool findings and analysis as provided in this section. Non-compliance shall be referred to the Board for action.

The Board, in consultation with the DOH and other stakeholders, shall from time to time, review and modify the nurse to population ratio as may hereinafter be established for the healthcare and industrial settings; and for the community, by taking into consideration the current community characteristics and population needs.

In the community, there shall be a Nurse in every barangay; primary, secondary, and tertiary school; and industrial establishment, subject to the applicable ratio prescribed by the appropriate government agency.

SEC. 53. Return Service Agreement — All graduates of allied and health-related courses, like nursing, who are recipients of government-funded scholarship programs shall be required to serve in priority areas in the public sector for at least three (3) full years, with compensation
and under the supervision of the DOH. Provided, further, that those who will serve for an additional two (2) years shall be provided with additional incentives as determined by the DOH; provided further that graduates of allied and health-related courses, including nursing, from state universities and colleges and private schools shall be encouraged to serve in these areas.

ARTICLE VIII
PROHIBITED ACTS AND PENAL PROVISIONS

SEC. 54. Prohibited Acts. —

a) Any person who is practicing the nursing profession in the Philippines:
   1. Without a COR, PIC, STP or without having been declared exempt from examination in accordance with the provision of this Act;
   2. Who uses the COR, PIC, or STP of another;
   3. Who uses fraudulent, suspicious, false, or an expired, suspended or revoked COR, PIC or STP;
   4. Who, by misrepresentation, false evidence, or concealment, has obtained a COR, PIC or STP;
   5. Who falsely poses or advertises as a Nurse or uses other means that tend to convey the impression that he/she is a Nurse;
   6. Who appends B.S.N. or R.N. (Bachelor of Science in Nursing/Registered Nurse) or APN (Advanced Practice Nurse) to their name without having been conferred said degree, registration, or certification;

b) Who abets or assists in the illegal practice of the nursing profession as a Nurse.

c) No HEI offering the BSN program shall withhold any requirement or document, or both, of any graduate for the purpose of preventing them to apply for the PNLE without any justifiable reason.

d) Any natural or juridical person or health facility which subscribes to sub-standard quality of nursing care and/or nursing practice, such as non-compliance with the nurse-patient ratio requirement;

e) Any natural or juridical person or health facility which exercises and promotes precarious working conditions for Nurses, such as, but not limited to, the following:
   1. Contracting or availing of the services of a Nurse either without salary or allowance, or for salary below the applicable salary grade/rate prescribed under this Act, whether or not under the pretext of a training, development program, certification or course and/or seminar;
   2. Depriving or denying a Nurse of the incentives and benefits as provided for under existing laws;
   3. Collecting any fee from a Nurse or from any person or his/her agent in exchange for a Nurse’s voluntary services in a health, industrial or similar facility or institution;
   4. Requiring or obliging a volunteer Nurse to perform the regular work functions and/or regular work load expected from a regular staff Nurse without proper compensation, or to render full time service as a condition for the continued availment of her/his volunteer services, and/or to be the sole Nurse on duty, except during disasters, calamities, public emergencies and war;
   5. Contracting or availing of the services of a volunteer Nurse, under the pretext of On-The-Job Training (OJT), contract of service, and/or job orders, in order to fill-up a vacant position that requires the hiring of a full-time regular employed Nurse, or for free in exchange for any type of certification to be issued by the health facility or institution or industrial establishment for purposes of the Nurse’s employment application; or
6. Contracting or availing of the services of a Nurse, under the pretext of training or certification course, but requiring the Nurse to render the tasks and responsibilities expected of a regular staff or public health Nurse; and
7. Practicing job-splitting or hiring two part-timers in place of one full-time employee and deploying the two nurses on a full-time basis
8. Making mandatory, as a pre-hire requirement, training that should have been acquired during the BSN program or which, rightfully should be provided by the hiring institution;
9. Repeatedly subjecting or allowing the nurse to experience prejudice, violence, or discrimination;
10. Imposing mandatory overtime;
11. Non-compliance with the minimum safe staffing requirement in Sec. 52.

f) Any violation of the provisions of this Act.

SEC. 55. Sanctions. – A fine of not less than One Hundred Thousand Pesos (P100,000.00) nor more than Three Hundred Thousand Pesos (P300,000.00) or imprisonment of not less than one (1) year nor more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 54 (a) of this Act.

A fine of not less than Three Hundred Thousand Pesos (P300,000.00) nor more than Five Hundred Thousand Pesos (P500,000.00) or imprisonment of not less than one (1) year or more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 54 (b), (c), (d) and (e) hereof. In addition, suspension or revocation of license to operate the health facility or institution or industrial establishment may be ordered at the discretion of the court. In case the violation is committed by a partnership, corporation, association, or any other juridical person, the managing partner, president, managing director/s, and/or manager who has committed or consented to such violation shall be held directly liable and responsible for the acts, as principal or as co-principal/s with the other participants, if any.

SEC. 56. Refund and Compensation. – Any Nurse found to have been a victim under Section 54 (d) hereof shall be entitled to a full refund of all fees illegally collected and the payment of unpaid salary, if any, which should not be less than the applicable wage for services rendered. This is without prejudice to the other liabilities of the violators under applicable laws.

ARTICLE IX
SUNDRY PROVISIONS

SEC. 57. Salary and Compensation. – Nurses shall, at all times, receive compensation that is just and due them and commensurate with their education, training, and experience and the complexity of nursing skill required for the services rendered. Nurses working to provide nursing service, in both government and private sectors, are integral to the functioning of hospitals and healthcare institutions, must be classified as regular staff after a reasonable probationary period, as mandated by law. Outsourcing nursing work is acceptable under certain circumstances as reflected in the IRR.

The minimum base pay of all nurses working in government and non-government health, industrial and community settings shall, upon entry, be not lower than Salary Grade 15 (SG 15) based on the prevailing Salary Standardization Law.

The pay for nurses working in Nursing Education, both in government and non-government schools and universities, shall be in accordance with academic rank.

Non-government and/or private health facilities and institutions and industrial establishments shall comply with the requirement on the salary rate in tranches within three (3) years from the effectiveness of this Act.
SEC. 58. Incentives and Benefits. – The Board, in coordination with the DOH, other concerned government and non-government institutions, association of hospitals and the APO for Nurses, shall establish an incentive and benefit system in the form of free hospital care, scholarship grants and other non-cash benefits for Nurses and their dependents subject to existing regulations.

SEC. 59. Non-Dimination of Benefits and Incentives. - The implementation of Sections 57 and 58 of this Act shall not result in the diminution of existing grants of salaries, benefits and incentives.

SEC. 60. Implementing Agencies. – The Department of Budget and Management (DBM), Department of Health (DOH), Department of Labor and Employment (DOLE), Department of Interior and Local Government (DILG), Civil Service Commission (CSC), Commission on Higher Education (CHED), and Department of Education, Culture and Sports (DECS) are the designated agencies responsible for the implementation and monitoring of the compliance of the provisions of this Act.

The DOH, DILG, and CSC are responsible for monitoring the compliance and implementation of the provisions of this Act by public health facilities and institutions. The DOH shall be lead monitor the compliance and implementation of the provisions of this Act by public health facilities and institutions.

The DOLE shall be the agency responsible for monitoring the compliance and implementation of the provisions of this Act by private health facilities and institutions and industrial establishments. In addition, DOLE must create another category for health workers befitting the professional and complex work that nurses and other health professionals do that are not captured justly by their being categorized as “non-agricultural” workers.

The Commission and the Board are designated as the agencies responsible for monitoring the compliance and implementation of the provisions of this Act by Nurses, HEIs, CPD providers, health facilities and institutions, and industrial establishments. The CHED shall be the agency responsible for monitoring the compliance and implementation of the provisions of this Act by HEIs with regards to nursing education programs and curriculum.

The PRC and the PRBON are designated as the responsible agencies for monitoring the compliance with and implementation of the provisions of this Act by Nurses, HEIs, CPD providers, health facilities and institutions, and industrial establishments.

The CHED is similarly designated as the agency responsible for monitoring the compliance and implementation of the provisions of this Act by HEIs with regards to nursing education programs and curriculum.

The Commission and Board shall designate a third party to conduct an annual evaluation on the compliance to the implementation of the provisions of this Act.

SEC. 61. Appropriations. – The amount necessary to carry out the provisions of this Act shall be charged to the savings of the concerned agencies immediately upon effectivity hereof. Every year thereafter, the amounts necessary to effectively implement the provisions of this Act shall be included in the annual budget of the concerned agencies to be incorporated in the General Appropriations Act (GAA).

In order to effectively carry out the APN role, the annual financial requirement needed to train at least ten percent (10%) of the nursing staff of the participating government and non-government hospitals and institutions shall be chargeable against the income of the Philippine Charity Sweepstakes Office (PCS0), Philippine Health Insurance Corporation (PhilHealth) and the Philippine Amusement and Gaming Corporation (PAGCOR), which shall equally share in the costs, subject to the usual government accounting and auditing procedures.

SEC. 62. Implementing Rules and Regulations. – Within ninety days (90) after the effectivity of this Act, the Commission, the Board, the APO for Nurses, the Civil Service Commission (CSC), the Department of Budget and Management (DBM), the DOH and other concerned
nursing organizations and government agencies shall formulate the implementing rules and regulations (IRR) necessary to carry out the provisions of this Act.

SEC. 63. Separability Clause. – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

SEC. 64. Repealing Clause. – Republic Act No. 9173, otherwise known as the "Philippine Nursing Act of 2002" is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SEC. 65. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any two (2) newspapers of general circulation in the Philippines.

Approved,