



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session
4606
House Bill No. _____



Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

Pursuant to the 1987 Philippine Constitution, the State is mandated to protect and promote the right to health¹ and to ensure access to quality education and professional development². This policy is further anchored on the Philippine Nursing Act of 2002,³ the Universal Health Care Act⁴, the Philippine Medical Act of 1959,⁵ and other relevant legislation regulating nursing practice, higher education, and health workforce deployment.

Internationally, developed countries recognize advanced practice nurses (APNs) as integral providers in primary care, specialized clinical services, and prescribing roles. Their practice is supported by structured education, competency-based certification, and legal frameworks ensuring patient safety. Moving towards the same direction, this aligns the Philippines with global best practices in advanced nursing education and clinical practice, as exemplified by countries such as the United States, Canada, Australia, New Zealand, and the United Kingdom.

Nurses form the backbone of the Philippine healthcare system, yet many underserved and geographically isolated communities still face critical shortages of both doctors and nurses. Existing laws neither fully define advanced nursing roles nor adequately provide for prescriptive authority or the integration of highly trained nurses into national workforce planning. As a result, gaps persist in advanced clinical training, legal recognition, equitable deployment, and structured career pathways. APNs are uniquely positioned to address these gaps by delivering high-level clinical care, expanding the reach of health services, and supporting accessible, quality healthcare nationwide.

¹ 1987 Philippine Constitution, Article II, Section 15.

² 1987 Philippine Constitution, Article XIV, Sections 1–5.

³ Republic Act No. 9173, *Philippine Nursing Act of 2002*.

⁴ Republic Act No. 11223, *Universal Health Care Act*.

⁵ Republic Act No. 2382, *Philippine Medical Act of 1959*.

This bill proposes a national framework for advanced nursing education and clinical practice, institutionalizing pathways for APNs, including Registered Nurse Prescribers, Nurse Practitioners, Clinical Nurse Specialists, and other specialized roles. It sets clear standards for education, supervised clinical training, and prescriptive authority, alongside career integration and scholarship programs. The framework aligns APN roles with universal health care goals, national workforce planning, and international nursing standards, while providing merit-based career progression, salary upgrades, and deployment incentives for underserved areas. It also introduces tiered prescriptive authority with safeguards, monitoring, evaluation, and research mechanisms to ensure quality and patient safety. Finally, it prescribes penalties and enforcement measures against unauthorized practice or fraudulent representation, harmonizing APN practice with existing laws.

The proposed measure will significantly expand access to quality health care by empowering nurses to provide advanced and independent care within the scope of their competencies. It will elevate nursing education and professional standards by aligning graduate programs with global best practices and creating structured pathways for specialization, leadership, and continuous professional development. By creating higher-level roles, mandating salary upgrades through the Civil Service Commission, and ensuring clear career growth opportunities, the bill incentivizes Filipino nurses to remain and practice in the country. Strategic deployment of APNs to underserved areas addresses workforce maldistribution and persistent shortages, while competency-based certification, tiered prescriptive safeguards, and a national monitoring system ensure patient safety and quality of care. Public health outcomes will likewise improve as APNs lead evidence-based interventions, health promotion, and preventive care programs. Finally, the bill strengthens universal health care implementation by recognizing APNs as eligible providers within PhilHealth-accredited facilities, ensuring their full participation in delivering accessible and comprehensive services.

By formally recognizing APNs, establishing standardized education and certification pathways, and integrating them into workforce planning and universal health care delivery, this Bill empowers the nursing profession to contribute fully to the health system. It closes critical gaps in education, career progression, and legal authority, while safeguarding public welfare and ensuring collaborative practice with physicians. The passage of this bill will promote equitable, high-quality, and accessible health services for all Filipinos.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


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Introduced by **Representative GIRLIE E. VELOSO**

**AN ACT INSTITUTIONALIZING THE NATIONAL FRAMEWORK FOR ADVANCED
NURSING EDUCATION AND CLINICAL PRACTICE, PROVIDING FOR ITS
IMPLEMENTATION, AND FOR OTHER PURPOSES**

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

1 **SECTION 1. Short Title.** — This Act shall be known as the “Advanced Nursing
2 Education and Practice Act”.

3 **SECTION 2. Declaration of Policy.** — The State recognizes the essential role of nurses in
4 the delivery of health services and affirms its commitment to elevate nursing education to global
5 standards. It is hereby declared the policy of the State to:

- 6 (a) Institutionalize a nationally coordinated framework for advanced nursing education and
7 practice, establishing clear graduate-level pathways with standardized curricula,
8 competency requirements, and accreditation standards to ensure uniform national
9 recognition of Advanced Practice Nurses (APNs);
10 (b) Establish a career and clinical practice framework for APNs;
11 (c) Promote equitable distribution of nurse specialists across all regions, especially for
12 underserved and disadvantaged areas;
13 (d) Empower nurses through legal recognition of expanded clinical roles, including
14 prescribing authority subject to safeguards; and
15 (e) Integrate advanced nursing roles into national health workforce planning and the
16 implementation of Universal Health Care (UHC).

SECTION 3. Definition of Terms. — As used in this Act:

- (a) Advanced Practice Nurse (APN) refers to a Registered Nurse (RN) who has completed advanced clinical education and training, demonstrated the required competencies, and obtained certification to perform expanded and specialized clinical roles under this Act, in accordance with Republic Act No. 9173 (Philippine Nursing Act of 2002), as amended, and other applicable laws.
- (b) Nurse Practitioner (NP) refers to an APN specializing in comprehensive patient care, with authority to diagnose, manage, and treat conditions within their scope of practice.
- (c) Clinical Nurse Specialist (CNS) refers to an APN focusing on expert consultation, complex case management, and systems-level nursing practice in a specialized field.
- (d) Doctor of Nursing Practice (DNP) refers to the terminal professional degree in nursing that prepares nurses for advanced clinical leadership, evidence-based practice, and the improvement of health systems and patient outcomes.
- (e) APN Certification refers to the official recognition and credential issued by the Board of Nursing (BON) to a Registered Nurse who has met the prescribed educational, clinical, and competency standards to practice as an APN, excluding prescriptive authority which requires a separate endorsement.
- (f) Prescriptive Authority refers to the legal right and power granted to an APN by law or regulation to prescribe medications, medical devices, and therapeutic treatments within the scope of their certification, training, and accreditation.
- (g) Prescriptive Endorsement refers to a formal authorization or license issued by the BON that certifies an APN's individual eligibility to exercise prescriptive authority, specifying the scope, limitations, conditions, and approved formularies under which the APN may prescribe.

SECTION 4. Coverage. — This Act shall apply to all duly licensed Filipino nurses in the Philippines, whether employed in the public or private sector, who seek to pursue or are currently enrolled in advanced nursing education programs, or who intend to engage in advanced nursing practice.

It shall likewise cover:

- (a) All Higher Education Institutions (HEIs) offering or intending to offer, Master's or Doctoral programs in nursing, including ladderized programs for specialized clinical tracks;
- (b) Public and private hospitals, primary care facilities, rural health units, and other healthcare institutions that may employ or serve as training sites for APNs;
- (c) Government agencies and regulatory bodies, including the Commission on Higher Education (CHED), Department of Health (DOH), Professional Regulation Commission (PRC), Civil Service Commission (CSC), and the Philippine Health

- 1 Insurance Corporation (PhilHealth), which are mandated to implement, regulate,
2 accredit, or fund activities under this Act;
- 3 (d) National and regional nursing organizations recognized by the PRC or the CHED, that
4 participate in curriculum development, certification standards, and professional
5 regulation; and
- 6 (e) Foreign-trained Filipino nurses seeking recognition of advanced nursing credentials in
7 accordance with guidelines set by the PRC and the CHED.

8 The coverage of this Act shall extend to the academic, clinical, regulatory, employment, and
9 financing dimensions of advanced nursing education and practice, and shall govern all related
10 programs, partnerships, and policy frameworks implemented at the national and local levels.

11 **SECTION 5. National Framework for Advanced Nursing Education and Practice. —**

12 There is hereby institutionalized a National Framework for Advanced Nursing Education and
13 Practice to raise the standards of nursing in the country and equip Filipino nurses with globally
14 aligned competencies.

15 The Framework shall be under the supervision and regulatory authority of the PRC through
16 the BON, in coordination with the CHED and the DOH, consistent with their respective mandates
17 under existing laws.

18 **SECTION 6. Education Pathway and Standards. —** The Education Pathway shall

19 constitute the primary route for recognition as an APN through the completion of graduate-level
20 nursing education that meets national and international standards, with curricula designed to prepare
21 nurses for advanced clinical decision-making, leadership, and research.

- 22 (a) Minimum Qualification – To qualify as APN, the applicant must hold at least a Master's
23 degree in nursing, or in a clinical specialty recognized by the BON.
- 24 (b) Doctorate-Level Education – Doctoral education in nursing or in a related health
25 discipline is encouraged, particularly for APNs pursuing advanced clinical leadership,
26 academic positions, or highly specialized practice areas. A doctoral degree shall not,
27 however, be a mandatory requirement for APN recognition.
- 28 (c) Curricular Standards – The BON, in coordination with CHED and DOH, shall ensure
29 that graduate programs meet national and international benchmarks for advanced
30 nursing education and practice.
- 31 (d) CHED Responsibilities – The CHED, in consultation with the BON, the DOH, the
32 CSC, and recognized national nursing organizations, shall:
- 33 1. Develop and enforce minimum standards for Master's and Doctoral-level nursing
34 programs, whether thesis or non-thesis, consistent with the evolving demands of
35 domestic and international healthcare systems;
- 36 2. Approve and regulate specialized clinical tracks leading to recognition as:

- i. Registered Nurse Prescriber (Community/Primary Care) – requiring completion of a master’s degree in nursing or a postgraduate diploma in nurse prescribing, with a curricula including advanced pharmacology, diagnostics, prescribing theory, and supervised clinical practice.
 - ii. Nurse Practitioner (NP) – requiring completion of a master’s degree in nursing with advanced clinical preparation for a defined population focus (e.g., family, adult-gerontology, pediatrics, psychiatric-mental health), documented clinical hours, and successful competency assessment.
 - iii. Clinical Nurse Specialist (CNS) – requiring completion of a master’s or doctoral degree in nursing with advanced preparation in a clinical specialty or system area of care, documented clinical hours, and successful competency assessment.
 - iv. Nurse Educator, Nurse Administrator, and other advanced non-prescribing tracks – requiring graduate degree or postgraduate diploma, and competency standards as may be determined in consultation with the PRC–BON, DOH, and recognized nursing organizations.
3. Require all advanced nursing education programs to integrate structured supervised clinical training, preceptorships, and practice-based placement hours, proportionate to program level, as follows:
 - i. Registered Nurse Prescribers (Community and Primary Health). Clinical training shall consist of not less than one hundred fifty (150) supervised hours of prescribing practice under a designated physician or Nurse Practitioner mentor.
 - ii. Nurse Practitioners. Clinical training shall consist of not less than three hundred (300) hours of supervised and documented advanced clinical practice, including prescribing mentorship in accredited health institutions.
 - iii. Clinical Nurse Specialist (CNS). Clinical training shall consist of supervised practice in the relevant specialty area, with the duration and scope determined by the BON, but not exceeding one thousand five hundred (1,500) hours.
4. Align curricula with internationally recognized advanced practice nursing competencies, with particular emphasis on:
 - i. Advanced Pharmacology and Pharmacotherapeutics. In-depth study of pharmacokinetics (what the body does to the drug) and pharmacodynamics (what the drug does to the body);
 - ii. Advanced Pathophysiology. A deep understanding of disease processes is essential for making accurate diagnoses and choosing the correct medication;
 - iii. Advanced Health Assessment. The ability to conduct a thorough and comprehensive patient assessment to inform prescribing decisions;

SECTION 7. Special Conferment for Highly Experienced Nurses. — All registered nurses with at least twenty (20) years of professional nursing practice, whether continuous or accumulated, and in good standing with the PRC, shall, upon application, be conferred the title of

1 APN under this Act without further academic requirements. The BON shall grant such conferment
2 as a matter of right upon verification of qualifications.

3 **SECTION 8. APN Certification and Recognition of Legal Scope of Clinical Roles. —**

4 The PRC, through the BON, shall certify APNs and recognize their clinical roles, legal scope of
5 practice, and categories of practice based on demonstrated competencies.

6 (a) Certification and Category Assignment — The BON shall certify APNs upon successful
7 completion of the Education Pathway (Section 6) or the Special Conferment for Highly
8 Experienced Nurses (Section 7). Certification shall be granted after verification that the
9 applicant meets all competency standards prescribed by the BON, including completion
10 of required supervised clinical practice and any competency assessments. Upon
11 certification, the BON shall assign one or more practice categories, which may include,
12 but are not limited to:

- 13 1. Registered Nurse Prescriber (Community/Primary Care)
- 14 2. Nurse Practitioner (Primary or Population-Focused)
- 15 3. Clinical Nurse Specialist (CNS)
- 16 4. Other advanced nursing roles as determined by the BON in consultation with the
17 PRC, DOH, and recognized nursing organizations

18 (b) Scope of Practice Framework — Each APN category shall have a nationally defined
19 scope of practice, which shall consist of:

- 20 1. Core APN Certification Privileges (Independent of Prescriptive Authority) — The
21 foundational clinical, diagnostic, management, and leadership functions an APN is
22 authorized to perform by virtue of APN certification alone.
 - 23 i. Serving as primary care providers collaboratively, particularly in underserved
24 or rural areas;
 - 25 ii. Performing comprehensive health assessments, diagnosing, and managing
26 patients within the certified category;
 - 27 iii. Ordering, performing, and interpreting diagnostic and screening tests
28 (interpretation and recommendation are allowed; any prescription-dependent
29 diagnostics follow prescriptive authority rules);
 - 30 iv. Initiating and managing non-prescription therapeutic interventions (e.g.,
31 patient education, lifestyle modifications, wound care, physical therapy
32 coordination);
 - 33 v. Coordinating care, including referrals to specialists and allied health
34 professionals;
 - 35 vi. Managing patient admissions, care, and discharge where institutionally
36 authorized;
 - 37 vii. Issuing medical certificates, including sick leave, fitness-to-work, and, where
38 authorized, death certification; and
 - 39 viii. Leading or participating in public health programs and emergency response.

- 1 2. Prescriptive Authority Privileges (Tiered, Requires Separate Endorsement) — The
2 clinical functions that involve prescribing medications, controlled substances, or
3 other interventions legally requiring prescriptive authorization, which shall be granted
4 only upon successful application and BON endorsement under this Act. Based on
5 the applicable prescriptive authority, an APN may:
- 6 i. Serve as primary care providers independently;
 - 7 ii. Establish and manage independent practice settings, subject to licensing and
8 accreditation requirements;
 - 9 iii. Prescribe medications, controlled substances, or other regulated interventions
10 in accordance with the APN's category and BON endorsement;
 - 11 iv. Perform therapeutic interventions that legally require a prescriptive order,
12 including initiating, modifying, or discontinuing medications; and
 - 13 v. Order tests or treatments that require prescriptive authorization (e.g., certain
14 laboratory panels, imaging requiring sedation or contrast agents, or
15 treatments that are restricted by law).
- 16 (c) Setting-Neutral Authority — The scope of practice of an APN shall apply across clinical,
17 community, academic, and public health settings, and shall not be limited solely to the
18 institution in which the APN is employed, unless otherwise restricted by law.
- 19 (d) Coordination and Integration — The BON shall coordinate with the DOH, CHED,
20 CSC, and relevant professional organizations to integrate APNs into national workforce
21 planning, universal health care delivery, and interprofessional collaboration frameworks.

22 This recognition shall be without prejudice to the regulatory authority of the Philippine
23 Medical Association and other professional bodies, and shall harmonize with laws promoting
24 collaborative, team-based, and patient-centered care.

25 **SECTION 9. Amendment to the Philippine Nursing Act of 2002.** — To ensure
26 consistency and enforceability, the provisions of this Act recognizing and authorizing APNs are
27 hereby incorporated into the lawful scope of nursing practice under Republic Act No. 9173, as
28 amended. All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with
29 this Act are hereby repealed, amended, or modified accordingly.

30 Section 28 of Republic Act No. 9173, otherwise known as the “Philippine Nursing Act of
31 2002,” is hereby amended to insert a new paragraph (f) and to add a new proviso at the end thereof,
32 to read as follows:

33 “...

34 (e) Undertake nursing and health human resource development training and research, which
35 shall include, but not be limited to, the development of advanced nursing practice; and

(f) Engage in advanced practice nursing, which includes advanced and expanded roles, and, where specifically authorized by law or regulation, prescriptive authority: Provided, That such functions are consistent with the APN's education, experience, certification, training, and accreditation.

Provided, That this section shall not apply to nursing students who perform nursing functions under the direct supervision of a qualified faculty: Provided, further, That in the practice of nursing in all settings, the nurse is duty-bound to observe the Code of Ethics for nurses and uphold the standards of safe nursing practice. The nurse is required to maintain competence by continual learning through continuing professional education to be provided by the accredited professional organization or any recognized professional nursing organization: Provided, further, That the program and activity for the continuing professional education shall be submitted to and approved by the Board: Provided, finally, That no duly certified APN shall be held criminally, administratively, or civilly liable for performing any advanced or expanded function authorized under law, regulation, or official issuance, unless it is clearly established that such act or omission was attended by gross negligence, manifest bad faith, or willful misconduct."

SECTION 10. Prescriptive Authority. — To safeguard the public and ensure the safe, effective, and ethical exercise of prescriptive privileges, there is hereby established a second-tier system of prescriptive authorization for APNs.

The PRC, through the BON, in coordination with the DOH, shall issue the implementing standards and procedures for the grant, renewal, suspension, and revocation of prescriptive authority under this Section.

- (a) Eligibility. — Only APNs who have been duly certified under Section 8 shall be eligible to apply for prescriptive authorization.
- (b) Application, Assessment, and Endorsement. — The BON, in coordination with DOH, shall:
 - 1. Verify APN certification and relevant clinical experience;
 - 2. Require successful completion of a competency assessment (written examination, clinical skills assessment, or Objective Structured Clinical Examination) as prescribed by the BON;
 - 3. Require evidence of professional indemnity coverage as may be prescribed, which shall be mandatory for APNs planning to or engaged in independent practice or operating their own clinics, but may be waived for those practicing as employees where indemnity coverage is provided by the employer; and
 - 4. Issue a separate prescriptive endorsement or license distinct from APN certification; such endorsement shall specify any limitations, permitted formularies, and conditions of practice.
- (c) Scope; Formularies; Controlled Substances. — Prescriptive endorsements shall:

- 1 1. Limit authority to medications, devices and treatments that are within the APN's
- 2 specialty and competence as specified in the endorsement;
- 3 2. Require adherence to DOH-approved formularies and clinical practice guidelines;
- 4 and
- 5 3. Require additional specialty training, certification, registration, and/or supervised
- 6 clinical experience, or completion of a doctoral degree in nursing or a related clinical
- 7 field, for prescribing controlled substances or scheduled drugs; the BON and DOH
- 8 shall issue a schedule of controlled substances and the special requirements for APN
- 9 prescribing of such medicines.
- 10 (d) Monitoring, Reporting and Renewal. — Prescriptive endorsements shall be subject to
- 11 periodic renewal every three (3) years, which shall require:
- 12 i. Evidence of continuing clinical practice;
- 13 ii. Completion of prescriber-specific continuing professional development,
- 14 including antimicrobial stewardship and safe prescribing; and
- 15 iii. Compliance with prescription monitoring requirements.
- 16 The DOH, in coordination with the BON, shall establish a national prescribing registry
- 17 and reporting system for APNs for use in pharmacovigilance, audit and quality assurance.

18 **SECTION 11. Categories of Prescriptive Authority.** — For the purposes of this Act, the
19 BON shall classify prescriptive authority for APNs into the following categories:

- 20 (a) Primary Care Prescriptive Authority for Registered Nurse Prescriber (RNP) — Limited
- 21 prescriptive authority for common medicines and treatments in community and primary
- 22 care settings. Requires completion of an accredited postgraduate diploma in nurse
- 23 prescribing and supervised practice. May prescribe under collaborative agreements where
- 24 required, particularly in higher-risk or complex patient settings.
- 25 (b) Independent Prescriptive Authority for Nurse Practitioner (NP) — Full prescriptive
- 26 authority within the APN's defined population focus (e.g., family, adult-gerontology,
- 27 pediatrics, psychiatric-mental health). Requires completion of a Master's degree in
- 28 nursing with advanced clinical training, documented supervised clinical hours, and
- 29 successful competency assessment. Expansion to certain controlled or specialty
- 30 medications is allowed upon additional training or certification as determined by the
- 31 BON and DOH.
- 32 (c) Specialty Care Prescriptive Authority for Clinical Nurse Specialist (CNS) or Specialist
- 33 Nurse Prescriber — Extended prescribing authority within a defined clinical specialty
- 34 (e.g., diabetes, oncology, palliative care, mental health). Requires completion of a
- 35 Master's or Doctoral degree in nursing, postgraduate specialty training, and supervised
- 36 practice. Prescriptive authority may include high-acuity or advanced therapies, subject to
- 37 specialty-specific protocols, collaborative practice, or institutional guidelines.
- 38 (d) Advanced Specialty Prescriptive Authority (Other Advanced Prescribers) — Additional
- 39 prescriptive categories as determined by the BON in consultation with the PRC, DOH,
- 40 and recognized professional nursing organizations. Requires accredited education and
- 41 supervised practice appropriate to the scope of prescribing, and may include

1 emergency/acute care prescribers or other specialized roles consistent with national
2 health system needs.

3 The BON may assign one or more prescriptive authority categories to a certificant based on
4 the APN's educational preparation, clinical experience, and competency verification.

5 **SECTION 12. Strengthening Access to Advanced Nursing Education in State**
6 **Universities and Colleges (SUCs).** — To expand equitable and cost-free access to advanced
7 nursing education, all State Universities and Colleges (SUCs) with accredited colleges of nursing are
8 hereby encouraged to establish ladderized Master's and Doctoral-level nursing programs aligned with
9 the National Framework for Advanced Nursing Education and Practice under this Act.

10 The CHED, in coordination with the Department of Budget and Management (DBM), shall:

- 11 (a) Lead the inclusion of ladderized Master's and Doctoral-level nursing programs aligned
12 with the National Framework for Advanced Nursing Education and Practice in the list of
13 eligible programs for tuition-free education under Republic Act No. 10931 (Universal
14 Access to Quality Tertiary Education Act), and issue the necessary rules, guidelines, and
15 implementing memoranda to facilitate this inclusion;
16 (b) Prioritize the enrollment of public sector nurses who commit to serve in public health
17 facilities or underserved areas upon completion of their programs;
18 (c) Ensure that SUCs offering such programs receive dedicated budget support to
19 strengthen faculty development, clinical training infrastructure, and graduate research
20 capacity; and
21 (d) Require that these programs remain accessible to non-public sector nurses in accordance
22 with SUC admission policies and applicable cost-sharing or scholarship mechanisms.

23 **SECTION 13. National Advanced Nursing Education Scholarship Fund.** — To
24 ensure equitable access to quality advanced nursing education across both public and private higher
25 education institutions (HEIs), there is hereby established a National Advanced Nursing Education
26 Scholarship Fund, to be administered by the DOH, in coordination with the CHED and Local
27 Government Units (LGUs).

28 The Fund shall provide full or partial financial assistance, including tuition and other
29 academic fees, monthly living allowance, cost of instructional materials, research or practicum
30 support, and thesis or dissertation expenses, to qualified Filipino nurses pursuing Master's or
31 Doctoral-level nursing programs in accredited HEIs, whether public or private, under the framework
32 established by this Act.

33 Scholarship prioritization shall be given to:

- (a) Public sector nurses, particularly those currently employed in DOH hospitals, local health units, and other government health institutions;
- (b) Nurses who enter into a return service agreement to serve in Geographically Isolated and Disadvantaged Areas (GIDAs), underserved rural communities, or priority public health programs;
- (c) Nurses enrolled in specialization tracks identified as national priorities, including but not limited to: primary care, maternal and child health, geriatrics, mental health, public health leadership, infectious disease, and disaster preparedness.

Scholarships under this Fund may be availed of in the following eligible institutions:

1. State Universities and Colleges (SUCs) offering CHED-accredited advanced nursing programs;
2. Private HEIs that are CHED-recognized and fully compliant with the standards under the National Framework for Advanced Nursing Education as established in this Act.

All scholars shall be required to render one (1) year of full-time return service in a public health facility or other deployment site approved by the DOH for every year of scholarship support received, with a minimum return service period of two (2) years, regardless of the total duration of scholarship. Deployment shall be determined by the DOH in consultation with the LGU and relevant government health agencies, taking into account regional health workforce needs.

Failure to fulfill the return service obligation without justifiable cause shall render the scholarship award immediately demandable. The scholar shall be required to reimburse the full cost of the scholarship, including tuition, stipends, and all other benefits received, plus legal interest and administrative penalties, as defined in the Implementing Rules and Regulations (IRR).

The DOH shall establish clear, transparent, and merit-based criteria for the selection and awarding of scholarships. Factors may include academic merit and professional standing; field of specialization; regional distribution and equity; endorsement by the LGU or DOH regional offices; and commitment to public service.

A National Registry of Advanced Nursing Scholars shall be maintained by the DOH, and an annual report on the status, distribution, and deployment of scholars shall be published and submitted to the Office of the President and the Congress.

SECTION 14. Career Integration and Public Sector Promotion. — To institutionalize the role of APNs in the public sector and ensure merit-based professional growth, the CSC, in coordination with the DOH, shall:

- (a) Create APN-specific plantilla positions in government hospitals, rural health units, and other public health facilities;

- (b) Integrate advanced practice certifications and credentials into the qualification standards for civil service eligibility, appointment, and promotion;
- (c) Implement corresponding salary grade upgrades for certified APNs based on their scope of practice and level of specialization;
- (d) Provide additional incentives, including rural service bonuses and hardship allowances, for APNs deployed in underserved, geographically isolated, and disadvantaged areas.

SECTION 15. Deployment, Retention, and National Workforce Planning. — To optimize the utilization of APNs in addressing national health priorities, the DOH shall:

- (a) Include APNs as a distinct category in the National Health Human Resource Development Plan, with corresponding targets for training, deployment, and retention;
- (b) Prioritize the deployment of APNs to critical and underserved areas, public mental health facilities, and government specialty hospitals;
- (c) Lead inter-agency coordination with the CHED, CSC, PRC, and PhilHealth to ensure cohesive implementation of this Act across education, regulation, public employment, and reimbursement systems.

SECTION 16. Integration with PhilHealth and Universal Health Care (UHC) Implementation. — To strengthen the role of APNs in the delivery of accessible and quality health services, the PhilHealth shall:

- (a) Recognize and provide reimbursement for health services rendered by duly certified APNs, consistent with their scope of practice under this Act;
- (b) Include APNs as eligible primary care providers in PhilHealth-accredited facilities, in alignment with the goals and provisions of Republic Act No. 11223, otherwise known as the Universal Health Care Act.

SECTION 17. Monitoring, Evaluation, and Research. — The DOH shall establish a system for the regular monitoring and evaluation of the implementation of this Act, including the deployment, performance, and outcomes of services rendered by APNs.

The DOH shall also undertake and support research on the effectiveness, cost-efficiency, and impact of APN-led services on health outcomes, particularly in underserved and geographically isolated and disadvantaged areas (GIDAs).

Annual monitoring and research reports shall be submitted to the Office of the President and to Congress, and shall be made available to the public to guide policy and program improvements.

SECTION 18. Penal Provisions. — Any person who violates any provision of this Act, or any rule or regulation issued pursuant to it, shall be subject to the penalties provided herein, without prejudice to other administrative, civil, or criminal liabilities under existing laws.

- (a) **Unauthorized Use of Title and Misrepresentation.** — Any person who, not being a duly certified APN as defined in this Act, shall use the title “Advanced Practice Nurse,” “APN,” “Nurse Practitioner,” “Clinical Nurse Specialist,” or any substantially similar title or description implying certification or specialized status under this Act, or who shall falsely represent himself/herself as a duly certified APN, shall, upon conviction, be punished by a fine of Not less than Fifty Thousand Pesos (₱50,000.00) but not more than One Hundred Thousand Pesos (₱100,000.00), or imprisonment of not less than six (6) months but not more than two (2) years, or both, at the discretion of the court. The court shall also order the violator to cease and desist from such representation and to forfeit any certificate, documentation, insignia, or materials used in furtherance of the offense.
- (b) **Unauthorized Practice of Advanced Nursing Functions.** — Any person who, not being a duly certified APN, practices, performs, or attempts to perform advanced clinical functions reserved for certified APNs under this Act (including but not limited to independent prescribing, ordering/interpreting diagnostic tests, independent patient management, admission/discharge authority, or independent practice), shall, upon conviction, be punished by a fine of Not less than One Hundred Thousand Pesos (₱100,000.00) but not more than Two Hundred Thousand Pesos (₱200,000.00), or imprisonment of not less than two (2) years but not more than four (4) years, or both, at the discretion of the court. The court may also order restitution to affected patients and other civil remedies as provided by law.
- (c) **Prescribing or Clinical Acts Beyond Authorized Scope.** — Any APN who willfully performs acts beyond the scope of his or her certification or authorization, resulting in serious physical injury or death, shall be prosecuted under the applicable provisions of the Revised Penal Code, in addition to administrative sanctions under this Act.
- (d) **Falsification or Fraudulent Use of Credentials.** — Any person who forges, falsifies, tampers with, or uses fraudulently any certificate, license, record, registration, or other document issued pursuant to this Act, or who presents fraudulent academic or clinical credentials for purposes of securing certification, employment, scholarship, or benefits under this Act, shall, upon conviction, be punished by imprisonment of not less than two (2) years but not more than four (4) years, and a fine of Not less than One Hundred Thousand Pesos (₱100,000.00) but not more than Two Hundred Thousand Pesos (₱200,000.00), in addition to automatic revocation of any certification or license and disqualification from future certification for a period as determined by the PRC.
- (e) **Administrative Sanctions.** — Without prejudice to criminal prosecution where applicable, the PRC, through the BON, and other regulatory agencies shall have the authority to impose disciplinary sanctions on any licensee who violates this Act or regulations

promulgated hereunder, including but not limited to reprimand, suspension, revocation of certification or license, fines, and mandatory retraining or supervised practice. Such administrative sanctions shall be imposed following due process in accordance with applicable laws and PRC rules.

- (f) Enforcement and Prosecution. — The DOH and the PRC shall have authority to investigate complaints, issue cease-and-desist orders, and refer matters to the Department of Justice for criminal prosecution. DOH and PRC shall coordinate with the Department of Justice, the Office of the Ombudsman, and local law enforcement for prompt enforcement action. PhilHealth, government hospitals, and other government agencies shall likewise supply information and cooperate in investigations and enforcement.
- (g) Reference to PRC Code of Ethics and Other Laws. — Violations of the PRC Code of Ethics or other professional standards arising from actions under this Act shall be subject to the penalties and disciplinary procedures provided therein, and nothing in this section shall be construed to limit remedies available under existing penal, civil, or administrative laws.
- (h) Separability and Remedies. — The criminal and administrative penalties provided herein are cumulative and shall be without prejudice to civil actions for damages by aggrieved patients or parties.

SECTION 19. Harmonization with Related Laws. — The pertinent provisions of the Philippine Medical Act of 1959, as amended, Republic Act No. 11223, otherwise known as the “Universal Health Care Act,” and all other related health and professional practice laws, including their implementing rules and regulations, are hereby modified only to the extent necessary to authorize APNs to perform advanced and expanded functions consistent with their certification, training, and accreditation under this Act.

Specifically:

- (a) The definition, scope, and exclusive rights relating to the practice of medicine under Republic Act No. 2382 are modified to recognize APNs duly certified under this Act as authorized to perform certain medical functions including prescriptive authority, in accordance with their scope of practice as provided herein.
- (b) All references in Republic Act No. 2382 to the exclusive practice of medicine shall be deemed to exclude the authorized advanced clinical functions and prescriptive privileges granted to APNs pursuant to this Act, Provided, That such functions are performed within the limits of their certification, training, and legal authorization.
- (c) All other provisions of Republic Act No. 2382 not expressly amended by this Act shall remain in full force and effect.

1 **SECTION 20. Implementing Rules and Regulations.** — Within ninety (90) days from the
2 effectivity of this Act, the DOH shall, in consultation with the CHED, the PRC, the CSC, and other
3 concerned government agencies and stakeholders, promulgate the necessary rules and regulations for
4 the effective implementation of this Act.

5 **SECTION 21. Appropriations.** — The amount necessary for the initial implementation of
6 this Act shall be charged against the current appropriations of the DOH, CHED, and other
7 concerned government agencies. Thereafter, the funds necessary for the continued implementation
8 of this Act shall be included in the annual General Appropriations Act.

9 **SECTION 22. Repealing Clause.** — All laws, decrees, executive orders, rules and
10 regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or
11 modified accordingly.

12 **SECTION 23. Separability Clause.** — If, for any reason, any section of this Act shall be
13 deemed unconstitutional or invalid, the other sections or provisions shall not be affected and shall
14 remain in force and in effect.

15 **SECTION 24. Effectivity Clause.** — This Act shall take effect after fifteen (15) days from
16 its publication in the Official Gazette or in at least two (2) national newspapers of general
17 circulation, whichever comes earlier.

18 Approved.