

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



22 NOV -3 P4 :28

**SENATE
S. No. 1447**

RECEIVED BY: _____

Introduced by SENATOR FRANCIS "TOL" N. TOLENTINO

**AN ACT PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS A
QUALITY HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS
THEREFOR, REPEALING REPUBLIC ACT NO. 9173 ("PHILIPPINE NURSING
ACT OF 2002")**

EXPLANATORY NOTE

The Universal Health Care Act or Republic Act No. 11223 embodies the policy of the State to protect and promote the health of all Filipinos. In line with this, the State shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health literate and provided with healthy living conditions, through access to a quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services.

In view of this endeavor, our health workers play an integral part in the realization and implementation of this goal. With the nurses comprising the great majority of the healthcare industry, both in the institutional and community levels, utmost priority should be given to their needs in order to boost the morale of our Filipino nurses.

Republic Act No. 9173 or the Philippine Nursing Act of 2002 was approved on October 21, 2002. It was an amendment to Republic Act No 7164 or the Philippine Nursing Act of 1991 with the intention of providing a comprehensive definition of the nursing profession. At present, the number of nursing graduates is still far from the glory years of the nursing industry. From its peak in 2010, the nursing profession experienced a downtrend which was attributed to the unattractive compensation and benefits, costly and complicated application abroad, and lack of focus by the government to the plight of our nurses.

With what they've experienced in this recent pandemic, our nurses have felt the great disparity in terms of working conditions as well as in their compensation and benefits when compared to that of their foreign counterparts. This resulted in a higher migration rate of our nurses to other countries to the detriment of our public health. Thus, a clamor for a new and improved nursing law is in place specially in these critical

times when Filipinos are in need of the expertise of our own nurses, who are sought after abroad.

This bill seeks to repeal the existing Philippine Nursing Act in an attempt to provide improvements in the practice of the nursing profession by instituting measures to promote comprehensive and relevant nursing practice standards, ensure decent working conditions, and support the professional growth of nurses. A major addition is the emphasis on the Advanced Practice Nurse which will be the prime mover of the nursing profession in relation to the Universal Health Care Act. This will give qualified nurses, expanded and collaborative roles that will aid in the delivery of a comprehensive health care service to Filipinos.

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

A handwritten signature in black ink, appearing to read 'Francis Tolentino', with a stylized flourish at the end.

FRANCIS "TOL" N. TOLENTINO

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

**ARTICLE I
GENERAL PROVISIONS**

1 **SEC. 1. Title.** - This Act shall be known as the " The Philippine Nursing Practice
2 Act of 2022"

3 **SEC. 2. Declaration of Policy.** - In pursuit of the constitutional mandate on
4 the right to health of every Filipino, it is hereby declared the policy of the State to
5 uphold the welfare of the healthcare workers, as an essential component in gearing
6 towards Universal Health Care (UHC) through Primary Health Care. Nurses comprise
7 the great majority of the healthcare workers, both in the institutional and community
8 levels. Thus, the State recognizes nurses as prime movers of national development
9 and contributors to international cooperation and understanding.

10 It is likewise declared as the policy of the State, to uphold the dignity of and
11 respect for nurses through the improvement of the practice of the nursing profession
12 by instituting measures to promote comprehensive and relevant nursing practice
13 standards; ensure decent working conditions; and support the professional growth
14 of nurses.

1 Further, the State hereby guarantees accessible, affordable, and available
2 quality healthcare through an adequate and comprehensive Nursing Human Resource
3 for Health Management System (NHRHMS) throughout the country.

4 **SEC. 3. Definition of terms.**- As used in this Act:

5 a.) Accredited Professional Organization (*APO*) refers to the national
6 professional organization of nurses duly accredited by the Professional Regulation
7 Commission (PRC);

8 b.) Advanced Practice Nurse (APN) refers to a nurse who has acquired
9 substantial level of theoretical knowledge and decision-making skill in a specialty area
10 of nursing practice and demonstrated proficiency in clinical utilization of such
11 knowledge and skill in providing expanded and collaborative expert care from a
12 recognized HEI and who is Board and PRC -credentialed.

13 c.) Agreed Upon Based Care refers to a mutually agreed upon patient care
14 made by an Advanced Practice Nurse (APN) and approved by the Primary Physician
15 in charge, through teleconsult or other means of communication, after evaluation of
16 the case referred. This shall be limited in the following circumstances:

17 a. During an emergency and there is no physician in the area to physically see
18 the patient; or

19 b. Lack of an available physician due to inaccessibility of the area.

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

27 e.) *Career Progression and Specialization Committee for Nursing (CPSCN)*
28 refers to the body deputized by the Professional Regulation Commission (PRC) to
29 develop differentiating nursing- level standards, establish mechanisms and criteria
30 for credentialing of specialty organizations and interest groups, certification of

1 individuals at different levels of Post Baccalaureate nursing and advanced practice
2 for recommendation to the Board of Nursing (BON);

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

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

13 h) *Credentialing* refers to the formal recognition of a specialty organization or
14 interest group conferred by the PRC and the Board upon the recommendation of the
15 CPSPN after complying with the PSG;

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

20 j) *Clinical Practice* refers to any professional practice rendered in any
21 healthcare setting like institutional, public health, and any healthcare industry;

22 k) *Decent Work* refers to aspirations by people in their working lives. It
23 involves opportunities for work that is productive, delivers a fair income, security in
24 the workplace, social protection for family; opportunities for personal development,
25 psychological well-being, social integration, freedom to express their concerns,
26 organize and participate in decisions that affect their lives, and equal treatment
27 regardless of ethnicity, gender, position, or religion.

28 l) *Geographically-Isolated and Disadvantaged Areas (GIDAs)* refer to
29 barangays specifically deprived due to the presence of both physical and
30 socioeconomic factors;

1 m) *Health Facility* refers to a public or private institution, establishment or
2 clinic devoted primarily to the provision of services: including the following: nursing,
3 health promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of
4 individuals suffering from illness, disease, injury or disability, or deformity, or in need
5 of obstetrical, psychiatric or other medical and nursing care. This cover hospitals,
6 barangay health centers, and other clinics;

7 n) *Individual-based Health Services* refer to services which can be accessed
8 remotely or within a health facility which focus primarily on treating individuals;

9 o) *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing
10 official of the Department of Health (DOH) whose main function is to influence
11 through expert advice, safe nursing and quality standards, and implement nursing
12 policies for both the public and private sectors;

13 p) *Nurse* is a title conferred on an individual who has met the legal,
14 educational and administrative requirements to practice nursing; and is duly
15 registered and licensed to practice the nursing profession, with all the rights and
16 privileges appurtenant thereto;

17 q) *Nursing care* refers to the physiological, psychological, spiritual and
18 emotional, social and cultural care, and essential health care, safety and comfort
19 measures, and health teachings; execution of health care techniques and procedures
20 , traditional and innovative approaches to individuals, families, population groups and
21 communities from conception to death;

22 r) *Nursing Diagnosis* is a statement of clinical judgment by a licensed nurse
23 concerning a response to an actual or potential health problem of the individual,
24 family, or community. (e.g. Fever: elevated body temperature of 37.8 celsius or
25 higher related to upper respiratory tract infection)

26 s) *Nursing Human Resource for Health Management System (NHRHMS)*
27 refers to an organized human resource management and development information
28 system based in the DOH and directed by the NCNO, that provides meaningful data
29 used to support policies affecting nurses and nursing;

30 t) *Nursing practice* refers to the autonomous and collaborative care of
31 individuals of all ages, families, groups and communities, sick or well and in all
32 settings; it includes the promotion of health, the prevention of illness, and the care

1 of ill, disabled and dying people. Additional key nursing roles include advocacy,
2 promotion of a safe environment, participation in patient and health services
3 management, shaping health policy, education, and research;

4 u) *Nursing Service* refers to an office, headed by a CNO within a public or
5 private healthcare institution, responsible for administrative and clinical supervision
6 of nurses and nursing personnel;

7 v) *Patient Acuity* refers to the intensity of care provided to a patient by a
8 registered nurse or the use of patient classification systems that can forecast patient
9 care requirements for nursing care to manage nursing personnel;

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

14 x) *Philippine Professional Nursing Roadmap* (PPNR) refers to a program
15 towards good governance of the nursing profession. It is a strategy in ensuring the
16 culture of excellence and dynamic leadership for Philippine nursing;

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

22 z) *Precarious work* refers to working conditions which are contingent, atypical
23 or non- standard. It is usually characterized by uncertainty of employment including
24 diminution or change in position, employment status, multiple possible employers or
25 a disguised or ambiguous employment relationship, lack of access to social protection
26 benefits usually associated with employment, low pay and substantial legal and
27 practical obstacles to joining a trade union and bargaining collectively;

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

1 referrals to other health care providers in the health care delivery system, when
2 necessary every household, a nurse is responsible for their care;

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

7 cc) *Safe Harbor* refers to protection for the nurse from employer retaliation
8 if the nurse raises the issue to safety in terms of staffing or reassignment

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

ARTICLE II BOARD OF NURSING

12 **SEC 4. *Creation and Composition of the Board.*** - There shall be created,
13 under the administrative supervision of the PRC, the Professional Regulatory Board
14 of Nursing which shall be composed of seven (7) Members who shall be appointed
15 by the President of the Philippines from among those recommended and ranked from
16 a list of at least three (3) nominees per vacancy as provided by the APO,
17 proportionately representing both the nursing service and the academe covering all
18 the areas of expertise of the nursing licensure examination. The members of the
19 Board may elect from among themselves a Chairperson to serve for one year subject
20 to re-election as such on a year to year basis.

21 **SEC. 5. *Mission of the Professional Regulatory Board of Nursing.***- The
22 Board shall protect and promote the welfare of the people of the Philippines by
23 ensuring that each person holding a license as a nurse in the Philippines is competent
24 to practice safely. The Board shall fulfill its mission through the regulation of the
25 practice of nursing and the approval of nursing education programs in collaboration
26 with the CHED.

27 The Board affirms that the regulation of the nursing profession is a public trust
28 and accords it with the highest standards of ethics, accountability, efficiency,

1 effectiveness, and transparency and shall approach its mission with a deep sense of
2 purpose and responsibility.

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

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

8 a) A valid and current certificate of registration and updated professional
9 identification card as nurse;

10 b) A Master's Degree in nursing, and preferably, with relevant Doctorate
11 Degree conferred by a duly recognized higher educational
12 institution (HEI);

13 c) With at least ten (10) continuous years of active nursing practice
14 immediately prior to appointment; *Provided*, That, the last five
15 (5) years of such practice must have been served in the
16 Philippines;

17
18 d) Good moral character as evidenced by not having been convicted of any
19 offense involving moral turpitude; and

20 e) Physical and mental fitness.

21 **SEC. 7. *Powers and Duties of the Board.*** - The Board shall supervise and
22 regulate the practice of the nursing profession and shall have the following powers,
23 duties and functions:

24 a) Ensure the proper conduct of the Philippine Nursing Licensure Examination
25 (PNLE), including the evaluation of examination applications, test development,
26 administration of the examination, correction, and release of the results thereof.
27 The use of appropriate technologies and modalities in the conduct of the PNLE
28 is encouraged to enhance efficiency while upholding integrity;

29 b) Enforce and monitor safe and quality standards of nursing practice, study the
30 conditions affecting nursing practice in the Philippines, and exercise the powers

- 1 necessary to ensure the maintenance of efficient, ethico-moral technical and
2 professional standards in the practice of nursing towards the optimal health and
3 common good of the nation;
- 4 c) Ensure quality nursing education by the strict evaluation of applications to open
5 nursing education programs and the regular monitoring of existing programs, to
6 guarantee that the standards of nursing education are properly complied with
7 and maintained at all times.
- 8 d) Promulgate a Code of Ethics and Ethical Standards that is responsive to the
9 needs of the nursing profession, in coordination with the APO for nurses, within
10 one (1) year from the effectivity of this Act;
- 11 e) Prescribe and operationalize Career Progression and Specialization Program for
12 Nursing (CPSPN) to ensure the continuing professional development of nurses
13 including recognition and credentialing of organized nursing groups and
14 certification of advanced practice nurses;
- 15 f) Work in partnership with the appropriate agencies to identify and utilize
16 resources earmarked for national nursing development;
- 17 g) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and
18 to submit recommendations to authorities and agencies, to aid in policy
19 formation and decision- making as may be necessary for the improvement of
20 the nursing practice, advancement of the profession, and the proper
21 enforcement of this Act, subject to the review and approval of the PRC;
- 22 h) Oversee the implementation of the Philippine Profession Nursing Roadmap;
- 23 i) Conduct hearings and investigations to resolve complaints against nurses for
24 unethical or unprofessional conduct or any violation of this Act, or its rules and
25 regulations, and in connection therewith, issue *subpoena ad testificandum* or
26 *subpoena duces tecum*, or both, to require the appearance of respondents and
27 witnesses or the production of documents, or both and to punish for contempt
28 persons obstructing or otherwise interfering with the conduct of such
29 proceedings, upon application with the regular courts;

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

3 k) Ensure performance of mandated duties and functions.

4 **SEC. 8. Prohibition as Members of the Board.** - The Members of the Board
5 shall not, at the time of their appointments and during their incumbency, hold any
6 position nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in
7 any review or training center for the Professional Nurse Licensure Examination
8 (PNLE), [training hospital or health facility with nursing affiliates,] and is not an officer
9 of the APO.

10 **SEC. 9. Term of Office.** - The Members of the Board shall hold office for a
11 term of three (3) years. Any Member of the Board may serve for a maximum of two
12 (2) terms or a total of six (6) years.

13 **SEC. 10. Compensation.** - The Members of the Board shall receive
14 compensation and allowances comparable to those received by the Members of other
15 regulatory boards under the PRC.

16 **SEC. 11. Removal or Suspension of Board Members.** - The President may
17 remove or suspend any member of the Board, after notice and hearing, upon
18 recommendation of the PRC on any of the following grounds:

- 19 a) Continued neglect of duty or incompetence;
20 b) Commission or toleration of irregularities in the conduct of the PNLE
21 c) Unprofessional, immoral, or dishonorable conduct; or
22 d) Non-disclosure of conflict of interest.

23 **SEC. 12. Vacancy.** - Any vacancy in the Board shall be filled in the manner
24 prescribed in this Act and only for the unexpired portion of the term. Each member
25 of the Board shall take the proper oath of office prior to the performance of their
26 duties.

27 **SEC. 13. Limited Practice of the Profession.** - During their incumbency,
28 the Members of the Board may be allowed to practice their profession or maintain
29 employment or affiliation in the public or private sector provided that there is no
30 conflict of interest and subject to the conditions and limitations prescribed by law.

1 **SEC. 14. *Administrative Supervision of the Board, Custodian of its***
2 ***Records, Secretariat and Support Services.*** - The Board shall be under the
3 administrative supervision of the PRC. All records of the Board, including applications
4 for examinations, administrative and other investigative cases conducted by the
5 Board must be under the custody of the PRC. The PRC shall designate the Secretary
6 of the Board and shall provide the secretariat and other support services to implement
7 the provisions of this Act.

8 **SEC. 15. *Annual Report.*** - The Board shall, at the close of every calendar
9 year, submit an annual report to the President and Congress of the Philippines,
10 through the PRC, giving a detailed account of its proceedings and the
11 accomplishments during the year and making recommendations for the adoption of
12 measures that will upgrade and improve the conditions affecting the practice of the
13 nursing profession.

ARTICLE III EXAMINATION AND REGISTRATION

14 **SEC. 16. *Philippine Nurse Licensure Examination (PNLE) and***
15 ***Registration Fees.*** - In order to obtain the certificates of registrations and
16 professional identification cards, all nursing graduates must take and pass the PNLE.
17 The Board shall administer the PNLE in such places and dates as may be designated
18 by the PRC.

19 Applicants for the PNLE and registration must pay the prescribed fees set by
20 the PRC.

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

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

- 26 a) A holder of a BSN degree from an HEI that is compliant with the standards of
27 nursing education recognized by the government;

- 1 b) Of good moral character and has not been convicted by final judgment of any
2 criminal offense involving moral turpitude or found guilty of immoral or
3 dishonorable conduct or judicially declared to be of unsound mind; and
- 4 c) A citizen of the Philippines, or of a foreign country or State which permits
5 Filipino nurses to practice within its territorial limits on the same basis as the
6 subject or citizen of such country or State: *Provided*, That the requirements
7 for the registration or licensing of nurses in said country or State are
8 substantially the same as those prescribed in this Act.

9 **SEC. 19. Professional Nurse Licensure Examination Ratings.** - To be
10 considered as having passed the PNLE, an examinee must [pass] obtain at least
11 seventy-five percent (75%) of the tested areas of all the nursing competencies. An
12 examinee who has failed the PNLE three times (3x) shall not be allowed to take any
13 further PNLE, without having undertaken a refresher program in a duly accredited
14 institution. The Board shall issue the guidelines on the refresher program requirement.

15 **SEC. 20. Issuance of Certificate of Registration and Professional**
16 **Identification Card.** - The certificate of registration and professional identification
17 card shall be issued to all successful examinees, upon compliance with all the
18 requirements for registration. The certificate of registration shall show the full name
19 of the registrant, certificate of registration number, and date of initial registration. The
20 same must be duly signed by the Chairperson and Members of the Board and the
21 Chairperson of the PRC, with their corresponding seals.

22 The professional identification card shall bear the full name of the registrant,
23 the certificate of registration number, date of initial registration, and date of the
24 expiration, and which must be duly signed by the Chairperson of the PRC. The
25 professional identification card shall be renewed every three (3) years upon satisfying
26 the requirements set by the PRC, including the payment of the required fees.

27 **SEC. 21. Oath of Profession.** - All successful examinees must take the Oath
28 of Profession before any member of the Board or government official authorized to
29 administer oaths prior to practicing their profession.

1 **SEC. 22. Registry of Nurses.** - The PRC shall maintain a roster of nurses
2 which shall serve as the centralized database of nurses for purposes of
3 documentation, verification of registrants, statistics, research and development.

4 **SEC. 23. Accredited Professional Organization (APO).** - All nurses whose
5 names appear in the Registry of Nurses of the PRC become members preferably of
6 the APO for nurses, and shall receive all the benefits and privileges therefrom upon
7 payment of membership fees and duties. Membership in other organizations of
8 nurses shall not be barred.

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

14 **SEC. 25. Limited Practice Through Special Temporary Permit.** - The
15 Board may Issue special temporary permits to the following persons based on
16 qualifications, and professional and moral standards as approved by the Board and
17 the PRC:

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

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

30 The special temporary permit issued to registered and licensed nurses of foreign
31 citizenship shall be effective only for the duration of the project, health mission,

1 engagement, but which in no case shall exceed one (1) year, subject to renewal. The
2 special temporary permit issued to nursing graduates with Philippine citizenship shall
3 automatically cease upon the lifting or termination of the epidemic or national
4 emergency. A completion report shall be submitted to the Board and the PRC after
5 the conduct of such project, medical mission, engagement or contract. In the case
6 of nurses of Philippine citizenship who rendered services during an epidemic or
7 national emergency, the completion report shall be submitted by the registered nurse
8 authorized to supervise them.

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

11 **SEC. 26. *Non-Registration and Non-issuance of Certificate of***
12 ***Registration, Professional Identification Card, Special Temporary Permit.*** -
13 Any person who has been convicted by final judgment of any criminal offense
14 involving moral turpitude or found guilty of immoral or dishonorable conduct or
15 judicially declared to be of unsound mind shall not be registered and issued a
16 certificate of registration, professional identification card, or a special temporary
17 permit.

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

20 **SEC. 27. *Revocation and Suspension of Certificate of Registration,***
21 ***Professional Identification Card and Cancellation of Special Temporary***
22 ***Permit.*** - The Board shall have the power to reprimand a nurse or revoke or suspend
23 the certificate of registration, professional identification card, or special temporary
24 permit, after due notice and hearing, on any of the following grounds:

- 25 a) Conviction by final judgment of any criminal offense involving moral turpitude
26 or of immoral or dishonorable conduct or having been judicially declared to be of
27 unsound mind;
- 28 b) Violation of this Act, the Code of Ethics and Ethical Standards for nurses, and
29 other policies, rules and regulations of the Board and the PRC;

- 1 c) Negligence, misconduct, or incompetence in the practice of nursing resulting
- 2 to injury, harm, disability or death;
- 3 d) Commission of fraud, non-disclosure of disqualification, or misrepresentation
- 4 in obtaining a certificate of registration, professional identification card, or special
- 5 temporary permit;
- 6 e) Practicing the nursing profession during the period of suspension of license;
- 7 f) Breach of ethical practice in research in accordance with prevailing national
- 8 and international guidelines; or
- 9 g) Other grounds analogous to the foregoing.

10 Provided, That, if the penalty imposed is suspension or revocation of the license,
11 the respondent shall be required to surrender their certificate of registration and
12 professional identification card.

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

ARTICLE IV NURSING PRACTICE

19 **SEC. 29. *Scope of Nursing Practice.*** - Nursing practice includes a range of
20 roles, functions, responsibilities, and activities on which a registered nurse is educated,
21 competent, and has authority to perform which includes nursing service, education,
22 research, leadership, and governance as defined in this Act.

23 A person shall be deemed practicing the nursing profession when singly or in
24 collaboration with other professionals, with or without fee or compensation, the person
25 assumes any or all of the four (4) roles: (1) provider of direct patient care; (2)
26 educator; (3) researcher and (4) manager and leader. The nurse's clients shall
27 include individuals, families, population groups, and communities, with varying age
28 groups, gender, health-illness status, in any health care, industrial or community

1 setting. Additionally, nurses shall utilize the full extent of their education, training and
2 experience and shall perform work that requires the highest skill set.

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

5 Nurses shall collaborate with other health care providers for the promotive,
6 preventive, curative and rehabilitative aspects of care, restoration of health,
7 alleviation of suffering and, when recovery is not possible, in the provision of palliative
8 and end of life care. In performing collaborative functions, it shall be the duty of the
9 nurse to:

- 10 a) Provide nursing care through the conscientious observance of the nursing
11 process and established agreed upon based care;
- 12 b) Provide advanced nursing care based on the Career Progression
13 Specialization Program for Nursing (CPSPN) and the Philippine Qualifications
14 Framework (PQF), a quality assured national system for the development,
15 recognition and award of qualifications at defined levels based on standards of
16 knowledge, skills and values acquired in different ways and methods by
17 professionals, learners and workers. The PQF is competency based, labor-
18 market driven and an assessment based 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 health,
23 prevention of illness, and caring towards a peaceful death;
- 24 e) Teach, guide and supervise students in nursing education programs,
25 including the administration of nursing services in varied settings such as
26 hospitals, clinics and other health, industrial or community settings where
27 practice of the nursing profession exists;
- 28 f) Provide duly compensated professional nursing services, such as
29 consultation services and private nursing practice;
- 30 g) Supervise nursing and ancillary nursing personnel in the delivery of safe
31 and quality healthcare services in varied settings;

- 1 h) Maintain competence by adhering to the CPSP standards and the PPNPS as
2 well as engage in lifelong learning within the context of the CPSP;
- 3 i) Observe, at all times, the Code of Ethics and Ethical Standards for nurses
4 promulgated by the Board, uphold the standards of safe and quality nursing
5 practice, and demonstrate cultural, gender sensitivity and social responsibility;
- 6 j) Undertake nursing and health human resource development training and
7 research for evidenced based and continual quality improvement, a quality
8 assured national system for the development, recognition and award of
9 qualifications at defined levels based on standards of knowledge, skills and
10 values acquired in different ways and methods by professionals, learners and
11 workers. The PQFis competency-based, labor- market driven and an assessment-
12 based qualification recognition; practice; and
- 13 k) Exercise the core competencies in the performance of their respective roles
14 and responsibilities, in accordance with the PPNPS.

15 **SEC. 30. *Qualifications of a Registered Nurse.*** - A nurse shall have a broad
16 and coherent set of knowledge and skills in the field of nursing to provide safe and
17 quality care to an individual, family, and beyond-population group or community,
18 independently or as part of a team of healthcare providers. A nurse must be able to
19 assess, make a nursing diagnosis, create a nursing plan, implement, and evaluate the
20 nursing care provided to clients based on the set of knowledge and skills derived from
21 nursing practice and research. They may practice General Practice Nursing or Specialty
22 Practice Nursing, which demands higher cognitive, behavioral and performance skills
23 in all complex nursing areas such as high dependency unit, critical care unit, disaster
24 areas, special procedure or interventional area, provided, they have acquired the
25 relevant competencies.

26 **SEC 31. *General Practice Nursing (GPN).*** – A licensed nurse may go into
27 general practice taking on a role involving the provision and advocacy of a safe and
28 holistic quality care to individuals, families, population groups, or communities,
29 which include the assessment, nursing diagnosis, planning, implementation and
30 evaluation of evidence-based care to the clients in the context of nursing practice. A
31 General Practice Nurse must have the following minimum qualifications:

- 1 1. A BSN graduate from an HEI recognized by the government;
- 2 2. A valid certificate of registration and current professional identification card
- 3 as a nurse issued by the PRC;
- 4 3. Physically, mentally and psychologically fit to practice nursing; and
- 5 4. Not be convicted of any crime involving moral turpitude.

6 **SEC. 32. *Specialty Practice Nursing (SPN).*** – Involves a specialized area
7 for which the nurse needs to obtain specialty recognition after having undergone
8 specialty training by the BON - credentialed nursing specialty organization as
9 approved by the Commission. Nurses who practice within this field are referred to as
10 "Nurse Specialists". A Nurse Specialist must have the following minimum
11 qualifications:

- 12 1. A BSN graduate from an HEI recognized by the government;
- 13 2. A valid certificate of registration and current professional identification card
- 14 as a nurse issued by the Commission;
- 15 3. With at least three (3) years of clinical experience in the area of nursing
- 16 specialty;
- 17 4. Received a specialty training in the area of specialty practice in nursing;
- 18 5. Physically, mentally, and psychologically fit to practice nursing;
- 19 6. Not be convicted of any crime involving moral turpitude; and
- 20 7. A member of the appropriate Board - accredited nursing specialty
- 21 organization.

22 **SEC. 33. *Advanced Practice Nursing.*** – A scope of nursing practice where
23 the nurses have acquired the expert knowledge, complex decision-making skills and
24 clinical competencies for an "agreed upon based" care, particularly in areas where
25 physicians are not available.

26 An Advanced Practice Nurse (APN) provides direct complex specialty care, team
27 consultation and agreed upon expert care, referrals to and from other members of
28 the healthcare team in complex cases, within the scope of nursing practice. An APN
29 works in collaboration with a licensed primary care physician limited to the functions
30 set forth by this Act.

31 An APN must have the following minimum qualifications:

1 1. A graduate of Master of Science in Nursing (Advanced Practice Nursing)
2 from a government recognized HEI.

3 2. With at least five (5) years of clinical experience in the area of nursing
4 specialty.

5 3. A graduate of an HEI with a specified post-graduate curriculum with

6 a) minimum advanced practice core courses

7 b) minimum competencies in Health Promotion, Disease Prevention, and
8 Risk Reduction

9 c) supervised clinical practicum rotation with an experienced APN or
10 physician in accordance with approved CHED curriculum for APN practicum;

11 4. 500 hours of supervised clinical experience after graduation from MSN to
12 satisfy the requirements for APN certification.

13 5. Pass the certification examination by the BON-designated certified nursing
14 specialty group.

15 6. Physically, mentally, and psychologically fit to practice nursing;

16 7. Maintain the certification, renewable every five (5) years.

17 8. A member of an appropriate accredited Board Specialty organization.

18 **SEC. 34. Authority of an Advanced Practice Nurse.** – The APN's
19 expanded roles include advocacy, leadership and management, research and inter-
20 professional education, commonly based in primary health care. An APN ensures safe,
21 holistic, and quality care to individuals, families, including population groups or
22 communities towards achieving quality, accessible, and affordable health care for all
23 Filipinos. It also refers to a navigator, coordinator, and initial and continuing point of
24 contact of the patient to ensure continuity during transitions of care.

25 The APN shall perform the following functions:

26 1. Assess the patient based on the standard operating procedures set forth by the
27 nursing profession;

28 2. Make a sound nursing diagnosis based on the assessment made by him or her;

- 1 3. Refer the nursing diagnosis to a licensed primary care physician, the APN may
- 2 suggest his or her plan of care for the patient subject to the physician's final
- 3 approval;
- 4 4. Administer the medications and treatments prescribed by the physician and do
- 5 post- monitoring for effects;
- 6 5. Perform basic wound care, foot care, prenatal and postnatal care as well as
- 7 newborn care;
- 8 6. Monitoring and care of Hypertensive, Diabetic, Stroke, and other Chronically-
- 9 ill patients;
- 10 7. Serve as a Mentor and Educator providing health teachings;
- 11 8. Conduct Research;
- 12 9. Serve as an Administrator.

13 The APN shall be accredited by PhilHealth or other relevant government health
14 care agency to receive payments for services rendered.

15 **SEC. 35. Continuing Professional Development (CPD).** - All nurses shall
16 abide by the requirements, rules and regulations on the CPD promulgated by the
17 PRC, in coordination with the APO for nurses, and the duly authorized representative
18 of the organization of deans of HEIs offering the BSN program. For this purpose, a
19 CPD Council is created to accredit CPD providers and programs for nurses.

20 **SEC. 36. Requirement for Inactive Nurses Returning to Practice.** -
21 Inactive nurses intending to return to practice must undergo a refresher course as
22 prescribed by the Board. Nurses are considered to be inactive under any of the
23 following circumstances:

- 24 a) They have not practiced nursing as defined in the scope of nursing practice
- 25 for at Least five (5) consecutive years;
- 26 b) They have not renewed their professional identification card for five (5)
- 27 years; or
- 28 c) They do not have proof of five (5) years of continuous nursing practice;

29 **SEC. 37. Salary and Compensation.** - Nurses shall, at all times, receive
30 compensation that is just and due them and commensurate to the level of education,

1 and proportionate to training, experience, and complexity of nursing skill required for
2 the services rendered.

3 Nurses providing nursing services in both government and private sectors, and
4 who are integral to the functioning of hospitals and healthcare institutions, must be
5 classified as regular staff after a reasonable probationary period, as mandated by
6 law.

7 The minimum base pay, upon entry, of all nurses working in government and
8 private health, industrial and community settings, must not be lower than Salary
9 Grade 15 (SG 15), as implemented in government service.

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

13 Non-government or private health facilities, or both, institutions and industrial
14 establishments shall comply with the requirement on the salary rate in tranches
15 within three (3) years from the effectivity of this Act subject to existing labor laws.

16 **SEC. 38. *Incentives and Benefits.*** - The Board, in coordination with the
17 DOH and other concerned government and non-government institutions, association
18 of hospitals and the APO for nurses, shall establish an incentive and benefit system
19 in the form of free hospital care, scholarship grants and other non-cash benefits for
20 nurses and their dependents subject to existing
21 regulations.

22 **SEC. 39. *Non-Diminution of Benefits and Incentives.*** - The
23 implementation of Sections 37 and 38 of this Act shall not result in the diminution of
24 existing grants of salaries, benefits and incentives for nurses.

ARTICLE V NURSING EDUCATION

25 **SEC. 40. *Basic Nursing Education.*** - Nursing education refers to the formal
26 learning and training in the science and art of nursing provided by HEIs duly
27 recognized by the CHED. There shall be a standard Baccalaureate and Graduate

1 Program for Nursing Education pursuant to Republic Act No. 7722 otherwise known
2 as the "Higher Education Act of 1994".

3 **SEC 41. *Baccalaureate Program in Nursing.*** - The Baccalaureate Program
4 in Nursing refers to the basic nursing education program which envisions a sound
5 and liberal professional education that will adequately equip nursing students with
6 the necessary competencies for entry level nursing practice. Admission to the
7 Baccalaureate Program for Nursing Education requires [a] passing a National Nursing
8 Admission Test (NNAT).

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

11 **SEC. 42. *Graduate Programs for Nursing Education.*** - The Graduate
12 Programs for nursing refer to the post baccalaureate nursing program which builds
13 on the experiences and skills of a nurse towards mastery and expertise in nursing
14 service (institutional and community), education, research , and leadership and
15 governance. This includes the Master's Degree and Doctorate Degree in Nursing.
16 Graduate Programs for Nursing Education shall be offered only through accredited
17 programs of HEIs in accordance with the prevailing CHED PSG for Graduate
18 Education.

19 **SEC. 43. *Qualifications of the Dean.*** - The Dean's qualification shall be
20 aligned with the CHED memorandum order specification. The Dean of the College of
21 Nursing of a BSN program shall formulate policies and plans, in collaboration with the
22 school officials and stakeholders and must adhere to the prescribed curriculum for
23 the advancement of nursing education.

24 **SEC. 44. *Qualifications of the Faculty.*** - Qualifications of the faculty
25 member of the Baccalaureate Programs and Graduate Programs for Nursing
26 Education shall be in accordance with CHED memorandum order specification.

27 **SEC. 45. *Faculty-to-Student-Ratio.*** - The faculty-to-student ratio shall be
28 in accordance with the standards to be determined and prescribed by the CHED.

**ARTICLE VI
NURSING SERVICE**

1 **SEC. 46. *Nursing Service.*** - Nursing service refers to the healthcare services
2 provided by nurses. These include the provision of general nursing services,
3 specialized, and advanced practice of nursing, including nursing management in
4 various health, industry or community settings where the competencies of a nurse
5 are required.

6 **SEC 47. *Public Health Nursing Service.*** - There shall be an adequate
7 provision of essential health services in every local health facility to effectively
8 implement public health programs for community and population groups. These
9 essential services shall include: health information
10 and education; expanded program of immunization against major infectious
11 diseases; maternal and child health care including family planning and counseling;
12 micro nutrient and nutritional food supplementation; prevention, treatment and
13 control of communicable and non-communicable diseases including
14 locally endemic diseases; mental health promotion; occupational health and safety;
15 safe water and environmental sanitation; basic drugs supply; and emergency and
16 disaster management.

17 **SEC 48. *Public Health Nurse (PHN).***
18 - Public Health nurses work with individuals, families, and population groups
19 that are the nucleus of the community. They collaborate with other members of the
20 service delivery network with the goal of promoting health, preventing disease and
21 disability, and treatment of common diseases and rehabilitation. A PHN may progress
22 to become Public Health Nurse Specialist (PHNS) who obtained specialty training
23 focused on public health-based programs and substantial experience in managing
24 public health conditions.

25 A PHNS may progress to become an APN in public health after obtaining an
26 advanced nursing preparation, either a master's or doctoral degree with emphasis on
27 public health sciences, or their equivalent issued according to promulgation by the
28 CHED, and as defined in Section 33 of this Act.

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

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

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

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

12 **SEC. 49. *The National Chief Nursing Officer (NCNO).*** - There shall be a
13 National Chief Nursing Officer (NCNO) who shall head the Office of the National Chief
14 Nursing Officer (ONCNO) in the DOH. The NCNO shall be designated as
15 Undersecretary.

16 The National Chief Nursing Officer shall possess the qualifications as prescribed
17 under the Policies, Standards, and Guidelines to be promulgated by the Board. The
18 NCNO must have the following minimum qualifications:

19 a) Be a registered nurse in the Philippines

20 b) Be a holder of a Doctorate Degree conferred by an HEI duly recognized by
21 the government in a relevant healthcare and business/administration field;

22 c) Be a holder of a valid certificate of registration and a current professional
23 identification card as a nurse issued by the PRC;

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

25 e) Have at least five (5) years of experience in general nursing service
26 administration with experience in policy development;

27 f) Preferably be a member of good standing of the APO of nurses; and

28 g) Preferably a member of the organization of nursing service administrators
29 duly recognized by the Board.

1 The National Chief Nursing Officer shall hold office for a term of six (6) years
2 until a successor shall have been appointed and qualified. The NCNO is a CESO-
3 ranked officer who shall enjoy security of tenure in government service but must also
4 be subject to performance evaluation to determine tenure in position.

5 The NCNO shall have the following duties and functions, to wit:

6 a.) The National Chief Nursing Officer (NCNO) shall have the authority to
7 directly advise the Secretary of Health on nursing matters.

8 b.) The NCNO in the DOH shall oversee and coordinate national nursing
9 personnel utilization, nurses' welfare, the observance of decent work
10 standards in all healthcare facilities and institutions with the necessary
11 government agencies, and the adaptation of nursing development trends
12 in nursing education and practice in both the public and private sectors.

13 c.) The NCNO, being the highest-ranking nursing official in the DOH, shall be
14 responsible for overseeing and coordinating strategic management,
15 financial and resource allocation, policies and standards development,
16 professional and organizational development to relevantly address
17 national epidemiologic and nursing personnel supply, demand, and
18 distribution trends.

19 d.) The NCNO shall oversee the development of the Nursing Human Resource
20 for Health
21 Management System (NHRHMS), a national nursing information
22 system and utilize statistical data and other nursing outcome metrics in
23 the exercise of good governance and full accountability over nursing
24 personnel systems in both private and public health care and community
25 settings.

26 e.) The NCNO shall also act as the advocate for the rights and welfare of nurses
27 in both public and private institutions. [Further, t]

28 **SEC. 50. Establishment of Nursing Service Office in every Healthcare**
29 **Institution. The Chief Nursing Officer (CNO).** - There shall be established a
30 nursing service office in every healthcare institution, in all levels and classifications

1 of these institutions, whether administrative or clinical, with a complement of at least
2 ten (10) Nurses. Nursing services must be under the control and management of a
3 registered nurse designated as Chief Nursing Officer (CNO) in each health institution.
4 Within the framework of health care delivery, nursing services in private and public
5 institutions or community settings must be led and managed by a CNO, or the
6 equivalent of
7 Chief Nurse (CN) or Director of Nursing. The CNO shall be bestowed full
8 administrative responsibility as leader and manager of nursing services within each
9 institution. The CNO shall have the authority and accountability over the planning,
10 organizing, directing, and controlling including monitoring, evaluation, and policy
11 development of nursing resources related to nursing services. The CNO
12 responsibilities include strategic and operational planning, financial and resource
13 allocation, policies and procedures development, professional and organizational
14 involvement to address issues that have relevance for nursing.

15 The CNO must have the following minimum qualifications:

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

ARTICLE VII
NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

1 **SEC. 51. *Nursing Research and Policy Development.*** - Nursing Research
2 and Policy Development shall involve the study of nurse-related issues, such as but
3 not limited to:

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

7 b) Information and knowledge management and communication technology;

8 c) Regulation of nursing standards, competencies and the process of
9 credentialing; and

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

ARTICLE VIII
NURSING LEADERSHIP AND GOVERNANCE

12 **SEC. 52. *Nursing Leadership and Governance.*** -Nursing leadership and
13 governance involve the process of influencing other people through the exercise of
14 authority, direction, control, and regulation in the practice of the nursing profession
15 to achieve desired goals.

16 **SEC. 53. *Nursing Service Management.*** - Nursing service management
17 refers to the management and administration of nursing services by nurses who must
18 be equipped with necessary competencies on governance and leadership, to wit:

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

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

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

7 Nursing Service Managers shall have the following minimum qualifications:

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

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

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

ARTICLE IX NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM

SEC. 54. Nursing Human Resource for Health Management System. –

23 The Nursing Human Resource for Health Management System (NHRHMS) shall cover
24 all nursing human resources in the nursing service of both public and private sectors,
25 and the healthcare, industrial and community settings. Institutions shall be
26 mandated to report their information to ensure accurate nursing human resource
27

1 and workforce projections and to reconcile these with supply data from CHED and
2 PRC.

3 Health facilities and institutions including industries that hire nurses, shall
4 implement strategic NHRHMS in all levels of the nursing service and in the pursuit
5 thereof, shall adopt and define appropriate nursing organizational structures to
6 support competency, career development and professional growth, concept of job
7 delight, productivity and conditions for decent work and job fulfillment of their
8 nurses.

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

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

23 **SEC. 55. Nursing Staff Complement.** - The Board shall, in consultation with
24 the DOH and other stakeholders, ensure the provision of a safe nursing workforce
25 for any healthcare setting and shall be guided by the following principles:

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

28 b) Regular review and updating of staffing based on up-to-date evidence and
29 best practice on the nurses' practice environment and nurse, nurse sensitive
30 patient, organizational and system outcomes;

- 1 c) Nurses must not be substituted with other cadres of workers in performing
- 2 functions within the scope of nursing;
- 3 d) Nurses in management positions must not be assigned to augment staffing
- 4 limitations to fully perform their administrative roles and function to lead,
- 5 support and mentor nursing staff;
- 6 e) Respect for nurses' professional judgment in determining the required safe
- 7 workforce staffing;
- 8 f) Active involvement of direct care nursing staff and nursing management in
- 9 all stages and aspects of the institution's HRH design, policy development, and
- 10 decision making;
- 11 g) Timely adjustments to nurse staffing based on changes in patients and
- 12 population healthcare needs; and
- 13 h) The nursing workforce complement is planned to ensure that patient
- 14 safety, Quality service delivery, and positive practice environment is present
- 15 as defined in Sec. 3.

16 The appropriate number of nurses must be available at all times across the
17 continuum of care, with a suitable mix of education, skills and experience to ensure
18 that patient care needs and that the working environment and conditions of support
19 staff are met. The maximum number of patients cared for by each nurse assigned in
20 a healthcare facility, setting, or unit shall be determined by the nurse staffing standard
21 in a general nursing service, or in the case of a general ward of a hospital, shall be
22 based on patient acuity, complexity of work, nurse competencies, and nursing
23 modalities to effectuate positive practice environment, safe, and quality nursing care
24 for patients.

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

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

1 A nurse may invoke the mechanism of *safe harbor* for protection against
2 employer retaliation, suspension, termination, discipline, discrimination, or licensure
3 sanction.

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

8 In the community, there shall be a nurse in every barangay Health Center /
9 Station; every primary, secondary, and tertiary school; industrial establishment and
10 other health related facility, subject to the applicable staffing standard prescribed by
11 the appropriate government agency.

12 **SEC. 56. Return Service Agreement.** - All registered nurses who are
13 recipients of government-funded scholarship programs shall be required to serve in
14 priority areas in the public sector for at least two (2) years, with compensation and
15 under the supervision of a senior registered nurse . Those who will serve for an
16 additional two (2) years shall be provided with additional incentives as determined
17 by the government. Graduates of nursing from state universities and colleges and
18 private HEIs shall be encouraged to serve in priority areas with similar compensation
19 and incentives.

**ARTICLE X
PROHIBITED ACTS AND PENAL PROVISIONS**

20 **SEC. 57. Prohibited Acts.** - *The following acts are prohibited:*

- 21 A) Individual Acts:
- 22 1. Practicing the nursing profession without a certificate of registration,
23 professional identification card, special temporary permit or without
24 having declared exempted from taking the licensure examination in
25 accordance with this Act;
 - 26 2. Using the certificate of registration, professional identification card, or
27 special temporary permit of another registered nurse;

- 1 3. Using fraudulent, suspicious, or an expired suspended or revoked
2 certificate of registration, professional identification card, or special
3 temporary permit;
- 4 4. Misrepresenting one's self or presenting false evidence to obtain a
5 certificate of registration, professional identification card or special
6 temporary permit;
- 7 5. Falsely advertises one's self through any means to convey the
8 impression that one is a nurse;
- 9 6. Appending the R.N (Registered Nurse), CSPN (Certified Specialty
10 Practice Nurse), or APRN (Advanced Practice Registered Nurse) to
11 one's name without having been conferred the said registration or
12 certification by the PRC; and
- 13 7. Abetting or assisting in the illegal practice of the nursing profession
14 through the following acts and entities.

15 **B) Institutional Acts:**

- 16 1. An HEI offering the BSN program which shall withhold any requirement
17 or document, or both, of any graduate for the purpose of preventing
18 them to apply for the PNLE without any justifiable reason;
- 19 2. Any natural or juridical person or health facility which subscribes to
20 substandard quality of nursing care or nursing practice, such as
21 noncompliance with the staffing standard requirement;
- 22 3. Any natural or juridical person or health facility which exercises and
23 promotes precarious working conditions for nurses, such as, the
24 following but not limited to:
 - 25 a. Sexual harassment, workplace violence, lack of mental health
26 promotion service
 - 27 b. Contracting or availing of the services of a nurse either without salary
28 or allowance, or for salary below the applicable salary grade or rate
29 prescribed under this Act, whether or not under the pretext of a
30 training development program, certification, or course, or seminar;
 - 31 c. Not giving the nurse his/her worked salary in a timely manner;

- 1 d. Depriving or denying a nurse of the incentives and benefits as
2 provided for under existing laws;
- 3 e. Collecting any fee from a nurse or from any person or agent in
4 exchange for a nurse's voluntary services in a health, industrial or
5 similar facility or institution;
- 6 f. Requiring or obliging a volunteer nurse to perform the regular work
7 functions or regular workload, or both, expected from a regular staff
8 nurse without proper compensation, or to render full time service as
9 a condition for the continued availment of their volunteer services, or
10 to be the sole nurse on duty, except during disasters, calamities,
11 public emergencies and war;
- 12 g. Contracting or availing of the services of a volunteer nurse, under the
13 pretext of On- The-Job Training (OJT), contract of service, or job
14 orders, in order to fill-up a vacant position that requires the hiring of
15 a full time regular employed nurse, or for free in exchange for any
16 type of certification to be issued by the health facility or institution or
17 industrial establishment for purposes of the nurse's employment
18 application;
- 19 h. Contracting or availing of the services of a nurse, under the pretext
20 of training or certification course, but requiring the nurse to render
21 the tasks and responsibilities expected of a regular staff or public
22 health nurse;
- 23 i. Practicing job-splitting or hiring two part-timers in place of one full time
24 employee and deploying the two nurses on a full-time basis;
- 25 j. Making mandatory, as a pre-hire requirement, training that should
26 have been acquired during the BSN program or which, rightfully
27 should be provided by the hiring institution;
- 28 k. Repeatedly subjecting or allowing the nurse to experience prejudice,
29 violence, or discrimination;
- 30 l. Imposing mandatory overtime without valid reason or corresponding
31 compensation, or both, as mandated by law; and

1 m. Non-compliance with the minimum safe staffing requirement in Sec.
2 55;

3 **SEC. 58. *Sanctions.*** - A fine of not less than One hundred thousand pesos
4 (Php 100,000.00) nor more than Three hundred thousand pesos (Php 300,000.00) or
5 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall
6 be imposed, at the discretion of the court, for the commission of any of the prohibited
7 acts enumerated in Section 57 (A) of this Act.

8 A fine of not less than Three hundred thousand pesos (Php300,000.00) nor
9 more than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less
10 than one (1) year or more than six (6) years, or both, shall be imposed, at the
11 discretion of the court, for the commission of any of the prohibited acts enumerated
12 in Section 57 (B) hereof.

13 In addition, suspension or revocation of license to operate the health facility
14 or institution or industrial establishment may be ordered at the discretion of the court.
15 In case the violation is committed by a partnership, corporation, association, or any
16 other juridical person, the managing partner, president, managing director/s, or
17 manager who has committed or consented to such violation shall be held directly liable
18 and responsible for the acts as principal or as co-principal with the other participants,
19 if any.

20 **SEC. 59. *Refund and Compensation.*** - Any nurse found to have been a
21 victim under Section 57 B.3 (e) hereof shall be entitled to a full refund of all fees
22 illegally collected and the payment of unpaid salary, if any, which should not be less
23 than the applicable wage for services rendered. This is without prejudice to the other
24 liabilities of the violators under applicable laws.

ARTICLE XI MISCELLANEOUS PROVISIONS

25 **SEC. 60. *Implementing Agencies.*** - The Department of Budget and
26 Management (DBM), Department of Health (DOH), Philippine Health Insurance
27 Corporation (PhilHealth), Department of Labor and Employment (DOLE), Department
28 of Interior and Local Government (DILG), Civil Service Commission (CSC),
29 Commission on Higher Education (CHED), are the designated agencies that shall be

1 responsible for the implementation and monitoring of the compliance of the
2 provisions of this Act.

3 The DOH, DILG, and CSC shall be responsible for monitoring the compliance
4 and implementation of the provisions of this Act by public health facilities and
5 institutions. The DOH shall be the lead agency to monitor the compliance and
6 implementation of the provisions of this Act by public health facilities and institutions.

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

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

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

19 **SEC. 61. Funding for the Advanced Practice Registered Nurse (APRN)**
20 **Training.** -The participating government hospitals and institutions shall include in
21 their budget the annual financial requirement needed to train at least ten percent
22 (10%) of their nursing staff. *Provided, However,* that non-government hospitals and
23 institutions shall support the training requirement or their nursing staff employed by
24 them. Nothing in this provision shall prevent, diminish, or otherwise revoke existing
25 company policy more favorable to the employee.

26 **SEC. 62. Appropriations.** - The Chairman of the Professional Regulation
27 Commission and the Secretary of the Department of Health shall immediately include
28 in their program the implementation of this Act, the funding of which shall be included
29 in the annual General Appropriations Act.

30 **SEC. 63. Implementing Rules and Regulations and Code of Ethics.** -
31 Within ninety (90) days after the effectivity of this Act, the PRC, the Board; the APO

1 for nurses, CSC, DBM, DOH and other concerned nursing organizations and
2 government agencies shall formulate the implementing rules and regulations
3 (IRR) necessary to carry out the provisions of this Act.

4 **SEC. 64. *Separability Clause.*** - Should any provision of this Act be declared
5 unconstitutional, the remaining parts not affected thereby shall remain valid and
6 operational.

7 **SEC. 65. *Repealing Clause.*** - Republic Act No. 9173, otherwise known as the
8 'Philippine Nursing Act of 2002' is hereby repealed. All other laws, decrees, orders,
9 circulars, issuances, rules and regulations and parts thereof which are inconsistent
10 with this Act are hereby repealed, amended or modified accordingly.

11 **SEC. 66. *Effectivity.*** — This Act shall take effect fifteen (15) days after its
12 publication in the Official Gazette or in a newspaper of general circulation in the
13 Philippines.

Approved,