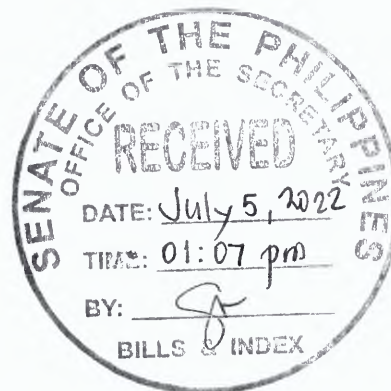


NINETEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES  
*First Regular Session*

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**SENATE**

**S. No. 17**

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Introduced by Senator **PIA S. CAYETANO**

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**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, Republic Act no. 11223, also known as the Universal Health Care (UHC) Act, was enacted. Its main objective is to provide all Filipinos access to a comprehensive set of quality and cost-effective health services and improve their overall health outcomes. Integral to the said law is the recognition that health care workers, especially nurses, play a vital role to implement universal health care properly and successfully.

Unfortunately, while rolling out the UHC Act, the COVID-19 pandemic occurred, disrupting economies and societies worldwide. It has greatly impacted the country's already fragile health care system and has tremendously burdened the Philippines' health human resource, which includes those in the nursing profession. Due to the pandemic, nurses had to work longer shifts to care for the increasing number of patients, while risking their lives with the threat of being infected themselves. 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> However, even before the pandemic, the ratio was at 1:60 in some government hospitals.<sup>2</sup> During the pandemic, it even reached a range of 1:50 to 1:80.<sup>3</sup> This shortage of nurses in the country is further aggravated by the migration of health care workers abroad. For 2022, Filipino nursing graduates who are seeking to practice their profession in America have increased by 147 percent, or a total of 3,714 graduates, compared to the 1,501 nursing graduates from the Philippines, who also took the US licensure examination for the first time in the same quarter in 2021.<sup>4</sup> Studies show that while the Philippines actually trains a surplus of health care 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>5</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>6</sup>

According to the Private Hospitals Association of the Philippines, around 40 percent of Filipino nurses in private hospitals resigned in 2020,<sup>7</sup> and in October 2021, around 5-

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<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>

<sup>4</sup> Dela Cruz, J. (2022, June 21). PHL nursing grads who are eyeing US practice have risen 147%—solon. *Business Mirror*. <https://businessmirror.com.ph/2022/06/21/phl-nursing-grads-whoare-eyeing-us-practicehave-risen-147-solon/>

<sup>5</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>6</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>7</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>

10 percent of nurses in private hospitals left their jobs .<sup>8</sup> According to the Philippine General Hospital (PGH), a total of 107 nurses have resigned since 2021, and they have only hired 27 new nurses for 2022.<sup>9</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 nurses by 2030 in the country, unless greater investment is made now to retain them in the Philippine health sector.<sup>10</sup> It is imperative that the government should invest in the nurses of the country by ensuring safe work environments, proper wages, and opportunities for growth, among others.

As such, this bill aims 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 health care needs, the strong focus of universal health care on primary care, and the need to reach Filipinos in inaccessible or underserved settings.

More than ever, nurses will be a vital component of the health human resources that the country needs. As such, this bill seeks to ensure that they have the necessary

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<sup>8</sup> Mendoza, R. (2021, October 20). Nurses leaving in droves – PHA. *The Manila Times*. <https://www.manilatimes.net/2021/10/20/news/national/nurses-leaving-in-droves-pha/1819057>

<sup>9</sup> Casilao, J. (2022, June 24). PGH feeling 'exodus' of nurses —spox. *GMA News*. [https://www.gmanetwork.com/news/topstories/nation/835933/pgh-feeling-exodus-of-nurses-spox/story/?just\\_in](https://www.gmanetwork.com/news/topstories/nation/835933/pgh-feeling-exodus-of-nurses-spox/story/?just_in)

<sup>10</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>

training in specialized nursing fields in order to provide them the opportunity to have an advanced practice. This will enable them to have further recognition in their specialized area and commensurate compensation for their work. By promoting continuing education and professional development, Filipino nurses will be better skilled and equipped to address the current needs of our country's health care system and respond to future pandemics and health emergencies.

This bill was based on Senate Bill No. 2409, which was drafted by the undersigned in collaboration with the Commission on Higher Education Technical Committee of the Nursing Education (CHED-TCNE), and filed in the 18th Congress together with then Senate President Tito Sotto III and Senator Joel Villanueva.

In consideration of the foregoing, the immediate passage of this bill is earnestly sought.

*Pia S. Cayetano*  
PIA S. CAYETANO



NINETEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES  
*First Regular Session*

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**SENATE**

**S. No. 17**

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Introduced by Senator **PIA S. CAYETANO**

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**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 2022.*"

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 health care 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

1 improve the practice of the nursing profession by integrating measures to promote  
2 comprehensive and relevant nursing practice standards, ensure just and humane working  
3 conditions, and support the professional growth of nurses.

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

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

- and its daily operation. The CNO is the primary spokesperson for nurses in the facility and must possess the qualifications under Section 55 of this Act;
- f. *Decent Work* refers to aspirations by people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development, psychological well-being and social integration freedom for people to express their concerns, organize and participate in decisions that affect their lives, and equality of opportunity or treatment regardless of ethnicity, gender, position, or religion;
- g. *Health Facility* refers to a public or private institution, establishment or clinic, devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care;
- h. *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing official of the DOH whose main function is to promote through expert advice, safe nursing and quality standards and implement nursing policies for both the public and private sectors;
- i. *Nurse* is a title conferred on an individual, who has met the legal, educational and administrative requirements to practice nursing, and is duly registered and licensed to practice the nursing profession, with all the rights and privileges appurtenant thereto;
- j. *Nursing care* refers to the physiological, psychological, spiritual, social and emotional care, essential health care, safety and comfort measures, health teachings, and execution of health care techniques and procedures as well as traditional and innovative approaches to individuals, families, population groups and communities from conception to death;
- k. *Nursing Human Resource for Health Management System (NHRHMS)* refers to an organized human resource management and development information system based in the DOH and directed by the NCNO, that



provides meaningful data used to support policies affecting nurses and nursing;

l. *Nursing Practice* refers to the autonomous and collaborative care of individuals of all ages, families, groups and communities in all settings, which include the promotion of health, the prevention of illness, and the care of ill, disabled and dying people, and additional roles involving advocacy, promotion of a safe environment, participation in patient and health services management, shaping health policy, education, and research;

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

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

## ARTICLE II

### BOARD OF NURSING

#### Sec. 4. *Creation and Composition of the Professional Regulatory Board of Nursing.*

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



1           Sec. 5. *Mission of the Board.* – The Board shall protect and promote the welfare  
2 of every Filipino by ensuring that licensed nurses in the Philippines are competent to  
3 engage in the nursing practice. Towards this end, the Board shall regulate the practice of  
4 nursing and, in coordination with the CHED, review and approve nursing education  
5 programs.

6           The Board, acting in accordance with the highest standards of ethics,  
7 accountability, efficiency, effectiveness, and transparency, shall approach its mission with  
8 a deep sense of purpose and responsibility by affirming that the regulation of nursing is  
9 a public trust.

10          Sec. 6. *Qualifications of the Chairperson and Members of the Board.* – The  
11 Chairperson and Members of the Board must be citizens of the Philippines and have  
12 resided therein for at least five (5) consecutive years immediately preceding the date of  
13 their respective appointments; *Provided, That* at the time of their appointment, they must  
14 possess the following requirements and qualifications:

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

25          Sec. 7. *Prohibition as Members of the Board.* – The members of the Board shall  
26 not, at the time of their appointments and during their incumbency, hold any position nor  
27 have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review or  
28 training center for the PNLE, training hospital or health facility with nursing affiliates, and  
29 is not an officer of any professional organization for nurses.

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

4           Sec. 9. *Vacancy.* – Any vacancy in the Board must be filled in the manner  
5 prescribed in this Act and any appointment shall be only for the unexpired portion of the  
6 predecessor's term. Each member of the Board shall take the proper oath of office prior  
7 to the performance of his or her functions and duties.

8           Sec. 10. *Compensation.* – The Members of the Board shall be entitled to the  
9 compensation and allowances comparable to those received by the members of other  
10 regulatory boards under the PRC.

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

16          Sec. 12. *Administrative Supervision of the Board, Custodian of its Records,*  
17 *Secretariat and Support Services* – The Board shall be under the administrative  
18 supervision of the PRC. All records, including applications for examinations, administrative  
19 and other investigative cases conducted by the Board, shall be under the custody of the  
20 PRC. In this regard, the PRC shall designate the Secretary of the Board and shall provide  
21 the secretariat and other support services to implement the provisions of this Act.

22          Sec. 13. *Powers and Duties of the Board.* – The Board shall supervise and regulate  
23 the practice of the nursing profession and shall have the following powers, duties, and  
24 functions:

- 25           a.     Ensure the proper conduct of the PNLE, including the evaluation of  
26                 examination applications, test development, administration of the  
27                 examination, correction, and release of the results thereof;
- 28           b.     Encourage the use of appropriate technologies and modalities in the  
29                 conduct of the PNLE to enhance efficiency and integrity;

- c. Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting nursing practice in the Philippines, and exercise the powers necessary to ensure the maintenance of efficient, ethical, moral technical and professional standards in the practice of nursing towards the optimal health and common good of the nation;
- d. Ensure quality nursing education by examining and monitoring HEIs offering and seeking permission to open nursing education programs to guarantee that the standards of nursing education are properly complied with and maintained at all times;
- e. Formulate evidence-based policies and standards that strengthen and improve the quality of nursing education, such as determining the minimum eligibility for admission into a recognized HEI offering a nursing education program, and the level of knowledge, skills, and readiness prior to taking the nursing licensure examination;
- f. Promulgate a Code of Ethics and Ethical Standards that is responsive to the needs of the nursing profession, within one (1) year from the effectivity of this Act;
- g. Prescribe and operationalize CPSPN to ensure the CPD of nurses, including the determination of the appropriate recognition for nurses with advanced practice, such as but not limited to, Certified Nurse Midwives, Certified Nurse Anesthetists, Clinical Nurse Specialist, Nurse Practitioner, Pediatric and Nurse Practitioner, and the credentialing of organized nursing groups and certification of advanced practice nurses;
- h. Work in partnership with the appropriate agencies to identify and utilize resources earmarked for national nursing development;
- i. Prescribe, adopt, issue, and promulgate guidelines, regulations, measures, and to submit recommendations to authorities and agencies to aid in policy- and decision-making as may be necessary for the improvement of the nursing practice, advancement of the profession, and for the proper and full enforcement of this Act, subject to the review and approval of the PRC;



- 1 j. Oversee the implementation of the Philippine Nursing Profession-Roadmap,  
2 which is the program and strategy towards good governance of the  
3 Philippine nursing profession to ensure the culture of excellence and  
4 dynamic leadership;
- 5 k. Coordinate with the appropriate agencies in negotiating with governments  
6 and accredited nurse staffing agencies of other countries to initiate  
7 agreements that would be beneficial to Philippine nurses and consistent  
8 with the DOH's National Human Resources for Health Masterplan;
- 9 l. Conduct hearings and investigations to resolve complaints involving any  
10 violation of the provisions in this Act, its rules and regulations, and any  
11 issuance of the Board or the PRC; and in connection therewith, issue  
12 *subpoena ad testificandum* or *subpoena duces tecum*, or both, to require  
13 the appearance of respondents and witnesses or the production of  
14 documents, or both, and to penalize for contempt persons obstructing,  
15 impeding, or otherwise interfering with the conduct of such proceedings,  
16 upon application with the regular courts;
- 17 m. Issue, suspend, revoke, or reinstate certificate of registration and STP for  
18 the practice of nursing; and
- 19 n. Perform other regulatory functions to carry out the provisions of this Act.

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

25 Sec. 15. *Suspension or Removal of the Members of the Board.* – Upon  
26 recommendation of the PRC, the President of the Philippines, after the observance of due  
27 process, may suspend or remove any member of the Board based on any of the following  
28 grounds:

- 29 a. Continued neglect of duty or incompetence;
- 30 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 (3) 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.

1           Sec. 24. *Foreign Reciprocity.* – No foreign nurse shall be given a certificate of  
2 registration and professional identification card or be entitled to any of the privilege under  
3 this Act, unless the country or State, from which such foreign nurse is a subject or citizen,  
4 permits Filipino nurses to practice within its territorial limits on the same basis as the  
5 subjects or citizens of said country or State.

6           Sec. 25. *Limited Practice through Special Temporary Permit.* – The Board may  
7 issue an STP to the following persons, based on the qualifications, and professional and  
8 moral standards approved by the PRC and the Board:

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

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

26           The registered or licensed nurses with foreign citizenship, who is a holder of an  
27 STP, shall submit a completion report to the Board and the PRC, after the conduct of such  
28 project, medical mission, engagement, or contract. In the case of nurses with Philippine  
29 citizenship who rendered services during an epidemic or public health emergency, the

1 completion report shall be submitted by the licensed or registered nurse or physician  
2 authorized to supervise them.

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

5 *Sec. 26. Non-Registration and Non-issuance of Certificate of Registration,*  
6 *Professional Identification Card, and Special Temporary Permit. –* Any person who has  
7 been convicted by final judgment of any crime, or offense involving moral turpitude, or  
8 found guilty of immoral, or dishonorable conduct, or judicially declared to be of unsound  
9 mind, shall not be registered and issued a certificate of registration, professional  
10 identification card, or an STP.

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

14 *Sec. 27. Revocation and Suspension of Certificate of Registration, Professional*  
15 *Identification Card and Cancellation of Special Temporary Permit. –* The Board shall  
16 reprimand a nurse, or suspend, or revoke his or her certificate of registration, professional  
17 identification card, or STP, after due notice and hearing, based on any of the following  
18 grounds:

- 19 a. Conviction by final judgment of any criminal offense involving moral  
20 turpitude, or of immoral or dishonorable conduct, or having been judicially  
21 declared to be of unsound mind;
- 22 b. Negligence, misconduct, or incompetence in the nursing practice resulting  
23 in injury, harm, disability, or death;
- 24 c. Commission of fraud, non-disclosure of disqualification, or  
25 misrepresentation in obtaining a certificate of registration, professional  
26 identification card, or STP;
- 27 d. Engaging in the nursing practice during the period of suspension of his or  
28 her license;



- e. Breach of ethical practice in research, in accordance with prevailing national and international guidelines;
- f. Violation of this Act, the Code of Ethics and Ethical Standards for nurses, and other policies, rules and regulations of the Board and the PRC; or
- g. Any other grounds analogous to the foregoing.

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

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

#### ARTICLE IV

#### NURSING PRACTICE

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

A person shall be deemed engaged in the nursing practice when he or she, independently or in collaboration with other professionals, with or without fee or compensation, applies any of the scope of nursing practice through any or all of the four (4) roles: (1) provider of direct client care, (2) educator, (3) researcher, and (4) manager and leader. The nurse's clients shall include individuals, families, population groups, and communities, with varying age groups, gender, health-illness status, in any industrial or community health care setting.

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

- a. Provide nursing care through the conscientious observance of the nursing process and established protocols;
- b. Provide advanced nursing care based on the CPSPN and the Philippine Qualifications Framework;
- c. Establish linkages with community resources and coordination with the health care workers in any industrial or community health care setting;
- d. Provide health education and health counselling to empower individuals, families, population groups, and communities towards the promotion of health, prevention of illness, and caring towards people living with serious illness by providing relief from the symptoms of pain and stress;
- e. Teach, guide, and supervise students in nursing education programs, including the administration of nursing services in varied settings such as hospitals, clinics, and other industrial or community health settings where practice of the nursing profession exists;
- f. Provide duly compensated professional nursing services, such as consultation services and private nursing practice;
- g. Supervise nursing and ancillary nursing personnel in the delivery of safe and quality health care services in varied settings;
- h. Maintain competence by adhering to the CPSPN standards and the Philippine Professional Nursing Practice Standards (PPNPS), as well as engage in CPD and lifelong learning;
- i. Observe the Code of Ethics and Ethical Standards for nurses promulgated by the Board, uphold the standards of safe and quality nursing practice, and demonstrate cultural and gender sensitivity and social responsibility;
- j. Undertake nursing and human resources for health (HRH) development training and research for continuous quality improvement and evidence-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 and  
4 coherent set of knowledge and skills in the field of nursing to provide safe and quality  
5 care to an individual, family, population group, or community, independently or in  
6 collaboration with other professionals. A nurse must be able to assess, plan, implement,  
7 and evaluate the care provided to clients based on evidence derived from practice and  
8 research. A nurse may practice in special areas, such as high dependency unit, critical  
9 care unit, disaster areas, special procedure or interventional area; *Provided*, That he or  
10 she has acquired the relevant competencies.

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

- 29 a. A BSN graduate from an HEI recognized by the government;

- b. Must possess a valid certificate of registration and current professional identification card as a nurse issued by the PRC;
- c. Must have at least three (3) years of clinical experience in the area of 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



- 1 e. Implement individual-based and population-based health services, as  
2 defined in Republic Act No. 11223, or "The Universal Health Care Act."

3 Sec. 34. *Minimum Qualifications of an Advanced Practice Registered Nurse.* – An  
4 Advanced Practice Registered Nurse (APRN) must have the following minimum  
5 qualifications:

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

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

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

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

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

9 *Sec. 36. Continuing Professional Development.* – The Continuing Professional  
10 Development (CPD) providers and their programs for nurses shall be accredited by the  
11 CPD Council, in accordance with Republic Act No. 10912, or the "The Continuing  
12 Professional Development Act of 2016." All nurses shall abide by the requirements, rules  
13 and regulations on the CPD to be promulgated by the PRC, in coordination with the Board,  
14 and duly authorized representatives of HEIs offering the BSN program.

15 *Sec. 37. Requirement for Inactive Nurses Returning to Practice.* – Inactive nurses  
16 intending to return to practice must undergo a refresher course as prescribed by the  
17 Board. Nurses are considered to be inactive under any of the following circumstances:

- 18 a. They have not utilized nursing competencies as defined in the scope of  
19 nursing practice for at least five (5) consecutive years;
- 20 b. They have not renewed their professional identification card for five (5)  
21 years; or
- 22 c. They do not have proof of five (5)-year continuous nursing practice.

23 *Sec. 38. Salary and Compensation.* – Nurses shall, at all times, receive  
24 compensation that is just and due them, and commensurate with and proportionate to  
25 their level of education, training, experience, and complexity of nursing skill required for  
26 the services rendered.

27 Nurses, in both government and private sectors, and who are integral to the  
28 functioning of hospitals and health care institutions, must be classified as regular staff  
29 after a reasonable probationary period, as mandated by law.

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

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

5 Sec. 39. *Incentives and Benefits.* – The Board, in coordination with the DOH, other  
6 concerned government agencies, association of hospitals, and professional organizations  
7 for nurses, shall establish an incentive and benefit system in the form of free hospital  
8 care, scholarship grants, and other non-cash benefits for nurses and their dependents,  
9 subject to existing regulations.

10 Sec. 40. *Non-Diminution of Benefits and Incentives.* – The implementation of  
11 Sections 38 and 39 of this Act shall not result in the diminution of existing grants of  
12 salaries, benefits, and incentives for nurses.

## 13 ARTICLE V

### 14 NURSING EDUCATION

15 Sec. 41. *Nursing Education.* – Nursing Education is the formal learning and training  
16 in the science and art of nursing provided by HEIs duly recognized by the CHED. There  
17 shall be a standard Baccalaureate and Graduate Program for Nursing Education pursuant  
18 to Republic Act No. 7722, or the “*Higher Education Act of 1994.*”

19 Sec. 42. *Baccalaureate Program for Nursing Education.* – The Baccalaureate  
20 Program for Nursing Education is the basic nursing education program for a sound and  
21 liberal professional education that will adequately equip nursing students with the  
22 necessary competencies for entry level nursing practice. The curriculum and the Related  
23 Learning Experiences must be in accordance with the appropriate PSG of the CHED.

24 Sec. 43. *Graduate Program for Nursing Education.* – The Graduate Program for  
25 nursing education is the post baccalaureate nursing program, which builds on the  
26 experiences and skills of a nurse towards mastery, expertise, and leadership in practice,  
27 education, and research. The Graduate Program includes the master’s degree and  
28 Doctorate Degree in Nursing.



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

4 Sec. 44. *Educational and Career Advancement.* – The Board shall recommend  
5 strategies and develop guidelines for the implementation of programs under Republic Act  
6 No. 10647, otherwise known as the “Ladderized Education Act of 2014,” to provide  
7 opportunities for educational and career progression of Filipino nurses, and empower  
8 them to pursue higher learning, which will help augment the delivery of health care  
9 service in the country.

10 Sec. 45. *Qualifications of the Dean.* – The Dean of the College of Nursing of a BSN  
11 program shall formulate policies and plans, in collaboration with the school officials and  
12 stakeholders, and must adhere to the prescribed curriculum for the advancement of  
13 nursing education. The Dean’s qualifications shall be in accordance with the CHED  
14 memorandum order specification.

15 Sec. 46. *Qualifications of the Faculty.* – Qualifications of the faculty members of  
16 Baccalaureate Programs and Graduate Programs for Nursing Education shall be in  
17 accordance with the CHED memorandum order specification for education.

18 Sec. 47. *Faculty-to-Student-Ratio.* – The faculty-to-student ratio must be in  
19 accordance with the standards to be determined and prescribed by the CHED.

## 20 ARTICLE VI

### 21 NURSING SERVICE

22 Sec. 48. *Nursing Service.* – Nursing service includes the provision of general,  
23 specialized, and advanced practice of nursing, and nursing management in various health,  
24 industry, or community settings where the competencies of a nurse are required.

25 Sec. 49. *Public Health Nursing Service.* – Public Health Nursing Service shall  
26 effectively implement public health programs for community and population groups, and  
27 shall include the following essential services:

- 28 a. Health information and education;



- b. Expanded program on immunization against major infectious diseases, maternal and child health care including family planning and counselling, and micronutrient and nutritional food supplementation;
- c. Prevention, treatment, and control of communicable and non-communicable diseases including locally endemic diseases;
- d. Mental health promotion;
- e. Occupational health and safety;
- f. Safe water and environmental sanitation;
- g. Basic drugs supply; and
- h. Emergency and disaster management.

Sec. 50. *Public Health Nurse.* – A Public Health Nurse (PHN) shall work with individuals, families, and population groups that are the center of the community and collaborate with other members of the service delivery network with the goal of promoting health, preventing disease and disability, and treatment of common diseases.

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

Sec. 51. *Advanced Public Health Nurse Practitioners.* – A PHNS may become an advanced practice nurse in Public Health after obtaining an advanced nursing preparation, either a master's or doctoral degree with emphasis on public health sciences, or their equivalencies, issued according to promulgation by the CHED, and as defined in Section 34 of this Act.

Advanced PHN Practitioners shall have the following duties and responsibilities:

- a. Delivering population-centered services and programs and other public health services such as occupational health, school health, emergency and disaster, and home and hospice services.
- b. Providing direct and indirect care to population groups and communities:
  - 1. Direct care consists of assessing and diagnosing the population or communities, planning nursing actions, mobilizing community

1 response, monitoring population health status, and evaluating  
2 outcomes.

3 2. Indirect care consists of engaging in policy change, education, and  
4 training of PHN practitioners and in interdisciplinary research, and  
5 acting as consultants to policy makers.

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

8 *Sec. 52. National Chief Nursing Officer.* – There shall be a National Chief Nursing  
9 Officer (NCNO) who shall head the Office of the NCNO in the DOH, with a rank of an  
10 Undersecretary. The NCNO shall serve a three (3)-year term, subject to renewal based  
11 on performance evaluation up to a maximum of two (2) terms.

12 *Sec. 53. Minimum Qualifications of a National Chief Nursing Officer.* – The NCNO  
13 shall possess the following minimum qualifications:

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

23 *Sec. 54. Functions of the National Chief Nursing Officer.* – The NCNO shall have  
24 the following functions:

- 25 a. Oversee and coordinate national nursing personnel utilization and nurses'  
26 welfare;
- 27 b. Monitor and ensure that health care facilities observe decent work  
28 standards;
- 29 c. Implement the adaptation of nursing development trends in nursing  
30 education and practice in both the public and private sectors;

- d. Oversee and coordinate strategic management, financial and resource allocation, policies and standards development, and professional and organizational development to relevantly address national epidemiologic and nursing personnel supply, demand, and distribution trends;
- e. Oversee the development of the NHRHMS;
- f. Utilize statistical data and other nursing outcome metrics in the exercise of good governance and full accountability over nursing personnel systems in both private and public health care and community settings; and
- g. Act as the advocate for the rights and welfare of nurses in both public and private institutions.

Sec. 55. *Chief Nursing Officer.* – There shall be a Chief Nursing Officer (CNO) who shall head the nursing service office. The nursing service office shall be established in every health care institution, and in all levels and classifications of these institutions, whether administrative or clinical with a complement of at least ten (10) nurses. Nursing services, in each health care institution, whether in private and public institutions or community settings, shall be under the control and management of a CNO.

Sec. 56. *Minimum Qualifications of Chief Nursing Officer.* – The CNO shall have the following minimum qualifications:

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

Sec. 57. *Functions of Chief Nursing Officer.* – The CNO shall have the 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. 58. *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. 59. *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



1 industrial and community health care settings. The NHRHMS shall include a registry of  
2 nursing professionals in coordination with public and private health care institutions, and  
3 nursing organizations and groups indicating, among others, their current number of  
4 practitioners and location of practice.

5       Sec. 60. *Duties of health care Facilities and Institutions.* – In line with the NHRHMS,  
6 health care facilities and institutions, including industrial establishments that hire nurses,  
7 shall comply with the following obligations:

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

25       Sec. 61. *Nursing Service Management.* – The members of the nursing service  
26 management in both government and private health care institutions shall have the  
27 following duties and responsibilities:

- 28       a. First Level Manager is responsible for the management of a nursing unit  
29       and supervision of nursing support personnel, including but not limited to,  
30       Caregiver I, Caregiver II, health care Dialysis Technician, Medication

1 Technician, Orderlies, Orthopedics Technician, Patient Care Technician I,  
2 Patient Care Technician II, Sitter, Surgical Technician, and Ward Clerk/Unit  
3 Secretary.

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

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

10 Nursing Service Managers shall have the following minimum qualifications:

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

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

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

26 *Sec. 62. Principles for Nursing Staff Complement.* – The Board shall, in consultation  
27 with the DOH and other stakeholders, ensure the provision of a safe nursing workforce  
28 for any health care setting, both public and private. In line with this, the Board shall be  
29 guided by the following principles:

- a. Use of evidence-based, reliable, and up-to-date staffing and workforce data;
- b. Regular review and updating of staffing based on evidence and best approaches on the nurses' working practice environment, nurse-sensitive 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 health care needs; and
- h. Ensure patient safety, quality service delivery, and positive practice environment.

Sec. 63. *Nursing Staff Complement.* – The appropriate number of nurses with different educational levels, skills, and experience, in every health care 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



1 appropriate budget allocation and inclusion under the yearly national expenditure  
2 program of the government.

3       Sec. 64. *Job-Sharing.* – health care facilities and institutions are allowed to  
4 implement legitimate job-sharing arrangements among their nursing staff. Job-sharing is  
5 a working arrangement where two (2) part-time nurses share or occupy one (1) full-time  
6 nurse position, allowing them to work less hours and with more flexibility; *Provided,* That  
7 their working patterns and schedules do not overlap; *Provided, further,* That both of them  
8 shall share the salary, benefits, and other emoluments entitled to one (1) full-position  
9 that they are sharing.

10       Sec. 65. *Nurse Staffing Standard.* – The maximum number of patients cared for  
11 by each nurse assigned in a health care facility, setting, or unit shall be determined by  
12 the nurse staffing standard in a general nursing service.

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

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

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

26       Sec. 66. *Return Service Agreement.* – All nursing graduates who are recipients of  
27 government-funded scholarship programs shall be required to serve in priority areas in  
28 the public sector for at least three (3) years, with compensation and under the supervision  
29 of the DOH; *Provided,* That the DOH, in consultation with the Board, may provide  
30 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. 67. 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;

- 1 3. Any natural or juridical person or health facility which exercises and  
2 promotes precarious working conditions for nurses, such as but not  
3 limited to:
- 4 i. Sexual harassment, workplace violence, or lack of  
5 mental health promotion service;
  - 6 ii. Contracting or availing of the services of a nurse either  
7 without salary or allowance, or for salary below the  
8 applicable salary grade or rate prescribed under  
9 existing laws, whether or not under the pretext of a  
10 training development program, certification, course, or  
11 seminar;
  - 12 iii. Not giving the nurse their worked salary in a timely  
13 manner;
  - 14 iv. Depriving or denying a nurse of the incentives and  
15 benefits as provided for under existing laws;
  - 16 v. Collecting any fee from a nurse or from any person or  
17 agent in exchange for a nurse's voluntary services in a  
18 health, industrial or similar facility, or institution;
  - 19 vi. Requiring or obliging a volunteer nurse to perform the  
20 regular work functions or regular workload, or both,  
21 expected from a regular staff nurse without proper  
22 compensation, or to render full time service as a  
23 condition for the continued availment of their volunteer  
24 services, or to be the sole nurse on duty, except during  
25 disasters, calamities, public emergencies, and war;
  - 26 vii. Contracting or availing of the services of a volunteer  
27 nurse, under the pretext of on-the-job training,  
28 contract of service, or job orders, in order to fill-up a  
29 vacant position that requires the hiring of a full time  
30 regular employed nurse, or for free in exchange for any

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

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

8 ix. Practicing job-splitting or hiring two (2) part-timers in  
9 place of one full-time employee, except for the  
10 implementation of a legitimate job-sharing  
11 arrangement for nurses, and deploying the two (2)  
12 nurses on a full-time basis;

13 x. Making mandatory, as a pre-hire requirement, training  
14 that should have been acquired during the BSN  
15 program or which, rightfully should be provided by the  
16 hiring institution;

17 xi. Repeatedly subjecting or allowing the nurse to  
18 experience prejudice, violence, or discrimination;

19 xii. Imposing mandatory overtime without valid reason or  
20 corresponding compensation, or both, as mandated by  
21 law; and

22 xiii. Non-compliance with the minimum safe staffing  
23 requirement in this Act.

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

27 For purposes of this Act, "precarious working conditions" refers to contingent,  
28 atypical or non-standard working conditions, which include uncertainty of employment  
29 including diminution or change in position, employment status, multiple possible  
30 employers or a disguised or ambiguous employment relationship, lack of access to social

1 protection benefits usually associated with employment and curtailing the right to self-  
2 organization and collective bargaining.

3       Sec. 68. *Sanctions.* – A fine of not less than One hundred thousand pesos  
4 (Php100,000.00) nor more than Three hundred thousand pesos (Php300,000.00) or  
5 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall be  
6 imposed, at the discretion of the court, for the commission of any of the prohibited acts  
7 enumerated in Section 66 (a) of this Act.

8       A fine of not less than Three hundred thousand pesos (Php300,000.00) nor more  
9 than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less than one  
10 (1) year or more than six (6) years, or both, shall be imposed, at the discretion of the  
11 court, for the commission of any of the prohibited acts enumerated in Section 66 (b), (c),  
12 (d), (e), (f), and (g) hereof. In addition, suspension or revocation of license to operate  
13 the health facility or institution or industrial establishment may be ordered at the  
14 discretion of the court. In case the violation is committed by a partnership, corporation,  
15 association, or any other juridical person, the managing partner, president, managing  
16 director/s, or manager who has committed or consented to such violation shall be held  
17 directly liable and responsible for the acts as principal or as co-principal with the other  
18 participants, if any.

19       Sec. 69. *Refund and Compensation.* – Any nurse found to have been a victim under  
20 Section 66 (g) (3) (ii) and (v) hereof shall be entitled to a full refund of all fees illegally  
21 collected and the payment of unpaid salary, if any, which should not be less than the  
22 applicable wage for services rendered. This is without prejudice to the other liabilities of  
23 the violators under applicable laws.

24       Sec. 70. *Appropriations.* – The amount needed for the initial implementation of  
25 this Act shall be taken from the current fiscal year's appropriation of the PRC and DOH.  
26 Thereafter, the amount needed for the continuous implementation of this Act shall be  
27 included in the Annual General Appropriations Act.

28       Sec. 71. *Implementing Rules and Regulations and Code of Ethics.* – Within ninety  
29 days (90) after the effectivity of this Act, the PRC, the Board, CSC, DBM, DOH, and other



1 concerned nursing organizations and government agencies shall formulate the IRR and  
2 Code of Ethics necessary to carry out the provisions of this Act.

3       Sec. 72. *Separability Clause.* – Should any provision of this Act be declared  
4 unconstitutional, the remaining parts not affected thereby shall remain valid and  
5 operational.

6       Sec. 73. *Repealing Clause.* – Republic Act No. 9173, or the "*Philippine Nursing Act*  
7 *of 2002*" is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules  
8 and regulations and parts thereof which are inconsistent with this Act are hereby  
9 repealed, amended, or modified accordingly.

10       Sec. 74. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication  
11 in the Official Gazette or in a newspaper of general circulation in the Philippines.

*Approved,*