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REPUBLIC OF THE PHILIPPINES)
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HOUSE OF REPRESENTATIVES

*Introduced by Representative Rufus B. Rodriguez and
Representative Maximo B. Rodriguez, Jr.*

House Bill No. **2437**

EXPLANATORY NOTE

Nurses are essential and valuable to the healthcare of all Filipinos. At almost 500,000 strong, nurses comprise approximately 60% of the total human resource for health (HRH) in all settings of healthcare delivery. They are the core providers of safe, quality and equitable care by applying evidence-based and coordinated care to patients, families, population groups, and communities. Nurses are care integrators, working in partnership with health and non-health care team members and networks using innovative, nurse-driven and contextualized client/patient care models.

Equipped with the needed competencies in the science of care, organizational skills, and a strong commitment to address safety risks and promote population health, nurses have established themselves as the backbone of the health system, significantly contributing to national health. They are crucial to the achievement of national targets in ensuring patient safety, health, wellness, and management of communicable and non-communicable diseases, disaster preparedness and resilience, and the successful delivery of Universal Health Care.

However, despite having 467,053 active nurse professionals in the country (PRC Information Communication Technology Services, August 6, 2020), there are persistent quantity and distribution challenges adversely affecting the number of nurses needed to meet population needs stemming from a lack of plantilla positions, migration, geographic maldistribution, unjust compensation, and poor working conditions (Dayrit et al., 2018). In the advent of global and national challenges, there is a dire need to ensure that nurses are empowered, enabled, and supported by policies that optimize their impact through effective leadership, sound workforce and workload management, healthy practice environments, and a scope of practice that is responsive to the needs of the Filipino people.

As such, this bill seeks to protect and care for nurses through just employment, welfare, compensation, and practice environments through: (1) strengthening the regulation of the profession through the empowerment of the Professional Regulatory Board of Nursing, (2) ensuring top level leadership in nursing regulation, education, service and research, (3) promoting competent and credentialed professionals through continuing professional development and career progression, (4) ensuring safe staffing and nursing skill mix for quality care through the institutionalization of the Nursing Human Resource for Health Management System (NHRHMS) in all settings and sectors, and (5) preparing, credentialing, and recognizing nurses for advanced practice in nursing to meet the gap created by increasingly complex healthcare needs, the strong focus of universal healthcare on primary care, and the need to reach Filipinos in inaccessible or underserved settings.

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


RUFUS B. RODRIGUEZ


MAXIMO B. RODRIGUEZ, JR.

HOUSE OF REPRESENTATIVES

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House Bill No. **2437**

AN ACT

**PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS A QUALITY
HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS THEREFOR**

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

**ARTICLE I
GENERAL PROVISIONS**

SECTION 1. Title. – This Act shall be known as the " New Philippine Nursing Practice Act".

SEC 2. Declaration of Policy. – In pursuit of the constitutional mandate that Health is a right of every Filipino, it is hereby declared as the policy of the State to uphold the welfare of the healthcare workers as an important instrument in the achievement of the Universal Health Care (UHC) through Primary Health Care. It is likewise declared as the policy of the State to uphold the dignity of and respect for nurses and to improve the practice of the nursing profession by instituting measures to promote comprehensive and relevant nursing practice standards, just and humane working conditions to ensure the health and safety of the public, as well as the professional growth of nurses. Nurses comprise a great majority of the healthcare workers both in the institutional and community levels. Thus, the State recognizes nurses as prime movers of national development and contributors to international cooperation and understanding.

The State furthermore guarantees the delivery of accessible, affordable, and available quality healthcare through the implementation of an adequate and comprehensive Nursing Human Resource for Health Management System (NHRHMS) throughout the country.

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

- (a) Accredited Integrated Professional Organization (AIPO) refers to the national professional organization of nurses duly accredited by the Professional Regulation Commission (PRC);
- (b) Bachelor of Science in Nursing (BSN) refers to the baccalaureate program that provides sound and liberal education that equips graduates with competencies for registration as a professional and is the sole required academic standard for entry into nursing practice in the Philippines, in accordance with the appropriate qualification framework. The BSN program is effectively promulgated under the enabling Policies, Standards and Guidelines (PSG) prescribed and issued by the Commission on Higher Education (CHED);
- (c) Career Progression and Specialization Council for Nursing (CPSCN) refers to the body deputized by the Professional Regulation Commission (PRC) to develop differentiated nursing-level standards, establish mechanisms and criteria for credentialing of specialty organizations and interest groups, certification of individuals at different levels of Post Baccalaureate nursing and advanced practice for recommendation to the Board;

- (d) Career Progression and Specialization Program for Nurses (CPSPN) refers to the Program of differentiating nursing-level standards, the system of credentialing specialty organizations and interest groups, and certification of individuals at different levels of practice, recognized by the PRC and the Board;
- (e) Certification refers to the process of validating achievements through a variety of measures and assessment strategies to confirm or attest to the competency of an Advance Practice Nurse (APN) upon completion of a specialty program or Continuing Professional Development (CPD) program, or both. The certification is issued by the Board and the PRC upon endorsement of the specified recognized and credentialed specialty organization in accordance with the PSG;
- (f) Chief Nursing Officer (CNO) refers to the highest nursing administrative and clinical official in healthcare facilities. The CNO is responsible for leading and coordinating an organization's nursing services and its daily operation. The CNO is the primary spokesperson for nurses in the facility and must be a registered nurse;
- (g) Clinical Practice refers to any professional practice rendered in any healthcare setting like institutional, public health, and any healthcare industry;
- (h) Credentialing refers to the formal recognition of a specialty organization or interest group conferred by the PRC and the Board upon the recommendation of the CPSPN after complying with the PSG;
- (i) Decent Work refers to aspirations by people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development, psychological well-being and social integration freedom for people to express their concerns, organize and participate in decisions that affect their lives, and equality of opportunity or treatment regardless of ethnicity, gender, position, or religion;
- (j) Expanded Role refers to the broadening of the roles of an APN by virtue of the nurse's expertise and professional scope of nursing practice. An APN has a recognized role autonomy within a specialized field of practice;
- (k) Geographically-Isolated and Disadvantaged Areas (GIDAs) refer to barangays specifically disadvantaged due to the presence of both physical and socio-economic factors;
- (l) Health Facility refers to a public or private institution, establishment or clinic devoted primarily to the provision of services that include the following: nursing, health promotion, prevention of illness, diagnosis, treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury or disability, or deformity, or in need of obstetrical, psychiatric or other medical and nursing care, and includes hospitals, barangay health centers, and other clinics;
- (m) Individual-based Health Services refer to services which can be accessed remotely or within a health facility that focuses primarily on treating individuals;
- (n) National Chief Nursing Officer (NCNO) refers to the highest-ranking nursing official of the Department of Health (DOH) whose main function is to promote safe nursing and quality standards and implement nursing policies for both the public and private sectors. The responsibility of the NCNO is to assist the government to achieve the health goals of the country through expert advice based on timely accurate local data and national and international evidence, and by promoting quality nursing standards in the nursing profession and the healthcare industry;
- (o) Nurse refers to a person duly registered and licensed to practice the nursing profession, with all the rights and privileges appurtenant thereto;
- (p) Nursing care refers to the physiological, psychological, spiritual, social and emotional care, essential health care, safety and comfort measures, and health teachings; execution of health care techniques and procedures and traditional and innovative approaches to individuals, families, population groups and communities, from conception to death.;
- (q) Nursing Human Resource for Health Management System (NHRHMS) refers to an organized human resource management and development information system based

- in the DOH and directed by the NCNO, that provides meaningful data used to support policies affecting nurses and nursing;
- (r) Nursing practice refers to various stages of development towards the promotion of health, prevention of illness, health care techniques and procedures, restoration of health, alleviation of suffering, and end-of-life care. It encompasses the care of clients in various stages of human growth and development from conception, labor, delivery, infancy, childhood, toddler, pre-school, school age, adolescence, adulthood to old age, be it performed independently or collaboratively with other professions.
 - (s) Nursing Service refers to an office within a public or private healthcare institution, responsible for administrative and clinical supervision of nurses and nursing personnel, headed by a CNO;
 - (t) Patient Acuity refers to the intensity of care provided to a patient by a registered nurse or the use of patient classification systems that can forecast patient care requirements for nursing care to manage nursing personnel;
 - (u) Philippine Professional Nursing Practice Standards (PPNPS) refers to the authoritative statements of the core competencies and duties that all registered nurses, regardless of role, designation, or specialty, are expected to perform. It also promotes, guides, and directs professional practice;
 - (v) Philippine Professional Nursing Roadmap (PPNR) refers to a program towards good governance of the nursing profession– The goal of which is to develop and promote a culture of excellence and dynamic leadership in Philippine nursing. The Roadmap is anchored on five initiatives: collaborative partnership, competency enhancement, linkages, social impact, embedding the core values and positive qualities of the Filipino Nurse;
 - (w) Population-based Health Services refer to interventions such as health promotion, disease surveillance, and vector control, which have population groups as recipients;
 - (x) Positive practice environment refers to a practice setting that promotes economic welfare, professional autonomy, job satisfaction and retention of nurses by ensuring safe staffing, managerial support, professional development, occupational safety and psychological health and prevention of workplace violence to promote patient and nurse safety;
 - (y) Precarious work refers to working conditions which are contingent, atypical or non-standard. It is usually characterized by uncertainty of employment including diminution or change in position, employment status, multiple possible employers or a disguised or ambiguous employment relationship, lack of access to social protection benefits usually associated with employment, low pay and substantial legal and practical obstacles to joining a trade union and bargaining collectively
 - (z) Primary Care refers to initial-contact, continuous, comprehensive and coordinated, and culturally appropriate care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary;
 - (aa) 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 national to local Health Care Delivery System (HCDS), which include rural health units (RHUs) and Barangay Health Centers; research facilities such as the Research Institute for Tropical Medicine, and the like; training resource facilities such as the University of the Philippines College of Public Health and State or Local Colleges or Universities offering health-related programs; the DOH and all retained health facilities, and the like;
 - (bb) Return Service Agreement refers to an agreement whereby graduates of the nursing course who are recipients of government-funded scholarship programs are required to serve in priority areas in the public sector, subject to the conditions prescribed by R.A. No. 11223, otherwise known as “The Universal Health Care Act”;

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

ARTICLE II BOARD OF NURSING

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

SEC 5. Mission of the Professional Regulatory Board of Nurses – The mission of the Board is to protect and promote the welfare of the people of the Philippines by ensuring that each person holding a license as a nurse in the Philippines is competent to practice the nursing profession safely. Pursuant thereto, the Board shall regulate the practice of nursing and in collaboration with the CHED, review and approve nursing education programs to be offered by authorized higher education institutions.

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

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

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

SEC 7. Prohibition as Members of the Board. – The Members of the Board shall not, at the time of their appointments and during their incumbency, hold any position nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review or training center for the PNLE, training hospital or health facility with nursing affiliates, and is not an officer of the AIPO.

SEC 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 a maximum of two (2) terms or a total of six (6) years, or until their successors shall have been appointed and qualified.

SEC 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.

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

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

SEC 12. Administrative Supervision of the Board, Custodian of its Records, Secretariat and Support Services. – The Board shall be under the administrative supervision of the PRC. 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 PR C. The PRC shall designate the Secretary of the Board and shall provide the secretariat and other support services to implement the provisions of this Act.

SEC 13. 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, including the evaluation of examination applications, test development, administration of the examination, correction and release of the results thereof. The use of appropriate technologies and modalities on the conduct of the PNLE is encouraged to enhance efficiency while upholding integrity;
- (b) Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting nursing practice in the Philippines, and exercise the powers necessary to ensure the maintenance of efficient, ethico-moral technical and professional standards in the practice of nursing towards the optimal health and common good of the nation;
- (c) Ensure quality nursing education together with CHED by examining and monitoring HEI-offerings and seeking permission to OPEN NEW nursing education programs to guarantee that the standards of nursing education are properly complied with and maintained at all times.
- (d) Promulgate a Code of Ethics and Ethical Standards that is responsive to the needs of the nursing profession, in coordination with the APO for nurses, within one (1) year from the effectivity of this Act;
- (e) Prescribe and operationalize a Career Progression and Specialization Program for Nursing (CPSPN) to ensure the continuing professional development of nurses including recognition and credentialing of organized nursing groups and certification of advanced practice nurses;
- (f) Work in partnership with the appropriate agencies to identify and utilize resources earmarked for national nursing development;
- (g) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and to submit recommendations to authorities and agencies to aid in policy formulation and 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 the review and approval of the PRC;
- (h) Spearhead and oversee the Philippine Profession Nursing Roadmap;
- (i) Conduct hearings and investigations to resolve complaints against nurses for unethical or unprofessional conduct or any violation of this Act, or its rules and regulations, and in connection therewith: issue subpoena ad testificandum or subpoena duces tecum, or both, to require the appearance of respondents and witnesses or the production of documents, or both and to penalize for contempt persons obstructing, impeding or otherwise interfering with the conduct of such proceedings, upon application with the regular courts;
- (j) Issue, suspend, revoke or reinstate certificate of registration and special temporary permits for the practice of nursing; and

- (k) Ensure performance of mandated duties and functions.

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

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

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

ARTICLE III EXAMINATION AND REGISTRATION

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

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

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

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

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

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

SEC 21. Issuance of Certificate of Registration and Professional Identification Card. – The certificate of registration and professional identification card shall be issued to all successful examinees, upon compliance with all the requirements for registration. The certificate of registration shall show the full name of the registrant, certificate of registration

number, and date of initial registration. The same must be duly signed by the Chairperson and Members of the Board and the Chairperson of the PRC, with their corresponding seals.

The professional identification card shall bear the full name of the registrant, the certificate of registration number, date of initial registration, and date of the expiration, and which must be duly signed by the Chairperson of the PRC. The professional identification card shall be renewed every three (3) years upon satisfaction by the applicant of the requirements set by the PRC, including the payment of the required fees and compliance with the Continuing Professional Development (CPD) requirement.

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

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

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

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

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

- (a) Registered or Licensed Nurses of foreign citizenship: (i) whose services are either for a fee or free if they are internationally well known specialists or outstanding experts in any branch or specialty in nursing; (ii) who are on medical mission whose services shall be free in a particular hospital, center or clinic; (iii) who are engaged by HEIs offering the BSN program as exchange professors in a branch or specialty of nursing; or (iv) who come to provide aid during declared disasters and calamities.
- (b) Nursing graduates with Philippine citizenship who may render nursing service during epidemics or national emergencies under the supervision of a registered and licensed nurse: Provided, That they have graduated within the last five (5) years prior to the occurrence of the epidemic or national emergency in which they shall serve.

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

A completion report shall be submitted to the Board and the PRC after the conduct of such project, medical mission, engagement or contract. In the case of nurses of Philippine citizenship who rendered services during an epidemic or national emergency, the completion report shall be submitted by the registered nurse authorized to supervise them.

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

SEC 27. Non-Registration and Non-issuance of Certificate of Registration, Professional Identification Card, Special Temporary Permit. – Any person who has been convicted by final judgment of any criminal offense involving moral turpitude or found guilty of immoral or dishonorable conduct or judicially declared to be of unsound mind shall not be registered and issued a certificate of registration, professional identification card, or a special temporary permit.

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

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

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

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

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

ARTICLE IV NURSING PRACTICE

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

Nurses are primarily responsible for the promotion of health and prevention of illness. Nurses shall collaborate with other health care providers for the promotive, preventive,

curative and rehabilitative aspects of care, restoration of health, alleviation of suffering and when recovery is not possible, in the provision of palliative and end-of-life care.

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

- (a) Provide nursing care through the conscientious observance of the nursing process and established protocols. Basic nursing care is holistic care which includes, the provision of physiological, psycho-social, emotional and spiritual care. This shall comprise any or combination of essential primary health care, the application of traditional, complementary, and innovative approaches, the therapeutic use of self-rendering health care procedures and interventions; safety and comfort measures, health education, health counselling and administration of written prescription for treatment, therapies, oral topical and parenteral medications, performance of periparturient care covering pre-intra-postpartum care including the performance of internal examination during labor in the absence of antenatal bleeding, management of normal delivery and suturing of perineum; laceration and immediate care of the newborn; performance of perioperative care covering pre-intra-postoperative care intervention; provision of life-saving interventions during emergency and disasters; palliative and end-of-life care;
- (b) Provide advanced nursing care based on the Career Progression Specialization Program for Nursing (CPSPN) and the Philippine Qualifications Framework (PQF), a quality assured national system for the development, recognition and award of qualifications at defined levels based on standards of knowledge, skills and values acquired in different ways and methods by professionals, learners and workers. The PQF is competency-based, labor-market driven and an assessment-based qualification recognition;
- (c) Establish linkages with community resources and coordination with the healthcare workers in any health care, industrial or community setting;
- (d) Provide health education and health counselling to empower individuals, families, population groups and communities towards the promotion of health, prevention of illness, and caring towards people living with a serious illness by providing relief from the symptoms of pain and stress of illness;
- (e) Guide and supervise students in nursing education programs, including the administration of nursing services in varied settings such as hospitals, clinics and other health, industrial or community settings where practice of the nursing profession exists;
- (f) Provide duly compensated professional nursing services, such as consultation services and private nursing practice;
- (g) Supervise nursing and ancillary nursing personnel in the delivery of safe and quality healthcare services in varied settings;
- (h) Maintain competence by adhering to the CPSP standards and the PPNPS as well as engage in CPD and lifelong learning within the context of the CPSP;
- (i) Observe, at all times, the Code of Ethics and Ethical Standards for nurses promulgated by the Board uphold the standards of safe and quality nursing practice, and demonstrate cultural and gender sensitivity and social responsibility;
- (j) Undertake nursing and health human resource development training and research for continuous quality improvement and evidence-based practice; and
- (k) Exercise the core competencies in the performance of their respective roles and responsibilities, in accordance with the PPNPS.

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

A. General Practice Nursing refers to the role of a newly licensed nurse in the provision of safe, holistic and to advocate quality care to individuals, families, population groups, or communities, which include the assessment, planning, implementation and evaluation of evidence-based care to the clients. A nurse must have the following minimum qualifications:

- (a) Must be a BSN graduate from an HEI recognized by the government;
- (b) Must have a valid certificate of registration and current professional identification card as a nurse issued by the PRC;
- (c) Must be physically, mentally and psychologically fit to practice nursing; and
- (d) Must not be convicted of any crime involving moral turpitude.

B. Specialty Practice Nursing refers to the practice of a nurse in a specialty area for which the nurse needs to obtain specialty recognition after having undergone specialty training. Specialties can be differentiated in categories, according to function, disease, pathology, systems, age, sex, acuity, setting, technology, and therapies. Nurses who practice within this field are referred to as "Specialists".

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

- (a) Must be a BSN graduate from an HEI recognized by the government;
- (b) Must have a valid certificate of registration and current professional identification card as a nurse issued by the PRC;
- (c) With at least three (3) years of clinical experience in the area of specialty;
- (d) Must have received a specialty training in the area of specialty practice, and this training is CPD Council-accredited and provided by a Career Progression and Specialization Council for Nurses credentialed organization.
- (e) Must be physically, mentally, and psychologically fit to practice nursing;
- (f) Must not be convicted of any crime involving moral turpitude; and
- (g) Preferably a member of the appropriate Board-credentialed specialty organization

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

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

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

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

An APN must have the following minimum qualifications:

- (a) A graduate with relevant master's degree from a government recognized HEI, with substantial specialty experience as may be determined by the Board;
- (b) Must have satisfied the requirements for certification as promulgated by the Board; and
- (c) Preferably be a member of the appropriate Board-credentialed specialty organization

An APN shall have following responsibilities in collaboration with, and under the terms specified in a Collaborative Agreement, with a Collaborating Physician:

- (a) Initiate patient admission to a primary, secondary, or tertiary health facility;
- (b) Provide direct primary-care services to patients of all ages;
- (c) Diagnose diseases and injuries,
- (d) Treat continuum of care of disease conditions;
- (e) Provide promotive, preventive, rehabilitative and end-of-life care;
- (f) Exercise prescriptive authority;
- (g) Order and interpret laboratory and diagnostic tests;
- (h) Provide anesthetic care;
- (i) Refer patients to specialists, other health professionals, and institutions for appropriate care; and
- (j) Initiate patient discharge.

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

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

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

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

The minimum base pay of all nurses working in government and health, industrial and community settings shall not, upon entry, be lower than Salary Grade 15 (SG 15), based on the prevailing rates for nurses employed in the government service.

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

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

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

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

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

ARTICLE V NURSING EDUCATION

SEC 37. Basic Nursing Education. – Nursing education refers to the formal learning and training in the science and art of nursing provided by HEIs duly recognized by the CHED. There shall be a standard Baccalaureate and Graduate Program for Nursing Education pursuant to Republic Act No. No. 7722, otherwise known as the “Higher Education Act of 1994”.

SEC 38. Baccalaureate Program for Nursing Education. – The Baccalaureate Program for Nursing Education refers to the basic nursing education program which envisions a sound and liberal professional education that will adequately equip nursing students with the necessary competencies for entry level nursing practice.

Admission to the Baccalaureate Program for Nursing Education requires passing a National Nursing Admission Test (NNAT).

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

SEC 39. Graduate Program for Nursing Education. – The 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, education, and research. This includes the Master's Degree and Doctorate Degree in Nursing.

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

SEC 40. Qualifications of the Dean. – The Dean of the College of Nursing of a BSN program shall formulate policies and plans, in collaboration with the school officials and stakeholders and must adhere to the prescribed curriculum for the advancement of nursing education. The Dean must have the following qualifications:

- (a) Be a Filipino citizen, physically and mentally fit, and with good moral character;
- (b) Be a holder of a valid certificate of registration and a current professional identification card issued by the PRC;
- (c) Be a holder of a Master's Degree in Nursing conferred by an HEI duly recognized by the government.
- (d) Have at least a total of five (5) years of experience in teaching, administration, and supervision in nursing education; Be a member of the organization of Deans duly recognized by the Board;
- (e) Not hold a concurrent Dean position in another HEI and no other teaching assignments or administrative functions in other public/private institution or higher education institution; and
- (f) Have a duly notarized employment contract as dean of the nursing program of at least one (1) academic year with corresponding academic rank renewable annually.

The Dean or administrator of the academic unit shall be a holder of a Doctorate Degree in the discipline or allied field and has published works in refereed journals in one of the disciplines under the academic unit.

SEC 41. Qualifications of the Faculty. –

A. Baccalaureate Program in Nursing Education. A member of the faculty in a College of Nursing teaching professional courses must:

- (a) Be a Filipino citizen, physically and mentally fit, and with good moral character;
- (b) Be a BSN degree holder;
- (c) Be a holder of a master's degree in nursing for teaching professional nursing subjects or a master's degree in health-related programs for teaching non-professional nursing subjects conferred by a duly recognized HEI;

- (d) Be a holder of a valid certificate of registration and a current professional identification card as a nurse issued by the PRC;
- (e) Have at least three (3) years clinical experience in any nursing practice setting; and
- (f) Preferably be a member of an accredited professional nursing organization of good standing and of a specialty nursing organization.

B. Graduate Program for Nursing Education. A member of the faculty teaching Graduate professional courses must:

- (a) Be a Filipino citizen, physically and mentally fit, and with good moral character;
- (b) Be a BSN degree holder;
- (c) Be a holder preferably of a Doctorate Degree in Nursing or allied field conferred by a duly recognized HEI;
- (d) Be a holder of a valid and current certificate of registration and professional identification card as a nurse issued by the PRC;
- (e) Have at least three (3) years clinical experience in any nursing practice setting;
- (f) Have published works in refereed Nursing or health-related journals; and
- (g) Preferably be a member of an accredited integrated professional nursing organization of good standing and of a specialty nursing organization.

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

ARTICLE VI NURSING SERVICE

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

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

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

A PHNS may progress to become an APN in public health after obtaining advanced nursing education either through a master's or doctoral degree with emphasis on public health sciences, or their equivalencies issued according to promulgation by the CHED, and as defined in Section 31 of this Act..

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

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

SEC 46. The Chief Nursing Officer (CNO) and the National Chief Nursing Officer. There shall be a nursing service office in every health institution and in all levels and classifications of these institutions, whether administrative or clinical, with a complement of at least ten (10) Nurses. Nursing services must be under the control and management of a registered nurse designated as Chief Nursing Officer (CNO) in each health institution.

Within the framework of health care delivery, nursing services in private and public institutions or community settings must be led and managed by a CNO, or the equivalent of Chief Nurse (CN) or Director of Nursing. The CNO shall be bestowed full administrative responsibility as leader and manager of nursing services within each institution. The CNO shall have the authority and accountability over the planning, organizing, directing, and controlling including monitoring, evaluation, and policy development of nursing resources related to nursing services. The CNO responsibilities include strategic and operational planning, financial and resource allocation, policies and procedures development, professional and organizational involvement to address issues that have relevance for nursing.

There shall also be a National Chief Nursing Officer (NCNO) in the DOH who shall oversee and coordinate national nursing personnel utilization, welfare, decent work and nursing development covering both the public and private sectors.

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

A CNO and NCNO must be qualified and must have the qualifications as prescribed under the PSG as promulgated by the Board.

The CNO must have the following minimum qualifications:

- (a) Be a registered nurse in the Philippines;
 - (b) Be a holder of a Master's Degree in nursing conferred by an HEI duly recognized by the government;
 - (c) Be a holder of a valid certificate of registration and a current professional identification card as a nurse issued by the PRC; and
 - (d) Have at least five (5) years of experience in general nursing service administration with experience in policy development;
 - (e) Preferably be a member of good standing of the AIPO of nurses; and
 - (f) Preferably be a member of the organization of nursing service administrators duly recognized by the Board.
- (g) The NCNO must have the following minimum qualifications:

- (h) Be a registered nurse in the Philippines
- (i) Have a degree of Bachelor of Science in Nursing
- (j) Be a holder of a Doctorate Degree conferred by an HEI duly recognized by the government in a relevant healthcare and business/administration field
- (k) Be a holder of a valid certificate of registration and a current professional identification card as a nurse issued by the PRC;
- (l) Must have the necessary Career Executive Service Officer (CESO) rank
- (m) Have at least five (5) years of experience in general nursing service administration with experience in policy development;
- (n) Preferably be a member of good standing of the APO of nurses; and
- (o) Preferably a member of the organization of nursing service administrators duly recognized by the Board.

ARTICLE VII

NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

SEC 47. Nursing Research and Policy Development. – Nursing Research and Policy Development shall involve the study of nurse-related issues, such as:

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

ARTICLE VIII

NURSING LEADERSHIP AND GOVERNANCE

SEC 48. Nursing Leadership and Governance. – Nursing leadership and governance involve the process of influencing other people through the exercise of authority, direction, control, and regulation in the practice of the nursing profession to achieve desired goals.

SEC 49. Nursing Service Management. – Nursing service management refers to the management and administration of nursing services by nurses who must be equipped with necessary competencies on governance and leadership, to wit:

- (a) A First Level Service Manager is responsible for the management of a nursing unit and supervision of nursing support personnel including, Caregiver I, Caregiver II, Healthcare Dialysis Technician, Medication Technician, Orderlies, Orthopedics Technician, Patient Care Technician I, Patient Care Technician II, Sitter, Surgical Technician, and Ward Clerk/Unit Secretary.
- (b) A Middle Level Service Manager is responsible for the leadership and governance of more than one (1) nursing unit, particularly management of the operational systems, financial and human resources.
- (c) An Executive Level Service Manager is responsible for establishing the strategic direction for the entire nursing division, particularly on the development of policies, standards and guidelines and has full authority in their implementation.

Nursing Service Managers shall have the following minimum qualifications:

For a first level managerial position in nursing:

- (a) At least eighteen (18) units of nursing management and clinical subjects in Master of Arts in Nursing or Master of Science in Nursing, with at least three (3) years of clinical work experience, and
- (b) Participation in at least one (1) research project related to the improvement of the quality of care.

For a middle level managerial position in nursing:

- (a) Completion of all the academic requirements of a Master of Arts in Nursing or Master of Science In Nursing Program;
- (b) At least three (3) years of clinical work and two (2) years of management experience, and
- (c) Conduct of at least one (1) research project related to the improvement of the quality of care.

For an executive position in nursing:

- (a) A post-graduate degree in nursing or health management-related sciences,
- (b) At least three (3) years of clinical work and three (3) years of management experience,
- (c) Conduct of at least two (2) research projects related to the improvement of the quality of care.

ARTICLE IX NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM

SEC 50. Nursing Human Resource for Health Management System. – The Nursing Human Resource for Health Management System (NHRHMS) shall cover all nursing human resources in the nursing service of both public and private sectors, and the healthcare, industrial and community settings. Institutions shall be mandated to report their information to ensure accurate nursing human resource and workforce projections and to reconcile these with supply data from CHED and PRC.

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

It shall be mandatory for each healthcare facility to employ an evidence-based human resources for health (HRH) assessment tool for nursing workload and workload pressure, preferably the World Health Organization Workload Indicators for Staffing Needs, to determine annually minimum safe staffing needs for registered nurses and nursing personnel. These nursing staffing ratios, nursing plantilla, and skill-mix standards are requisites for safe and quality care for patients and must be upheld and practiced to be granted continued permission to operate the facility. The facility must use this assessment to plan and provide a budget for regular and plantilla positions to ensure that safe and quality care is provided by the institution. Additionally, a registry of nursing professionals shall be incorporated in the NHRHMS in coordination with DOH, private institutions, and nursing organizations and groups indicating, among others, their current number of practitioners and location of practice.

SEC 51. Nursing Staff Complement. – The Board shall, in consultation with the DOH and other stakeholders, ensure the provision of a safe nursing workforce for any healthcare setting guided by the following principles:

- (a) Use of evidence-based, reliable, and up-to-date staffing and workforce data;
- (b) Regular review and updating of staffing based on up-to-date evidence and best practice on the nurses' practice environment and nurse, nurse-sensitive patient, organizational and system outcomes;
- (c) Nurses must not be substituted with other cadres of workers in performing functions within the scope of nursing;
- (d) Nurses in management positions must not be delegated to augment staffing limitations to fully perform their administrative roles and function to lead, support and mentor nursing staff;
- (e) Respect for nurses' professional judgment in determining the required safe workforce staffing;

- (f) Active involvement of direct care nursing staff and nursing management in all stages and aspects of the institution's HRH design, policy development, and decision making;
- (g) Timely adjustments to nurse staffing based on changes in patients and population healthcare needs.
- (h) The nursing workforce complement is planned to ensure that patient safety, quality service delivery, and positive practice environment is present wherein it promotes economic welfare, professional autonomy, job satisfaction and retention of nurses by ensuring safe staffing, managerial support, professional development, occupational safety and psychological health and prevention of workplace violence to promote patient and nurse safety.

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

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

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

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

A nurse may invoke the process of safe harbor for protection against employer retaliation, suspension, termination, discipline, discrimination, licensure sanction if one is asked to accept an unsafe assignment or engage in the practice beyond the scope of practice or unprofessional and illegal act. the nurse will notify the supervisor who requested the conduct of assignment in writing that one is invoking safe harbor. if a nurse is unable to document such due to immediate patient care needs, the nurse may orally invoke it and the supervisor must record this request in writing.

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

In the community, there shall be a nurse in every barangay health center, primary, secondary, and tertiary school, and industrial establishment, subject to the applicable staffing ratio by the appropriate government agency.

SEC 52. Return Service Agreement. – All nursing graduates who are recipients of government-funded scholarship programs shall be required to serve in priority areas in the public sector for at least three (3) years, with compensation, and under the supervision of the DOH: Provided, That those who will serve for an additional two (2) years shall be provided with additional incentives as determined by the DOH. Graduates of nursing from state universities and colleges and private schools shall be encouraged to serve in these areas.

ARTICLE X
PROHIBITED ACTS AND PENAL PROVISIONS

SEC 53. The following acts are prohibited:

- (a) Practicing the nursing profession without a certificate of registration, professional identification card, special temporary permit or without having declared exempted from taking the licensure examination in accordance with this Act;
- (b) Using the certificate of registration, professional identification card, or special temporary permit of another registered nurse;
- (c) Using fraudulent, suspicious, or an expired suspended or revoked certificate of registration, professional identification card, or special temporary permit;
- (d) Misrepresenting one's self or proffering false evidence to obtain a certificate of registration, professional identification card or special temporary permit;
- (e) Falsely advertises one's self through any means to convey the impression that one is a nurse;
- (f) Appending the B.S.N or R.N (Bachelor of Science in Nursing or Registered Nurse) or APN (Advance Practice Nurse) to one's name without having been conferred the said degree, registration, or certification by the PRC;
- (g) Abetting or assisting in the illegal practice of the nursing profession through the following acts and entities:
- (h) An HEI offering the BSN program which shall withhold any requirement or document, or both, of any graduate for the purpose of preventing them to apply for the PNLE without any justifiable reason;
- (i) Any natural or juridical person or health facility which subscribes to sub-standard quality of nursing care or nursing practice, such as non-compliance with the nurse-patient ratio requirement;
- (j) Any natural or juridical person or health facility which exercises and promotes precarious working conditions for nurses, such as the following:
- (k) Contracting or availing of the services of a nurse with compensation but below the salary grade or rate prescribed under this Act, whether or not under the pretext of a training development program, certification, or course, or seminar;
- (l) Depriving or denying a nurse of the incentives and benefits as provided for under existing laws;
- (m) Collecting any fee from a nurse or from any person or agent in exchange for a nurse's voluntary services in a health, industrial or similar facility or institution;
- (n) Requiring or obliging a volunteer nurse to perform regular work functions or work load, or both, expected from a regular staff nurse without proper compensation, or to render full time service as a condition for the continued availment of their volunteer services, or to be the sole nurse on duty, except during disasters, calamities, public emergencies and war;
- (o) Contracting or availing of the services of a volunteer nurse, under the pretext of On-The-Job Training (OJT), contract of service, or job orders, in order to fill-up a vacant position that requires the hiring of a fulltime regular employed nurse, or for free in exchange for any type of certification to be issued by the health facility or institution or industrial establishment for purposes of the nurse's employment application;
- (p) Contracting or availing of the services of a nurse, under the pretext of training or certification course, but requiring the nurse to render the tasks and responsibilities expected of a regular staff or public health nurse;
- (q) Practicing job-splitting or hiring two part-timers in place of one full-time employee and deploying the two nurses on a full-time basis;
- (r) Making mandatory, as a pre-hiring requirement, training that should have been acquired during the BSN program or which, rightfully should be provided by the hiring institution;
- (s) Repeatedly subjecting or allowing the nurse to experience prejudice, violence, or discrimination;

- (t) Imposing mandatory overtime service without valid reason or corresponding compensation, or both, as mandated by law;
- (u) Non-compliance with the minimum safe staffing requirement in SEC 51;
- (v) Any violation of the provisions of this Act or any existing laws such as the Civil Service Law and Labor Code of the Philippines.

SEC 54. Sanctions. – A fine of not less than One hundred thousand pesos (Php 100,000.00) nor more than Three hundred thousand pesos (Php300,000.00) or imprisonment of not less than one (1) year nor more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 53 (a) of this Act.

A fine of not less than Three hundred thousand pesos (Php300,000.00) nor more than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less than one (1) year or more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 53(b), (c), (d) and (e) hereof. In addition, suspension or revocation of license to operate the health facility or institution or industrial establishment may be ordered at the discretion of the court. In case the violation is committed by a partnership, corporation, association, or any other juridical person, the managing partner, president, managing director/s, or officer who has committed or consented to such violation shall be held directly liable and responsible for the acts as principal or as co-principal with the other participants, if any.

SEC 55. Refund and Compensation. – Any nurse found to have been a victim under Section 53 (e) hereof shall be entitled to a full refund of all fees illegally collected and the payment of unpaid salary, if any, which should not be less than the applicable wage for services rendered. This is without prejudice to the other liabilities of the violators under applicable laws.

ARTICLE XI MISCELLANEOUS PROVISIONS

SEC 56. Implementing Agencies. – The Department of Budget and Management (DBM), Department of Health (DOH), Department of Labor and Employment (DOLE), Department of Interior and Local Government (DILG), Civil Service Commission (CSC), Commission on Higher Education (CHED), are the designated agencies that shall be responsible for the implementation and monitoring of the compliance of the provisions of this Act.

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

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

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

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

SEC 57. Funding for the Advance Practice Nurse (APN) Training. – The participating government hospitals and institutions shall include their budget the annual financial requirement needed to train at least ten percent (10 %) of their nursing staff: Provided however, That non-government hospitals and institutions shall support the training

requirements of their nursing staff employed by them. Nothing in this provision shall prevent, diminish or otherwise revoke existing company policy more favorable to the employee.

SEC 58. Appropriations. – The Chairperson of the Professional Regulation Commission and the Secretary of the Department of Health shall immediately include in their program the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

SEC 59. Implementing Rules and Regulations. – Within ninety days (90) after the effectivity of this Act, the PRC and the Board shall, in consultation with the APO for nurses, CSC, DBM, DOH and other concerned nursing organizations and government agencies formulate the implementing rules and regulations (IRR) necessary to carry out the provisions of this Act.

SEC 60. Separability Clause. – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

SEC 61. Repealing Clause. – Republic Act No. 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.

SEC 62. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,