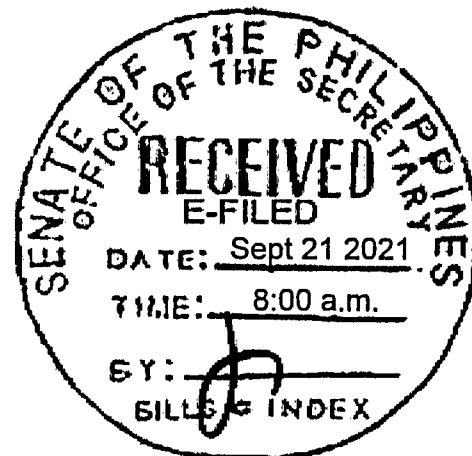


**EIGHTEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES**  
*Third Regular Session*

**SENATE**

**S. No. 2409**



---

Introduced by **SENATORS VICENTE C. SOTTO III, PIA S. CAYETANO,**  
and **JOEL VILLANUEVA**

---

**AN ACT**  
**PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS THE**  
**PROMOTION OF A QUALITY HEALTH CARE SYSTEM, AND APPROPRIATING**  
**FUNDS THEREFOR, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 9173,**  
**OTHERWISE KNOWN AS THE "PHILIPPINE NURSING ACT OF 2002"**

**EXPLANATORY NOTE**

In February 2019, the Universal Health Care (UHC) Act was enacted. Its main objective is to provide universal health care for all Filipinos and improve their overall health outcomes. Integral to the said law is the recognition that healthcare workers, especially nurses, will play a vital role to properly and successfully implement universal health care.

Unfortunately, while rolling out the UHC Act, the COVID-19 pandemic occurred, disrupting economies and societies worldwide. The virus has greatly impacted the country's already fragile healthcare system. Its adverse effects have tremendously burdened the Philippines' health human resource, which includes those in the nursing profession. Due to the pandemic, nurses have to work longer shifts to care for the increasing number of patients, while risking their lives with the threat of being infected themselves. With the record-high cases of COVID-19 in the country, the shortage in the number of nurses has become even more evident.

The Department of Health's standard nurse-to-patient ratio is 1:12 per shift for regular wards.<sup>1</sup> Even before the pandemic, the ratio was at 1:60 in some government hospitals.<sup>2</sup> With the pandemic, it is now at a range of 1:50 to 1:80.<sup>3</sup> This shortage of

---

<sup>1</sup> Porcalla, D. (2021, August 30). P20.8 billion in '22 budget for hiring more health workers. *Philippine Star*. <https://www.philstar.com/headlines/2021/08/30/2123509/p208-billion-22-budget-hiring-more-health-workers>

<sup>2</sup> Abenir, C., Almonte, M., Antonio, J., Beltra, A., Beltran, C., Evangelista, M.,... Lucas, M. (2021, April 11). New school: On the lack of healthcare professionals in the Philippines. *Rappler*. <https://www.rappler.com/voices/new-school/new-school-lack-healthcare-professionals-philippines>

<sup>3</sup> Muir, C. (2020). *Essential workers or exports: Filipino nurses in the era of COVID-19*. <https://bimi.berkeley.edu/sites/default/files/shared/docs/Choy%20Filipino%20Nurses%20in%20the%20Era%20of%20COVID-19.pdf>


nurses in the country is further aggravated by the migration of healthcare workers abroad. Studies show that while the Philippines actually trains a surplus of healthcare workers, including nurses than it can employ, many leave the country due to the economic conditions that exacerbate their already stressful working environments, as well as lack of opportunities for professional development, among others.<sup>4</sup> The demand for Filipino nurses abroad and the higher salary offers have caused a drain in the number of nurses in the country.<sup>5</sup> According to the Private Hospitals Association of the Philippines, around 40% of Filipino nurses in private hospitals resigned in 2020.<sup>6</sup> The WHO report on the *State of the World's Nursing 2020* projects that, without action, there will be a shortfall of 249,843 by 2030 in the country, unless greater investment is made now to retain them in the Philippine health sector.<sup>7</sup> It is imperative that the government should invest in the nurses of the country by ensuring safe work environments, proper wages, opportunities for growth, and the like.

As such, this bill seeks to protect and care for nurses through just employment, welfare compensation, and practice environments through the following, among others: (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 consideration of the foregoing, the immediate passage of this bill is earnestly sought.

  
VICENTE C. SOTTO III

  
PIA S. CAYETANO

  
JOEL VILLANUEVA

---

<sup>4</sup> University of the Philippines Population Institute (UPPI) and Demographic Research and Development Foundation, Inc. (DRDF). (2020, August). Human resource for health in the time of the COVID-19 pandemic: Does the Philippines have enough? (UPPI/DRDF Research Brief No. 8). <https://www.uppi.upd.edu.ph/sites/default/files/pdf/COVID-19-ResearchBrief-08.pdf>.

<sup>5</sup> Ratcliffe, R. (2021, August 21). Raging Delta variant takes its toll as Philippines runs out of nurses. *The Guardian*. <https://www.theguardian.com/world/2021/aug/21/raging-delta-variant-takes-its-toll-as-philippines-runs-out-of-nurses>

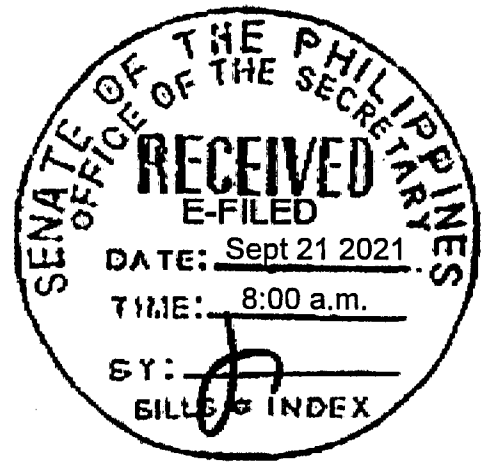
<sup>6</sup> Magsambol, B. (2021, September 4). Overworked, underpaid health workers are walking away as Delta ravages PH. *Rappler*. <https://www.rappler.com/newsbreak/in-depth/overworked-underpaid-health-workers-walking-away-delta-variant-ravages-philippines>

<sup>7</sup> World Health Organization. (2020, April 7). *COVID-19 pandemic puts need for nurses into sharp relief*. <https://www.who.int/philippines/news/detail/07-04-2020-urgent-need-for-investment-in-nursing>

EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
Third Regular Session )

SENATE

S. No. 2409



Introduced by **SENATORS VICENTE C. SOTTO III, PIA S. CAYETANO,**  
and **JOEL VILLANUEVA**

**AN ACT**  
**PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS THE**  
**PROMOTION OF A QUALITY HEALTH CARE SYSTEM, AND APPROPRIATING**  
**FUNDS THEREFOR, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 9173,**  
**OTHERWISE KNOWN AS THE "PHILIPPINE NURSING ACT OF 2002"**

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

**ARTICLE I**

**GENERAL PROVISIONS**

**SECTION 1. Title.** - This Act shall be known as the "*The Philippine Nursing Act of 2021.*"

**SEC. 2. Declaration of Policy.** - The Constitution mandates that the State shall protect and promote the right to health of the people and instill health consciousness among them. The State recognizes nurses as prime movers of national development and contributors to international cooperation and understanding, and thus, shall uphold the welfare of the healthcare workers as an important instrument to achieve universal health care through primary health care. It shall also guarantee accessible, affordable, and available quality health care by implementing an adequate and comprehensive Nursing Human Resource for Health Management System (NHRHMS) throughout the country, in line with the Department of Health's (DOH) National Human Resources for Health Master Plan. Towards this end, the State shall protect the dignity and respect for nurses and improve the practice of the nursing profession by integrating measures to promote comprehensive and relevant nursing practice standards, ensure just and humane working conditions, and support the professional growth of nurses.

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

- 2       a.     *Bachelor of Science in Nursing (BSN)* refers to the baccalaureate program  
3             that provides a sound and liberal education that equips graduates with  
4             competencies for registration as a professional, and is the required  
5             academic standard to engage in nursing practice in the Philippines, in  
6             accordance with the appropriate qualification framework under this Act.  
7             The BSN program is promulgated under the enabling policies, standards,  
8             and guidelines (PSG) prescribed and issued by the Commission on Higher  
9             Education (CHED);
- 10       b.    *Career Progression and Specialization Program for Nursing (CPSPN)* refers  
11             to the program of differentiating nursing-level standards, the system of  
12             credentialing specialty organizations and interest groups, and certification  
13             of individuals at different levels of practice, recognized by the PRC and the  
14             Professional Regulatory Board of Nursing;
- 15       c.    *Certification* refers to the process of validating achievements through a  
16             variety of measures and assessment strategies to confirm or attest to the  
17             competency of an advanced practice nurse, upon completion of a specialty  
18             program or Continuing Professional Development (CPD) program, or both.  
19             The certification is issued by the Professional Regulatory Board of Nursing  
20             and the PRC upon endorsement of the specified credentialed specialty  
21             organization in accordance with the PSG;
- 22       d.    *Credentialing* refers to the formal recognition of a specialty organization or  
23             interest group conferred by the PRC and the Professional Regulatory Board  
24             of Nursing, upon the recommendation of the Career Progression and  
25             Specialization Committee for Nursing, after complying with the PSG;
- 26       e.    *Chief Nursing Officer (CNO)* refers to the highest nursing administrative  
27             and clinical official in healthcare facilities. The CNO is a registered nurse  
28             responsible for leading and coordinating an organization's nursing services  
29             and its daily operation. The CNO is the primary spokesperson for nurses in  
30             the facility and must possess the qualifications under Section 55 of this  
31             Act;

- 1 f. *Decent Work* refers to aspirations by people in their working lives. It  
2 involves opportunities for work that is productive and delivers a fair  
3 income, security in the workplace and social protection for families, better  
4 prospects for personal development, psychological well-being and social  
5 integration freedom for people to express their concerns, organize and  
6 participate in decisions that affect their lives, and equality of opportunity  
7 or treatment regardless of ethnicity, gender, position, or religion;
- 8 g. *Health Facility* refers to a public or private institution, establishment or  
9 clinic, devoted primarily to the provision of services for health promotion,  
10 prevention, diagnosis, treatment, rehabilitation and palliation of  
11 individuals suffering from illness, disease, injury, disability, or deformity,  
12 or in need of obstetrical or other medical and nursing care;
- 13 h. *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing  
14 official of the DOH whose main function is to promote through expert  
15 advice, safe nursing and quality standards and implement nursing policies  
16 for both the public and private sectors;
- 17 i. *Nurse* is a title conferred on an individual, who has met the legal,  
18 educational and administrative requirements to practice nursing, and is  
19 duly registered and licensed to practice the nursing profession, with all the  
20 rights and privileges appurtenant thereto;
- 21 j. *Nursing care* refers to the physiological, psychological, spiritual, social and  
22 emotional care, essential health care, safety and comfort measures, health  
23 teachings, and execution of health care techniques and procedures as well  
24 as traditional and innovative approaches to individuals, families, population  
25 groups and communities from conception to death;
- 26 k. *Nursing Human Resource for Health Management System (NHRHMS)*  
27 refers to an organized human resource management and development  
28 information system based in the DOH and directed by the NCNO, that  
29 provides meaningful data used to support policies affecting nurses and  
30 nursing;
- 31 l. *Nursing Practice* refers to the autonomous and collaborative care of  
32 individuals of all ages, families, groups and communities in all settings,  
33 which include the promotion of health, the prevention of illness, and the

1 care of ill, disabled and dying people, and additional roles involving  
2 advocacy, promotion of a safe environment, participation in patient and  
3 health services management, shaping health policy, education, and  
4 research;

5 m. *Positive practice environment* refers to a practice setting that promotes  
6 economic welfare, professional autonomy, job satisfaction and retention of  
7 nurses by ensuring safe staffing, managerial support, professional  
8 development, occupational safety and psychological health and prevention  
9 of workplace violence to promote patient and nurse safety;

10 n. *Special Temporary Permit (STP)* refers to the authority to engage in limited  
11 nursing practice granted to foreign registered or licensed nurses and  
12 Filipino nursing graduates under the conditions set forth in this Act;

## 13 ARTICLE II

### 14 BOARD OF NURSING

#### 15 ***SEC. 4. Creation and Composition of the Professional Regulatory Board***

16 ***of Nursing.*** - There shall be created a Professional Regulatory Board of Nursing,  
17 hereinafter referred to as the Board, under the administrative supervision of the PRC.  
18 The Board shall be composed of seven (7) Members who shall elect among themselves  
19 a Chairperson, who will serve for one (1) year, subject to re-election. The President of  
20 the Republic of the Philippines shall appoint the seven (7) members of the Board;  
21 *Provided,* That the membership of the Board, as far as practicable, shall be represented  
22 by the nursing service and the nursing academe, such that the members' areas of  
23 expertise shall cover the subject areas of the Philippine Nursing Licensure Examination  
24 (PNLE).

25 ***SEC. 5. Mission of the Board.*** - The Board shall protect and promote the  
26 welfare of every Filipino by ensuring that licensed nurses in the Philippines are competent  
27 to engage in the nursing practice. Towards this end, the Board shall regulate the practice  
28 of nursing and, in coordination with the CHED, review and approve nursing education  
29 programs.

30 The Board, acting in accordance with the highest standards of ethics,  
31 accountability, efficiency, effectiveness, and transparency, shall approach its mission

1 with a deep sense of purpose and responsibility by affirming that the regulation of  
2 nursing is a public trust.

3 ***SEC. 6. Qualifications of the Chairperson and Members of the Board. -***

4 The Chairperson and Members of the Board must be citizens of the Philippines and have  
5 resided therein for at least five (5) consecutive years immediately preceding the date of  
6 their respective appointments; *Provided*, That at the time of their appointment, they  
7 must possess the following requirements and qualifications:

- 8 a. A valid and current certificate of registration and professional identification  
9 card as a Nurse;
- 10 b. A Master's Degree in Nursing, and preferably, with relevant Doctorate  
11 Degree, conferred by a duly recognized Higher Education Institution (HEI);
- 12 c. At least ten (10) continuous years of nursing practice prior to appointment;  
13 *Provided*, That the last five (5) years of such practice must have been  
14 served in the Philippines;
- 15 d. Good moral character as evidenced by not having been convicted of any  
16 crime or offense involving moral turpitude; and
- 17 e. Physically and psychologically fit to serve as a member of the Board.

18 ***SEC. 7. Prohibition as Members of the Board. -*** The members of the Board  
19 shall not, at the time of their appointments and during their incumbency, hold any  
20 position nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in  
21 any review or training center for the PNLE, training hospital or health facility with nursing  
22 affiliates, and is not an officer of any professional organization for nurses.

23 ***SEC. 8. Term of Office. -*** The members of the Board shall hold office for a term  
24 of three (3) years. Any member of the Board may serve for a maximum of two (2) terms  
25 or a total of six (6) years, or until their successors shall have been appointed.

26 ***SEC. 9. Vacancy. -*** Any vacancy in the Board must be filled in the manner  
27 prescribed in this Act and any appointment shall be only for the unexpired portion of the  
28 predecessor's term. Each member of the Board shall take the proper oath of office prior  
29 to the performance of his or her functions and duties.

30 ***SEC. 10. Compensation. -*** The Members of the Board shall be entitled to the  
31 compensation and allowances comparable to those received by the members of other  
32 regulatory boards under the PRC.

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

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

13       **SEC. 13. Powers and Duties of the Board.** - The Board shall supervise and  
14 regulate the practice of the nursing profession and shall have the following powers and  
15 duties:

- 16       a. Ensure the proper conduct of the PNLE, including the evaluation of  
17 examination applications, test development, administration of the  
18 examination, correction, and release of the results thereof;
- 19       b. Encourage the use of appropriate technologies and modalities in the  
20 conduct of the PNLE to enhance efficiency and integrity;
- 21       c. Enforce and monitor safe and quality standards of nursing practice, study  
22 the conditions affecting nursing practice in the Philippines, and exercise  
23 the powers necessary to ensure the maintenance of efficient, ethico-moral  
24 technical and professional standards in the practice of nursing towards the  
25 optimal health and common good of the nation;
- 26       d. Ensure quality nursing education by examining and monitoring HEIs  
27 offering and seeking permission to open nursing education programs to  
28 guarantee that the standards of nursing education are properly complied  
29 with and maintained at all times;
- 30       e. Formulate evidence-based policies and standards that strengthen and  
31 improve the quality of nursing education, such as determining the  
32 minimum eligibility for admission into a recognized HEI offering a nursing



1 education program, and the level of knowledge, skills, and readiness prior  
2 to taking the nursing licensure examination;

3 f. Promulgate a Code of Ethics and Ethical Standards that is responsive to  
4 the needs of the nursing profession, within one (1) year from the effectivity  
5 of this Act;

6 g. Prescribe and operationalize CPSPN to ensure the CPD of nurses, including  
7 the determination of the appropriate recognition for nurses with advanced  
8 practice, such as but not limited to, Certified Nurse Midwives, Certified  
9 Nurse Anesthetists, Clinical Nurse Specialist, Nurse Practitioner, Pediatric  
10 and Nurse Practitioner, and the credentialing of organized nursing groups  
11 and certification of advanced practice nurses;

12 h. Work in partnership with the appropriate agencies to identify and utilize  
13 resources earmarked for national nursing development;

14 i. Prescribe, adopt, issue, and promulgate guidelines, regulations, measures,  
15 and to submit recommendations to authorities and agencies to aid in  
16 policy- and decision-making as may be necessary for the improvement of  
17 the nursing practice, advancement of the profession, and for the proper  
18 and full enforcement of this Act, subject to the review and approval of the  
19 PRC;

20 j. Oversee the implementation of the Philippine Nursing Profession-Roadmap,  
21 which is the program and strategy towards good governance of the  
22 Philippine nursing profession to ensure the culture of excellence and  
23 dynamic leadership;

24 k. Coordinate with the appropriate agencies in negotiating with governments  
25 and accredited nurse staffing agencies of other countries to initiate  
26 agreements that would be beneficial to Philippine nurses and consistent  
27 with the DOH's National Human Resources for Health Masterplan;

28 l. Conduct hearings and investigations to resolve complaints involving any  
29 violation of the provisions in this Act, its rules and regulations, and any  
30 issuance of the Board or the PRC; and in connection therewith, issue  
31 *subpoena ad testificandum* or *subpoena duces tecum*, or both, to require  
32 the appearance of respondents and witnesses or the production of  
33 documents, or both, and to penalize for contempt persons obstructing,

impeding, or otherwise interfering with the conduct of such proceedings, upon application with the regular courts;

m. Issue, suspend, revoke, or reinstate certificate of registration and STP for the practice of nursing; and

n. Perform other regulatory functions to carry out the provisions of this Act.

***SEC. 14. Annual Report.*** - The Board, through the PRC, shall submit an annual report to the President and Congress of the Philippines at the close of every calendar year. The report shall include a detailed account of the Board's proceedings and accomplishments during the year and its recommended measures that will upgrade the practice of the nursing profession and improve the conditions of Filipino nurses.

***SEC. 15. Suspension or Removal of the Members of the Board.*** - Upon recommendation of the PRC, the President of the Philippines, after the observance of due process, may suspend or remove any member of the Board based 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;

d. Non-disclosure of conflict of interest; or

e. Other acts or omissions in violation of this Act.

### ARTICLE III

## EXAMINATION AND REGISTRATION

***SEC. 16. Philippine Nurse Licensure Examination.*** - In order to obtain the certificate of registration and professional identification cards, 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 PRC.

***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 Philippine Nurse Licensure Examination*** - 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, which is compliant 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 crime or 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 the Philippine Nurse Licensure Examination and Registration.*** - Applicants for the PNLE and for registration must pay the prescribed fees set by the PRC.

***SEC. 20. Philippine Nurse Licensure Examination Ratings.*** - In order that an examinee may be deemed to have passed the PNLE successfully, he or she must have obtained a general average of at least seventy-five percent (75%) of the tested areas of all the nursing competencies. Examinees who have failed the PNLE for three times shall be disqualified from taking another examination, unless they show to the satisfaction of the Board that they have enrolled in and passed 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.*** - The certificate of registration and professional identification card shall be issued to all successful examinees, upon compliance with all the requirements for registration.

The certificate of registration shall be duly signed by the Chairperson and Members of the Board, and the Chairperson of the PRC, with their corresponding seals, and shall contain the following information:

- a. Full name of the registrant;
- b. Certificate of registration number; and
- c. Date of initial registration;

The professional identification card shall be duly signed by the Chairperson of the PRC, and shall contain the following information:

- a. Full name of the registrant;
- b. Certificate of registration number;
- c. Date of initial registration; and
- d. Date of the expiration.

The professional identification card shall be renewed every three (3) years upon compliance with the requirements set by the PRC, including the payment of fees and completion of the CPD.

**SEC. 22. Oath of Profession.** - All successful examinees must take the Oath of Profession before any member of the Board or government official authorized to administer oaths, prior to engaging in the nursing practice.

**SEC. 23. Registry of Nurses.** - The PRC shall maintain a centralized database, which shall contain a roster of nurses, for purposes of documentation, statistics, research and development, and verification of registrants.

**SEC. 24. Foreign Reciprocity.** - No foreign nurse shall be given a certificate of registration and professional identification card or be entitled to any of the privilege under this Act, unless the country or State, from 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. 25. Limited Practice through Special Temporary Permit.** - The Board may issue an STP to the following persons, based on the qualifications, and professional and moral standards approved by the PRC and the Board:

- a. Registered or Licensed Nurses with foreign citizenship: (1) whose services are with or without fee or compensation, if they are known specialists or experts in any branch or specialty in nursing; (2) who are on a medical mission and whose services shall be free in a particular hospital, center, or clinic; (3) who are engaged by HEIs offering the BSN program as exchange professors in a branch or specialty of nursing; or (4) who come to provide aid during declared disasters and calamities.
- b. Nursing graduates with Philippine citizenship who may render nursing service during epidemics or national emergencies under the supervision of a registered and licensed nurse or physician; *Provided*, That they have graduated within the last five (5) years prior to the occurrence of the epidemic or public health emergency.

1 The STP issued to registered and licensed nurses with foreign citizenship shall be  
2 effective only for the duration of the project, health mission, engagement, but which in  
3 no case shall exceed one (1) year, subject to renewal. The STP issued to nursing  
4 graduates with Philippine citizenship shall automatically cease upon the lifting or  
5 termination of the epidemic or public health emergency.

6 The registered or licensed nurses with foreign citizenship, who is a holder of an  
7 STP, shall submit a completion report to the Board and the PRC, after the conduct of  
8 such project, medical mission, engagement, or contract. In the case of nurses with  
9 Philippine citizenship who rendered services during an epidemic or public health  
10 emergency, the completion report shall be submitted by the licensed or registered nurse  
11 or physician authorized to supervise them.

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

14 ***SEC. 26. Non-Registration and Non-issuance of Certificate of***  
15 ***Registration, Professional Identification Card, and Special Temporary Permit.***

16 - Any person who has been convicted by final judgment of any crime, or offense involving  
17 moral turpitude, or found guilty of immoral, or dishonorable conduct, or judicially  
18 declared to be of unsound mind, shall not be registered and issued a certificate of  
19 registration, professional identification card, or an STP.

20 The Board shall issue an order to the applicant stating the reasons for the non-  
21 registration or non-issuance of certification of registration, personal identification card,  
22 or STP, which shall be included in the records of the Board.

23 ***SEC. 27. Revocation and Suspension of Certificate of Registration,***  
24 ***Professional Identification Card and Cancellation of Special Temporary***

25 ***Permit.*** - The Board shall reprimand a nurse, or suspend, or revoke his or her certificate  
26 of registration, professional identification card, or STP, after due notice and hearing,  
27 based on any of the following grounds:

- 28 a. Conviction by final judgment of any criminal offense involving moral  
29 turpitude, or of immoral or dishonorable conduct, or having been judicially  
30 declared to be of unsound mind;
- 31 b. Negligence, misconduct, or incompetence in the nursing practice resulting  
32 in injury, harm, disability, or death;

- 1 c. Commission of fraud, non-disclosure of disqualification, or
- 2 misrepresentation in obtaining a certificate of registration, professional
- 3 identification card, or STP;
- 4 d. Engaging in the nursing practice during the period of suspension of his or
- 5 her license;
- 6 e. Breach of ethical practice in research, in accordance with prevailing
- 7 national and international guidelines;
- 8 f. Violation of this Act, the Code of Ethics and Ethical Standards for nurses,
- 9 and other policies, rules and regulations of the Board and the PRC; or
- 10 g. Any other grounds analogous to the foregoing.

11 If the penalty imposed is suspension or revocation of the license, the respondent-  
12 nurse shall be required to surrender the certificate of registration and professional  
13 identification card.

14 ***SEC. 28. Reinstatement and Re-issuance of Revoked Certificate of***  
15 ***Registration and Professional Identification Card.*** - Upon application and  
16 payment of the required fees, the Board may reinstate or re-issue a revoked certificate  
17 of registration after two (2) years from the effectivity of the revocation, for reasons of  
18 equity and justice, and when the cause for the revocation has disappeared or has been  
19 cured or corrected.

## 20 **ARTICLE IV**

### 21 **NURSING PRACTICE**

22 ***SEC. 29. Scope of Nursing Practice.*** - The scope of nursing practice includes  
23 a range of roles, functions, responsibilities, and activities of a registered nurse, who is  
24 competent and authorized to perform nursing service, education, research, leadership,  
25 and governance as defined in this Act.

26 A person shall be deemed engaged in the nursing practice when he or she,  
27 independently or in collaboration with other professionals, with or without fee or  
28 compensation, applies any of the scope of nursing practice through any or all of the four  
29 (4) roles: (1) provider of direct client care, (2) educator, (3) researcher, and (4) manager  
30 and leader. The nurse's clients shall include individuals, families, population groups, and

1 communities, with varying age groups, gender, health-illness status, in any industrial or  
2 community health care setting.

3 Nurses shall utilize, to the full extent of their education, training, and experience,  
4 their highest skill set in performing autonomous and collaborative functions. It shall be  
5 the duty of nurses to:

- 6 a. Provide nursing care through the conscientious observance of the nursing  
7 process and established protocols;
- 8 b. Provide advanced nursing care based on the CPSPN and the Philippine  
9 Qualifications Framework;
- 10 c. Establish linkages with community resources and coordination with the  
11 healthcare workers in any industrial or community health care setting;
- 12 d. Provide health education and health counselling to empower individuals,  
13 families, population groups, and communities towards the promotion of  
14 health, prevention of illness, and caring towards people living with serious  
15 illness by providing relief from the symptoms of pain and stress;
- 16 e. Teach, guide, and supervise students in nursing education programs,  
17 including the administration of nursing services in varied settings such as  
18 hospitals, clinics, and other industrial or community health settings where  
19 practice of the nursing profession exists;
- 20 f. Provide duly compensated professional nursing services, such as  
21 consultation services and private nursing practice;
- 22 g. Supervise nursing and ancillary nursing personnel in the delivery of safe  
23 and quality healthcare services in varied settings;
- 24 h. Maintain competence by adhering to the CPSPN standards and the  
25 Philippine Professional Nursing Practice Standards (PPNPS), as well as  
26 engage in CPD and lifelong learning;
- 27 i. Observe the Code of Ethics and Ethical Standards for nurses promulgated  
28 by the Board, uphold the standards of safe and quality nursing practice,  
29 and demonstrate cultural and gender sensitivity and social responsibility;
- 30 j. Undertake nursing and human resources for health (HRH) development  
31 training and research for continuous quality improvement and evidence-  
32 based practice; and

- 1 k. Exercise the core competencies in the performance of their respective roles  
2 and responsibilities, in accordance with the PPNPS.

3 **SEC. 30. Qualifications of a Registered Nurse.** - A nurse shall have a broad  
4 and coherent set of knowledge and skills in the field of nursing to provide safe and  
5 quality care to an individual, family, population group, or community, independently or  
6 in collaboration with other professionals. A nurse must be able to assess, plan,  
7 implement, and evaluate the care provided to clients based on evidence derived from  
8 practice and research. A nurse may practice in special areas, such as high dependency  
9 unit, critical care unit, disaster areas, special procedure or interventional area; *Provided,*  
10 That he or she has acquired the relevant competencies.

11 **SEC. 31. General Practice Nursing.** - A newly-licensed nurse may engage in  
12 General Practice Nursing (GPN) that focuses on the provision and advocacy of safe,  
13 holistic, and quality care to individuals, families, population groups, or communities,  
14 which include the assessment, planning, implementation, and evaluation of evidence-  
15 based care to patients.

16 To engage in GPN, a nurse must have the following minimum qualifications:

- 17 a. Must be a BSN graduate from an HEI recognized by the government;  
18 b. Must have a valid certificate of registration and current professional  
19 identification card as a nurse issued by the PRC;  
20 c. Must be physically and psychologically fit to practice nursing.

21 **SEC. 32. Specialty Practice Nursing.** - A nurse may engage in Specialty  
22 Practice Nursing (SPN) that focuses on a specialty area, which can be obtained through  
23 appropriate recognition after having undergone relevant trainings.

24 Specialty areas have different categories based on function, disease, pathology,  
25 systems, age, sex, acuity, setting, technology, and therapies. Nurses who practice within  
26 a certain area are referred to as "Specialists."

27 To become a specialty practice nurse or Specialist, a nurse must have the  
28 following minimum qualifications:

- 29 a. A BSN graduate from an HEI recognized by the government;  
30 b. Must possess a valid certificate of registration and current professional  
31 identification card as a nurse issued by the PRC;  
32 c. Must have at least three (3) years of clinical experience in the area of  
33 specialty;



- d. Received relevant training in the area of specialty practice, which is accredited by the CPD Council and provided by an organization credentialed by the PRC-deputized Career Progression and Specialization Committee for Nursing; and
- e. Preferably a member of the appropriate Board-credentialed specialty organization.

**SEC. 33. Advanced Practice Nursing.** - A nurse may engage in Advanced Practice Nursing (APN), which focuses on the specialized and expanded roles of nurses. The Board and the PRC shall certify nurses in APN with a higher degree of qualifications that would provide them with opportunities for role recognition within the human resource for health framework and expanded professional scope of practice, and recognize them with appropriate titles, such as "Advanced Practice Registered Nurse" (APRN). The scope of APN shall include the following:

- a. Use of graduate education and expertise in nursing 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;
- b. Involves direct or collaborative expert care rendered by advanced practice nurses, reflecting specialized and expanded competencies over and above the general practice nurse requirements;
- c. Navigate, coordinate, and conduct initial and continuing point of contact of the patient to ensure continuity during transitions of care;
- d. Address the full range of human experiences and responses to health and illness across the lifespan, including advanced and expert care focused on health promotion, health protection, health maintenance, health restoration, rehabilitation, and palliations management; and
- e. Implement individual-based and population-based health services, as defined in Republic Act No. 11223, or "The Universal Health Care Act."

**SEC. 34. Minimum Qualifications of an Advanced Practice Registered Nurse.** - An Advanced Practice Registered Nurse (APRN) must have the following minimum qualifications:

- a. A graduate with a relevant master's degree from a government recognized HEI, with substantial specialty experience as may be determined by the Board;
- b. A graduate of an HEI with a specified post-graduate curriculum with:
  1. Minimum advanced practice core courses;
  2. Minimum competencies in Health Promotion, Disease Prevention, and Risk Reduction;
  3. Supervised clinical practicum with an experienced APRN or physician in accordance with the approved CHED curriculum for APN practicum;
- c. Must have satisfied the requirements for certification as promulgated by the Board; and
- d. Preferably a member of the appropriate Board-credentialed specialty organization.

The Board shall promulgate the necessary guidelines on the APRN core courses, minimum competencies, and advanced practice nurse supervised clinical practicum requirements.

**SEC. 35. Authority of an Advanced Practice Registered Nurse** - The APRN shall provide general physical exams, screening services, preventive care, protocol-based diagnosis and participate in the treatment of episodic, short-term, and stable chronic health problems, as well as in the diagnosis and treatment of acute or unstable conditions, in consultation and collaboration with the primary collaborative physician or a specialist designated by the primary collaborating physician.

The APRN shall have rights to order, furnish, and renew orders for appropriate medications and treatments under a protocol-based collaborative disease management approach within the scope of an advanced practice nurse.

The APRN is eligible to receive performance-driven, close-end, prospective payments from the Philippine Health Insurance Corporation (PhilHealth) based on disease, diagnosis related groupings or appropriate groupings, and validated costing methodologies as provided in the Republic Act No. 11223, or the "The Universal Health Care Act."

**SEC. 36. Continuing Professional Development.** - The Continuing Professional Development (CPD) providers and their programs for nurses shall be

1 accredited by the CPD Council, in accordance with Republic Act No. 10912, or the "The  
2 Continuing Professional Development Act of 2016." All nurses shall abide by the  
3 requirements, rules and regulations on the CPD to be promulgated by the PRC, in  
4 coordination with the Board, and duly authorized representatives of HEIs offering the  
5 BSN program.

6 ***SEC. 37. Requirement for Inactive Nurses Returning to Practice.*** -  
7 Inactive nurses intending to return to practice must undergo a refresher course as  
8 prescribed by the Board. Nurses are considered to be inactive under any of the following  
9 circumstances:

- 10 a. They have not utilized nursing competencies as defined in the scope of  
11 nursing practice for at least five (5) consecutive years;
- 12 b. They have not renewed their professional identification card for five (5)  
13 years; or
- 14 c. They do not have proof of five (5)-year continuous nursing practice.

15 ***SEC. 38. Salary and Compensation.*** - Nurses shall, at all times, receive  
16 compensation that is just and due them, and commensurate with and proportionate to  
17 their level of education, training, experience, and complexity of nursing skill required for  
18 the services rendered.

19 Nurses, in both government and private sectors, and who are integral to the  
20 functioning of hospitals and healthcare institutions, must be classified as regular staff  
21 after a reasonable probationary period, as mandated by law.

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

24 During exigencies of service, such as pandemics and disasters, outsourcing  
25 nursing may be considered, subject to existing labor laws.

26 ***SEC. 39. Incentives and Benefits.*** - The Board, in coordination with the DOH,  
27 other concerned government agencies, association of hospitals, and professional  
28 organizations for nurses, shall establish an incentive and benefit system in the form of  
29 free hospital care, scholarship grants, and other non-cash benefits for nurses and their  
30 dependents, subject to existing regulations.

31 ***SEC. 40. Non-Diminution of Benefits and Incentives.*** - The implementation  
32 of Sections 38 and 39 of this Act shall not result in the diminution of existing grants of  
33 salaries, benefits and incentives for nurses.

1 **ARTICLE V**  
2 **NURSING EDUCATION**

3 **SEC. 41. Nursing Education.** - Nursing Education is the formal learning and  
4 training in the science and art of nursing provided by HEIs duly recognized by the CHED.  
5 There shall be a standard Baccalaureate and Graduate Program for Nursing Education  
6 pursuant to Republic Act No. 7722, or the "Higher Education Act of 1994."

7 **SEC 42. Baccalaureate Program for Nursing Education.** - The  
8 Baccalaureate Program for Nursing Education is the basic nursing education program for  
9 a sound and liberal professional education that will adequately equip nursing students  
10 with the necessary competencies for entry level nursing practice. The curriculum and  
11 the Related Learning Experiences must be in accordance with the appropriate PSG of  
12 the CHED.

13 **SEC. 43. Graduate Program for Nursing Education.** - The Graduate Program  
14 for nursing education is the post baccalaureate nursing program, which builds on the  
15 experiences and skills of a nurse towards mastery, expertise, and leadership in practice,  
16 education, and research. The Graduate Program includes the Master's Degree and  
17 Doctorate Degree in Nursing.

18 The Graduate Program for Nursing Education shall be offered only through an  
19 accredited program of HEIs in accordance with the prevailing PSG of CHED for Graduate  
20 Education.

21 **SEC. 44. Qualifications of the Dean.** - The Dean of the College of Nursing of  
22 a BSN program shall formulate policies and plans, in collaboration with the school officials  
23 and stakeholders, and must adhere to the prescribed curriculum for the advancement of  
24 nursing education. The Dean's qualifications shall be in accordance with the CHED  
25 memorandum order specification.

26 **SEC. 45. Qualifications of the Faculty.** - Qualifications of the faculty members  
27 of Baccalaureate Programs and Graduate Programs for Nursing Education shall be in  
28 accordance with the CHED memorandum order specification for education.

29 **SEC. 46. Faculty-to-Student-Ratio.** - The faculty-to-student ratio must be in  
30 accordance with the standards to be determined and prescribed by the CHED.

1 **ARTICLE VI**  
2 **NURSING SERVICE**

3 **SEC. 47. Nursing Service.** - Nursing service includes the provision of general,  
4 specialized, and advanced practice of nursing, and nursing management in various  
5 health, industry, or community settings where the competencies of a nurse are required.

6 **SEC 48. Public Health Nursing Service.** - Public Health Nursing Service shall  
7 effectively implement public health programs for community and population groups, and  
8 shall include the following essential services:

- 9 a. Health information and education;  
10 b. Expanded program on immunization against major infectious diseases,  
11 maternal and child health care including family planning and counselling,  
12 and micro nutrient and nutritional food supplementation;  
13 c. Prevention, treatment, and control of communicable and non-  
14 communicable diseases including locally endemic diseases;  
15 d. Mental health promotion;  
16 e. Occupational health and safety;  
17 f. Safe water and environmental sanitation;  
18 g. Basic drugs supply; and  
19 h. Emergency and disaster management.

20 **SEC 49. Public Health Nurse.** - A Public Health Nurse (PHN) shall work with  
21 individuals, families, and population groups that are the center of the community, and  
22 collaborate with other members of the service delivery network with the goal of  
23 promoting health, preventing disease and disability, and treatment of common diseases.

24 In order to qualify as a Public Health Nurse Specialist (PHNS), he or she must  
25 obtain specialty training focused on public health-based programs and substantial  
26 experience in managing public health conditions.

27 **SEC. 50. Advanced Public Health Nurse Practitioners.** - A PHNS may  
28 become an advanced practice nurse in Public Health after obtaining an advanced nursing  
29 preparation, either a master's or doctoral degree with emphasis on public health  
30 sciences, or their equivalencies, issued according to promulgation by the CHED, and as  
31 defined in Section 34 of this Act.

32 Advanced PHN Practitioners shall have the following duties and responsibilities:

- 1           a.     Delivering population-centered services and programs and other public
- 2                 health services such as occupational health, school health, emergency and
- 3                 disaster, and home and hospice services.
- 4           b.     Providing direct and indirect care to population groups and communities:
- 5                 1.     Direct care consists of assessing and diagnosing the population
- 6                 or communities, planning nursing actions, mobilizing community
- 7                 response, monitoring population health status, and evaluating
- 8                 outcomes.
- 9                 2.     Indirect care consists of engaging in policy change, education,
- 10                and training of PHN practitioners and in interdisciplinary research,
- 11                and acting as consultants to policy makers.
- 12           c.     Exercising collaborative leadership and political skills for successful
- 13                 population outcomes.

14           ***SEC. 51. National Chief Nursing Officer.*** - There shall be a National Chief  
15 Nursing Officer (NCNO) who shall head the Office of the NCNO in the DOH, with a rank  
16 of an Undersecretary. The NCNO shall serve a three (3)-year term, subject to renewal  
17 based on performance evaluation up to a maximum of two (2) terms.

18           ***SEC. 52. Minimum Qualifications of a National Chief Nursing Officer.*** -  
19 The NCNO shall possess the following minimum qualifications:

- 20           a.     A registered nurse in the Philippines;
- 21           b.     A Holder of a Doctorate Degree conferred by an HEI duly recognized by
- 22                 the government in a relevant healthcare and business or administration
- 23                 field;
- 24           c.     A holder of a valid certificate of registration and a current professional
- 25                 identification card as a nurse issued by the PRC;
- 26           d.     Must have the necessary CESO rank;
- 27           e.     Have at least ten (10) years of experience in general nursing service
- 28                 administration and managerial and policy development; and
- 29           f.     Other requirements under the PSG promulgated by the Board.

30           ***SEC. 53. Functions of the National Chief Nursing Officer.*** - The NCNO shall  
31 have the following functions:

- 32           a.     Oversee and coordinate national nursing personnel utilization and nurses'
- 33                 welfare;

- 1           b.     Monitor and ensure that healthcare facilities observe decent work  
2                 standards;
- 3           c.     Implement the adaptation of nursing development trends in nursing  
4                 education and practice in both the public and private sectors;
- 5           d.     Oversee and coordinate strategic management, financial and resource  
6                 allocation, policies and standards development, and professional and  
7                 organizational development to relevantly address national epidemiologic  
8                 and nursing personnel supply, demand, and distribution trends;
- 9           e.     Oversee the development of the NHRHMS;
- 10          f.     Utilize statistical data and other nursing outcome metrics in the exercise of  
11                 good governance and full accountability over nursing personnel systems in  
12                 both private and public health care and community settings; and
- 13          g.     Act as the advocate for the rights and welfare of nurses in both public and  
14                 private institutions.

15           **SEC. 54. Chief Nursing Officer.** - There shall be a Chief Nursing Officer (CNO)  
16     who shall head the nursing service office. The nursing service office shall be established  
17     in every healthcare institution, and in all levels and classifications of these institutions,  
18     whether administrative or clinical with a complement of at least ten (10) nurses. Nursing  
19     services, in each healthcare institution, whether in private and public institutions or  
20     community settings, shall be under the control and management of a CNO.

21           **SEC. 55. Minimum Qualifications of Chief Nursing Officer.** The CNO shall  
22     have the following minimum qualifications:

- 23           a.     A registered nurse in the Philippines;
- 24           b.     A holder of a Master's Degree in nursing conferred by an HEI duly  
25                 recognized by the government;
- 26           c.     A holder of a valid certificate of registration and a current professional  
27                 identification card as a nurse issued by the PRC;
- 28           d.     Have at least five (5) years of experience in general nursing service  
29                 administration and managerial and policy development; and
- 30           e.     Other requirements under the PSG promulgated by the Board.

31           **SEC. 56. Functions of Chief Nursing Officer.** - The CNO shall have the  
32     following responsibilities:

- a. Full administrative responsibility as leader and manager of nursing services within each institution;
- b. Authority and accountability over the planning, organizing, directing, and controlling, including monitoring, evaluation, and policy development of nursing resources related to nursing services; and
- c. Responsible for strategic and operational planning, financial and resource allocation, policies and procedures development, professional and organizational involvement to address issues involving nurses and the Nursing Practice.

## ARTICLE VII

## NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

***SEC. 57. Nursing Research and Policy Development.*** - Nursing Research and Policy Development shall involve the study of nurse-related concerns, such as:

- a. Professional nursing practice, nursing development, advance nursing knowledge, and health and nursing governance to ensure quality nursing care for all and advocacy for sound health policies nationally and internationally;
- b. Information and knowledge management, and communication technology;
- c. Regulation of nursing standards, competencies, and the process of credentialing; and
- d. Socio-economic welfare of nurses, including occupational health and safety, human resources planning and policy, remuneration, and career development.

## ARTICLE VIII

## NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT

***SEC. 58. Nursing Human Resource for Health Management System.*** - The DOH, under the direction of the NCNO, shall develop the Nursing Human Resource for Health Management System (NHRHMS), which shall cover all information involving nursing human resources in the nursing service of both public and private sectors, and in any industrial and community healthcare settings. The NHRHMS shall include a registry of nursing professionals in coordination with public and private healthcare institutions.



1 and nursing organizations and groups indicating, among others, their current number of  
2 practitioners and location of practice.

3 **SEC. 59. Duties of Healthcare Facilities and Institutions.** - In line with the  
4 NHRHMS, healthcare facilities and institutions, including industrial establishments that  
5 hire nurses, shall comply with the following obligations:

- 6 a. Report relevant information, data, and record to the DOH, through the  
7 NCNO, which shall be used to ensure accurate nursing human resource  
8 and workforce projections and reconciliation of the supply data from CHED  
9 and PRC;
- 10 b. Implement strategic NHRHMS in all levels of the nursing service;
- 11 c. Adopt appropriate nursing organizational structures to support  
12 competency development, career and professional growth, productivity  
13 and conditions for decent work, and job fulfilment of their nurses;
- 14 d. Employ an evidence-based HRH assessment tool for nursing workload and  
15 workload pressure, preferably the World Health Organization's *Workload*  
16 *Indicators for Staffing Needs*, to annually determine minimum safe staffing  
17 needs for registered nurses and nursing personnel;
- 18 e. Comply with nursing staffing patterns, nursing plantilla, and skill-mix  
19 standards for safe and quality care for patients to be granted continued  
20 permission to operate the facility; and
- 21 f. Prepare a continuing budget for regular and plantilla positions based on  
22 the assessed nursing staffing patterns.

23 **SEC. 60. Nursing Service Management.** - The members of the nursing service  
24 management in both government and private healthcare institutions shall have the  
25 following duties and responsibilities:

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

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

4           c.     Executive Level is responsible for establishing the strategic direction for  
5                 the entire nursing division, particularly on the development of PSG and has  
6                 full authority in their implementation.

7     Nursing Service Managers shall have the following minimum qualifications:

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

13          b.     For a middle level managerial position in nursing: Must have completed all  
14                 the academic requirements in Master of Arts in Nursing or Master of  
15                 Science in Nursing, with at least three (3) years of clinical work and two  
16                 (2) years of management experience, and must have participated in at  
17                 least one (1) research project related to the improvement of the quality of  
18                 care.

19          c.     For an executive position in nursing: Must have a post-graduate degree in  
20                 nursing or health management-related sciences, with at least three (3)  
21                 years of clinical work and three (3) years of management experience and  
22                 must have conducted least two (2) research projects related to the  
23                 improvement of the quality of care in his / her institution.

24           ***SEC. 61. Principles for Nursing Staff Complement.*** - The Board shall, in  
25     consultation with the DOH and other stakeholders, ensure the provision of a safe nursing  
26     workforce for any healthcare setting, both public and private. In line with this, the Board  
27     shall be guided by the following principles:

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

30           b.     Regular review and updating of staffing based on evidence and best  
31                 approaches on the nurses' working practice environment, nurse-sensitive  
32                 patient, and 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 judgment in determining the required safe workforce staffing;
- f. Active involvement of direct care nursing staff and nursing management in all stages and 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; and
- h. Ensure patient safety, quality service delivery, and positive practice environment.

**SEC. 62. Nursing Staff Complement.** - The appropriate number of nurses with different educational levels, skills, and experience, in every healthcare facility or institution, must be available at all times across the continuum of care, to ensure that patient care needs and that the working environment and conditions of support staff are met.

The Human Resources for Health Philippine Master Plan of the DOH will be prioritized for the progressive realization of ensuring an appropriate nursing staff complement across the Philippines. The DOH, in consultation with the Board, shall submit the funding requirements, with its corresponding annual targets to the Department of Budget and Management (DBM) and other concerned agencies for the determination of appropriate budget allocation and inclusion under the yearly national expenditure program of the government.

**SEC. 63. Job-Sharing.** - Healthcare facilities and institutions are allowed to implement legitimate job-sharing arrangements among their nursing staff. Job-sharing is a working arrangement where two (2) part-time nurses share or occupy one full-time nurse position, allowing them to work less hours and with more flexibility; *Provided, That* their working patterns and schedules do not overlap; *Provided, further, That* both of

them shall share the salary, benefits, and other emoluments entitled to one full-position that they are sharing.

***SEC. 64. Nurse Staffing Standard.*** - The maximum number of patients cared for by each nurse assigned in a healthcare facility, setting, or unit shall be determined by the nurse staffing standard in a general nursing service.

The nurse staffing standard shall be based on patient acuity, complexity of work, nurse competencies, and nursing modalities, to effectuate a positive practice environment, and safe and quality nursing care for patients. The Board, shall in consultation with the DOH and other stakeholders, constantly review and modify the nurse staffing standard for each healthcare in industrial and community settings, by taking into consideration the current community characteristics and population needs.

A nurse may invoke the mechanism of safe harbor for protection against employer retaliation, suspension, termination, discipline, discrimination, or licensure sanction when asked to accept an unsafe assignment in activities beyond the scope of the nursing practice, or in an unprofessional and illegal act.

For purposes of this Act, “patient acuity” refers to the intensity of care provided to a patient by a registered nurse or the use of patient classification systems that can forecast patient care requirements for nursing care to manage nursing personnel.

***SEC. 65. Return Service Agreement.*** - All nursing graduates 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) years, with compensation and under the supervision of the DOH; *Provided,* That the DOH, in consultation with the Board, may provide incentives to those who will serve in priority areas for an additional period. Graduates of nursing from state universities and colleges and private schools shall be encouraged to serve in priority areas.

## ARTICLE IX

## PROHIBITED ACTS AND PENAL PROVISIONS

**SEC. 66. Prohibited Acts.** - The Board shall coordinate with the appropriate government and private agencies to ensure the imposition of penalties against persons who commit any of the following prohibited acts:

- a. Engaging in the nursing practice without a certificate of registration, professional identification card, STP, or without having declared exempted from taking the licensure examination in accordance with this Act;
- b. Using the certificate of registration, professional identification card, or STP of another registered nurse;
- c. Using fraudulent, suspicious, expired, suspended, or revoked certificate of registration, professional identification card, or STP;
- d. Misrepresenting or proffering false evidence to obtain a certificate of registration, professional identification card, or STP;
- e. Falsely advertising through any means to convey the impression that he or she is a nurse;
- f. Appending the RN (BSN or Registered Nurse), SPN, or APRN, among others, to his or her name without having been conferred the said degree, registration, or certification by the PRC and the Board; and
- g. Abetting or assisting in the illegal practice of the nursing profession through the following acts and entities:
  1. An HEI offering the BSN program which 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;
  2. Any natural or juridical person or health facility which subscribes to sub-standard quality of nursing care or nursing practice, such as noncompliance with the staffing standard requirement;
  3. Any natural or juridical person or health facility which exercises and promotes precarious working conditions for nurses, such as but not limited to:
    - i. Sexual harassment, workplace violence, or lack of mental health promotion service;
    - ii. Contracting or availing of the services of a nurse either without salary or allowance, or for salary below the applicable salary grade or rate prescribed under existing laws, whether or not under the pretext of a

- 1 training development program, certification, course,  
2 or seminar;
- 3 iii. Not giving the nurse his/her worked salary in a timely  
4 manner;
- 5 iv. Depriving or denying a nurse of the incentives and  
6 benefits as provided for under existing laws;
- 7 v. Collecting any fee from a nurse or from any person or  
8 agent in exchange for a nurse's voluntary services in  
9 a health, industrial or similar facility, or institution;
- 10 vi. Requiring or obliging a volunteer nurse to perform the  
11 regular work functions or regular workload, or both,  
12 expected from a regular staff nurse without proper  
13 compensation, or to render full time service as a  
14 condition for the continued availment of their  
15 volunteer services, or to be the sole nurse on duty,  
16 except during disasters, calamities, public  
17 emergencies, and war;
- 18 vii. Contracting or availing of the services of a volunteer  
19 nurse, under the pretext of on-the-job training,  
20 contract of service, or job orders, in order to fill-up a  
21 vacant position that requires the hiring of a full time  
22 regular employed nurse, or for free in exchange for  
23 any type of certification to be issued by the health  
24 facility or institution or industrial establishment for  
25 purposes of the nurse's employment application;
- 26 viii. Contracting or availing of the services of a nurse,  
27 under the pretext of training or certification course,  
28 but requiring the nurse to render the tasks and  
29 responsibilities expected of a regular staff or PHN;
- 30 ix. Practicing job-splitting or hiring two part-timers in  
31 place of one full-time employee, except for the  
32 implementation of a legitimate job-sharing

1 arrangement for nurses, and deploying the two nurses  
2 on a full-time basis;

3 x. Making mandatory, as a pre-hire requirement, training  
4 that should have been acquired during the BSN  
5 program or which, rightfully should be provided by the  
6 hiring institution;

7 xi. Repeatedly subjecting or allowing the nurse to  
8 experience prejudice, violence, or discrimination;

9 xii. Imposing mandatory overtime without valid reason or  
10 corresponding compensation, or both, as mandated  
11 by law; and

12 xiii. Non-compliance with the minimum safe staffing  
13 requirement in this Act.

14 Any violation of the provisions of this Act is without prejudice to the penalties  
15 imposed under any existing laws, such as the Civil Service Law and Labor Code of the  
16 Philippines.

17 For purposes of this Act, "precarious working conditions" refers to contingent,  
18 atypical or non-standard working conditions, which include uncertainty of employment  
19 including diminution or change in position, employment status, multiple possible  
20 employers or a disguised or ambiguous employment relationship, lack of access to social  
21 protection benefits usually associated with employment, and curtailing the right to self-  
22 organization and collective bargaining.

23 **SEC. 67. Sanctions.** - A fine of not less than One hundred thousand pesos (Php  
24 100,000.00) nor more than Three hundred thousand pesos (Php300,000.00) or  
25 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall  
26 be imposed, at the discretion of the court, for the commission of any of the prohibited  
27 acts enumerated in Section 66 (a) of this Act.

28 A fine of not less than Three hundred thousand pesos (Php300,000.00) nor more  
29 than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less than  
30 one (1) year or more than six (6) years, or both, shall be imposed, at the discretion of  
31 the court, for the commission of any of the prohibited acts enumerated in Section 66  
32 (b), (c), (d), (e), (f), and (g) hereof. In addition, suspension or revocation of license to  
33 operate the health facility or institution or industrial establishment may be ordered at

1 the discretion of the court. In case the violation is committed by a partnership,  
2 corporation, association, or any other juridical person, the managing partner, president,  
3 managing director/s, or manager who has committed or consented to such violation shall  
4 be held directly liable and responsible for the acts as principal or as co-principal with the  
5 other participants, if any.

6 **SEC. 68. Refund and Compensation.** - Any nurse found to have been a victim  
7 under Section 66 (g) (3) (ii) and (v) hereof shall be entitled to a full refund of all fees  
8 illegally collected and the payment of unpaid salary, if any, which should not be less  
9 than the applicable wage for services rendered. This is without prejudice to the other  
10 liabilities of the violators under applicable laws.

11 **SEC. 69. Appropriations.** - The amount needed for the initial implementation  
12 of this Act shall be taken from the current fiscal year's appropriation of the PRC and  
13 DOH. Thereafter, the amount needed for the continuous implementation of this Act shall  
14 be included in the Annual General Appropriations Act.

15 **SEC. 70. Implementing Rules and Regulations and Code of Ethics.** -  
16 Within ninety days (90) after the effectivity of this Act, the PRC, the Board, CSC, DBM,  
17 DOH, and other concerned nursing organizations and government agencies shall  
18 formulate the IRR and Code of Ethics necessary to carry out the provisions of this Act.

19 **SEC. 71. Separability Clause.** - Should any provision of this Act be declared  
20 unconstitutional, the remaining parts not affected thereby shall remain valid and  
21 operational.

22 **SEC. 72. Repealing Clause.** - Republic Act No. 9173, or the "Philippine Nursing  
23 Act of 2002" is hereby repealed. All other laws, decrees, orders, circulars, issuances,  
24 rules and regulations and parts thereof which are inconsistent with this Act are hereby  
25 repealed, amended or modified accordingly.

26 **SEC. 73. Effectivity.** - This Act shall take effect fifteen (15) days after its  
27 publication in the Official Gazette or in a newspaper of general circulation in the  
28 Philippines.

*Approved,*