



HOUSE OF REPRESENTATIVES

H. No. 9389

BY REPRESENTATIVES ANGARA, RODRIGUEZ, SANTOS-RECTO, TAN (A.S.), VILLAFUERTE, TAMBUNTING, ROMUALDEZ (F.M.), ROMUALDEZ (Y.M.), MACAPAGAL ARROYO, VILLARAZA-SUAREZ, ARROYO, BALINDONG, BABASA, CASTRO (F.H.), ESPINA, MERCADO, PALMA, RADAZA, ROMAN, SANCHEZ, UNABIA, PICHAY, LAGON, DAGOOC, EBCAS, DEFENSOR (L.), MOMO, PADIERNOS, DE JESUS, GUYA, TEVES (A.), MARCOLETA, DELOS SANTOS, OLIVAREZ, SIAO, YAP (E.), ARENAS, ATIENZA, ESCUDERO, HERNANDEZ, REVILLA, SAVELLANO, SINGSON-MEEHAN, AGABAS, DE VENECIA, QUIMBO, ERMITA-BUHAIN, BAUTISTA-BANDIGAN, CAMPOS, CUA, CUARESMA, DAZA, FARIÑAS I (R.C.), FRASCO, GASATAYA, GO (E.C.), GONZAGA, GONZALEZ, HARESCO, JALOSJOS, LIMKAICHONG, NUÑEZ-MALANYAON, SAGARBARRIA, SALCEDA, SUAREZ (D.), SY-ALVARADO, VARGAS, VIOLAGO, ZUBIRI, ALBANO, BARBA, BASCUG, BENITEZ, BORDADO, CABREDO, CARI, DALOG, DIMAPORO (A.), DIMAPORO (M.K.), DY (F.), DY (F.M.C.), FORTUNO, GUICO, GULLAS, HOFER, JIMENEZ, LABADLABAD, NATIVIDAD-NAGAÑO, ORTEGA, TIANGCO, TY (D.), VARGAS ALFONSO, VERGARA, DEFENSOR (M.), ERIGUEL, FLORES, GO (M.), LACSON, ROBES, SUANSING (E.), RADAZA, FORTUNO, GUICO, GULLAS, VELASCO, LOPEZ, NIETO, NOLASCO, LARA, DEL MAR, DY (I.P.), BULUT, LOYOLA, GAITE, ZARATE, CULLAMAT, CASTRO (F.L.), BROSAS AND ELAGO, PER COMMITTEE REPORT No. 974

**AN ACT PROVIDING FOR A COMPREHENSIVE NURSING LAW,
PROMOTING A MORE RESPONSIVE AND EFFECTIVE HEALTH CARE
SYSTEM, AND APPROPRIATING FUNDS THEREFOR**

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

1
2

**ARTICLE I
GENERAL PROVISIONS**

1 **SEC. 1. Title.** This Act shall be known as the " New Philippine Nursing Practice
2 Act".

3 **SEC. 2. Declaration of Policy.** In pursuit of the constitutional precept that Health
4 is a right of every Filipino, it is hereby declared the policy of the State to uphold the
5 welfare of healthcare workers as an important objective towards achieving the goals of
6 universal health care in the country. It is likewise declared as the policy of the State to
7 uphold the dignity of nurses, to accord them the respect befitting the service they render
8 to the nation, and to improve the practice of the nursing profession by instituting
9 measures to ensure their professional growth, promote comprehensive and relevant
10 nursing practice standards, and provide just and humane working conditions in every
11 health facility, institution, or establishment in order to ensure their well-being and the
12 health and safety of the public.. Nurses comprise a great majority of the healthcare
13 workers both in the institutional and community levels. Thus, the State recognizes
14 nurses as prime movers of national development and contributors to international
15 cooperation and understanding.

16 The State furthermore, recognizes the necessity of implementing an adequate
17 and comprehensive Nursing Human Resource for Health Management System
18 (NHRHMS) throughout the country in order to adequately deliver accessible,
19 affordable, and quality health care.

20 **SEC. 3. Definition of Terms.** As used in this Act:

21 a) *Accredited Professional Organization (APO)* refers to the national professional
22 organization of nurses duly accredited by the Professional Regulation
23 Commission (PRC);

24 b) *Bachelor of Science in Nursing (BSN)* refers to the baccalaureate program that
25 provides sound and liberal education that equips graduates with competencies for
26 registration as a professional and is the sole required academic standard for entry into
27 nursing practice in the Philippines, in accordance with the appropriate qualification
28 framework. The BSN program is effectively promulgated under Memorandum Order No.
29 15, series of 2017, on the Policies, Standards and Guidelines for the Bachelor of
30 Science in Nursing (BSN) Program prescribed and issued by the Commission on Higher
31 Education (CHED);

32 c) *Career Progression and Specialization Council for Nursing (CPSCN)* refers to
33 the body deputized by the Professional Regulation Commission to develop standards
34 of practice for each nursing-level standards, establish mechanisms and criteria for
35 credentialing of specialty organizations and interest groups, certification of individuals

1 at different levels of Post Baccalaureate nursing and advanced practice, for
2 recommendation to the Board;

3 d) *Career Progression and Specialization Program for Nurses (CPSPN)* refers to
4 the Program recognized by the PRC and the Board involving the progressive transfer
5 of knowledge and skill for the various levels of the nursing, practice the system of
6 credentialing specialty organizations and interest groups, and the certification of
7 individuals at different levels of practice;

8 e) *Certification* refers to the process of validating achievements through a variety of
9 measures and assessment strategies to confirm or attest to the competency of an
10 Advance Practice Nurse (APN) upon completion of a specialty program or Continuing
11 Professional Development (CPD) program, or both. The certification is issued by the
12 Board and the PRC upon the endorsement of the specified recognized and credentialed
13 specialty organization in accordance with the PSG;

14 f) *Chief Nursing Officer (CNO)* refers to the highest nursing administrative and
15 clinical official in healthcare facilities. The CNO is responsible for leading and
16 coordinating an organization's nursing services and its daily operation. The CNO is the
17 primary spokesperson for nurses in the facility and must be a registered nurse;

18 g) *Clinical Practice* refers to professional practice rendered in any healthcare
19 setting whether in the private or public sector;

20 h) *Credentialling* refers to the formal recognition of a specialty organization or
21 interest group conferred by the PRC and the Board, upon the recommendation of the
22 CPSPN, after complying with the policies, standards and guidelines issued by the
23 Board;

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

31 j) *Expanded Role* refers to the broadening of the roles of an APN by virtue of
32 the nurse's expertise and the scope of nursing practice. An APN has a recognized
33 autonomous role within a specialized field of practice;

- 1 k) *Geographically-Isolated and Disadvantaged Areas (GIDAs)* refer to barangays
2 specifically disadvantaged due to the presence of both physical and socio-
3 economic factors;
- 4 l) *Healthcare Facility* refers to a public or private institution, establishment or
5 clinic devoted primarily to the provision of services that include the following: nursing,
6 health promotion, prevention of illness, diagnosis, treatment, rehabilitation, and
7 palliation of individuals suffering from illness, disease, injury or disability, or deformity,
8 or in need of obstetrical, psychiatric or other medical and nursing care, and includes
9 hospitals, barangay health centers, and other clinics;
- 10 m) *Individual-based Health Services* refer to services which can be accessed
11 remotely or within a health facility that focuses primarily on treating individuals;
- 12 n) *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing
13 official of the Department of Health (DOH) whose main function is to promote safe
14 nursing and quality standards and implement nursing policies for both the public and
15 private sectors. The responsibility of the NCNO is to assist the government to achieve
16 the health goals of the country through expert advice based on timely accurate local
17 data and national and international evidence, and by promoting quality nursing
18 standards in the nursing profession and the healthcare industry;
- 19 o) *Nurse* refers to a person duly registered and licensed to practice the nursing
20 profession, with all the rights and privileges appurtenant thereto;
- 21 p) *Nursing care* refers to the physiological, psychological, spiritual, social and
22 emotional care, essential health care, safety and comfort measures, and health
23 teachings; execution of health care techniques and procedures and traditional and
24 innovative approaches to individuals, families, population groups and communities,
25 from conception to death.;
- 26 q) *Nursing Human Resource for Health Management System (NHRHMS)* refers to
27 an organized human resource management and development information system
28 based in the DOH and directed by the NCNO, that provides meaningful data used to
29 support policies affecting nurses and nursing;
- 30 r) *Nursing practice* refers to various stages of development towards the promotion
31 of health, prevention of illness, health care techniques and procedures, restoration of
32 health, alleviation of suffering, and end-of-life care. It encompasses the care of clients
33 in various stages of human growth and development from conception, labor, delivery,
34 infancy, childhood, toddler, pre-school, school age, adolescence, adulthood to old age,
35 be it performed independently or collaboratively with other professions.

1 s) *Nursing Service* refers to an office within a public or private healthcare institution,
2 responsible for administrative and clinical supervision of nurses and nursing personnel,
3 headed by a CNO;

4 t) *Patient Acuity* refers to the intensity of care provided to a patient by a registered
5 nurse, or the use of patient classification systems that can forecast patient care
6 requirements for nursing care and are therefore vital in the management of nursing
7 personnel;

8 u) *Philippine Professional Nursing Practice Standards* (PPNPS) refers to the
9 authoritative statements of the core competencies and duties that all registered nurses,
10 regardless of role, designation, or specialty, are expected to perform. The PNPS
11 promotes, guides, and directs professional practice;

12 v) *Philippine Professional Nursing Roadmap* (PPNR) refers to a program towards
13 good governance of the nursing profession, the goal of which is to develop and promote
14 a culture of excellence and dynamic leadership in Philippine nursing. The PPNR is
15 anchored on five initiatives: collaborative partnership, competency enhancement,
16 linkages, social impact, embedding the core values and positive qualities of the Filipino
17 nurse;

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

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

26 y) *Precarious work* refers to working conditions which are contingent, atypical or
27 non-standard. It is usually characterized by characterized by uncertainty and instability
28 in one's employment status, such as when there is a threat of change or diminution in
29 one's rank or position, or when there is ambiguity in the employee-employer
30 relationship, lack of access to social protection benefits usually associated with
31 employment, low pay and substantial legal and practical obstacles to joining a trade
32 union in order to avail of the right to bargain collectively;

33 z) *Primary Care* refers to initial-contact, continuous, comprehensive and
34 coordinated, and culturally appropriate care that is accessible at the time of need,
35 including a range of services for all presenting conditions, and the ability to coordinate

1 referrals to other health care providers in the health care delivery system, when
2 necessary;

3 aa) *Public Health Institution (PHI)* refers to any government-led, owned, or
4 controlled institution which pursues and realizes the lofty goals and objectives of
5 providing and managing safe, efficient, effective, and quality public health programs
6 and services and advocacies for health in all levels of the national to local Health Care
7 Delivery System (HCDS), which include rural health units (RHUs) and barangay
8 healthcare centers; research facilities such as the Research Institute for Tropical
9 Medicine, and the like; training resource facilities such as the University of the
10 Philippines College of Public Health and State or Local Colleges or Universities offering
11 health-related programs; the DOH and all retained healthcare facilities, and the like;

12 bb) *Return Service Agreement* refers to an agreement whereby graduates of
13 the nursing course who are recipients of government-funded scholarship programs are
14 required to serve in priority areas in the public sector, subject to the conditions
15 prescribed by R.A. No. 11223, otherwise known as “The Universal Health Care Act”;

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

19 ARTICLE II

20 BOARD OF NURSING

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

31 **SEC. 5. Mission of the Professional Regulatory Board of Nurses.** The
32 mission of the Board is to protect and promote the welfare of the people of the
33 Philippines by ensuring that each person holding a license as a nurse in the Philippines
34 is competent to practice the nursing profession safely. Pursuant thereto, the Board
35 shall regulate the practice of nursing and in collaboration with the CHED, review and

1 approve nursing education programs to be offered by authorized higher education
2 institutions.

3 The Board, acting in accordance with the highest standards of ethics,
4 accountability, efficiency, effectiveness, and transparency, shall approach its mission
5 with a deep sense of purpose and responsibility and affirms that the regulation of
6 nursing is a public trust.

7 **SEC. 6. Qualifications of the Chairperson and Members of the Board.** The
8 Chairperson and Members must be natural-born citizens of the Philippines and have
9 resided therein for at least five (5) consecutive years immediately preceding the date
10 of their respective appointments. Furthermore, at the time of their appointment, they
11 must possess the following:

12 a) A valid and current certificate of registration and professional identification
13 card;

14 b) A Master's Degree in nursing, and preferably, with relevant Doctorate
15 Degree conferred by a duly recognized HEI;

16 c) At least ten (10) continuous years nursing practice prior to appointment:
17 *Provided:* That the last five (5) years of such practice must have been served in the
18 Philippines;

19 d) Good moral character as evidenced for not having convicted of any
20 offense involving moral turpitude; and

21 e) Physical and mental fitness.

22 **SEC. 7. Prohibition as Members of the Board.** The Members of the Board shall
23 not, at the time of their appointments and during their incumbency, hold any position
24 nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review
25 or training center for the PNLE, training hospital or healthcare facility with nursing
26 affiliates, and is not an officer of the APO.

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

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

1 **SEC. 10. Compensation.** The Members of the Board shall receive compensation
2 and allowances comparable to those received by the Members of other regulatory
3 boards under the PRC.

4 **SEC. 11. Limited Practice of the Profession.** During their incumbency, the
5 Members of the Board may be allowed to practice their profession or maintain
6 employment or affiliation in the public or private sector subject to the conditions and
7 limitations prescribed by law and upon proper and timely disclosure of possible or
8 actual conflict of interest.

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

16 **SEC. 13. Powers and Duties of the Board.** The Board shall supervise and
17 regulate the practice of the nursing profession and shall have the following powers,
18 duties and functions:

19 a) Ensure the proper conduct of the PNLE, including the evaluation of
20 examination applications, test development, administration of the examination, and the
21 correction and release of the results thereof. The use of appropriate technologies and
22 modalities on the conduct of the PNLE is encouraged to enhance efficiency while
23 upholding integrity;

24 b) Enforce and monitor safe and quality standards of nursing practice, study
25 the conditions affecting nursing practice in the Philippines, and exercise the powers
26 necessary to ensure the maintenance of efficient, ethico-moral technical and
27 professional standards in the practice of nursing towards optimal health and the
28 common good;

29 c) Ensure quality nursing in coordination with the CHED through the
30 monitoring of HEI offerings, The continuing review of the nursing curriculum and the
31 timely application for authority to offer new nursing education programs in order to
32 ensure that the standards of nursing education are properly complied with and
33 systematically updated in accordance with the latest development in health care;

1 d) Within one (1) year from the effectivity of this Act, promulgate a Code of
2 Ethics and Ethical Standards that is responsive to the needs of the nursing profession,
3 in coordination with the APO for nurses;

4 e) Prescribe and operationalize a Career Progression and Specialization
5 Program for Nursing (CPSPN) which shall include the recognition and credentialing of
6 organized nursing groups and the certification of advanced practice nurses to ensure
7 the continuing professional development of nurses;

8 f) Work in partnership with the appropriate agencies to identify and utilize
9 resources earmarked for national nursing development;

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

15 h) Spearhead and oversee the Philippine Profession Nursing Roadmap;

16 i) Conduct hearings and investigations to resolve complaints against nurses
17 for unethical or unprofessional conduct or any violation of this Act, or its rules and
18 regulations, and in connection therewith, issue *subpoena ad testificandum* or *subpoena*
19 *duces tecum*, or both, to require the appearance of respondents and witnesses or the
20 production of documents, or both and to penalize for contempt persons obstructing,
21 impeding or otherwise interfering with the conduct of such proceedings, upon
22 application with the regular courts;

23 j) Issue, suspend, revoke, or reinstate certificate of registration and special
24 temporary permits for the practice of nursing; and

25 k) Ensure performance of mandated duties and functions.

26 **SEC. 14. Annual Report.** The Board shall, at the close of every calendar year,
27 submit an annual report to the President and Congress of the Philippines, through the
28 PRC, giving a detailed account of its proceedings and the accomplishments during the
29 year and recommending the adoption of measures that will upgrade and improve the
30 conditions affecting the practice of the nursing profession.

31 **SEC. 15. Removal or Suspension of Board Members.** The President may
32 remove or suspend any member of the Board, after due process, upon
33 recommendation of the PRC on any of the following grounds:

34 a) Continued neglect of duty or incompetence;

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

- 1 c) Unprofessional, immoral, or dishonorable conduct; or
- 2 d) Non-disclosure of conflict of interest.

3 ARTICLE III

4 EXAMINATION AND REGISTRATION

5 **SEC. 16. Philippine Nurse Licensure Examination (PNLE).** In order to obtain
6 a certificate of registration and professional identification card, all nursing graduates
7 must take and pass the PNLE. The Board shall administer the PNLE in such places
8 and dates as may be designated by the PRC.

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

12 **SEC. 18. Qualifications for Admission to the PNLE.** At the time of the filing
13 of application for the PNLE, an applicant must be:

- 14 a) A holder of a BSN degree from an HEI that is compliant with the standards
15 of nursing education recognized by the government;
- 16 b) Of good moral character and has not been convicted by final judgment of
17 any criminal offense involving moral turpitude or found guilty of immoral or dishonorable
18 conduct or judicially declared to be of unsound mind; and
- 19 c) A citizen of the Philippines, or of a foreign country or State which permits
20 Filipino nurses to practice within its territorial limits on the same basis as the subject or
21 citizen of such country or State: *Provided*, That the requirements for the registration or
22 licensing of nurses in said country or State are substantially the same as those
23 prescribed in this Act.

24 **SEC. 19. Professional Nurse Licensure Examination and Registration Fees.**
25 Applicants for the PNLE and registration must pay the prescribed fees set by the PRC.

26 **SEC. 20. Professional Nurse Licensure Examination Ratings.** To be
27 considered as having passed the PNLE, an examinee must pass at least seventy-five
28 percent (75%) of the tested areas of all the nursing competencies. An examinee who
29 has failed the PNLE three times (3x) shall not be allowed to take it any further without
30 first undertaking a refresher program in a duly accredited institution. The Board shall
31 issue the guidelines on the refresher program requirement.

32 **SEC. 21. Issuance of Certificate of Registration and Professional**
33 **Identification Card.** The certificate of registration and professional identification card
34 shall be issued to all successful examinees, upon compliance with all the requirements
35 for registration. The certificate of registration shall show the full name of the registrant,

1 certificate of registration number, and date of initial registration. The same must be duly
2 signed by the Chairperson and Members of the Board and the Chairperson of the PRC,
3 with their corresponding seals.

4 The professional identification card shall bear the full name of the registrant,
5 the certificate of registration number, date of initial registration, and date of the
6 expiration, and which must be duly signed by the Chairperson of the PRC. The
7 professional identification card shall be renewed every three (3) years upon satisfaction
8 by the applicant of the requirements set by the PRC, including the payment of the
9 required fees and compliance with the Continuing Professional Development (CPD)
10 requirement.

11 **SEC. 22. Oath of Profession.** All successful examinees must take the Oath of
12 Profession before any member of the Board or government official authorized to
13 administer oaths prior to practicing their profession.

14 **SEC. 23. Registry of Nurses.** The PRC shall maintain a roster of nurses which
15 shall serve as the centralized database of nurses for purposes of documentation,
16 verification of registrants, statistics, research, and development.

17 **SEC. 24. Accredited Professional Organization (APO).** All nurses whose
18 names appear in the Registry of Nurses of the PRC may become members preferably
19 of the APO for nurses, and shall receive all the benefits and privileges therefrom upon
20 payment of membership fees and duties. Membership in other organizations of nurses
21 shall not be barred.

22 **SEC. 25. Foreign Reciprocity.** No foreign nurse shall be given a certificate of
23 registration and professional identification card or be entitled to any of the privileges
24 under this Act unless the country or State of which such foreign nurse is a subject or
25 citizen permits Filipino nurses to practice within its territorial limits on the same basis
26 as the subjects or citizens of said country or State.

27 **SEC. 26. Limited Practice Through Special Temporary Permit.** The Board
28 may issue special temporary permits based on qualifications, and professional and
29 moral standards as approved by the Board and the PRC to the following persons:

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

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

5 The special temporary permit issued to registered and licensed nurses of foreign
6 citizenship shall be effective only for the duration of the project, health mission, or
7 engagement, but which in no case shall exceed one (1) year, subject to renewal. The
8 special temporary permit issued to nursing graduates with Philippine citizenship shall
9 automatically cease upon the lifting or termination of the epidemic or national
10 emergency.

11 A completion report shall be submitted to the Board and the PRC after the
12 conduct of such project, medical mission, engagement or contract. In the case of
13 nurses of Philippine citizenship who rendered services during an epidemic or national
14 emergency, the completion report shall be submitted by the registered nurse
15 authorized to supervise them.

16 The Board shall issue the corresponding guidelines in the issuance of the special
17 temporary permit pursuant to this Section.

18 ***SEC. 27. Non-Registration and Non-issuance of Certificate of Registration,***
19 ***Professional Identification Card, Special Temporary Permit.*** Any person who has
20 been convicted by final judgment of any criminal offense involving moral turpitude or
21 found guilty of immoral or dishonorable conduct or judicially declared to be of unsound
22 mind shall not be registered and issued a certificate of registration, professional
23 identification card, or a special temporary permit.

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

26 ***SEC. 28. Revocation and Suspension of Certificate of Registration,***
27 ***Professional Identification Card and Cancellation of Special Temporary Permit.***

28 The Board shall have the power to reprimand a nurse or revoke or suspend the
29 certificate of registration, professional identification card, or special temporary permit,
30 after due notice and hearing, on any of the following grounds:

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

34 b) Violation of this Act, the Code of Ethics and Ethical Standards for nurses,
35 and other policies, rules and regulations of the Board and the PRC;

1 c) Negligence, misconduct, or incompetence in the nursing practice resulting
2 to injury, harm, disability or death;

3 d) Commission of fraud, non-disclosure of disqualification, or
4 misrepresentation in obtaining a certificate of registration, professional identification
5 card, or special temporary permit;

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

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

10 g) Other grounds analogous to the foregoing.

11 If the penalty imposed is suspension or revocation of a nurse's license, the
12 certificate of registration and professional identification card issued to the respondent
13 shall be surrendered to the PRC.

14 **SEC. 29. Reinstatement and Re-issuance of Revoked Certificate of**
15 **Registration and Professional Identification Card.** The Board may, upon proper
16 application therefor and payment of the required fees, reinstate or reissue a revoked
17 certificate of registration after two (2) years from the effectivity of the period for
18 revocation, for reasons of equity and justice, and when the cause for revocation has
19 disappeared or has been cured or corrected.

20 ARTICLE IV

21 NURSING PRACTICE

22 **SEC. 30. Scope of Nursing Practice.** The scope of nursing practice is the range
23 of roles, functions, responsibilities, and activities on which a registered nurse is
24 educated, competent, and has authority to perform. It includes nursing service,
25 education, research, leadership, and governance as defined in this Act. A person shall
26 be deemed practicing the nursing profession when singly or in collaboration with other
27 professionals, with or without fee or compensation, the person assumes any or all of
28 the four (4) roles: (1) provider of direct client care, (2) educator, (3) researcher, and (4)
29 manager and leader. The nurse's clients shall include individuals, families, population
30 groups, and communities, with varying age groups, gender, health-illness status, in
31 any health care, industrial or community setting. Additionally, nurses shall utilize the
32 full extent of their education, training and experience and shall perform work that
33 requires their highest skill set.

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

6 In performing independent and collaborative functions, it shall be the duty of the
7 nurse to:

8 a) Provide nursing care through the conscientious observance of the nursing
9 process and established protocols. Basic nursing care is holistic care which includes,
10 the provision of physiological, psycho-social, emotional and spiritual care. This shall
11 comprise any or combination of essential primary health care, the application of
12 traditional, complementary, and innovative approaches, the therapeutic use of self-
13 rendering health care procedures and interventions; safety and comfort measures,
14 health education, health counselling and administration of written prescription for
15 treatment, therapies, oral topical and parenteral medications, performance of peripartum
16 care covering pre-intra-postpartum care including the performance of internal
17 examination during labor in the absence of antenatal bleeding, management of normal
18 delivery and suturing of perineal laceration and immediate care of the newborn;
19 performance of perioperative care covering before and after surgery; provision of life-
20 saving interventions during emergency and disasters; palliative and end-of-life care;

21 b) Provide advanced nursing care based on the Career Progression
22 Specialization Program for Nursing (CPSPN) and the Philippine Qualifications
23 Framework (PQF), a quality assured national system for the development, recognition
24 and award of qualifications at defined levels based on standards of knowledge, skills
25 and values acquired in different ways and methods by professionals, learners and
26 workers. The PQF is competency-based, labor-market driven and an assessment-
27 based qualification recognition;

28 c) Establish linkages with community resources and coordination with the
29 healthcare workers in any health care, industrial or community setting;

30 d) Provide health education and health counselling to empower individuals,
31 families, population groups and communities towards the promotion of health,
32 prevention of illness, and caring towards people living with a serious illness by providing
33 relief from the symptoms of pain and stress of illness;

34 e) Guide and supervise students in nursing education programs, including
35 the administration of nursing services in varied settings such as hospitals, clinics and

1 other health, industrial or community settings where practice of the nursing profession
2 exists;

3 f) Provide duly compensated professional nursing services, such as
4 consultation services and private nursing practice;

5 g) Supervise nursing and ancillary nursing personnel in the delivery of safe
6 and quality healthcare services in varied settings;

7 h) Maintain competence by adhering to the CPSP standards and the PPNPS
8 as well as engage in CPD and lifelong learning within the context of the CPSP;

9 i) Observe, at all times, the Code of Ethics and Ethical Standards for nurses
10 promulgated by the Board, uphold the standards of safe and quality nursing practice,
11 and demonstrate cultural and gender sensitivity and social responsibility;

12 j) Undertake nursing and health human resource development training and
13 research for continuous quality improvement and evidence-based practice; and

14 k) Exercise the core competencies in the performance of their respective
15 roles and responsibilities, in accordance with the PPNPS.

16 **SEC. 31. Qualifications of a Registered Nurse.** A nurse shall have a broad
17 and coherent knowledge and skills in the field of nursing to provide safe and quality
18 care to an individual, family, population group or community, independently or as part
19 of a team. A nurse must be able to assess, plan, implement, and evaluate the care
20 provided to clients based on evidence derived from practice and research. A nurse
21 may practice in special areas, such as a high dependency unit, critical care unit,
22 disaster areas, or in a special procedure or interventional area: *Provided*, That the
23 nurse has acquired relevant competencies.

24 a) General Practice Nursing refers to the role of a newly licensed nurse in
25 the provision of safe, holistic and to advocate quality care to individuals, families,
26 population groups, or communities, which include the assessment, planning,
27 implementation and evaluation of evidence-based care to the clients. A general
28 practice nurse must have the following minimum qualifications:

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

31 2. Must have a valid certificate of registration and current professional
32 identification card as a nurse issued by the PRC;

33 3. Must be physically, mentally and psychologically fit to practice
34 nursing; and

35 4. Must not be convicted of any crime involving moral turpitude.

1 b) Specialty Practice Nursing refers to the practice of a nurse in a specialty
2 area for which the nurse needs to obtain specialty recognition after having undergone
3 specialty training. Specialties can be differentiated in categories, according to function,
4 disease, pathology, systems, age, sex, acuity, setting, technology, and therapies.
5 Nurses who practice within this field are referred to as "Specialists".

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

- 8 1. Must be a BSN graduate from an HEI recognized by the government;
- 9 2. Must have a valid certificate of registration and current professional
10 identification card as a nurse issued by the PRC;
- 11 3. At least three (3) years of clinical experience in the area of specialization;
- 12 4. Must have received a CPD Council-Accredited specialty training from a
13 Career Progression and Specialization Council for Nurses credentialed
14 organization;
- 15 5. Must be physically, mentally, and psychologically fit to practice nursing;
- 16 6. Must not be convicted of any crime involving moral turpitude; and
- 17 7. Preferably a member of the appropriate Board-credentialed specialty
18 organization.

19 c) *Advanced Practice Nursing* refers to the specialized and expanded role of an
20 Advanced Practice Nurse (APN). It involves certification of nurses with higher degree
21 of qualifications by the Board and the PRC, thereby providing opportunities for role
22 recognition within the human resource for health framework and expanded professional
23 scope of practice. It maximizes the use of graduate education in nursing and the nurse's
24 expertise to ensure safe, holistic, and quality care to individuals, families, population
25 groups or communities towards achieving quality, accessible, and affordable health
26 care for all Filipinos. It also refers to a navigator, coordinator, and initial and continuing
27 point of contact of the patient to ensure care continuity during transitions of care. An
28 APN must have at least a master's degree in nursing and must possess substantial
29 specialty experience. An APN must be endorsed by a specialty organization based on
30 the recommendation of the Career Progression and Specialization Council for Nurses
31 (CPSCN), and certified by the Professional Regulatory Board for nurses and the PRC.

32 The scope of practice is Individual-based health services as defined in Republic
33 Act No. 11223, otherwise known as "The Universal Health Care Act."

1 The APN is eligible to receive performance-driven, close-end, prospective
2 payments from the PhilHealth based on disease or diagnosis related groupings and
3 validated costing methodologies as described in R.A. No. 11223.

4 An APN must have acquired substantial theoretical knowledge and decision-
5 making skills reflecting specialized and expanded competencies over and above the
6 General Practice Nurse requirements.

7 An APN must have the following minimum qualifications:

- 8 1. A graduate with relevant master's degree from a government recognized
9 HEI, with substantial specialty experience as may be determined by the Board;
- 10 2. Must have satisfied the requirements for certification as promulgated by
11 the Board; and
- 12 3. Preferably be a member of the appropriate Board-credentialed specialty
13 organization

14 An APN shall have following responsibilities in collaboration with, and under the
15 terms specified in a Collaborative Agreement, with a Collaborating Physician.

- 16 1. Initiate patient admission to a primary, secondary, or tertiary healthcare
17 facility;
- 18 2. Provide direct primary-care services to patients of all ages;
- 19 3. Diagnose diseases and injuries,
- 20 4. Provide continuum of care of disease conditions;
- 21 5. Provide promotive, preventive, rehabilitative and end-of-life care;
- 22 6. Exercise prescriptive authority;
- 23 7. Order and interpret laboratory and diagnostic tests;
- 24 8. Provide anesthetic care;
- 25 9. Refer patients to specialists, other health professionals, and institutions
26 for appropriate care; and
- 27 10. Initiate patient discharge.

28 **SEC. 32. Continuing Professional Development (CPD).** - All nurses shall
29 abide by the requirements, rules and regulations on the CPD to be promulgated by the
30 PRC, in coordination with the APO for nurses, and the duly authorized representative
31 of the organization of deans of HEIs offering the BSN program. For this purpose, a
32 CPD Council shall be created to accredit CPD providers and programs for nurses.

33 **SEC. 33. Requirement for Inactive Nurses Returning to Practice.** Inactive
34 nurses intending to return to practice must undergo a refresher course as prescribed

1 by the Board. Nurses are considered to be inactive under any of the following
2 circumstances:

3 a) They have not utilized nursing competencies as defined in the scope of
4 nursing practice for at least five (5) consecutive years;

5 b) They have not renewed their professional identification card for five (5)
6 years; or

7 c) They do not have proof of five (5) years of continuous nursing practice;

8 **SEC. 34. Salary and Compensation.** Nurses shall, at all times, receive
9 compensation that is just and due them and commensurate to the level of education,
10 training, experience and complexity of nursing skill required for the services rendered.
11 Nurses providing nursing services in both government and private sectors, and who are
12 integral to the functioning of hospitals and healthcare institutions, must be classified as
13 regular staff after a reasonable probationary period, as mandated by law.

14 The minimum base pay of all nurses, whether they are working in the public
15 sector, in private healthcare facilities, in industrial or community settings shall not, upon
16 entry, be lower than the rate assigned to Salary Grade 15 (SG 15) in the government
17 service.

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

20 Non-government or private healthcare facilities, or both, institutions and
21 industrial establishments shall comply with the salary rate requirement in tranches
22 within three (3) years from the effectivity of this Act.

23 Subject to existing labor laws, outsourcing nursing work is acceptable under
24 certain circumstances to be provided in the rules and regulations to be issued to
25 implement this Act.

26 **SEC. 35. Incentives and Benefits.** The Board shall, in coordination with the
27 DOH, other concerned government and non-government institutions, association of
28 hospitals and the APO for nurses, establish an incentive and benefit system in the form
29 of free hospital care, scholarship grants and other non-cash benefits for nurses and
30 their dependents subject to existing regulations.

31 **SEC. 36. Non-Diminution of Benefits and Incentives.** The implementation of
32 Sections 34 and 35 of this Act shall not result in the diminution of existing grants of
33 salaries, benefits and incentives for nurses.

34

ARTICLE V

35

NURSING EDUCATION

1 **SEC. 37. Basic Nursing Education.** Nursing education refers to the formal
2 learning and training in the science and art of nursing provided by HEIs duly recognized
3 by the CHED. There shall be a standard Baccalaureate and a Graduate Program for
4 Nursing Education pursuant to Republic Act No. No. 7722, otherwise known as the
5 “Higher Education Act of 1994”.

6 **SEC 38. Baccalaureate Program for Nursing Education.** The Baccalaureate
7 Program for Nursing Education refers to the basic nursing education program which is
8 envisioned as a sound and liberal professional education that will adequately equip
9 nursing students with the necessary competencies for entry level nursing practice.

10 Admission to the Bachelor of Science in Nursing Program requires passing the
11 National Nursing Admission Test (NNAT).

12 The curriculum and the Related Learning Experiences (RLE) of the
13 Baccalaureate Program for Nursing Education must be in accordance with the Policies,
14 Standards and Guidelines.

15 **SEC. 39. Graduate Program for Nursing Education.** The Graduate Program
16 for nursing education refers to the post baccalaureate nursing program which builds
17 on the experiences and skills of a nurse towards mastery, expertise, and leadership in
18 practice, education, and research. This includes the Master's Degree and Doctorate
19 Degree in Nursing.

20 The Graduate Program for Nursing Education shall be offered only through
21 accredited HEIs in accordance with the prevailing policies, standards and guidelines
22 of the CHED on the graduate program for nursing education.

23 **SEC. 40. Qualifications of the Dean.**

24 a) The Dean of the College of Nursing of a BSN program shall formulate
25 policies and plans, in collaboration with the school officials and stakeholders and must
26 adhere to the prescribed curriculum for the advancement of nursing education. The
27 Dean must have the following qualifications:

- 28 1. Be a Filipino citizen, physically and mentally fit, and with good moral
29 character;
- 30 2. Be a holder of a valid certificate of registration and a current professional
31 identification card issued by the PRC;
- 32 3. Be a holder of a Master's Degree in Nursing conferred by an HEI duly
33 recognized by the government.
- 34 4. Have at least a total of five (5) years of experience in teaching,
35 administration, and supervision in nursing education;

1 5. Preferably be a member of the organization of Deans duly recognized by
2 the Board;

3 6. Not hold a concurrent Dean position in another HEI and no other
4 teaching assignments or administrative functions in other public/private
5 institution or higher education institution; and

6 7. Have a duly notarized employment contract as dean of the nursing
7 program of at least one (1) academic year with corresponding academic rank
8 renewable annually.

9 b) The Dean or administrator of the academic unit shall be a holder of a
10 doctorate degree in the discipline or allied field and has published works in refereed
11 journals in one of the disciplines under the academic unit.

12 ***SEC. 41. Qualifications of the Faculty.***

13 a) *For the Baccalaureate Program in Nursing Education.* A member of the
14 faculty teaching in an undergraduate program must possess the following qualifications:

15 1. Be a Filipino citizen, physically and mentally fit, and with good moral
16 character;

17 2. Be a BSN degree holder;

18 3. Be a holder of a master's degree in nursing for teaching professional
19 nursing subjects or a master's degree in health-related programs for teaching
20 non-professional nursing subjects conferred by a duly recognized HEI;

21 4. Be a holder of a valid certificate of registration and a current professional
22 identification card as a nurse issued by the PRC;

23 5. Have at least three (3) years clinical experience in any nursing practice
24 setting; and

25 6. Preferably be a member of an accredited professional nursing
26 organization of good standing and of a specialty nursing organization.

27 b) *For the Graduate In-Nursing Education.* A member of the faculty teaching
28 in a post-graduate program must possess the following qualifications:

29 1. Be a Filipino citizen, physically and mentally fit, and with good moral
30 character;

31 2. Be a BSN degree holder;

32 3. Be a holder preferably of a Doctorate Degree in Nursing or allied field
33 conferred by a duly recognized HEI;

1 A PHNS may progress to become an APN in public health after obtaining
2 advanced nursing education either through a master's or doctoral degree with
3 emphasis on public health sciences, or their equivalencies as promulgated by the
4 CHED, and as defined in Section 31 of this Act..

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

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

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

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

18 **SEC. 46. The Chief Nursing Officer (CNO) and the National Chief Nursing**
19 **Officer.** There shall be a nursing service office in every healthcare institution and
20 in all levels and classifications of these institutions, whether administrative or clinical,
21 with a complement of at least ten (10) Nurses. Nursing services must be under the
22 control and management of a registered nurse designated as Chief Nursing Officer
23 (CNO) in each health institution.

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

34 There shall also be a National Chief Nursing Officer (NCNO) in the DOH who
35 shall oversee and coordinate national nursing personnel utilization nurses' welfare, the

1 observance of decent work standards in all healthcare facilities and institutions, and
2 the adaptation of nursing care development trends in nursing education and practice
3 in both the public and private sectors.

4 The NCNO, being the highest-ranking nursing official in the DOH, shall be
5 responsible for overseeing and coordinating strategic management, financial and
6 resource allocation, policies and standards development, professional and
7 organizational development to relevantly address national epidemiologic and nursing
8 personnel supply, demand, and distribution trends. The NCNO shall oversee the
9 development of the Nursing Human Resource for Health Management System
10 (NHRHMS), a national nursing information system and utilize statistical data and other
11 nursing outcome metrics in the exercise of good governance and full accountability
12 over nursing personnel systems in both private and public health care and community
13 settings. The NCNO shall also act as the advocate for the rights and welfare of nurses
14 in both public and private institutions. Further, the NCNO shall serve a term of three
15 (3) years, subject to renewal.

16 A CNO and NCNO must possess the qualifications as prescribed under the
17 Policies, Standards and Guidelines to be promulgated by the Board.

18 The CNO must have the following minimum qualifications:

- 19 a) Be a registered nurse in the Philippines;
- 20 b) Be a holder of a Master's degree in Nursing conferred by an HEI duly
21 recognized by the government;
- 22 c) Be a holder of a valid certificate of registration and a current professional
23 identification card as a nurse issued by the PRC; and
- 24 d) Have at least five (5) years of experience in general nursing service
25 administration with experience in policy development;
- 26 e) Preferably be a member of good standing of the APO of nurses; and
- 27 f) Preferably be a member of the organization of nursing service
28 administrators duly recognized by the Board.

29 The NCNO must have the following minimum qualifications:

- 30 a) Be a registered nurse in the Philippines;
- 31 b) Have a degree of Bachelor of Science in Nursing;
- 32 c) Be a holder of a Doctorate degree conferred by an HEI duly recognized
33 by the government in a relevant healthcare and business administration field;

1 Technicians, Patient Care Technicians, Sitters, Surgical Technicians, and Ward Clerks
2 or Secretaries.

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

6 c) An Executive Level Service Manager is responsible for establishing the
7 strategic direction for the entire nursing division, and the development and
8 implementation of policies, standards and guidelines in nursing services.

9 Nursing Service Managers shall have the following minimum qualifications:

10 a) For a first level managerial position in nursing:

- 11 1. Completion of at least eighteen (18) units of nursing management and
12 clinical subjects in a Master of Arts Degree Program in Nursing or Master
13 of Science in Nursing Degree Program, with at least three (3) years of
14 clinical work experience, and
- 15 2. Participation in at least one (1) research project related to the
16 improvement of the quality of care.

17 b) For a middle level managerial position in nursing:

- 18 1. Completion of all the academic requirements of a Master of Arts in
19 Nursing Degree Program or Master of Science in Nursing Degree
20 Program;
- 21 2. At least three (3) years of clinical work and two (2) years of
22 management experience, and
- 23 3. Conduct of at least one (1) research project related to the
24 improvement of the quality of care.

25 c) For an executive position in nursing:

- 26 1. A post-graduate degree in nursing or health management-related
27 sciences,
- 28 2. At least three (3) years of clinical work and three (3) years of
29 management experience,
- 30 3. Conduct of at least two (2) research projects related to the improvement
31 of quality of health care.

32 **ARTICLE IX**

33 **NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM**

1 **SEC. 49. Nursing Human Resource for Health Management System.** - The
2 Nursing Human Resource for Health Management System (NHRHMS) shall cover all
3 nursing human resources in the nursing service of both public and private sectors, and
4 the healthcare, industrial and community settings. Institutions shall be mandated to
5 report their information to ensure accurate nursing human resource and workforce
6 projections and to reconcile these with supply data from CHED and PRC.

7 Healthcare facilities and institutions, including industrial establishments that hire
8 nurses, shall implement strategic NHRHMS in all levels of the nursing service, and in
9 this pursuit, shall adopt and define appropriate nursing organizational structures to
10 support competency development, career and professional growth, and promote job
11 delight which is a state of mental and emotional satisfaction over one's productivity,
12 conditions at work, and job fulfillment.

13 It shall be mandatory for each healthcare facility to employ an evidence-based
14 human resources for health (HRH) assessment tool for nursing workload and workload
15 pressure, preferably the World Health Organization Workload Indicators for Staffing
16 Needs, to determine annually minimum safe staffing needs for registered nurses and
17 nursing personnel. These nursing staffing ratios, nursing plantilla, and skill-mix
18 standards are requisites for safe and quality care for patients and must be upheld and
19 practiced for a healthcare facility to be granted continued permission to operate the
20 facility. The facility must use this assessment to plan and provide a budget for regular
21 and plantilla positions to ensure that safe and quality care is provided by the institution.

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

26 **SEC. 50. Nursing Staff Complement.** - The Board shall, in consultation with the
27 DOH and other stakeholders, ensure the provision of a safe nursing workforce for any
28 healthcare setting guided by the following principles:

29 a) Use of evidence-based, reliable, and up-to-date staffing and workforce
30 data;

31 b) Regular review and updating of staffing based on up-to-date evidence and
32 best nursing practices within healthcare facility, and nurse, nurse-sensitive patient,
33 organizational and system outcomes;

1 c) Non-substitution of nurses by other healthcare professionals in performing
2 nursing functions;

3 d) Non-delegation of nurses in management positions to augment staff
4 limitations;

5 e) Respect for nurses' professional judgment in determining the required
6 safe workforce staffing;

7 f) Active involvement of direct care nursing staff and nursing management
8 in all stages and aspects of the institution's HRH design, policy development, and
9 decision making.

10 g) Timely adjustments to nurse staffing based on changes in patients and
11 population healthcare needs.

12 h) The nursing workforce complement is designed to ensure patient safety,
13 quality service delivery, and the maintenance of a positive practice environment that
14 promotes economic welfare, professional autonomy, job satisfaction and retention, and
15 ensures safe staffing, managerial support, professional development, occupational
16 safety and psychological health and patient and nurse safety.

17 The appropriate number of nurses must be available at all times across the
18 continuum of care, and a suitable mix of education, skills, and experiences must be
19 maintained to ensure that patient care needs are met and the working environment is
20 kept safe and conducive to optimal performance of support staff.

21 The maximum number of patients cared for by each nurse assigned in a
22 healthcare facility, setting, or unit shall be determined by the ratio of staff nurse-to-
23 patient in a general nursing service, or in the case of a general ward of a hospital, shall
24 be based on patient acuity, complexity of work, nurse competencies, and nursing
25 modalities to effectuate positive practice environment, safe, and quality nursing care for
26 patients.

27 For general units, the maximum number of patients that a nurse may effectively
28 and safely handle at any given time is ten (10). Thus, the minimum safe staffing ratio
29 standard for general units is 1:10 or one nurse for every ten patients. However, this
30 staff-to-patient ratio may vary based on the assessed Safe Staffing Standard.

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

1 A nurse may invoke the process of *safe harbour* for protection against employer
 2 retaliation, suspension, termination, discipline, discrimination, licensure sanction when
 3 asked to accept an unsafe assignment in activities beyond the scope of the nursing
 4 practice, or in an unprofessional and illegal act. In this case, the nurse shall submit a
 5 written notification to the supervisor who requested the conduct of such unsafe,
 6 unprofessional or illegal assignment invoking safe harbor. If a nurse is unable to submit
 7 such written notification due to patient care needs, the nurse may orally invoke it, and
 8 the supervisor must record the record the request in writing.

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

13 In the community, there shall be a nurse in every barangay health center,
 14 primary, secondary, and tertiary school, and industrial establishment, subject to the
 15 applicable staffing ratio by the appropriate government agency.

16 **SEC. 51. Return Service Agreement.** All nursing graduates who are
 17 recipients of government-funded scholarship programs shall be required to serve in
 18 priority areas in the public sector for at least three (3) years, with compensation, and
 19 under the supervision of the DOH: *Provided*, That those who will serve for an additional
 20 two (2) years shall be provided with additional incentives as determined by the DOH.
 21 Graduates of nursing from state universities and colleges and private schools shall be
 22 encouraged to serve in these areas.

23 ARTICLE X

24 PROHIBITED ACTS AND PENAL PROVISIONS

25 **SEC. 52.** The following acts are prohibited:

- 26 a) Practicing the nursing profession without a certificate of registration,
 27 professional identification card, special temporary permit or without having declared
 28 exempted from taking the licensure examination in accordance with this Act;
- 29 b) Using the certificate of registration, professional identification card, or
 30 special temporary permit of another registered nurse;
- 31 c) Using fraudulent, suspicious, or an expired suspended or revoked
 32 certificate of registration, professional identification card, or special temporary permit;
- 33 d) Misrepresenting one's self or proffering false evidence to obtain a
 34 certificate of registration, professional identification card or special temporary permit;

- 1 e) Falsely advertises one's self through any means to convey the impression
2 that one is a nurse;
- 3 f) Appending to one's name the abbreviations "B.S.N" "R.N" or "APN" for
4 Bachelor of Science in Nursing, Registered Nurse and Advance Practice Nurse,
5 respectively, without having been conferred the corresponding degree, registration, or
6 certification by the PRC;
- 7 g) Abetting or assisting in the illegal practice of the nursing profession
8 through the following acts and entities:
- 9 1. An HEI offering the BSN program which shall withhold any requirement or
10 document, or both, of any graduate for the purpose of preventing them to apply
11 for the PNLE without any justifiable reason;
 - 12 2. Any natural or juridical person or health facility which subscribes to sub-
13 standard quality of nursing care or nursing practice, such as non-compliance with
14 the nurse-patient ratio requirement;
 - 15 3. Any natural or juridical person or health facility that abets and promotes
16 precarious working conditions for nurses, such as the following:
 - 17 i. Contracting or availing of the services of a nurse but provides
18 compensation below the rate prescribed under this Act, whether or not
19 under the pretext of a training development program, certification, or
20 course, or seminar;
 - 21 ii. Depriving or denying a nurse of the incentives and benefits as provided
22 for under existing laws;
 - 23 iii. Collecting any fee from a nurse or from any person or agent in exchange
24 for a nurse's voluntary services in a health, industrial or similar facility or
25 institution;
 - 26 iv. Requiring or obliging a volunteer nurse to perform regular work functions
27 or work load expected from a regular staff nurse without proper
28 compensation, or to render full time service as a condition for the continued
29 availment of their volunteer services, or to be the sole nurse on duty,
30 except during disasters, calamities, public emergencies and war;
 - 31 v. Contracting or availing of the services of a volunteer nurse, under the
32 pretext of On-The-Job Training, contract of service, or job orders, in order
33 to fill-up a vacant position that requires the hiring of a fulltime regular
34 employed nurse, or for free in exchange for any type of certification to be

1 issued by the health facility or institution or industrial establishment for
2 purposes of the nurse's employment application;

- 3 vi. Contracting or availing of the services of a nurse, under the pretext of
4 training or certification course, but requiring the nurse to render the tasks
5 and responsibilities expected of a regular staff or public health nurse;
6 vii. Practicing job-splitting or hiring two part-timers in place of one full-time
7 employee and deploying the two nurses on a full-time basis;
8 viii. Making mandatory, as a pre-hiring requirement, training that should have
9 been acquired during the BSN program or which, rightfully should be
10 provided by the hiring institution;
11 ix. Repeatedly subjecting or allowing the nurse to experience prejudice,
12 violence, or discrimination; and
13 x. Imposing mandatory overtime service without valid reason or
14 corresponding compensation, as mandated by law; and
15 xi. Non-compliance with the minimum safe staffing requirement mandated in
16 Sec. 50.

17 h) Any violation of the provisions of this Act or any existing laws such as the
18 Labor Code of the Philippines and the civil service laws.

19 **SEC. 53. Sanctions.** - A fine of not less than One hundred thousand pesos (Php
20 100,000.00) nor more than Three hundred thousand pesos (Php300,000.00) or
21 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall
22 be imposed, at the discretion of the court, for the commission of any of the prohibited
23 acts enumerated in Section 52 (a) of this Act.

24 A fine of not less than Three hundred thousand pesos (Php300,000.00) nor
25 more than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less
26 than one (1) year or more than six (6) years, or both, shall be imposed, at the discretion
27 of the court, for the commission of any of the prohibited acts enumerated in Section
28 52(b), (c), (d) and (e) hereof. In addition, the court may, at its discretion, order the
29 suspension or revocation of the license to operate of the erring healthcare facility,
30 institution, or industrial establishment In case the violation is committed by a
31 partnership, corporation, association, or any other juridical person, the managing
32 partner, president, managing director/s, or officer who has committed or consented to
33 such violation shall be held directly liable and responsible for the acts as principal, or
34 as co-principal with the other participants, if any.

1 **SEC. 54. Refund and Compensation.** Any nurse found to have been a victim
 2 under Section 53 (e) hereof shall be entitled to a full refund of all fees illegally collected
 3 and the payment of unpaid salary, if any, which should not be less than the applicable
 4 wage for services rendered without prejudice to other reliefs that may be claimed
 5 under applicable laws.

6 **ARTICLE XI**

7 **MISCELLANEOUS PROVISIONS**

8 **SEC. 55. Implementing Agencies.** - The Department of Budget and
 9 Management (DBM), Department of Health (DOH), Department of Labor and
 10 Employment (DOLE), Department of Interior and Local Government (DILG), Civil
 11 Service Commission (CSC), Commission on Higher Education (CHED), shall be
 12 responsible for the implementation and monitoring of the compliance with the
 13 provisions of this Act.

14 The DOH, as the lead agency, the DILG, and CSC shall be responsible for
 15 monitoring the compliance with and implementation of the provisions of this Act by
 16 public health facilities and institutions.

17 The DOLE shall be the agency responsible for monitoring the compliance and
 18 implementation of the provisions of this Act by private health facilities and institutions
 19 and industrial establishments. In addition, the DOLE shall create a separate category
 20 for health workers befitting the importance and complexity of the work performed by
 21 nurses and other healthcare professionals.

22 The PRC and the Board shall be the designated agencies responsible for
 23 monitoring the compliance with and implementation of the provisions of this Act by
 24 nurses, HEIs, CPD providers, health facilities and institutions, and industrial
 25 establishments.

26 The CHED shall be the agency responsible for monitoring the compliance with
 27 and implementation of the provisions of this Act by HEIs with regard to nursing
 28 education programs and curriculum.

29 **SEC. 56. Funding for the Advance Practice Nurse (APN) Training.** The
 30 participating government hospitals and institutions shall include their budgets the
 31 annual financial requirement needed to train at least ten percent (10 %) of their nursing
 32 staff: *Provided however,* That non-government hospitals and institutions shall support
 33 the training requirements of their nursing staff employed by them. Nothing in this
 34 provision shall prevent, diminish or otherwise revoke existing company policies that
 35 are more favorable to the employee.

1 **SEC. 57. Appropriations.** The Chairperson of the Professional Regulation
2 Commission and the Secretary of the Department of Health shall immediately include
3 in their program the implementation of this Act, the funding of which shall be included
4 in the annual General Appropriations Act.

5 **SEC. 58. Implementing Rules and Regulations.** - Within ninety days (90) after
6 the effectivity of this Act, the PRC and the Board shall, in consultation with the APO for
7 nurses, CSC, DBM, DOH and other concerned nursing organizations and government
8 agencies formulate the implementing rules and regulations (IRR) necessary to carry
9 out the provisions of this Act.

10 **SEC. 59. Separability Clause.** - Should any provision of this Act be declared
11 unconstitutional, the remaining parts not affected thereby shall remain valid and
12 operational.

13 **SEC. 60. Repealing Clause.** Republic Act No. 9173, otherwise known as the
14 'Philippine Nursing Act of 2002' is hereby repealed. All other laws, decrees, orders,
15 circulars, issuances, rules and regulations and parts thereof which are inconsistent
16 with this Act are hereby repealed, amended or modified accordingly.

17 **SEC. 61. Effectivity.** This Act shall take effect fifteen (15) days after its
18 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,