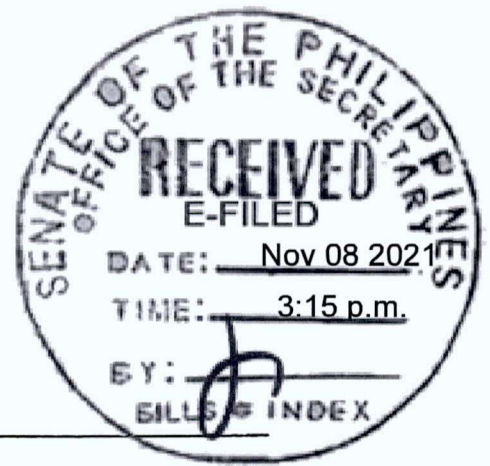


EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Third Regular Session)

SENATE

S.B. No. 2446



INTRODUCED BY SENATOR RISA HONTIVEROS

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

EXPLANATORY NOTE

The COVID-19 pandemic greatly impacted the country's healthcare system and burdened our medical professionals, especially nurses. Nurses were thrust in the frontlines, overwhelmed with keeping the COVID-19 cases under control. Equipped with the needed competencies to ensure patient health and wellness, nurses are vital to the healthcare of all Filipinos. They also play a significant role in ensuring the successful delivery of the Universal Health Care (UHC) Act. However, there are persistent challenges, such as terrible working conditions, lack of professional development, delayed benefits, and unjust compensation, that affect the number of nurses needed to meet population needs¹.

The shortage of nurses became even more evident with the record high cases of COVID-19 in the country. Underpaid paired with the delayed release of benefits and overwhelmed by working long shifts, many nurses were tempted to leave their jobs. In 2020, around 40% of Filipino nurses resigned in private hospitals². The high salary offers and better allowances and benefits in other countries also aggravated the understaffing of nurses in hospitals. In recent weeks, 5-10% of nurses in private hospitals have quit their jobs to pursue work abroad³.

It is crucial that the government take immediate steps and address the mass resignation and severe understaffing of nurses, or else there will be a shortfall and our healthcare system will be crippled. There is a dire need to ensure that nurses are secured

¹ Dayrit MM, Lagrada LP, Picazo OF, Pons MC & Villaverde MC. (2018). The Philippines health system review. World Health Organization.

² Oct 19, 2021 Laging Handa Briefing, Presidential Communications Operations Office (PCOO)

³ Ibid.

with proper wages, manageable workload, healthy environments, and opportunities for career growth. Greater investment must be made so our nurses are empowered and supported, and will stay in the country.

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.

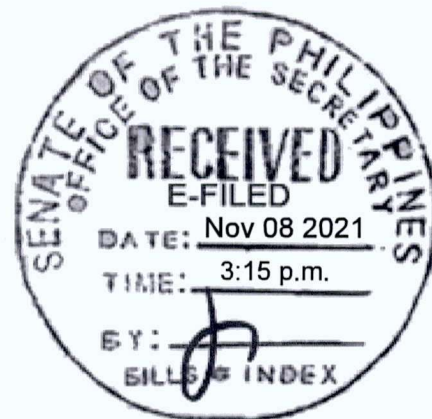
The immediate passage of this bill is earnestly sought.


RISA HONTIVEROS
Senator

EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
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SENATE

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INTRODUCED BY SENATOR RISA HONTIVEROS

**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:*

**ARTICLE I
GENERAL PROVISIONS**

1
2
3 Section 1. *Title.* - This Act shall be known as the "New Philippine Nursing Practice
4 Act".

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

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

1 Sec. 3. *Definition of Terms.* – As used in this Act:

- 2 a) Accredited Professional Organization (APO) refers to the national
3 professional organization of nurses duly accredited by the Professional
4 Regulation Commission (PRC);
- 5 b) Bachelor of Science in Nursing (BSN) refers to the baccalaureate program
6 that provides sound and liberal education that equips graduates with
7 competencies for registration as a professional and is the sole required
8 academic standard for entry into nursing practice in the Philippines, in
9 accordance with the appropriate qualification framework. The BSN
10 program is effectively promulgated under Memorandum Order No. 15,
11 series of 2017, on the Policies, Standards and Guidelines for the Bachelor
12 of Science in Nursing (BSN) Program prescribed and issued by the
13 Commission on Higher Education (CHED);
- 14 c) Career Progression and Specialization Council for Nursing (CPSCN) refers
15 to the body deputized by the Professional Regulation Commission to
16 develop standards of practice for each nursing-level standards, establish
17 mechanisms and criteria for credentialing of specialty organizations and
18 interest groups, certification of individuals at different levels of Post
19 Baccalaureate nursing and advanced practice, for recommendation to the
20 Board;
- 21 d) Career Progression and Specialization Program for Nurses (CPSPN) refers
22 to the Program recognized by the PRC and the Board involving the
23 progressive transfer of knowledge and skill for the various levels of the
24 nursing, practice the system of credentialing specialty organizations and
25 interest groups, and the certification of individuals at different levels of
26 practice;
- 27 e) Certification refers to the process of validating achievements through a
28 variety of measures and assessment strategies to confirm or attest to the
29 competency of an Advance Practice Nurse (APN) upon completion of a
30 specialty program or Continuing Professional Development (CPD) program,
31 or both. The certification is issued by the Board and the PRC upon the
32 endorsement of the specified recognized and credentialed specialty
33 organization in accordance with the PSG;
- 34 f) Chief Nursing Officer (CNO) refers to the highest nursing administrative
35 and clinical official in healthcare facilities. The CNO is responsible for
36 leading and coordinating an organization's nursing services and its daily

- 1 operation. The CNO is the primary spokesperson for nurses in the facility
2 and must be a registered nurse;
- 3 g) Clinical Practice refers to professional practice rendered in any healthcare
4 setting whether in the private or public sector;
- 5 h) Credentialing refers to the formal recognition of a specialty organization
6 or interest group conferred by the PRC and the Board, upon the
7 recommendation of the CPSPN, after complying with the policies,
8 standards and guidelines issued by the Board;
- 9 i) Decent Work refers to aspirations by people in their working lives. It
10 involves opportunities for productive work that delivers a fair income,
11 affords security in the workplace, social protection for families, better
12 prospects for personal development, psychological well-being,
13 opportunities for social integration, including the freedom for people to
14 express their concerns and organize and participate in decisions that affect
15 their lives, and promotes equality of opportunity or treatment regardless
16 of ethnicity, gender, position, or religion;
- 17 j) Expanded Role refers to the broadening of the roles of an APN by virtue of
18 the nurse's expertise and the scope of nursing practice. An APN has a
19 recognized autonomous role within a specialized field of practice;
- 20 k) Geographically-Isolated and Disadvantaged Areas (GIDAs) refer to
21 barangay specifically disadvantaged due to the presence of both physical
22 and socio-economic factors;
- 23 l) Healthcare Facility refers to a public or private institution, establishment or
24 clinic devoted primarily to the provision of services that include the
25 following: nursing, health promotion, prevention of illness, diagnosis,
26 treatment, rehabilitation, and palliation of individuals suffering from illness,
27 disease, injury or disability, or deformity, or in need of obstetrical,
28 psychiatric or other medical and nursing care, and includes hospitals,
29 barangay health centers, and other clinics;
- 30 m) Individual-based Health Services refer to services which can be accessed
31 remotely or within a health facility that focuses primarily on treating
32 individuals;
- 33 n) National Chief Nursing Officer (NCNO) refers to the highest-ranking nursing
34 official of the Department of Health (DOH) whose main function is to
35 promote safe nursing and quality standards and implement nursing policies
36 for both the public and private sectors. The responsibility of the NCNO is

- 1 to assist the government to achieve the health goals of the country through
2 expert advice based on timely accurate local data and national and
3 international evidence, and by promoting quality nursing standards in the
4 nursing profession and the healthcare industry;
- 5 o) Nurse refers to a person duly registered and licensed to practice the
6 nursing profession, with all the rights and privileges appurtenant thereto;
- 7 p) Nursing care refers to the physiological, psychological, spiritual, social and
8 emotional care, essential health care, safety and comfort measures, and
9 health teachings; execution of health care techniques and procedures and
10 traditional and innovative approaches to individuals, families, population
11 groups and communities, from conception to death;
- 12 q) Nursing Human Resource for Health Management System (NHRHMS)
13 refers to an organized human resource management and development
14 information system based in the DOH and directed by the NCNO, that
15 provides meaningful data used to support policies affecting nurses and
16 nursing;
- 17 r) Nursing practice refers to various stages of development towards the
18 promotion of health, prevention of illness, health care techniques and
19 procedures, restoration of health, alleviation of suffering, and end-of-life
20 care. It encompasses the care of clients in various stages of human growth
21 and development from conception, labor, delivery, infancy, childhood,
22 toddler, pre-school, school age, adolescence, adulthood to old age, be it
23 performed independently or collaboratively with other professions.
- 24 s) Nursing Service refers to an office within a public or private healthcare
25 institution, responsible for administrative and clinical supervision of nurses
26 and nursing personnel headed by a CNO;
- 27 t) Patient Acuity refers to the intensity of care provided to a patient by a
28 registered nurse, or the use of patient classification systems that can
29 forecast patient care requirements for nursing care and are therefore vital
30 in the management of nursing personnel;
- 31 u) Philippine Professional Nursing Practice Standards (PPNPS) refers to the
32 authoritative statements of the core competencies and duties that all
33 registered nurses, regardless of role, designation, or specialty, are
34 expected to perform. The PNPS promotes, guides, and directs professional
35 practice;

- 1 v) Philippine Professional Nursing Roadmap (PPNR) refers to a program
2 towards good governance of the nursing profession, the goal of which is
3 to develop and promote a culture of excellence and dynamic leadership in
4 Philippine nursing. The PPNR is anchored on five initiatives: collaborative
5 partnership, competency enhancement, linkages, social impact,
6 embedding the core values and positive qualities of the Filipino nurse;
- 7 w) Population-based Health Services refer to interventions such as health
8 promotion, disease surveillance, and vector control, which have population
9 groups as recipients;
- 10 x) Positive practice environment refers to a practice setting that promotes
11 economic welfare, professional autonomy, job satisfaction and retention of
12 nurses by ensuring safe staffing, managerial support, professional
13 development, occupational safety and psychological health and prevention
14 of workplace violence to promote patient and nurse safety;
- 15 y) Precarious work refers to working conditions which are contingent, atypical
16 or non-standard. It is usually characterized by characterized by uncertainty
17 and instability in one's employment status, such as when there is a threat
18 of change or diminution in one's rank or position, or when there is
19 ambiguity in the employee-employer relationship, lack of access to social
20 protection benefits usually associated with employment, low pay and
21 substantial legal and practical obstacles to joining a trade union in order to
22 avail of the right to bargain collectively;
- 23 z) Primary Care refers to initial-contact, continuous, comprehensive and
24 coordinated, and culturally appropriate care that is accessible at the time
25 of need, including a range of services for all presenting conditions, and the
26 ability to coordinate referrals to other health care providers in the health
27 care delivery system, when necessary;
- 28 aa) Public Health Institution (PHI) refers to any government-led, owned, or
29 controlled institution which pursues and realizes the lofty goals and
30 objectives of providing and managing safe, efficient, effective, and quality
31 public health programs and services and advocacies for health in all levels
32 of the national to local Health Care Delivery System (HCDS), which include
33 rural health units (RHUs) and barangay healthcare centers; research
34 facilities such as the Research Institute for Tropical Medicine, and the like;
35 training resource facilities such as the University of the Philippines College
36 of Public Health and State or Local Colleges or Universities offering health-

1 related programs; the DOH and all retained healthcare facilities, and the
2 like;

3 bb) Return Service Agreement refers to an agreement whereby graduates of
4 the nursing course who are recipients of government-funded scholarship
5 programs are required to serve in priority areas in the public sector, subject
6 to the conditions prescribed by R.A. No. 11223, otherwise known as "The
7 Universal Health Care Act";

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

12 **ARTICLE II**
13 **BOARD OF NURSING**
14

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

25 *Sec. 5. Mission of the Professional Regulatory Board of Nurses.* – The mission of
26 the Board is to protect and promote the welfare of the people of the Philippines by
27 ensuring that each person holding a license as a nurse in the Philippines is competent to
28 practice the nursing profession safely. Pursuant thereto, the Board shall regulate the
29 practice of nursing and in collaboration with the CHED, review and approve nursing
30 education programs to be offered by authorized higher education institutions. The Board,
31 acting in accordance with the highest standards of ethics, accountability, efficiency,
32 effectiveness, and transparency, shall approach its mission with a deep sense of purpose
33 and responsibility and affirms that the regulation of nursing is a public trust.

34 *Sec. 6. Qualifications of the Chairperson and Members of the Board.* – The
35 Chairperson and Members must be natural-born citizens of the Philippines and have
36 resided therein for at least five (5) consecutive years immediately preceding the date of

1 their respective appointments. Furthermore, at the time of their appointment, they must
2 possess the following:

- 3 a) A valid and current certificate of registration and professional
4 identification card;
- 5 b) A Master's Degree in nursing, and preferably, with relevant Doctorate
6 Degree conferred by a duly recognized HEI;
- 7 c) At least ten (10) continuous years nursing practice prior to appointment:
8 Provided: That the last five (5) years of such practice must have been
9 served in the Philippines;
- 10 d) Good moral character as evidenced for not having convicted of any
11 offense involving moral turpitude; and
- 12 e) Physical and mental fitness.

13 *Sec. 7. Prohibition as Members of the Board.* – The Members of the Board shall
14 not, at the time of their appointments and during their incumbency, hold any position nor
15 have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review or
16 training center for the PNLE, training hospital or healthcare facility with nursing affiliates,
17 and is not an officer of the APO.

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

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

24 *Sec.10. Compensation.* – The Members of the Board shall receive compensation
25 and allowances comparable to those received by the Members of other regulatory boards
26 under the PRC.

27 *Sec. 11. Limited Practice of the Profession.* – During their incumbency, the
28 Members of the Board may be allowed to practice their profession or maintain
29 employment or affiliation in the public or private sector subject to the conditions and
30 limitations prescribed by law and upon proper and timely disclosure of possible or actual
31 conflict of interest.

32 *Sec. 12. Administrative Supervision of the Board, Custodian of its Records,
33 Secretariat and Support Services.* – The Board shall be under the administrative
34 supervision of the PRC. All records of the Board, including applications for examinations,
35 administrative and other investigative cases conducted by the Board must be under the

1 custody of the PRC. The PRC shall designate the Secretary of the Board and shall provide
2 the secretariat and other support services to implement the provisions of this Act.

3 Sec. 13. Powers and Duties of the Board. – The Board shall supervise and regulate
4 the practice of the nursing profession and shall have the following powers, duties and
5 functions:

- 6 a) Ensure the proper conduct of the PNLE, including the evaluation of
7 examination applications, test development, administration of the
8 examination, and the correction and release of the results thereof. The
9 use of appropriate technologies and modalities on the conduct of the PNLE
10 is encouraged to enhance efficiency while upholding integrity;
- 11 b) Enforce and monitor safe and quality standards of nursing practice, study
12 the conditions affecting nursing practice in the Philippines, and exercise
13 the powers necessary to ensure the maintenance of efficient, ethico-moral
14 technical and professional standards in the practice of nursing towards
15 optimal health and the common good;
- 16 c) Ensure quality nursing in coordination with the CHED through the
17 monitoring of HEI offerings, The continuing review of the nursing
18 curriculum and the timely application for authority to offer new nursing
19 education programs in order to ensure that the standards of nursing
20 education are properly complied with and systematically updated in
21 accordance with the latest development in health care;
- 22 d) Within one (1) year from the effectivity of this Act, promulgate a Code of
23 Ethics and Ethical Standards that is responsive to the needs of the nursing
24 profession, in coordination with the APO for nurses;
- 25 e) Prescribe and operationalize a Career Progression and Specialization
26 Program for Nursing (CPSPN) which shall include the recognition and
27 credentialing of organized nursing groups and the certification of
28 advanced practice nurses to ensure the continuing professional
29 development of nurses;
- 30 f) Work in partnership with the appropriate agencies to identify and utilize
31 resources earmarked for national nursing development;
- 32 g) Prescribe, adopt, issue and promulgate guidelines, regulations, measures
33 and to submit recommendations to authorities and agencies to aid in
34 policy formulation and decision-making as may be necessary for the
35 improvement of nursing practice, advancement of the profession, and for

1 the proper and full enforcement of this Act, subject to the review and
2 approval of the PRC;

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

4 i) Conduct hearings and investigations to resolve complaints against nurses
5 for unethical or unprofessional conduct or any violation of this Act, or its
6 rules and regulations, and in connection therewith, issue subpoena ad
7 testificandum or subpoena duces tecum, or both, to require the
8 appearance of respondents and witnesses or the production of
9 documents, or both and to penalize for contempt persons obstructing,
10 impeding or otherwise interfering with the conduct of such proceedings,
11 upon application with the regular courts;

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

14 k) Ensure performance of mandated duties and functions.

15 Sec. 14. *Annual Report.* – The Board shall, at the close of every calendar year,
16 submit an annual report to the President and Congress of the Philippines, through the
17 PRC, giving a detailed account of its proceedings and the accomplishments during the
18 year and recommending the adoption of measures that will upgrade and improve the
19 conditions affecting the practice of the nursing profession.

20 Sec. 15. *Removal or Suspension of Board Members.* – The President may remove
21 or suspend any member of the Board, after due process, upon
22 recommendation of the PRC on any of the following grounds:

23 a) Continued neglect of duty or incompetence;

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

25 c) Unprofessional, immoral, or dishonorable conduct; or

26 d) Non-disclosure of conflict of interest.

27 28 **ARTICLE III**

29 **EXAMINATION AND REGISTRATION**

30
31 Sec. 16. *Philippine Nurse Licensure Examination (PNLE).* – In order to obtain a
32 certificate of registration and professional identification card, all nursing graduates must
33 take and pass the PNLE. The Board shall administer the PNLE in such places and dates
34 as may be designated by the PRC.

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

4 Sec. 18. *Qualifications for Admission to the PNLE.* – At the time of the filing of
5 application for the PNLE, an applicant must be:

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

16 Sec. 19. *Professional Nurse Licensure Examination and Registration Fees.* –
17 Applicants for the PNLE and registration must pay the prescribed fees set by the PRC.

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

24 Sec. 21. *Issuance of Certificate of Registration and Professional Identification Card.*
25 – The certificate of registration and professional identification card shall be issued to all
26 successful examinees, upon compliance with all the requirements for registration. The
27 certificate of registration shall show the full name of the registrant, certificate of
28 registration number, and date of initial registration. The same must be duly signed by the
29 Chairperson and Members of the Board and the Chairperson of the PRC, with their
30 corresponding seals. The professional identification card shall bear the full name of the
31 registrant, the certificate of registration number, date of initial registration, and date of
32 the expiration, and which must be duly signed by the Chairperson of the PRC. The
33 professional identification card shall be renewed every three (3) years upon satisfaction
34 by the applicant of the requirements set by the PRC, including the payment of the required
35 fees and compliance with the Continuing Professional Development (CPD) requirement.

1 Sec. 22. *Oath of Profession.* – All successful examinees must take the Oath of
2 Profession before any member of the Board or government official authorized to
3 administer oaths prior to practicing their profession.

4 Sec. 23. *Registry of Nurses.* – The PRC shall maintain a roster of nurses which
5 shall serve as the centralized database of nurses for purposes of documentation,
6 verification of registrants, statistics, research, and development.

7 Sec. 24. *Accredited Professional Organization (APO).* – All nurses whose names
8 appear in the Registry of Nurses of the PRC may become members preferably of the APO
9 for nurses and shall receive all the benefits and privileges therefrom upon payment of
10 membership fees and duties. Membership in other organizations of nurses shall not be
11 barred.

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

17 Sec. 26. *Limited Practice Through Special Temporary Permit.* – The Board may
18 issue special temporary permits based on qualifications, and professional and moral
19 standards as approved by the Board and the PRC to the following persons:

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

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

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

1 A completion report shall be submitted to the Board and the PRC after the conduct of
2 such project, medical mission, engagement or contract. In the case of nurses of Philippine
3 citizenship who rendered services during an epidemic or national emergency, the
4 completion report shall be submitted by the registered nurse authorized to supervise
5 them. The Board shall issue the corresponding guidelines in the issuance of the special
6 temporary permit pursuant to this Section.

7 *Sec. 27. Non-Registration and Non-issuance of Certificate of Registration,*
8 *Professional Identification Card, Special Temporary Permit.* – Any person who has been
9 convicted by final judgment of any criminal offense involving moral turpitude or found
10 guilty of immoral or dishonorable conduct or judicially declared to be of unsound mind
11 shall not be registered and issued a certificate of registration, professional identification
12 card, or a special temporary permit. The Board shall furnish the applicant a written
13 statement setting forth the reasons for such action, which shall be incorporated in the
14 records of the Board.

15 *Sec. 28. Revocation and Suspension of Certificate of Registration, Professional*
16 *Identification Card and Cancellation of Special Temporary Permit.* – The Board shall have
17 the power to reprimand a nurse or revoke or suspend the certificate of registration,
18 professional identification card, or special temporary permit, after due notice and hearing,
19 on any of the following grounds:

- 20 a) Conviction by final judgment of any criminal offense involving moral
21 turpitude or of immoral or dishonorable conduct or having been judicially
22 declared to be of unsound mind;
- 23 b) Violation of this Act, the Code of Ethics and Ethical Standards for nurses,
24 and other policies, rules and regulations of the Board and the PRC;
- 25 c) Negligence, misconduct, or incompetence in the nursing practice resulting
26 to injury, harm, disability or death;
- 27 d) Commission of fraud, non-disclosure of disqualification, or
28 misrepresentation in obtaining a certificate of registration, professional
29 identification card, or special temporary permit;
- 30 e) Practicing the nursing profession during the period of suspension of
31 license;
- 32 f) Breach of ethical practice in research in accordance with prevailing
33 national and international guidelines; or
- 34 g) Other grounds analogous to the foregoing.

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

4 *Sec. 29. Reinstatement and Re-issuance of Revoked Certificate of Registration and*
5 *Professional Identification Card.* – The Board may, upon proper application therefor and
6 payment of the required fees, reinstate or reissue a revoked certificate of registration
7 after two (2) years from the effectivity of the period for revocation, for reasons of equity
8 and justice, and when the cause for revocation has disappeared or has been cured or
9 corrected.

10

11

ARTICLE IV
NURSING PRACTICE

12

13

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

25 Nurses are primarily responsible for the promotion of health and prevention of illness.

26 Nurses shall collaborate with other health care providers for the promotive, preventive,
27 curative and rehabilitative aspects of care, restoration of health, alleviation of suffering
28 and, when recovery is not possible, in the provision of palliative and end-of-life care.

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

31 a) Provide nursing care through the conscientious observance of the nursing
32 process and established protocols. Basic nursing care is holistic care which
33 includes, the provision of physiological, psycho-social, emotional and
34 spiritual care. This shall comprise any or combination of essential primary
35 health care, the application of traditional, complementary, and innovative
36 approaches, the therapeutic use of self-rendering health care procedures

- 1 and interventions; safety and comfort measures, health education, health
2 counselling and administration of written prescription for treatment,
3 therapies, oral topical and parenteral medications, performance of
4 peripartal care covering pre-intra-postpartum care including the
5 performance of internal examination during labor in the absence of
6 antenatal bleeding, management of normal delivery and suturing of
7 perineal laceration and immediate care of the newborn; performance of
8 perioperative care covering before and after surgery; provision of life-
9 saving interventions during emergency and disasters; palliative and end-
10 of-life care;
- 11 b) Provide advanced nursing care based on the Career Progression
12 Specialization Program for Nursing (CPSPN) and the Philippine
13 Qualifications Framework (PQF), a quality assured national system for the
14 development, recognition and award of qualifications at defined levels
15 based on standards of knowledge, skills and values acquired in different
16 ways and methods by professionals, learners and workers. The PQF is
17 competency-based, labor-market driven and an assessment- based
18 qualification recognition;
- 19 c) Establish linkages with community resources and coordination with the
20 healthcare workers in any health care, industrial or community setting;
- 21 d) Provide health education and health counselling to empower individuals,
22 families, population groups and communities towards the promotion of
23 health, prevention of illness, and caring towards people living with a
24 serious illness by providing relief from the symptoms of pain and stress of
25 illness;
- 26 e) Guide and supervise students in nursing education programs, including
27 the administration of nursing services in varied settings such as hospitals,
28 clinics and other health, industrial or community settings where practice
29 of the nursing profession exists;
- 30 f) Provide duly compensated professional nursing services, such a
31 consultation services and private nursing practice;
- 32 g) Supervise nursing and ancillary nursing personnel in the delivery of safe
33 and quality healthcare services in varied settings;
- 34 h) Maintain competence by adhering to the CPSP standards and the PPNPS
35 as well as engage in CPD and lifelong learning within the context of the
36 CPSP;

- 1 i) Observe, at all times, the Code of Ethics and Ethical Standards for nurses
2 promulgated by the Board, uphold the standards of safe and quality
3 nursing practice, and demonstrate cultural and gender sensitivity and
4 social responsibility;
- 5 j) Undertake nursing and health human resource development training and
6 research for continuous quality improvement and evidence-based
7 practice; and
- 8 k) Exercise the core competencies in the performance of their respective
9 roles and responsibilities, in accordance with the PPNPS

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

- 18 a) General Practice Nursing refers to the role of a newly licensed nurse in the
19 provision of safe, holistic and to advocate quality care to individuals,
20 families, population groups, or communities, which include the
21 assessment, planning, implementation and evaluation of evidence-based
22 care to the clients. A general practice nurse must have the following
23 minimum qualifications:
 - 24 1. Must be a BSN graduate from an HEI recognized by the
25 government;
 - 26 2. Must have a valid certificate of registration and current professional
27 identification card as a nurse issued by the PRC;
 - 28 3. Must be physically, mentally and psychologically fit to practice
29 nursing; and
 - 30 4. Must not be convicted of any crime involving moral turpitude.
- 31 b) Specialty Practice Nursing refers to the practice of a nurse in a specialty
32 area for which the nurse needs to obtain specialty recognition after having
33 undergone specialty training. Specialties can be differentiated in
34 categories, according to function disease, pathology, systems, age, sex,
35 acuity, setting, technology, and therapies. Nurses who practice within this
36 field are referred to as "Specialists".

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

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

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

33 The scope of practice is Individual-based health services as defined in Republic Act No.
34 11223, otherwise known as "The Universal Health Care Act."

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

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

7 An APN must have the following minimum qualifications:

- 8 1. A graduate with relevant master's degree from a government recognized HEI,
9 with substantial specialty experience as may be determined by the Board;
- 10 2. Must have satisfied the requirements for certification as promulgated by the
11 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 terms
15 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 for
26 appropriate care; and
- 27 10. Initiate patient discharge.

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

33 *Sec. 33. Requirement for Inactive Nurses Returning to Practice.* – Inactive nurses
34 intending to return to practice must undergo a refresher course as prescribed by the
35 Board. Nurses are considered to be inactive under any of the following circumstances:

- 1 a) They have not utilized nursing competencies as defined in the scope of
- 2 nursing practice for at least five (5) consecutive years;
- 3 b) They have not renewed their professional identification card for five (5)
- 4 years; or
- 5 c) They do not have proof of five (5) years of continuous nursing practice;

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

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

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

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

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

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

28 Sec. 36. *Non-Diminution of Benefits and Incentives.* – The implementation of
29 Sections 34 and 35 of this Act shall not result in the diminution of existing grants of
30 salaries, benefits and incentives for nurses.

31

32

ARTICLE V
NURSING EDUCATION

33

34

35 Sec. 37. *Basic Nursing Education.* – Nursing education refers to the formal learning
36 and training in the science and art of nursing provided by HEIs duly recognized by the

1 CHED. There shall be a standard Baccalaureate and a Graduate Program for Nursing
2 Education pursuant to Republic Act No. No. 7722, otherwise known as the "Higher
3 Education Act of 1994".

4 *Sec 38. Baccalaureate Program for Nursing Education.* – The Baccalaureate
5 Program for Nursing Education refers to the basic nursing education program which is
6 envisioned as a sound and liberal professional education that will adequately equip
7 nursing students with the necessary competencies for entry level nursing practice.
8 Admission to the Bachelor of Science in Nursing Program requires passing the National
9 Nursing Admission Test (NNAT). The curriculum and the Relate Learning Experiences
10 (RLE) of the Baccalaureate Program for Nursing Education must be in accordance with
11 the Policies, Standards and Guidelines.

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

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

20 *Sec. 40. Qualifications of the Dean.* –

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

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

- 1 6. Not hold a concurrent Dean position in another HEI and no other
2 teaching assignments or administrative function in other
3 public/private institution or higher education institution; and
- 4 7. Have a duly notarized employment contract as dean of the nursing
5 program of at least one (1) academic year with corresponding
6 academic rank renewable annually.

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

10 Sec. 41. *Qualifications of the Faculty.* –

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

- 14 1. Be a Filipino citizen, physically and mentally fit, and with good
15 moral character;
- 16 2. Be a BSN degree holder;
- 17 3. Be a holder of a master's degree in nursing for teaching
18 professional nursing subjects or a master's degree in health-related
19 programs for teaching non-professional nursing subjects conferred
20 by a duly recognized HEI;
- 21 4. Be a holder of a valid certificate of registration and a current
22 professional identification card as a nurse issued by the PRC;
- 23 5. Have at least three (3) years clinical experience in any nursing
24 practice setting; and
- 25 6. Preferably be a member of an accredited professional nursing
26 organization of good standing and of a specialty nursing
27 organization.

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

- 30 1. Be a Filipino citizen, physically and mentally fit, and with good
31 moral character;
- 32 2. Be a BSN degree holder;
- 33 3. Be a holder preferably of a Doctorate Degree in Nursing or allied
34 field conferred by a duly recognized HEI;
- 35 4. Be a holder of a valid and current certificate of registration and
36 professional identification card as a nurse issued by the PRC

- 1 5. Have at least three (3) years clinical experience in any nursing
2 practice setting;
- 3 6. Have published works in refereed Nursing or health-related
4 journals; and
- 5 7. Preferably be a member of an accredited integrated professional
6 nursing organization of good standing and of a specialty nursing
7 organization.

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

10

11

ARTICLE VI

12

NURSING SERVICE

13

14 Sec. 43. *Nursing Service.* – Nursing service refers to the healthcare services
15 provided by nurses. It includes the provision of general nursing services, specialized, and
16 advanced practice of nursing, including nursing management in various health, industry,
17 or community settings where the competencies of a nurse are required.

18

19 Sec 44. *Public Health Nursing Service.* – There shall be adequate provision of
20 essential health services in every local health facility to effectively implement public health
21 programs for community and population groups. These essential services shall include:
22 health information and education; expanded program of immunization against major
23 infectious diseases; maternal and child health care including family planning and
24 counselling; micronutrient and nutritional food supplementation; prevention, treatment
25 and control of communicable and non-communicable diseases including locally endemic
26 diseases; mental health promotion; occupational health and safety; safe water and
27 environmental sanitation; basic drugs supply; and emergency and disaster management.

28

29 Sec 45. *Public Health Nurse (PHN).* – Public Health Nurses participate in the
30 delivery of essential health care services as described in Sec. 44. They work with the
31 individuals, families, and population groups that are the nucleus of the community. They
32 collaborate with other members of the service delivery network with the goal of promoting
33 health, preventing disease and disability, and treating common diseases. A PHN may
34 progress to become a Public Health Nurse Specialist (PHNS) after obtaining specialty
35 training focused on public health-based programs and substantial experience in managing
36 public health conditions.

35

36 A PHNS may progress to become an APN in public health after obtaining advanced nursing
education either through a master's or doctoral degree with emphasis on public health

1 sciences, or their equivalencies as promulgated by the CHED, and as defined in Section
2 31 of this Act.

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

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

16 *Sec. 46. The Chief Nursing Officer (CNO) and the National Chief Nursing Officer. –*

17 There shall be a nursing service office in every healthcare institution and in all levels and
18 classifications of these institutions, whether administrative or clinical, with a complement
19 of at least ten (10) Nurses. Nursing services must be under the control and management
20 of a registered nurse designated as Chief Nursing Officer (CNO) in each health institution.
21 Within the framework of health care delivery, nursing services in private and public
22 institutions or community settings must be led and managed by a CNO, or the equivalent
23 of Chief Nurse (CN) or Director of Nursing. The CNO shall be bestowed full administrative
24 responsibility as leader and manager of nursing services within each institution. The CNO
25 shall have the authority and accountability over the planning, organizing, directing, and
26 controlling including monitoring, evaluation, and policy development of nursing resources
27 related to nursing services. The CNO responsibilities include strategic and operational
28 planning, financial and resource allocation, policies and procedures development,
29 professional and organizational involvement to address issues that have relevance for
30 nursing.

31 There shall also be a National Chief Nursing Officer (NCNO) in the DOH who shall oversee
32 and coordinate national nursing personnel utilization nurses' welfare, the observance of
33 decent work standards in all healthcare facilities and institutions, and the adaptation of
34 nursing care development trends in nursing education and practice in both the public and
35 private sectors.

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

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

14 The CNO must have the following minimum qualifications:

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

25 The NCNO must have the following minimum qualifications:

- 26 a) Be a registered nurse in the Philippines;
- 27 b) Have a degree of Bachelor of Science in Nursing;
- 28 c) Be a holder of a Doctorate degree conferred by an HEI duly recognized by the
29 government in a relevant healthcare and business administration field;
- 30 d) Be a holder of a valid certificate of registration and a current professional
31 identification card as a nurse issued by the PRC;
- 32 e) Must have the necessary Career Executive Service Officer (CESO) rank;
- 33 f) Have at least five (5) years of experience in general nursing service
34 administration with experience in policy development;
- 35 g) Preferably be a member of good standing of the APO of nurses; and
- 36 h) Preferably be a member of the organization of nursing service

- 1 i) administrators duly recognized by the Board.

2
3 **ARTICLE VII**

4 **NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING**

5
6 *Sec. 47. Nursing Research and Policy Development.* – Nursing Research and Policy
7 Development shall involve the study of nurse-related issues, such as:

- 8 a) Professional nursing practice and nursing development such as advancing
9 nursing knowledge, health and nursing governance, to ensure quality
10 nursing care for all and advocacy for sound health policies nationally and
11 globally;
12 b) Information and knowledge management and communication technology;
13 c) Regulation of nursing standards, competencies and the process of
14 credentialing; and
15 d) Socio-economic welfare for nurses like occupational health and safety,
16 human resources planning and policy, remuneration, career development.

17
18 **ARTICLE VIII**

19 **NURSING LEADERSHIP AND GOVERNANCE**

20
21 *Sec. 48. Nursing Leadership and Governance.* – Nursing leadership and
22 governance involve the process of influencing other people through the exercise of
23 authority, direction, control, and regulation in the practice of the nursing profession to
24 achieve desired goals. To accomplish this, nursing services must be managed by
25 competent nursing personnel. Nursing service management refers to the management
26 and administration of nursing services by nurses who must be equipped with the following
27 necessary competencies on governance and leadership:

- 28 a) A First Level Service Manager is responsible for the management of a
29 nursing unit and supervision of nursing support personnel including,
30 Caregivers, Healthcare Dialysis Technicians, Medication Technicians,
31 Orderlies, Orthopedics Technicians, Patient Care Technicians, Sitters,
32 Surgical Technicians, and Ward Clerk or Secretaries.
33 b) A Middle Level Service Manager is responsible for the leadership and
34 governance of more than one (1) nursing unit, particularly them
35 management of operational systems, financial resources, and human
36 resources;

- 1 c) An Executive Level Service Manager is responsible for establishing the
2 strategic direction for the entire nursing division, and the development
3 and implementation of policies, standards and guidelines in nursing
4 services.

5 Nursing Service Managers shall have the following minimum qualifications:

- 6 a) For a first level managerial position in nursing:
- 7 1. Completion of at least eighteen (18) units of nursing management
8 and clinical subjects in a Master of Arts Degree Program in Nursing
9 or Master of Science in Nursing Degree Program, with at least three
10 (3) years of clinical work experience, and
 - 11 2. Participation in at least one (1) research project related to the
12 improvement of the quality of care.
- 13 b) For a middle level managerial position in nursing:
- 14 1. Completion of all the academic requirements of a Master of Arts in
15 Nursing Degree Program or Master of Science in Nursing Degree
16 Program;
 - 17 2. At least three (3) years of clinical work and two (2) years of
18 management experience, and
 - 19 3. Conduct of at least one (1) research project related to the
20 improvement of the quality of care.
- 21 c) For an executive position in nursing:
- 22 1. A post-graduate degree in nursing or health management-related
23 sciences,
 - 24 2. At least three (3) years of clinical work and three (3) years of
25 management experience,
 - 26 3. Conduct of at least two (2) research projects related to the
27 improvement of quality of health care.

28
29 ARTICLE IX

30 NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM

31
32 *Sec. 49. Nursing Human Resource for Health Management System.* – The Nursing
33 Human Resource for Health Management System (NHRHMS) shall cover all nursing
34 human resources in the nursing service of both public and private sectors, and the
35 healthcare, industrial and community settings. Institutions shall be mandated to report

1 their information to ensure accurate nursing human resource and workforce projections
2 and to reconcile these with supply data from CHED and PRC.

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

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

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

21 *Sec. 50. Nursing Staff Complement.* – The Board shall, in consultation with the
22 DOH and other stakeholders, ensure the provision of a safe nursing workforce for any
23 healthcare setting guided by the following principles:

- 24 a) Use of evidence-based, reliable, and up-to-date staffing and workforce
25 data;
- 26 b) Regular review and updating of staffing based on up-to-date evidence and
27 best nursing practices within healthcare facility, and nurse, nurse-sensitive
28 patient, organizational and system outcomes;
- 29 c) Non-substitution of nurses by other healthcare professionals in performing
30 nursing functions;
- 31 d) On-delegation of nurses in management positions to augment staff
32 limitations;
- 33 e) Respect for nurses' professional judgment in determining the required
34 safe workforce staffing;

- 1 f) Active involvement of direct care nursing staff and nursing management
2 in all stages and aspects of the institution's HRH design, policy
3 development, and decision making.
- 4 g) Timely adjustments to nurse staffing based on changes in patients and
5 population healthcare needs.
- 6 h) The nursing workforce complement is designed to ensure patient safety,
7 quality service delivery, and the maintenance of a positive practice
8 environment that promotes economic welfare, professional autonomy, job
9 satisfaction and retention, and ensures safe staffing, managerial support,
10 professional development, occupational safety and psychological health
11 and patient and nurse safety.

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

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

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

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

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

1 The Board shall, from time to time, and in consultation with the DOH and other
2 stakeholders, review and modify the nurse-to-population ratio as may hereinafter be
3 established for the healthcare and industrial settings, and for the community setting
4 taking into consideration the current community characteristics and population needs.
5 In the community, there shall be a nurse in every barangay health center, primary,
6 secondary, and tertiary school, and industrial establishment, subject to the applicable
7 staffing ratio by the appropriate government agency.

8 Sec. 51. *Return Service Agreement.* – All nursing graduates who are recipients of
9 government-funded scholarship programs shall be required to serve in priority areas in
10 the public sector for at least three (3) years, with compensation, and under the
11 supervision of the DOH: Provided, That those who will serve for an additional two (2)
12 years shall be provided with additional incentives as determined by the DOH. Graduates
13 of nursing from state universities and colleges and private schools shall be encouraged
14 to serve in these areas.

15

16

ARTICLE X

17

PROHIBITED ACTS AND PENAL PROVISIONS

18

19 Sec. 52. The following acts are prohibited:

20

a) Practicing the nursing profession without a certificate of registration,
21 professional identification card, special temporary permit or without
22 having declared exempted from taking the licensure examination in
23 accordance with this Act;

24

b) Using the certificate of registration, professional identification card, or
25 special temporary permit of another registered nurse;

26

c) Using fraudulent, suspicious, or an expired suspended or revoked
27 certificate of registration, professional identification card, or special
28 temporary permit;

29

d) Misrepresenting one's self or proffering false evidence to obtain a
30 certificate of registration, professional identification card or special
31 temporary permit;

32

e) Falsely advertises one's self through any means to convey the impression
33 that one is a nurse;

34

f) Appending to one's name the abbreviations "B.S.N" "R.N" or "APN" for
35 Bachelor of Science in Nursing, Registered Nurse and Advance Practice

1 Nurse respectively, without having been conferred the corresponding
2 degree, registration, or certification by the PRC;

3 g) Abetting or assisting in the illegal practice of the nursing profession
4 through the following acts and entities:

5 1. An HEI offering the BSN program which shall withhold any
6 requirement or document, or both, of any graduate for the purpose
7 of preventing them to apply for the PNLE without any justifiable
8 reason;

9 2. Any natural or juridical person or health facility which subscribes to
10 sub-standard quality of nursing care or nursing practice, such as
11 non-compliance with the nurse-patient ratio requirement;

12 3. Any natural or juridical person or health facility that abets and
13 promotes precarious working conditions for nurses, such as the
14 following:

15 i. Contracting or availing of the services of a nurse but
16 provides compensation below the rate prescribed under this
17 Act, whether or not under the pretext of a training
18 development program, certification, or course, or seminar;

19 ii. Depriving or denying a nurse of the incentives and benefits
20 as provided for under existing laws;

21 iii. Collecting any fee from a nurse or from any person or agent
22 in exchange for a nurse's voluntary services in a health,
23 industrial or similar facility or institution;

24 iv. Requiring or obliging a volunteer nurse to perform regular
25 work functions or work load expected from a regular staff
26 nurse without proper compensation, or to render full time
27 service as a condition for the continued availment of their
28 volunteer services, or to be the sole nurse on duty, except
29 during disasters, calamities, public emergencies and war;

30 v. Contracting or availing of the services of a volunteer nurse,
31 under the pretext of On-The-Job Training, contract of
32 service, or job orders, in order to fill-up a vacant position
33 that requires the hiring of a fulltime regular employed nurse,
34 or for free in exchange for any type of certification to be
35 issued by the health facility or institution or industrial

1 establishment for purposes of the nurse's employment
2 application;

3 vi. Contracting or availing of the services of a nurse, under the
4 pretext of training or certification course, but requiring the
5 nurse to render the tasks and responsibilities expected of a
6 regular staff or public health nurse;

7 vii. Practicing job-splitting or hiring two part-timers in place of
8 one full-time employee and deploying the two nurses on a
9 full-time basis;

10 viii. Making mandatory, as a pre-hiring requirement, training that
11 should have been acquired during the BSN program or
12 which, rightfully should be provided by the hiring institution;

13 ix. Repeatedly subjecting or allowing the nurse to experience
14 prejudice, violence, or discrimination; and

15 x. Imposing mandatory overtime service without valid reason
16 or corresponding compensation, as mandated by law; and

17 xi. Non-compliance with the minimum safe staffing
18 requirement mandated in Sec. 50.

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

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

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

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

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ARTICLE XI
MISCELLANEOUS PROVISIONS

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

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

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

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

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

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

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

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

Approved,