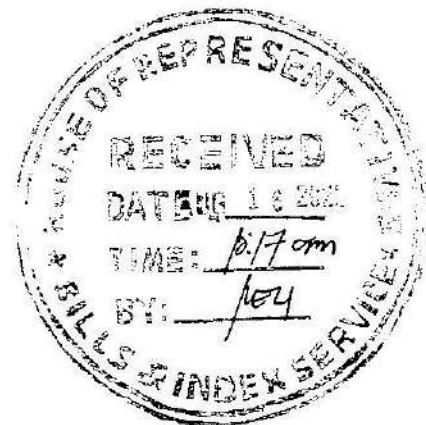


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL No. 3648



Introduced by
ACT Teachers Party-List Rep. FRANCE L. CASTRO,
GABRIELA Women's Party Rep. ARLENE D. BROSAS,
and **KABATAAN Party-List Rep. RAOUL DANNIEL A. MANUEL**

AN ACT
PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS SAFE AND
QUALITY HEALTH CARE SYSTEM, REPEALING FOR THIS PURPOSE
REPUBLIC ACT 9173 OTHERWISE KNOWN AS THE PHILIPPINE NURSING ACT
OF 2002, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

This Bill aims to address the issues and concerns of nurses and the nursing profession, with the end goal of contributing to the development of comprehensive, safe, quality, free and accessible health services especially for the poor Filipinos.

The poor health of our people remains a serious concern. However, nurses, who are the most numerous health professionals in clinical setting, are plagued with problems preventing them from fully and effectively performing their functions towards improving people's health.

Six out of 10 Filipinos die without seeing a health professional. Only 23,557 out of 42,046 barangays have health stations.

While the Philippines is one of the top exporters of nurses in the world, many barangays are without a nurse. Overcrowded public hospitals are understaffed with just one nurse taking care of 40 to 80 patients, greatly compromising the quality of healthcare and the safety of the patients.

Nurses, like most health workers, are overworked and underpaid. Inadequate salaries and benefits, lack of jobs and security of tenure, and inhumane working conditions pushing them to seek better job opportunities abroad or change careers.

Citing data from the Department of Health (DOH), Filipino Nurses United said that out of 915,219 registered nurses in the Philippines, 316,415, or one-third, have already migrated,

while at least 124,999 nurses are either unemployed, underemployed, or have decided to change careers. Furthermore, out of 172,589 locally employed nurses, 106,694 are in private hospitals and clinics receiving minimum wage.¹

Contractual, on-the-job-training nurses, and trainees, who are paid below the minimum or even not paid at all, are made to perform the tasks of regular staff nurses. The Department of Budget and Management (DBM) and DOH, despite protests and recommendations from health and nurses groups, failed to increase the plantilla positions for nurses and enforce a healthy nurse-patient ratio of 1:4² for general, medical, surgical wards, based on recommendations of many nursing associations in the world. The DOH itself, several years ago, has set an ideal 1:12,³ but this has never been met—until now, even despite the medical crisis that the COVID-19 pandemic has brought. The Philippine Nurses Association revealed that the ratio in government institutions is 1:60, with our nurses forced “to exert more effort of at least five times what is ideal.”⁴

The WHO, in its document “Global strategy on human resources for health: Workforce 2030,” determined that, in line with the Sustainable Development Goals, there should be 4.45 health workers (doctors/nurses/midwives) per 1,000 population in order to achieve health for all. This translates to having at least 1 skilled health worker for every 250 people. According to the Joint SDG Fund, most countries, including the Philippines, “have fewer than 10 medical doctors per 10,000 people and fewer than 40 nursing and midwifery personnel per 10,000 people.” The most recent Field Health Service Information System Annual Report of the DOH in 2021 estimates this at 1 doctor for every 27,236 people, 1 public health nurse for every 4,852, and 1 midwife for every 5,111.

Instead of providing additional plantilla positions, the government embarked on programs that hire contractual nurses to fill the gaps in understaffed hospitals and health units. These programs (formerly called “Nurses Assigned to Rural Services” [NARS] program and “Registered Nurses for Health Enhancement and Local Service” [RNHEALS], and later “Nurse Deployment Program”) hired nurses under contracts of services for six months to two years. Recently, due to the pressure and clamor of nurses, the DOH increased the monthly salary equivalent to that of Nurse II and provided benefits to nurses. Yet the nurses remained as contractuales.

For 17 years, the government failed to implement Section 32 of Republic Act 9173 or the *Nursing Act of 2002*, which prescribed Salary Grade (SG) 15 as the entry salary grade for nurses in the public health facilities. It took a ruling from the Supreme Court upholding the validity of the said law before the Executive Branch actually gave our nurses their rightful salaries. Moreover, the DBM via its Budget Circular 2020-4 (January 1, 2020) removed the Nurse VII position, technically demoting to Nurse VI the nurses occupying this position. The struggle inside and outside of Congress before the DBM was compelled

¹ Dela Peña, Kurt. “Nurses’ exodus: Choice obvious between better future abroad, shabby treatment at home.” *Philippine Daily Inquirer*, 22 June 2022, <https://newsinfo.inquirer.net/1614825/nurses-exodus-choice-obvious-between-better-future-abroad-shabby-treatment-at-home>.

² “RN Staffing Ratios: A Necessary Solution to the Patient Safety Crisis in US Hospitals.” *National Nurses United*, 9 August 2018, <http://www.nationalnursesunited.org/issues/entry/ratios>.

³ Mata Press Service. “Philippines is Nursing a Crisis.” *Asian Pacific Post*, 10 October 2017, <https://www.asianpacificpost.com/article/8108-philippines-nursing-crisis.html>.

⁴ Pacheco, Cherob, et al. “The Working Conditions of Overworked and Underpaid Nurses in the Philippines during a Pandemic.” *Philippine Legal Research*, 2 February 2021, <https://legalresearchph.com/2021/02/02/the-working-conditions-of-overworked-and-underpaid-nurses-in-the-philippines-during-a-pandemic-2/>

the government to bring back the Nurse VII position and increase the entry salary grade of nurses from SG 11 to SG 15 (Budget Circular 2021-2, August 25, 2021).

The “off-in-lieu” policy implemented for those who work for 16 to 24-hour duties circumvents existing labor and civil service laws and unjustly denies nurses of the mandated benefits including overtime pay, night shift differential, and on-call pay.

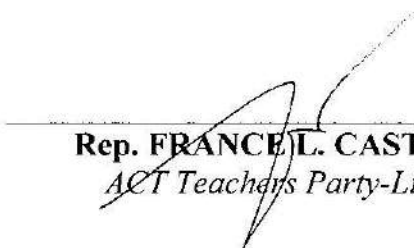
Nurses in the private sector are in worse situation, with no security of tenure, with no hazard pay, and some receiving a pitiful monthly salary of ₱6,000, an amount which is way below the mandated minimum wage in the National Capital Region at ₱570/day or ₱12,397.50/month.⁵

The Western-oriented nursing education, which is run like a business enterprise, is generally expensive, repressive, of substandard quality and produces graduates who are inclined to work abroad.

Addressing the issues and concerns of the nurses and the nursing profession become more urgent and imperative as we continue to face health emergencies like SARS-COV 2, monkeypox and emerging and re-emerging health threats like dengue, measles, HIV/AIDS, and others. Unless we act with urgency, we will face the renewed onslaught of massive brain drain and further exploitation of nurses that will negatively affect health care provision and the health of our people.

By passing a nursing law that considers the above reality, and putting in place clear provisions for the salary, benefits, rights and general well-being of nurses and for the improvement of the nursing profession towards more relevant care, we can get closer to our vision of a comprehensive quality, pro-people health care and a healthy citizenry.

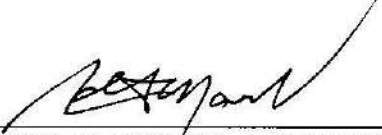
This Bill was first filed by Bayan Muna Rep. Neri Colmenares during the 16th Congress as House Bill 5540. It was refiled during the 17th and 18th Congresses as HB 2548 and HB 3477. In this light, the urgent passage of this Bill is earnestly sought.



Rep. FRANCE L. CASTRO
ACT Teachers Party-List



Rep. ARIENE D. BROSAS
GABRIELA Women's Party



Rep. RAOUL DANNIEL A. MANUEL
KABATAAN Party-List

⁵ Computed by multiplying with 261 days, then dividing it by 12 months

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AN ACT
PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS SAFE
AND QUALITY HEALTH CARE SYSTEM, REPEALING FOR THIS
PURPOSE REPUBLIC ACT 9173 OTHERWISE KNOWN AS THE
PHILIPPINE NURSING ACT OF 2002, AND APPROPRIATING FUNDS
THEREFOR

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

ARTICLE I
General Provisions

SECTION 1. *Title.* – This Act shall be known as the “*Comprehensive Nursing Law of 2022.*”

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to uphold the dignity of the nurses and assume responsibility for the protection, respect, and improvement of the nursing profession.

The State guarantees that all basic requirements for nurses to function at optimum level are available and operational by ensuring adequate health budget and instituting measures towards competent and relevant nursing practice for health and safety of the public, just and humane conditions of work, salaries and compensation, free education and continuing professional development and promotion of professional growth.

The State shall set the standards of nursing practice in all fields of nursing and provide sanctions to responsible management of institutions who violate the said standards of nursing practice through implementation of a comprehensive nursing law that is responsive and relevant primarily to the health needs of the Filipino people.

The State further guarantees the delivery of accessible, affordable, and available quality health care to all the people through implementation of adequate and competent Nursing Personnel System (NPS) throughout the country.

The State recognizes nurses as prime movers of national development and contributors to international cooperation and understanding

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

- (a) *Accredited Professional Organization (APO)* refers to a professional organization of nurses duly accredited by the Professional Regulation Commission as per Republic Act 8981.
- (b) *Bachelor of Science in Nursing (BSN)* refers to the basic program for nursing education.
- (c) *Certification/Credentialing* refers to the process undertaken by an individual nurse to be recognized to practice in a specifically defined professional tract, namely, General Nursing, Nursing Specialty Advanced Practice, Nursing Education, and Leadership and Governance. The Board confers the certification or credential after a validation process based on promulgated guidelines and mechanisms.
- (d) *Commission on Higher Education (CHED)* refers to the body created by law to promulgate policies, standards and guidelines in the implementation of basic and graduate programs for nursing education.
- (e) *Health Facility* refers to an institution, establishment, or clinic that offers health services and nursing care, such as hospitals, barangay health centers, and clinics.
- (f) *Nurse*, as provided for in this Act, refers to a person who passed the Philippine Nurse Licensure Exams (PNLE) and whose license has not been revoked by the law. Thus, it pertains to a Registered Nurse (RN). A nurse may append before his or her name the title “Nurse,” “Nars,” or “Nrs.” or the post-nominal letters “RN.”
- (g) *Nursing Personnel System (NPS)* refers to a system of human resource management in an institution that classifies the structure, organization, and coordination within the workforce both in private and public health care

facilities and nursing educational institutions to advance the welfare and protect the rights of the nurses and to ensure the employer-employee relationship, security of tenure, just compensation, humane conditions of work, and professional growth.

- (h) *Philippine Nurse Licensure Exams* (PNLE) refers to a written examination given by the Board in order to obtain a license to practice nursing.
- (i) *Precarious Work* is the term used to described substandard employment conditions, such as under-payment, absence of salary, no security of tenure, lack of employer-employee relationship, no benefits, poor working conditions; and, deviation from the standard employment relationships, such as contractual, false volunteerism, job orders thru agencies, part time, self-employment, fixed term work, temporary, on call, home workers, call center jobs, few benefits, lack of collective bargaining representation, and no job security.
- (j) *Professional Regulation Commission* (PRC) refers to the government agency pursuant to Republic Act 8981 or as may hereafter be amended or repealed. It shall be referred to in this law as the Commission.
- (k) *Professional Regulatory Board of Nursing* (BON) refers to the administrative body created by law to supervise and regulate the practice of the nursing profession in the Philippines. As such, the Board shall be the ultimate authority in the practice of the profession in the Philippines. It shall be referred to in this law as the Board.
- (l) *Public Health Institution* (PHI) refers to any government-led, owned or controlled institutions which pursues and realizes the lofty goals and objectives of providing and managing safe, efficient, effective and quality public health programs and services and advocacies for health, in all levels of the Health Care Delivery System (HCDS - national to local) which include among others: Rural Health Units (RHUs/ Barangay Health Centers); Research Facilities e.g. Research Institute for Tropical Medicine, etc.; Training Resource Facilities e.g. the U.P. College of Public Health and State or Local Colleges or Universities offering Health-Related Programs; the Department of Health and all retained health facilities, and the like.
- (m) *Special Permit* refers to the permit to practice nursing in the Philippines issued by the Board to licensed nurses of foreign nationalities.
- (n) *Temporary Permit* refers to the permit to practice nursing in the Philippines issued by the Board to Filipino nurses, who do not have a professional license from the Philippines or have not renewed their license for five (5) years but are licensed from foreign countries.

SEC. 4. Coverage. – All nurses in the public and private sector shall be covered by this Act. Nurses in the public sector include those working in national government agencies, government-owned and -controlled corporations, local government units, public health research facilities and national universities. Nurses in the private sector shall include those working in non-government health facilities like private hospitals, private clinics, industrial and service establishments, and community health programs managed by non-government organizations.

ARTICLE II

Board of Nursing

SEC. 5. Creation and Composition of the Board. – There shall be created a Professional Regulatory Board of Nursing composed of seven (7) members who shall elect among themselves a Chairperson to serve for one (1) term, without re-election. The President of the Republic of the Philippines shall appoint the members of the Board from among those recommended by the Commission and ranked from a list of three (3) nominees, per vacancy, of the accredited professional organization of nurses in the Philippines and who possess the qualifications in this Act. *Provided*, That the membership of the Board shall come from the different areas of nursing, including education, service, and community.

SEC. 6. Qualifications of the Members of the Board. – The members of the Board must possess the following qualifications:

- (a) Must be a natural born citizen and resident of the Philippines for the past five (5) consecutive years;
- (b) Must be a Nurse in the Philippines and a holder of a valid and updated certificate of registration and a current professional identification card;
- (c) Must be a holder of a master's degree in nursing or other health-related masteral program and preferably with a doctorate degree conferred by a university duly recognized and accredited by the government;
- (d) Must have at least ten (10) years of continuous practice of the nursing profession prior to appointment. *Provided*, That the last five (5) years of which must be in the Philippines; and
- (e) Must be of good moral character and has not been convicted of any offense involving moral turpitude.

Section 7. Prohibition as Member of the Board. – A member of the Board shall not hold a position nor have pecuniary interest in any educational institution offering BSN, any review or training center for the PNLE, training hospitals and health facilities with nursing affiliates.

Section 8. Term of Office. – The members of the Board shall hold office for a term of three (3) years. Any member of the Board may serve for two (2) terms or a maximum of six (6) years.

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

Section 10. *Compensation.* – The members of the Board shall receive compensation and allowances comparable to the compensation and allowances received by the members of other regulatory boards.

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

Section 12. *Powers and Duties of the Board.* – The Board shall supervise and regulate the practice of the nursing profession and shall have the following powers, duties and functions:

- (a) Ensure the proper conduct of the PNLE, which includes the application, test development, examination, correction and release of results. The use of appropriate technologies and modalities during the conduct of the PNLE is encouraged to enhance efficiency while upholding integrity;
- (b) Issue, suspend, revoke or reissue certificates of registration for the practice of nursing and ensure the widest publication through electronic and written media;
- (c) Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting the nursing practice in the Philippines, and exercise the powers necessary to ensure the maintenance of efficient, ethico-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 higher educational institutions offering and seeking permission to open nursing education programs and to ensure that standards of nursing education are properly complied with and maintained at all times. *Provided*, That the Board and the CHED shall have joint authority to open and close nursing education programs offered by higher educational institutions;
- (e) Create policies to govern nursing review programs, monitor and regulate implementation of such, and close institutions and centers that violate said policies;
- (f) Conduct hearings and investigations to resolve complaints against actively practicing nurses for unethical and unprofessional conduct and violations of this Act, or its rules and regulations and in connection therewith, issue *subpoena duces tecum* and *subpoena ad testificandum* to require the appearance of respondents and witnesses and the production of documents and penalize with

- contempt persons obstructing, impeding or otherwise interfering with the conduct of such proceedings, upon application with the Board of Nursing;
- (g) Promulgate a Code of Ethics that is responsive to the needs of the nursing profession in coordination with the APO of nurses within a year from the effectivity of this Act;
 - (h) Prescribe and operationalize, via necessary infrastructures, a National Nursing Career Progression Program to ensure continuing professional development of Filipino nurses, create the Council for Nursing Advancement, Recognition, and Specialization as well as the various Nursing Specialty Boards to assist the Board for this purpose;
 - (i) Ensure performance of mandated duties and functions with the provision of operational resources including human, financial and spatial resources to ensure the confidentiality and sanctity of their functions as provided through the annual budget of the Commission as promulgated in the General Appropriations Act;
 - (j) Source and utilize funds earmarked for national nursing development;
 - (k) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and influence authorities and agencies on decision-making as may be necessary for the improvement of nursing practice, advancement of the profession, and for the proper and full enforcement of this Act, subject to review and approval by Commission.
 - (l) Create a council for nursing recognition, accreditation and certification that will assist the Board in:
 - a. Recognizing organized nursing groups;
 - b. Setting standards for advanced nursing practice, education, research, and management;
 - c. Accrediting specialty and advanced nursing programs based on established mechanisms;
 - d. Approving criteria for credentialing individual registered nurse to be implemented by specialty associations; the Department of Health, or the University of the Philippines through its Health Sciences Center and the Philippine General Hospital, as the case maybe, for pioneering nursing specialization; and,
 - e. Monitoring and evaluating specialty and advanced nursing practice, education, research and management.

Section 13. *Annual Report.* – The Board shall, at the close of its calendar year, submit an annual report to the President and Congress of the Philippines through the Commission giving a detailed account of its proceedings and the accomplishments during the year and making recommendations for the adoption of measures that will upgrade and improve the conditions affecting the practice of the nursing profession

Section 14. *Removal or Suspension of Board Members.* – The President may remove or suspend any member of the Board, after due process, on the following grounds:

- (a) Continued neglect of duty or incompetence;
- (b) Commission or toleration of irregularities in the PNLE; and

- (c) Unprofessional, immoral or dishonorable conduct.

ARTICLE III

Examination and Registration

Section 15. *Philippine Nurse Licensure Examination (PNLE).* – In order to obtain a certificate of registration, professional license, and professional identification card, all nursing graduates must take and pass the PNLE. The Board shall administer the PNLE in such place and date as designated by the Commission: *Provided*, That no nursing educational institution may withhold any requirement or documents, or both, of any nursing graduate for the purpose of preventing them to apply for the PNLE. All nursing educational institutions must ensure that their nursing graduates will take the nearest scheduled PNLE after graduation. Any delay in taking the PNLE must be accordingly justified by the President, Registrar or Dean of the educational institution through a public instrument.

Section 16. *Scope of Examination.* – The Board shall determine the scope of the PNLE by taking into consideration the nursing core competencies, the nursing curriculum, the scope and areas of nursing practice, and other related disciplines.

Section 17. *Qualifications for Admission to the PNLE.* – In order to be admitted to the PNLE, an applicant:

- (a) Must be a holder of a Bachelor of Science in Nursing degree from a recognized educational institution that complies with the standards of nursing education duly recognized by CHED;
- (b) Must be of good moral character and have not been convicted, by final judgment, of any criminal offense involving moral turpitude or guilty of immoral or dishonorable conduct, or any person declared by the court to be of unsound mind; and,
- (c) Must be a citizen of the Philippines, or a citizen or subject of a country which permits Filipino nurses to practice within its territorial limits on the same basis as the subject or citizen of such country; *Provided*, that the requirements for the registration or licensing of nurses in said countries are substantially the same as those prescribed in this Act.

Section 18. *Fees for Examination and Registration.* – Applicants for licensure and for registration must pay the prescribed fees set by the Commission.

Section 19. *Ratings.* – In order to pass the PNLE, an examinee must obtain at least seventy-five percent (75%) of tested areas of all competencies.

Section 20. *Issuance of Certificate of Registration, Professional License and Professional Identification Card.* – A certificate of registration and professional license shall be issued to all successful examinees, subject to Section 15 of this Act. A

certificate of registration and professional license shall show the full name of the registrant, the signature of the Chairperson of the Commission, and the members of the Board, the certificate shall bear the logo of the Board and the official seal of the Commission.

The Commission shall likewise issue the professional identification card. The card must bear the following: full name of the registrant nurse, the serial number, the date of issuance and expiration, the Signature of the Chairperson of the Commission; date of registration.

Section 21. Oath of Profession. – All successful examinees must take an oath of profession before the Board or any government official authorized to administer oaths prior to entering upon the nursing practice.

Section 22. Roster of Nurses. – The Commission shall maintain a roster of nurses pursuant to the PRC Automated System, The Roster of Nurses shall serve as the centralized database for nursing professionals for purposes of documentation, verification of registrants, statistics, research, and development.

Section 23. Registration by Reciprocity. – The Board may issue a certificate of registration/ professional license, without examination, to a nurse registered under the laws of a foreign state or country: *Provided*, That the requirements for registration or licensing of nurse in said country are substantially the same as those prescribed under this Act: *Provided further*, That the laws of such state or country grants the same privileges to Professional Registered Nurse of the Philippines on the same basis as the subjects or citizens of such foreign state or country.

Section 24. Practice Through Special or Temporary Permit. – The Board may issue a special or temporary permit for specific period and purposes, to the following persons based on qualifications, and professional standards: *Provided*, That a completion report shall be submitted to the Board at the end of the specified period, either by those issued with the special permit or its local counterpart or sponsor, to wit:

- (a) Licensed nurses from foreign countries whose services are either for a fee or free if they are internationally well-known specialists or outstanding experts in any branch or specialty of nursing;
- (b) Licensed nurses from foreign countries who are engaged by colleges/ universities offering the nursing program as exchange professors in a branch or specialty of nursing; and
- (c) Licensed nurses from foreign countries who are in community or institutional integration, or international health advocacy work, or similar activities in the country, in coordination with a local people's or government organization, or advocacy group.

Provided, That no permit is required for foreign or licensed nurses from foreign countries on medical mission or those who come to aid during declared disasters and

calamities whose services shall be free in a particular hospital, center, clinic or community. This is only for the duration of the project or medical mission.

Section 25. *Non-registration and Non-issuance of Certificate of Registration, Professional License, Professional Identification Card, Special Permit or Temporary Permit.* – No person convicted by final judgment of any criminal offense involving moral turpitude or any person guilty of immoral or dishonorable conduct or any person declared by the court to be of unsound mind may be registered and issued a certificate of registration, professional license, professional identification card, or a special or temporary permit.

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

Section 26. *Revocation and Suspension of Certificate of Registration, Professional License, and Professional Identification Card and Cancellation of Special or Temporary Permit.* – The Board shall have the power to revoke or suspend the certificate of registration, professional license, professional identification card, or cancel the special or temporary permit of a nurse upon any of the following grounds:

- (a) Conviction, by final judgment, of any criminal offense involving moral turpitude or guilty of immoral or dishonorable conduct or any person declared by the court to be of unsound mind;
- (b) Violation of this Act, its policies, rules and regulations, and of the Philippine Code of Ethics for Nurses;
- (c) Gross negligence, grave misconduct, ignorance, and incompetence in the nursing practice;
- (d) Fraud, concealment, misrepresentation, or false statements in obtaining a certificate of registration, professional license, professional identification card, special permit or temporary permit;
- (e) Practice of the nursing profession pending suspension of license.

The suspension of the certificate of registration, professional license, and professional identification card shall be for a period not to exceed four (4) years.

Section 27. *Reinstatement and Re-Issuance of Revoked Certificates of Registration, Professional License, and Professional Identification Card.* – The Board may, after the expiration of a maximum of four (4) years from the date of revocation of a certificate of registration, professional license, and professional identification card, for reasons of equity and justice, and when the cause for revocation has disappeared or has been cured and corrected, upon proper application thereof and the payment of the required fees, reinstate and re-issue the certificate of registration, professional license, and professional identification card.

ARTICLE IV

Nursing Practice

Section 28. *Nursing Practice.* – The administration of nursing care through the utilization of the nursing process: assessment, nursing diagnosis, planning, implementation, and evaluation. Nursing practice encompasses various stages of human growth and development towards the.

+32 promotion of health, prevention of illness, health care techniques and procedures, restoration of health, alleviation of suffering, and end-of-life care, may it be performed independently or collaboratively.

Section 29. *Scope of Nursing Practice.* – The following are the scope of nursing practice:

- (a) nursing education;
- (b) nursing service;
- (c) nursing research and informatics;
- (d) nursing leadership and governance; and
- (e) community health nursing.

Section 30. *Nursing Care.* – Nursing care includes but is not limited to: the provision of physiological, psychological, spiritual, social and emotional care; essential health care, safety and comfort measures, health teachings; executing health care techniques and procedures; and, traditional and innovative approaches to individuals, families, population groups and communities from conception to death.

A nurse shall be deemed to be practicing nursing when he or she, singly or collaboratively, performs nursing care to individuals, families, population groups, and communities.

Section 31. *Roles, Responsibilities, and Competencies of a Nurse.* – A nurse shall possess and exercise the core competencies in the performance of the roles and responsibilities, in accordance with the standards set by the Board.

Section 32. *Requirement for Inactive Nurses Returning to Practice.* – Nurses are deemed to be inactive when:

- (a) They are not utilizing nursing competencies as defined in the scope of nursing practice for five (5) consecutive years;
- (b) They have not renewed their professional identification card for five (5) years; and
- (c) They do not have proof of five (5) years of continuous nursing practice.

Inactive nurses are required to undergo one (1) month didactic training and three (3) months practicum in a health setting accredited by the Board.

Section 33. *Right to Security of Tenure.* – All nurses shall enjoy security of tenure in their employment as provided by law. Their services can only be terminated for just or authorized causes provided by laws and subject to the requirements of due process: *Provided*, That if a nurse is found by the Department of Labor and Employment or the Civil Service Commission to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and to his/her back wages with twelve percent (12%) interest computed from the time his/her compensation was withheld from his/her up to time of reinstatement. In addition, all legal expenses incurred during the arbitration process shall be paid for by the employer.

Section 34. *Prohibition of Contractualization.* – All forms of contractualization and fixed term employment in both the public and private sector are hereby prohibited. Casual work, job-order, contract of service, subcontracting, outsourcing, labor-only contracting, agency hiring, job contracting, or the contracting out of a work by the employer to a contractor, manpower agency or a similar analogous entity, are hereby prohibited.

Direct-hiring of contractual nurses is also hereby prohibited. When the employer contracts or subcontracts the performance of a work that is necessary or desirable to the hospital or health facility, the worker or workers supplied by a third person or party under this paragraph shall be considered regular employees or employees of the principal employer.

Project-based employees are considered regular employees for the duration of the project. For this purpose, project-based employment refers to employment in an existing project or undertaking, the nature of which is temporary and the completion or termination has been determined and made known to the employee at the time of the engagement.

Section 35. *Minimum Salary.* – The minimum base pay of nurses working in the public sector, upon entry, shall not be lower than Fifty thousand pesos (P50,000.00) or equivalent to salary grade (SG) "19" of the latest Salary Standardization Law, whichever is higher. This is to enhance the general welfare, commitment to service, and professionalism of nurses. In the private sector, the minimum base pay for the nurses upon entry shall be equivalent to that of SG "19."; *Provided*, That for micro, small and medium private health facilities, the principal employer may apply for a subsidy program for the salary upgrade of its nurses for a maximum period of three (3) years, subject to the implementing rules and regulations of this Act.

Section 36. *Incentives and Benefits.* – Nurses in public and private sectors shall be provided with all applicable benefits, including overtime pay, night-shift differential, on-call pay; hazard pay subsistence allowance, housing facility or housing allowance and free annual physical examination, prescribed under existing laws, including Republic Act 7305 or the Magna Carta of Public Health Workers, Republic Act 11712 or the Public Health Emergency Benefits and Allowances for Health Care Workers Act and the Labor Code. *Provided*, That these incentives and benefits shall be paid in cash.

The State shall also enact and effectively implement a Magna Carta of Private Health Workers to protect the rights and welfare of the private health workers in the Philippines.

In addition, the Board, in coordination with the DOH, other concerned government and non-government institutions, association of hospitals and the APO, shall establish an incentive and benefit system in the form of free hospital care for nurses and their dependents, scholarship grants and other non-cash benefits.

Section 37. *Protection from Illegal Dismissal and Unjust Termination of Employment.* – No nurse shall be unjustly dismissed or illegally terminated from service pursuant to Articles 279-286, Book VI of the Labor Code.

Section 38. *Right to Self-Organization and Freedom of Speech and Assembly.* – All nurses have the basic right to organize, form or join associations, unions and organizations. Nurses shall have the right to freely form, join or organize all forms of actions, including the right to strike and other peaceful concerted activities, in order to defend and protect their basic rights and welfare, and to obtain redress of their grievances.

Provided, That nurses are encouraged to be members of APO and receive the benefits and privileges therefrom. *Provided, further,* That membership in other organizations of nurses shall not be barred. *Provided, finally,* That membership in an APO shall not be a requirement for hiring and promotion of nurses in their respective employment.

Section 39. *Protection from demotion without just cause.* – In no case shall a nurse be demoted in rank, duties and responsibilities without just cause, whether or not it will result in diminution of salaries and/or benefits.

Section 40. *No Diminution of Benefits.* – Nothing in this Act shall be construed to reduce any existing allowances and benefits of any form under existing laws, decrees, executive orders, issuances, rules and regulations.

Section 41. *Continuing Professional Development (CPD).* – Nurses shall be encouraged to undertake Continuing Professional Programs (CPD). The Board shall provide a mechanism to continuously improve and enhance the nurses' competence by updating them on the latest scientific, technological, ethical and other applicable trends in the local and global practice of nursing.

It shall be the duty of the APO, the accredited specialty organizations, the Department of Health, the University of the Philippines through its Health Sciences Center and the Philippine General Hospital, public and private hospitals and health facilities to provide free continuing professional development programs to its employees and members. Other than those aforementioned, only authorized providers

accredited by the Board shall be allowed to offer CPD programs. Such accredited programs, however, shall be offered free to its constituents.

Provided, That CPD units shall not be a mandatory requirement in the renewal of the professional identification card. *Provided, further*, That attending CPD sessions shall be considered as a working day and shall not be deducted from leave credits.

ARTICLE V

Nursing Education

Section 42. *Nursing Education.* – Nursing Education refers to the formal learning and training in the science and art of nursing provided by higher educational institutions duly recognized and accredited by the CHED.

There shall be a standard Basic and Graduate Program for Nursing Education which must be pursuant to the Republic Act 7722 or the Higher Education Act of 1994.

Provided, That higher educational institutions offering Nursing education shall be required to maintain a passing rate of least 40% in the PNLE among its graduates. Failure to do so in three consecutive years shall be a cause for the closure of the nursing program in accordance with Section 12 (d) of this Act.

Section 43. *Basic Program for Nursing Education.* – Basic Program for Nursing Education refers to the nursing education program primarily designed based on the health care needs of the Filipino people, imbues graduate nurses with service orientation, love of country and fellow Filipinos, and equips them with the necessary knowledge, skills and attitudes for safe, relevant and quality nursing practice.

The curriculum and the Related Learning Experiences (RLE) must be in accordance with the National Nursing Core Competency Standards promulgated by the Board and implemented through the Policies, Standards, and Guidelines of the CHED. The curriculum and RLE should include community integration and immersion to encourage more graduates to work in community settings.

Section 44. *Graduate Program for Nursing Education.* – Graduate Program for Nursing Education refers to the post baccalaureate nursing program, which builds on the experiences and skills of a nurse towards mastery, expertise, and leadership in practice, research, and education. It includes a master's degree and doctorate degree in nursing founded on the philosophies, and the scientific body of knowledge and practice.

Graduate Program for Nursing Education shall be offered only in higher educational institutions as prescribed by the prevailing CHED Policies, Standards and Guidelines (PSG) for Graduate Education.

Section 45. *Qualifications of the Dean.* – The Dean of the College of Nursing (Dean)

shall formulate policies and plans in collaboration with the administration/school officials and stakeholders. The Dean must adhere to the prescribed curriculum for the advancement of nursing education.

The Dean:

- (a) Must be a holder of a certificate of registration and a current professional identification card issued by the Commission;
- (b) Must have the appropriate certificate of nursing proficiency, or its equivalent, to be issued by the BON;
- (c) Must be a holder of a master's degree in nursing, conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines;
- (d) Must have at least five (5) years of experience in teaching and supervision in Nursing Education; and
- (e) Must have at least three (3) years clinical experience in a general nursing service.

Section 46. *Qualifications of the Faculty.* –

- (a) Basic Program for Nursing Education. - A member of the faculty in a College of Nursing teaching professional courses:
 - (1) Must be a registered nurse in the Philippines and holder of a certificate of registration and a current professional identification card issued by the Commission;
 - (2) Must have at least three (3) years of nursing practice;
 - (3) Must be a holder of any masteral degree, conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines; and
 - (4) Must have the appropriate certificate of nursing proficiency, or its equivalent, to be issued by the BON.
- (b) Graduate Program for Nursing Education. - A member of the faculty teaching graduate professional courses:
 - (1) Must follow prescriptions 1 and 2 of basic nursing education; and
 - (2) Must be a holder of must be a holder of any doctoral degree conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines.

Section 47. *Faculty-to-Student Ratio.* – The CHED and the BON shall determine the appropriate and ideal faculty-to-student ratio.

ARTICLE VI
Nursing Service

Section 48. *Nursing Service.* – Nursing Service refers to the promotion of health, general well-being and prevention of illness which includes, but not limited to, nursing care provided by a nurse, either independently or collaboratively, to any individual, family or group in various health care settings.

Nursing Service shall include the following functions:

- (a) Provide health education to individuals, families and communities;
- (b) Ensure that information on healthy lifestyle are incorporated in his or her health teachings, including:
 - (1) Seeking opportunities to promote a healthy lifestyle within his or her influence; and
 - (2) Accepting that he or she is a role model for a healthy lifestyle;
- (c) Enable people to increase control over their health and to improve health;
- (d) Build healthy public policy;
- (e) Create supportive environment;
- (f) Strengthen community action for health; and
- (g) Establish linkages with community resources and coordination of services with the health team.

Section 49. *Nursing Interventions.* – In accordance with Sections 28 and 30, nursing interventions include, but is not limited to: any or combination of essential primary health care, the application of traditional and innovative approaches, health counseling, and administration of written prescription for treatment, therapies, oral, topical, and parenteral medications, perform peripartal care covering pre-intra- postpartum care including the performance of internal examination during labor in the absence of antenatal bleeding, attend to normal delivery and suturing of perineal laceration and immediate care of the newborn; perform perioperative care covering pre-intra-post-surgical care interventions; care during emergency and disaster.

Section 50. *Health Interventions in Collaboration with Other Members of the Health Team.* – From promotion of health to end-of-life care, nurses shall collaborate with other members of the health team.

ARTICLE VII

Nursing Research, Policy Development, and Planning

Section 51. *Nursing Research and Policy Development.* – Nursing Research and Policy Development shall involve study and pursuit of nurse related issues encompassing the following areas:

- (a) Professional nursing practice such as advancing nursing knowledge to ensure quality nursing care for all and advocacy for sound health policies globally;
- (b) Nursing regulation on credentialing, code of ethics, standards and competencies; and

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

Section 52. *Studies and Implementation of Nursing Human Resource Needs, Production, Utilization and Development.* – The Board, in coordination with the accredited professional organization and appropriate government or private agencies, shall initiate, undertake and conduct studies on healthcare human resources production, utilization and development and take the lead in the implementation of a comprehensive nursing human resource development from nursing education to nurses deployment.

ARTICLE VIII

Nursing Leadership and Governance

Section 53. *Nursing Leadership.* – Nursing is a dynamic field that requires leaders who will go through the changing aspects of the health sector as they are part of the workforce that will toil and labor for the improvement of the health of the citizenry. Nurses adapt to specific roles in organizational structure, from being the policy makers in health facilities and giving guidance to senior management on best practices in nursing and patient care. They work with healthcare leaders to establish compensation and benefit programs and are involved in nurse recruitment, training and retention. Thus, nurses in the management positions shall develop patient-care programs, manage nursing budgets, plan new patient services, establish nursing policies and procedures, participate in cross-departmental decision making, conduct performance improvement activities and represent the scope of nursing practices at Board of director meetings and other stakeholder.

Section 54. *Nursing Governance.* – Governance in nursing practice is shifting from the traditional view that nurses are subordinate and passive employees towards having more proactive involvement of taking charge of the organization to be the antecedent in decision making and implementation of plans and policies for the patients and communities. Governance in the practice of nursing shall empower each nurse in decision-making over their professional practice while extending their power and control over the administrative aspect of their practice.

ARTICLE IX

Nursing Personnel System

Section 55. *Nursing Personnel System.* – The Nursing Personnel System shall cover the following fields: nursing service administration in the hospital setting, community health practice, and the academe.

There shall be a nursing service office in every health institution, may it be administrative or clinical, with at least ten (10) nurses. The nursing service office must be under the control and management of a chief nursing officer. *Provided,* That the

number of required nursing staff of the institution shall not count the number of staff of the nursing service office that does not do actual bedside nursing care. *Provided, further,* That the staff of the nursing service office are entitled to allowance for leaves and education leaves.

The functions of the nursing service office shall include the following:

- (a) Monitor and ensure that the standards of the nursing practice are being observed and implemented, including the safe nurse-to-patient ratio;
- (b) Ensure that the nurses are protected against precarious work, inhumane work conditions, violence, harassment, threat and intimidation; and
- (c) Cooperate with unions and labor associations to advance the welfare of nurses and address issues of violations under this Act.

Section 56. *Safe Nurse-to-Patient Ratio.* – The ratio of staff nurse to patient in a hospital setting shall be based on patient acuity, the complexity of patient health status, and the environment by which care is delivered. Staffing ratio shall also consider the presence or absence of significant others responsible in the care of the patient such as the patient's immediate relative and other licensed or unlicensed personnel. Based on the foregoing assumption, the prescribed patient load for a nurse shall be the following:

General Ward - 1:6
Emergency Room – 1:4
Trauma/ICU patients in the ER – 1:2
Ante-partum – 1:4
Labor and Delivery – 1:2
Post-partum with Rooming-in babies - 1:4
Neonatal Intensive Care – 1:2
Operating Room (not including the circulating support staff) – 1:1
Post Anesthesia Care – 1:2
Intensive/Critical/Special Care – 1:1

The ratios are the maximum number of patients assigned to a nurse at any time during a shift. A non-registered nurse or attendant shall not be allowed to substitute for the duties and responsibilities for a full-time registered nurse.

There shall be a safe nurse to population ratio: at least one nurse for every barangay; one nurse for a school or school district, high school or college with at least 2,000 pupils or students; one nurse for every business/industrial establishment with at least 400 employees.

The Department of Health, in coordination with the officials of public hospitals and health facilities, APO, and accredited specialty organizations, shall review and update the existing standard staffing pattern for public hospitals and other public health facilities, and make proposals for additional plantilla items for nurses to reflect the safe nurse-to-patient ratio.

Section 57. *Nursing Service Management.* – Nursing Service Management refers to the Management and Administration of Nursing Services by Nurses equipped with the necessary competencies on governance and leadership characterized to wit:

- (a) First Level Manager or Head Nurse;
- (b) Second Level Manager or Nurse Supervisor; and
- (c) Third Level Manager, Chief Nursing Officer or Chief Nurse Executive.

Section 58. *First Level Manager or Head Nurse.* – First Level Manager or Head Nurse is in-charge of the planning, organizing, directing and controlling of a particular ward, nursing unit or section of a hospital or health facility. He/She must have at least 12 units of postgraduate studies leading to any master's degree.

Section 59. *Second Level Manager or Nurse Supervisor.* – Second Level Manager or Nurse Supervisor is in charge of the planning, directing and controlling of a specific nursing specialty or nursing unit or geographical aggrupation of a hospital, health facility, healthcare institution, or health care company. It may range from a loosely-aggregated nursing units, shift (e.g. afternoon or night shift supervisor) or up to chief of an organizational division of the healthcare institution. The person holding this position shall have at least 24 units of post-graduate studies or at least with any masteral degree or equivalent, for chief of a division and must have at least three (3) years of related experience as first level manager or head nurse.

Section 60. *Third Level Manager, Chief Nursing Officer (CNO) or Chief Nurse Executive.* – The nursing service and delivery of healthcare in a hospital, community set-up or any health care institution or company must be under the control and management of the Third Level Manager, Chief Nursing Officer (CNO) or Chief Nurse Executive, otherwise called as the Chief Nurse, Nursing Director or Nurse Executive, or equivalent, as recognized by the Civil Service Commission.

The CNO shall carry full administrative responsibility and shall have the authority on planning, organizing, directing, and controlling of nurses. A CNO must have at least five (5) years of experience in relevant nursing practice setting. In addition, the CNO must be a master's degree holder in relevant nursing practice setting, conferred by an educational institution duly recognized and accredited by the Government of the Philippines.

The CNO is responsible for the formulation of policies, strategic and operational planning, financial plan and resource allocation, policies and procedure development, professional and organizational involvement to address epidemiologic problems and provide statistical data, and shall exercise good governance and accountability of the nursing personnel. The CNO shall also act as the advocate for the rights and welfare of nurses.

To ensure full professional autonomy, the CNO shall be at the executive level reporting directly to the Chief Executive of the hospital, public health or community

set-up, or any health care institution or company. In an institution where the nurse or nursing personnel is only part of a small health service unit, the Chief Executive of such agency or company shall ensure that the nurses are afforded professional autonomy in the performance of their duty as nurses.

Section 61. *Public Health Practice.* – Nursing service shall be organized and operationalized in every local health agency in order to ensure the nursing component of public health programs. Thus, having at least one nurse in every barangay shall be the thrust of public health in order to provide accessible, available, and affordable quality health care to all. More so, having a nurse in every school, may it be private or public, shall be prioritized in every primary, secondary and tertiary educational institutions in order to instill health awareness at an early stage and to improve the health status of the students.

Section 62. *The Public Health Nurse (PHN).* – The PHN shall perform the functions and activities of health promotion, such as the prevention and treatment of various diseases and illnesses in a particular public setting. The PHN shall exercise a supervisory role to the midwives and barangay health workers within her catchment area. The PHN shall initiate and participate in developing policies and guidelines to promote basic nursing services.

ARTICLE X

Prohibited Acts and Penal

Section 63. *Prohibited Acts.* – Any of the following shall constitute unlawful and illegal acts:

(a) Any person who is practicing the nursing profession in the Philippines:

- (1) Without a certificate of registration, professional license, professional identification card, special permit or temporary permit or without having been declared exempt from examination in accordance with the provision of this Act;
- (2) Who uses a certificate of registration, professional license, professional identification card, special permit or temporary permit of another;
- (3) Who uses an invalid certificate of registration, professional license, a suspended or revoked certificate of registration, professional license, or an expired or cancelled special or temporary permits;
- (4) Who, by any means of misrepresentation, false evidence, or concealment, obtained a certificate of registration, professional license, professional identification card, special permit or temporary permit;
- (5) Who falsely poses or advertises as a registered and licensed nurse or uses any other means that tend to convey the impression that he/she is a registered and licensed nurse;

- (6) Who appends "Nurse", "Nars", or "Nrs." before his or her name or B.S.N./R.N. (Bachelor of Science in Nursing/Registered Nurse) after his or her name without having been conferred said degree or registration; or
- (7) Who, as a registered and licensed nurse, abets or assists to the illegal practice of a person who is not lawfully qualified to practice nursing;

(b) Any natural or juridical person, educational institutions offering BSN without full compliance with the requirements prescribed by law, conducts review classes for both local and foreign examination without permit/clearance from the Board and the Commission, or conducts Continuing Professional Development for nurses without accreditation from the Board; Or any natural or juridical person or health facility who undertakes or offers *in-service* training programs, for a fee and without permit/clearance from the Board and the Commission;

(c) Any natural or juridical person or health facility who subscribes to substandard quality of nursing care and/or nursing practice, such as non-compliance with the safe nurse-to-patient ratio;

(d) Any natural or juridical person, health facility who exercises and promotes precarious working conditions to nurses, such as, but not limited to, the following:

- (1) Contracting or availing of the services of a nurse either without salary, for allowance, for salary below the applicable wage prescribed under this Act, whether or not under the pretext of a training, development program, certification course and/or seminar;
- (2) Depriving or denying a nurse of the rights, incentives and benefits as provided for by the existing laws;
- (3) Collecting any fees from a nurse or from any person or agent in his or her behalf in exchange for a nurse's voluntary services in a health facility;
- (4) Requiring or obliging a volunteer nurse to perform the regular work functions and/or regular workload expected from a regular staff nurse employed by the health facility without proper compensation, to render full-time service as a condition for the continued availment of his/her volunteer services, and/or to be the sole nurse on duty, except during disasters, calamities, and war;
- (5) Contracting or availing of the services of a volunteer nurse, under the pretext of OJT, contract of service, and/or job orders, in order to fill-up a vacant position that requires the hiring of a full-time regular employed nurse, or for free in exchange for any type of certification to be issued by the health facility for purposes of the nurse's employment application; or
- (6) Contracting or availing of the services of a nurse, under the pretext of training or certification course, but requires the nurse to render the tasks and responsibilities expected of a regular staff or public health nurse.

(e) Any violation of the provisions of this Act.

Section 64. *Sanctions.* – A fine of not less than One hundred thousand pesos (P100,000,000.00) but not more than Three hundred thousand pesos (P300,000,000.00) or imprisonment of not less than one (1) year but not more than six (6) years, or both, upon the discretion of the court, shall be imposed upon violation of any prohibited acts enumerated in Section 63 (a) hereof.

A fine of not less than Three hundred thousand pesos (P500,000,000.00) and/or imprisonment of not less than one (1) year but not more than six (6) years shall be imposed upon violation of any prohibited acts enumerated in Section 63 (b), (c), (d), and (e) hereof. In addition, suspension or revocation of license to operate may be granted upon the discretion of the court.

Section 65. *Refund and Compensation.* – Any nurse found to have been a victim of Section 63 (d) hereof shall be entitled to a full refund of all fees illegally collected and payment of unpaid salary, which should not be less than the applicable wage for services rendered.

Section 66. *Liability of the Agency.* – In cases of violations committed by government agencies, juridical persons, including local government units or any other entity, and for any untoward incident that may result from violations of Section 63 (b), (c), (d), and (e), the head of the agency and Board of Directors or executive officials of the agency shall assume full responsibility.

Provided, That in no case shall the individual nurse be held liable for untoward incidents that may result from the violations of the juridical persons/agency.

ARTICLE XI

Miscellaneous

Section 67. *Implementing Agencies.* – The Department of Health is hereby designated as the agency tasked with monitoring the compliance with and implementation of the provisions of this Act by public health facilities. The Department of Labor and Employment is designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by private health facilities. The Commission and the Board is designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by educational institutions, CPD providers and health facilities. The CHED is similarly designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by educational institutions with regard to nursing education programs and its curriculum.

Section 68. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be charged to the General Appropriations Act immediately upon effectivity hereof.

Section 69. *Implementing Rules and Regulations.* – Within ninety (90) days after the effectivity of this Act, the Board of Nursing and the Department of Health shall jointly take the lead in the formulation of the Implementing Rules and Regulations. Representatives from the Civil Service Commission, the Department of Budget and Management, the Department of Labor and Employment, the Department of Interior and Local Government, the Commission on Higher Education, the Professional Regulation Commission, the UP College of Nursing and the Nursing Service of the Philippine General Hospital, the Department of Education, the accredited professional organization, the nursing unions and nursing specialty organizations, the Union of Local Authorities of the Philippines, and all other concerned nursing organizations and government agencies, shall be part of the body that shall formulate the implementing rules and regulations of this Act.

Provided, That the full implementation of the provisions contained in this Act pertaining to the Nursing Board, Examination and Registration, Practice, Education, Service, Research, Policy Development, and Planning, Leadership and Governance, and Personnel System, shall be within five (5) years from the passage of this Act.

Provided further, That the Implementing Rules and Regulations shall become effective fifteen (15) days after publication in the *Official Gazette* or in a newspaper of national circulation.

Section 70. *Separability Clause.* – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

Section 71. *Repealing Clause.* – Republic Act 9173, otherwise known as the "Philippine Nursing Act of 2002" is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

Section 72. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved,