

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

20th CONGRESS
First Regular Session



HOUSE BILL NO. 4495

Introduced by REP. JUAN CARLOS "ARJO" C. ATAYDE

**AN ACT PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS
A QUALITY HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS
THEREFOR, REPEALING REPUBLIC ACT NO. 9173 OTHERWISE KNOWN AS
THE PHILIPPINE NURSING ACT OF 2002**

EXPLANATORY NOTE

The 1987 Philippine Constitution recognizes the vital role of health in nation-building. Article XIII, Section 11, provides that "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost." This constitutional policy finds further expression in Republic Act No. 11223, or the *Universal Health Care (UHC) Act*, which mandates accessible, quality, and people-centered health services for every Filipino.

Achieving the goals of UHC hinges on a strong, well-supported, and adequately compensated health workforce—foremost among them, the Filipino nurses. Nurses are at the frontlines of health service delivery, embedded in communities and hospitals alike, often serving as the primary and most enduring link between patients and the health system. Yet, despite their central role, they continue to face systemic neglect.

The Philippine Nursing Act of 2002 (Republic Act No. 9173) was a significant milestone in defining the professional standards of nursing practice. However, more than two decades later, it no longer meets the evolving demands of the profession nor

reflects global best practices. Filipino nurses continue to contend with low wages, delayed benefits, understaffing, lack of professional growth, and a chronic mismatch between their training and career opportunities. These challenges have resulted in a marked decline in nursing enrollees and board passers, as well as a persistent exodus of our nurses to countries offering better compensation and working conditions.

As reported by the Commission on Higher Education (CHED), nursing enrollment dropped by nearly half from its peak in 2010, largely due to poor local employment prospects. During the COVID-19 pandemic, Filipino nurses were celebrated as heroes, yet many were denied equitable compensation, prompting renewed calls for reforms. Meanwhile, a 2020 WHO report urged countries like the Philippines to invest in “education, employment, and leadership” in nursing to sustain health system resilience and equity.

The World Health Organization’s State of the World’s Nursing Report underscored the importance of expanding the scope of nursing practice through the institutionalization of Advanced Practice Nurses (APNs)—licensed professionals equipped with specialized training to lead in primary care, chronic disease management, and community-based health interventions. The Philippines, despite its wealth of talent, has yet to formally integrate APNs into its workforce strategy.

This bill seeks to repeal and replace the outdated Philippine Nursing Act with a forward-looking measure that addresses both the professional and economic dimensions of nursing practice. Its key objectives include:

- a. Strengthening the foundation for Advanced Practice Nursing, aligned with UHC needs;
- b. Ensuring decent wages, humane working conditions, and fair treatment for all nursing professionals;
- c. Institutionalizing career progression pathways and support for research, specialization, and continuing education; and
- d. Mandating staffing standards, safety protocols, and hazard protections for public and private institutions alike.

Filipino nurses deserve more than applause—they deserve structural and legislative support that reflects their indispensable contributions. By modernizing the nursing law, this measure not only empowers nurses but also protects the health and dignity of every Filipino they serve.

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



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

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

- 2 1. Accredited Professional Organization (*APO*) refers to the national professional
3 organization of nurses duly accredited by the Professional Regulation
4 Commission (PRC);
- 5 2. Advanced Practice Nurse (*APN*) refers to a nurse who has acquired substantial
6 level of theoretical knowledge and decision-making skill in a specialty area of
7 nursing practice and demonstrated proficiency in clinical utilization of such
8 knowledge and skill in providing expanded and collaborative expert care from
9 a recognized HEI and who is Board and PRC -credentialed.
- 10 3. Agreed Upon Based Care refers to a mutually agreed upon patient care made
11 by an Advanced Practice Nurse (*APN*) and approved by the Primary Physician
12 in charge, through teleconsult or other means of communication, after
13 evaluation of the case referred. This shall be limited in the following
14 circumstances:
 - 15 a. During an emergency and there is no physician in the area to physically
16 see the patient; or
 - 17 b. Lack of an available physician due to inaccessibility of the area.
- 18 4. *Bachelor of Science in Nursing (BSN)* refers to the baccalaureate program that
19 provides sound and liberal education that equips graduates with competencies
20 for registration as a professional and is the sole required academic standard for
21 entry into nursing practice in the Philippines, in accordance with the
22 appropriate qualification framework. The BSN program is effectively
23 promulgated under the enabling Policies, Standards and Guidelines (PSG)
24 prescribed and issued by the Commission on Higher Education (CHED);
- 25 5. *Career Progression and Specialization Committee for Nursing (CPSCN)* refers to the
26 body deputized by the Professional Regulation Commission (PRC) to develop
27 differentiating nursing- level standards, establish mechanisms and criteria for
28 credentialing of specialty organizations and interest groups, certification of
29 individuals at different levels of Post Baccalaureate nursing and advanced
30 practice for recommendation to the Board of Nursing (BON);
- 31 6. *Career Progression and Specialization Program for Nurses (CPSPN)* refers to the
32 Program of differentiating nursing-level standards, the system of credentialing
33 specialty organizations and interest groups, and certification of individuals at
34 different levels of practice, recognized by the PRC and the Board of Nursing;
- 35 7. *Certification* refers to the process of validating achievements through a variety
36 of measures and assessment strategies to confirm or attest to the competency

1 of an Advanced Practice Nurse (APN) upon completion of a specialty program
2 or Continuing Professional Development (CPD) program, or both. The
3 certification is issued by the Board and the PRC upon endorsement of the
4 specified recognized and credentialed specialty organization in accordance
5 with the PSG;

6 8. *Credentialing* refers to the formal recognition of a specialty organization or
7 interest group conferred by the PRC and the Board upon the recommendation
8 of the CPSPN after complying with the PSG;

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

14 10. *Clinical Practice* refers to any professional practice rendered in any healthcare
15 setting like institutional, public health, and any healthcare industry;

16 11. *Decent Work* refers to aspirations by people in their working lives. It involves
17 opportunities for work that is productive, delivers a fair income, security in the
18 workplace, social protection for family; opportunities for personal
19 development, psychological well-being, social integration, freedom to express
20 their concerns, organize and participate in decisions that affect their lives, and
21 equal treatment regardless of ethnicity, gender, position, or religion.

22 12. *Geographically-Isolated and Disadvantaged Areas (GIDAs)* refer to barangays
23 specifically deprived due to the presence of both physical and socioeconomic
24 factors;

25 13. *Health Facility* refers to a public or private institution, establishment or clinic
26 devoted primarily to the provision of services: including the following:
27 nursing, health promotion, prevention, diagnosis, treatment, rehabilitation,
28 and palliation of individuals suffering from illness, disease, injury or disability,
29 or deformity, or in need of obstetrical, psychiatric or other medical and nursing
30 care. This covers hospitals, barangay health centers, and other clinics;

31 14. *Individual-based Health Services* refer to services which can be accessed remotely
32 or within a health facility which focus primarily on treating individuals;

33 15. *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing
34 official of the Department of Health (DOH) whose main function is to influence
35 through expert advice, safe nursing and quality standards, and implement
36 nursing policies for both the public and private sectors;

- 1 16. *Nurse* is a title conferred on an individual who has met the legal, educational
2 and administrative requirements to practice nursing; and is duly registered and
3 licensed to practice the nursing profession, with all the rights and privileges
4 appurtenant thereto;
- 5 17. *Nursing care* refers to the physiological, psychological, spiritual and emotional,
6 social and cultural care, and essential health care, safety and comfort measures,
7 and health teachings; execution of health care techniques and procedures ,
8 traditional and innovative approaches to individuals, families, population
9 groups and communities from conception to death;
- 10 18. *Nursing Diagnosis* is a statement of clinical judgment by a licensed nurse
11 concerning a response to an actual or potential health problem of the
12 individual, family, or community. (e.g. Fever: elevated body temperature of
13 37.8 celsius or higher related to upper respiratory tract infection);
- 14 19. *Nursing Human Resource for Health Management System (NHRHMS)* refers to an
15 organized human resource management and development information system
16 based in the DOH and directed by the NCNO, that provides meaningful data
17 used to support policies affecting nurses and nursing;
- 18 20. *Nursing practice* refers to the autonomous and collaborative care of individuals
19 of all ages, families, groups and communities, sick or well and in all settings; it
20 includes the promotion of health, the prevention of illness, and the care of ill,
21 disabled and dying people. Additional key nursing roles include advocacy,
22 promotion of a safe environment, participation in patient and health services
23 management, shaping health policy, education, and research;
- 24 21. *Nursing Service* refers to an office, headed by a CNO within a public or private
25 healthcare institution, responsible for administrative and clinical supervision
26 of nurses and nursing personnel;
- 27 22. *Patient Acuity* refers to the intensity of care provided to a patient by a registered
28 nurse or the use of patient classification systems that can forecast patient care
29 requirements for nursing care to manage nursing personnel;
- 30 23. *Philippine Professional Nursing Practice Standards (PPNPS)* refers to the
31 authoritative statements of the core competencies and duties that all registered
32 nurses, regardless of role, designation, or specialty, are expected to perform. It
33 also promotes, guides, and directs professional practice;
- 34 24. *Philippine Professional Nursing Roadmap (PPNR)* refers to a program towards
35 good governance of the nursing profession. It is a strategy in ensuring the
36 culture of excellence and dynamic leadership for Philippine nursing;

1 25. *Positive Practice Environment* refers to a practice setting that promotes economic
2 welfare, professional autonomy, job satisfaction and retention of nurses by ensuring
3 safe staffing, managerial support, professional development, occupational safety and
4 psychological health and prevention of workplace violence to promote patient and nurse
5 safety;

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

13 27. *Primary Care* refers to initial-contact, continuous, comprehensive and
14 coordinated, and culturally appropriate care that is accessible at the time of
15 need including a range of services for all presenting conditions, and the ability
16 to coordinate referrals to other health care providers in the health care delivery
17 system, when necessary, every household, a nurse is responsible for their care;

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

23 29. *Safe Harbor* refers to protection for the nurse from employer retaliation if the
24 nurse raises the issue to safety in terms of staffing or reassignment

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

28 ARTICLE II 29 BOARD OF NURSING

30 **SEC 4. *Creation and Composition of the Board.*** - There shall be created, under
31 the administrative supervision of the PRC, the Professional Regulatory Board of
32 Nursing which shall be composed of seven (7) Members who shall be appointed by
33 the President of the Philippines from among those recommended and ranked from a
34 list of at least three (3) nominees per vacancy as provided by the APO,
35 proportionately representing both the nursing service and the academe covering all
36 the areas of expertise of the nursing licensure examination. The members of the

1 Board may elect from among themselves a Chairperson to serve for one year subject
2 to re-election as such on a year to year basis.

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

9 The Board affirms that the regulation of the nursing profession is a public trust
10 and accords it with the highest standards of ethics, accountability, efficiency,
11 effectiveness, and transparency and shall approach its mission with a deep sense of
12 purpose and responsibility.

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

- 18 1. A valid and current certificate of registration and updated professional
19 identification card as nurse;
- 20 2. A Master's Degree in nursing, and preferably, with relevant Doctorate Degree
21 conferred by a duly recognized higher educational institution (HEI);
- 22 3. With at least ten (10) continuous years of active nursing practice immediately
23 prior to appointment; *Provided, That*, the last five (5) years of such practice must
24 have been served in the Philippines;
- 25 4. Good moral character as evidenced by not having been convicted of any offense
26 involving moral turpitude; and
- 27 5. Physical and mental fitness.

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

- 31 1. Ensure the proper conduct of the Philippine Nursing Licensure Examination
32 (PNLE), including the evaluation of examination applications, test
33 development, administration of the examination, correction, and release of the
34 results thereof. The use of appropriate technologies and modalities in the

1 conduct of the PNLE is encouraged to enhance efficiency while upholding
2 integrity;

3 2. Enforce and monitor safe and quality standards of nursing practice, study the
4 conditions affecting nursing practice in the Philippines, and exercise the
5 powers necessary to ensure the maintenance of efficient, ethico-moral technical
6 and professional standards in the practice of nursing towards the optimal
7 health and common good of the nation;

8 3. Ensure quality nursing education by the strict evaluation of applications to
9 open nursing education programs and the regular monitoring of existing
10 programs, to guarantee that the standards of nursing education are properly
11 complied with and maintained at all times;

12 4. Promulgate a Code of Ethics and Ethical Standards that is responsive to the
13 needs of the nursing profession, in coordination with the APO for nurses,
14 within one (1) year from the effectivity of this Act;

15 5. Prescribe and operationalize Career Progression and Specialization Program
16 for Nursing (CPSPN) to ensure the continuing professional development of
17 nurses including recognition and credentialing of organized nursing groups
18 and certification of advanced practice nurses;

19 6. Work in partnership with the appropriate agencies to identify and utilize
20 resources earmarked for national nursing development;

21 7. Prescribe, adopt, issue and promulgate guidelines, regulations, measures and
22 to submit recommendations to authorities and agencies, to aid in policy
23 formation and decision- making as may be necessary for the improvement of
24 the nursing practice, advancement of the profession, and the proper
25 enforcement of this Act, subject to the review and approval of the PRC;

26 8. Oversee the implementation of the Philippine Profession Nursing Roadmap;

27 9. Conduct hearings and investigations to resolve complaints against nurses for
28 unethical or unprofessional conduct or any violation of this Act, or its rules and
29 regulations, and in connection therewith, issue *subpoena ad testificandum* or
30 *subpoena duces tecum*, or both, to require the appearance of respondents and
31 witnesses or the production of documents, or both and to punish for contempt
32 persons obstructing or otherwise interfering with the conduct of such
33 proceedings, upon application with the regular courts;

34 10. Issue, suspend, revoke or reinstate certificate of registration and special
35 temporary permits for the practice of nursing; and

1 11. Ensure performance of mandated duties and functions.

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

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

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

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

- 17 1. Continued neglect of duty or incompetence;
- 18 2. Commission or toleration of irregularities in the conduct of the PNLE;
- 19 3. Unprofessional, immoral, or dishonorable conduct; or
- 20 4. Non-disclosure of conflict of interest.

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

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

29 **SEC. 14. *Administrative Supervision of the Board, Custodian of its Records,***
30 ***Secretariat and Support Services.*** - The Board shall be under the administrative
31 supervision of the PRC. All records of the Board, including applications for
32 examinations, administrative and other investigative cases conducted by the Board
33 must be under the custody of the PRC. The PRC shall designate the Secretary of the
34 Board and shall provide the secretariat and other support services to implement the
35 provisions of this Act.

SEC. 15. *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 making recommendations for the adoption of measures that will upgrade and improve the conditions affecting the practice of the nursing profession.

ARTICLE III

EXAMINATION AND REGISTRATION

SEC. 16. *Philippine Nurse Licensure Examination (PNLE) and Registration Fees.* - 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.

Applicants for the PNLE and registration must pay the prescribed fees set 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:

1. A holder of a BSN degree from an HEI that is compliant with the standards of nursing education recognized by the government;
2. 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
3. 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. *Professional Nurse Licensure Examination Ratings.* - To be considered as having passed the PNLE, an examinee must [pass] obtain 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.

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

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

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

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

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

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

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

- 32 1. Registered or Licensed Nurses of foreign citizenship: (i) whose services are
33 either for a fee or free if they are internationally well known specialists or
34 outstanding experts in any branch or specialty in nursing; (ii) who are on
35 medical mission whose services shall be free in a particular hospital, center or
36 clinic; (iii) who are engaged by HEIs offering the BSN and graduate programs

1 as exchange professors in a branch or specialty of nursing; or (iv) who come to
2 provide aid during declared disasters and calamities.

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

8 3. The special temporary permit issued to registered and licensed nurses of
9 foreign citizenship shall be effective only for the duration of the project, health
10 mission, engagement, but which in no case shall exceed one (1) year, subject to
11 renewal. The special temporary permit issued to nursing graduates with
12 Philippine citizenship shall automatically cease upon the lifting or termination
13 of the epidemic or national emergency. A completion report shall be submitted
14 to the Board and the PRC after the conduct of such project, medical mission,
15 engagement or contract. In the case of nurses of Philippine citizenship who
16 rendered services during an epidemic or national emergency, the completion
17 report shall be submitted by the registered nurse authorized to supervise them.

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

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

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

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

33 1. Conviction by final judgment of any criminal offense involving moral
34 turpitude or of immoral or dishonorable conduct or having been judicially
35 declared to be of unsound mind;

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

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

SEC. 28. 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. 29. Scope of Nursing Practice. - Nursing practice includes a range of roles, functions, responsibilities, and activities on which a registered nurse is educated, competent, and has authority to perform which 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 patient 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 the highest skill set.

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

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

- 8 1. Provide nursing care through the conscientious observance of the nursing
9 process and established agreed upon based care;
- 10 2. Provide advanced nursing care based on the Career Progression Specialization
11 Program for Nursing (CPSPN) and the Philippine Qualifications Framework
12 (PQF), a quality assured national system for the development, recognition and
13 award of qualifications at defined levels based on standards of knowledge,
14 skills and values acquired in different ways and methods by professionals,
15 learners and workers. The PQF is competency based, labor-market driven and
16 an assessment based qualification recognition;
- 17 3. Establish linkages with community resources and coordination with the
18 healthcare workers in any health care, industrial or community setting;
- 19 4. Provide health education and health counselling to empower individuals,
20 families, population groups and communities towards the promotion of health,
21 prevention of illness, and caring towards a peaceful death;
- 22 5. Teach, guide and supervise students in nursing education programs, including
23 the administration of nursing services in varied settings such as hospitals,
24 clinics and other health, industrial or community settings where practice of the
25 nursing profession exists;
- 26 6. Provide duly compensated professional nursing services, such as consultation
27 services and private nursing practice;
- 28 7. Supervise nursing and ancillary nursing personnel in the delivery of safe and
29 quality healthcare services in varied settings;
- 30 8. Maintain competence by adhering to the CPSP standards and the PPNPS as
31 well as engage in lifelong learning within the context of the CPSP;
- 32 9. Observe, at all times, the Code of Ethics and Ethical Standards for nurses
33 promulgated by the Board, uphold the standards of safe and quality nursing
34 practice, and demonstrate cultural, gender sensitivity and social responsibility;

10. Undertake nursing and health human resource development training and research for evidenced based and continual quality improvement, 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; practice; and
11. Exercise the core competencies in the performance of their respective roles and responsibilities, in accordance with the PPNPS.

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

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

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

SEC. 32. *Specialty Practice Nursing (SPN).* - Involves a specialized area for which the nurse needs to obtain specialty recognition after having undergone specialty training by the BON - credentialed nursing specialty organization as approved by the Commission. Nurses who practice within this field are referred to

as "Nurse Specialists". A Nurse Specialist must have the following minimum qualifications:

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

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

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

An APN must have the following minimum qualifications:

1. A graduate of Master of Science in Nursing (Advanced Practice Nursing) from a government recognized HEI;
2. With at least five (5) years of clinical experience in the area of nursing specialty.
3. A graduate of an HEI with a specified post-graduate curriculum with
 - a. minimum advanced practice core courses;
 - b. minimum competencies in Health Promotion, Disease Prevention, and Risk Reduction;

1 c. supervised clinical practicum rotation with an experienced APN or
2 physician in accordance with approved CHED curriculum for APN
3 practicum;

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

6 5. Pass the certification examination by the BON-designated certified nursing
7 specialty group;

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

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

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

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

18 The APN shall perform the following functions:

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

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

22 3. Refer the nursing diagnosis to a licensed primary care physician, the APN may
23 suggest his or her plan of care for the patient subject to the physician's final
24 approval;

25 4. Administer the medications and treatments prescribed by the physician and do
26 post- monitoring for effects;

27 5. Perform basic wound care, foot care, prenatal and postnatal care as well as
28 newborn care;

29 6. Monitoring and care of Hypertensive, Diabetic, Stroke, and other Chronically-
30 ill patients;

31 7. Serve as a Mentor and Educator providing health teachings;

32 8. Conduct Research;

1 9. Serve as an Administrator.

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

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

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

- 13 1. They have not practiced nursing as defined in the scope of nursing practice for
14 at Least five (5) consecutive years;
- 15 2. They have not renewed their professional identification card for five (5) years;
16 or
- 17 3. They do not have proof of five (5) years of continuous nursing practice;

18 **SEC. 37. *Salary and Compensation.*** - Nurses shall, at all times, receive
19 compensation that is just and due them and commensurate to the level of education,
20 and proportionate to training, experience, and complexity of nursing skill required
21 for the services rendered.

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

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

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

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

34 **SEC. 38. *Incentives and Benefits.*** - The Board, in coordination with the DOH
35 and other concerned government and non-government institutions, association of

1 hospitals and the APO for nurses, shall establish an incentive and benefit system in
2 the form of free hospital care, scholarship grants and other non-cash benefits for
3 nurses and their dependents subject to existing
4 regulations.

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

8 **ARTICLE V** 9 **NURSING EDUCATION**

10 **SEC. 40. *Basic Nursing Education.*** - Nursing education refers to the formal
11 learning and training in the science and art of nursing provided by HEIs duly
12 recognized by the CHED. There shall be a standard Baccalaureate and Graduate
13 Program for Nursing Education pursuant to Republic Act No. 7722 otherwise known
14 as the "Higher Education Act of 1994".

15 **SEC 41. *Baccalaureate Program in Nursing.*** - The Baccalaureate Program in
16 Nursing refers to the basic nursing education program which envisions a sound and
17 liberal professional education that will adequately equip nursing students with the
18 necessary compe tencies for entry level nursing practice. Admission to the
19 Baccalaureate Program for Nursing Education requires [a] passing a National
20 Nursing Admission Test (NNAT).

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

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

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

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

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

ARTICLE VI

NURSING SERVICE

SEC. 46. *Nursing Service.* - Nursing service refers to the healthcare services provided by nurses. These include 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 47. Public Health Nursing Service. - There shall be an 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 counseling; micro nutrient 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 48. *Public Health Nurse (PHN).*- Public Health nurses work with 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 treatment of common diseases and rehabilitation. A PHN may progress to become Public Health Nurse Specialist (PHNS) who obtained 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 an advanced nursing preparation, either a master's or doctoral degree with emphasis on public health sciences, or their equivalent issued according to promulgation by the CHED, and as defined in Section 33 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;

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

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

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

- 17 1. Be a registered nurse in the Philippines;
18 2. Be a holder of a Doctorate Degree conferred by an HEI duly recognized by the
19 government in a relevant healthcare and business/administration field;
20 3. Be a holder of a valid certificate of registration and a current professional
21 identification card as a nurse issued by the PRC;
22 4. Must have the necessary Career Executive Service Officer (CESO) rank;
23 5. Have at least five (5) years of experience in general nursing service
24 administration with experience in policy development;
25 6. Preferably be a member of good standing of the APO of nurses; and
26 7. Preferably a member of the organization of nursing service administrators duly
27 recognized by the Board.

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

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

- 33 1. The National Chief Nursing Officer (NCNO) shall have the authority to directly
34 advise the Secretary of Health on nursing matters;

2. The NCNO in the DOH shall oversee and coordinate national nursing personnel utilization, nurses' welfare, the observance of decent work standards in all healthcare facilities and institutions with the necessary government agencies, and the adaptation of nursing development trends in nursing education and practice in both the public and private sectors;
3. 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;
4. 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; and
5. The NCNO shall also act as the advocate for the rights and welfare of nurses in both public and private institutions.

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

The CNO must have the following minimum qualifications:

1. Be a registered nurse in the Philippines;
2. Be a holder of a Master's Degree in nursing conferred by an HEI duly recognized by the government;

3. Be a holder of a valid certificate of registration and a current professional identification card as a nurse issued by the PRC;
4. Have at least five (5) years of experience in general nursing service administration with experience in policy development; and
5. Preferably be a member of good standing of the APO of nurses; and preferably be a member of the organization of nursing service administrators duly recognized by the Board.

ARTICLE VII

NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

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

1. 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;
2. Information and knowledge management and communication technology;
3. Regulation of nursing standards, competencies and the process of credentialing; and
4. Socio-economic welfare for nurses like occupational health and safety, human resources planning and policy, remuneration and career development.

ARTICLE VIII

NURSING LEADERSHIP AND GOVERNANCE

SEC. 52. *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. 53. *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:

1. First Level Manager is responsible for the management of a nursing unit and supervision of nursing support personnel including but not limited to, Caregiver I, Caregiver II, Healthcare Dialysis Technician, Medication Technician, Orderlies, Orthopedics Technician, Patient Care Technician I,

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

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

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

9 Nursing Service Managers shall have the following minimum qualifications:

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

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

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

25 ARTICLE IX

26 NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM

27
28
29 **SEC. 54. *Nursing Human Resource for Health Management System.*** – The
30 Nursing Human Resource for Health Management System (NHRHMS) shall cover
31 all nursing human resources in the nursing service of both public and private sectors,
32 and the healthcare, industrial and community settings. Institutions shall be
33 mandated to report their information to ensure accurate nursing human resource
34 and workforce projections and to reconcile these with supply data from CHED and
35 PRC.

36 Health facilities and institutions including industries that hire nurses, shall
37 implement strategic NHRHMS in all levels of the nursing service and in the pursuit

1 thereof, shall adopt and define appropriate nursing organizational structures to
2 support competency, career development and professional growth, concept of job
3 delight, productivity and conditions for decent work and job fulfillment of their
4 nurses.

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

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

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

- 22 1. Use of evidence-based, reliable, and up-to-date staffing and workforce data;
- 23 2. Regular review and updating of staffing based on up-to-date evidence and best
24 practice on the nurses' practice environment and nurse, nurse sensitive patient,
25 organizational and system outcomes;
- 26 3. Nurses must not be substituted with other cadres of workers in performing
27 functions within the scope of nursing;
- 28 4. Nurses in management positions must not be assigned to augment staffing
29 limitations to fully perform their administrative roles and function to lead,
30 support and mentor nursing staff;
- 31 5. Respect for nurses' professional judgment in determining the required safe
32 workforce staffing;
- 33 6. Active involvement of direct care nursing staff and nursing management in all
34 stages and aspects of the institution's HRH design, policy development, and
35 decision making;

1 7. Timely adjustments to nurse staffing based on changes in patients and
2 population healthcare needs; and

3 8. The nursing workforce complement is planned to ensure that patient safety,
4 Quality service delivery, and positive practice environment is present as
5 defined in Sec. 3.

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

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

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

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

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

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

34 **SEC. 56. Return Service Agreement.** - All registered nurses who are recipients
35 of government-funded scholarship programs shall be required to serve in priority
36 areas in the public sector for at least two (2) years, with compensation and under the

1 supervision of a senior registered nurse . Those who will serve for an additional two
2 (2) years shall be provided with additional incentives as determined by the
3 government. Graduates of nursing from state universities and colleges and private
4 HEIs shall be encouraged to serve in priority areas with similar compensation and
5 incentives.

6
7 **ARTICLE X**
8 **PROHIBITED ACTS AND PENAL PROVISIONS**

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

10 **1. Individual Acts:**

- 11 a. Practicing the nursing profession without a certificate of registration,
12 professional identification card, special temporary permit or without
13 having declared exempted from taking the licensure examination in
14 accordance with this Act;
- 15 b. Using the certificate of registration, professional identification card, or
16 special temporary permit of another registered nurse;
- 17 c. Using fraudulent, suspicious, or an expired suspended or revoked
18 certificate of registration, professional identification card, or special
19 temporary permit;
- 20 d. Misrepresenting one's self or presenting false evidence to obtain a
21 certificate of registration, professional identification card or special
22 temporary permit;
- 23 e. Falsely advertises one's self through any means to convey the
24 impression that one is a nurse;
- 25 f. Appending the R.N (Registered Nurse), CSPN (Certified Specialty
26 Practice Nurse), or APRN (Advanced Practice Registered Nurse) to
27 one's name without having been conferred the said registration or
28 certification by the PRC; and
- 29 g. Abetting or assisting in the illegal practice of the nursing profession
30 through the following acts and entities.

31 **2. Institutional Acts:**

- 32 a. An HEI offering the BSN program which shall withhold any
33 requirement or document, or both, of any graduate for the purpose of
34 preventing them to apply for the PNLE without any justifiable reason;

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

1 to render the tasks and responsibilities expected of a regular staff
2 or public health nurse;

3 ix. Practicing job-splitting or hiring two part-timers in place of one
4 full time employee and deploying the two nurses on a full-time
5 basis;

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

9 xi. Repeatedly subjecting or allowing the nurse to experience
10 prejudice, violence, or discrimination;

11 xii. Imposing mandatory overtime without valid reason or
12 corresponding compensation, or both, as mandated by law; and

13 xiii. Non-compliance with the minimum safe staffing requirement in
14 Sec. 55;

15 **SEC. 58. *Sanctions.*** - A fine of not less than One hundred thousand pesos (Php
16 100,000.00) nor more than Three hundred thousand pesos (Php 300,000.00) or
17 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall
18 be imposed, at the discretion of the court, for the commission of any of the prohibited
19 acts enumerated in Section 57 (A) of this Act.

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

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

32 **SEC. 59. *Refund and Compensation.*** - Any nurse found to have been a victim
33 under Section 57 B.3 (e) hereof shall be entitled to a full refund of all fees illegally
34 collected and the payment of unpaid salary, if any, which should not be less than the

1 applicable wage for services rendered. This is without prejudice to the other liabilities
2 of the violators under applicable laws.

3 ARTICLE XI 4 MISCELLANEOUS PROVISIONS

5 **SEC. 60. *Implementing Agencies.*** - The Department of Budget and
6 Management (DBM), Department of Health (DOH), Philippine Health Insurance
7 Corporation (PhilHealth), Department of Labor and Employment (DOLE),
8 Department of Interior and Local Government (DILG), Civil Service Commission
9 (CSC), Commission on Higher Education (CHED), are the designated agencies that
10 shall be responsible for the implementation and monitoring of the compliance of the
11 provisions of this Act.

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

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

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

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

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

1 **SEC. 62. *Appropriations.*** – The Chairman of the Professional Regulation
2 Commission and the Secretary of the Department of Health shall immediately
3 include in their program the implementation of this Act, the funding of which shall
4 be included in the annual General Appropriations Act.

5 **SEC. 63. *Implementing Rules and Regulations and Code of Ethics.*** – Within
6 ninety (90) days after the effectivity of this Act, the PRC, the Board; the APO for
7 nurses, CSC, DBM, DOH and other concerned nursing organizations and
8 government agencies shall formulate the implementing rules and regulations (IRR)
9 necessary to carry out the provisions of this Act.

10 **SEC. 64. *Separability Clause.*** – Should any provision of this Act be declared
11 unconstitutional, the remaining parts not affected thereby shall remain valid and
12 operational.

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

17 **SEC. 66. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
18 publication in the Official Gazette or in a newspaper of general circulation in the
19 Philippines.

20 Approved,