

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5960



Introduced by **Representative Ryan S. Recto**

EXPLANATORY NOTE

This proposed measure seeks to institutionalize the Nurse Workforce Complementation and Upskilling Program of the Department of Health (DOH) and the Commission on Higher Education (CHED). This proposed bill aims to solve the shortage of nurses in Philippine hospitals by authorizing the hiring of underboard nursing graduates as paid Clinical Care Associates (CCAs). These CCAs shall simultaneously receive free review classes to help them pass the Philippine Nursing Licensure Examination (PNLE).

Our country remains the world's leading exporter of nurses with around 240,000 Filipino nurses working across the world as of the year 2020. Despite this, however, the nation grapples with an estimated deficit of at least 127,000 nurses, a number which is expected to grow to 250,000 by 2030. The exodus in Filipino nurses is fueled by structural challenges in the domestic healthcare labor market. Entry-level nurses in the private sector can earn as little as P8,000.00 per month, this amount is grossly inadequate to cover costs of living as compared to competitive overseas salaries that can go as much as five times the basic salary in our hospitals. This disparity coupled with poor working conditions, chronic understaffing, heavy workloads and job insecurity drives away the most trained and experienced nurses.

With that, this piece of legislation envisions to create a mechanism by which underboard nursing graduates can be utilized to complement the current supply of licensed nurses in both public and private hospitals. The program integrates this paid service with a dedicated Upskilling Program featuring structured review didactics and protected time for study, specifically to help CCAs successfully pass the PNLE. CCAs are also guaranteed a minimum salary (not less than Salary Grade 9 in public hospitals) and are given priority for recruitment and appointment to vacant regular positions upon successful licensure. The financial mechanism mandates that CHED facilitates grants for the review costs and private hospitals must also shoulder these expenses, converting a workforce liability into a qualified asset for the local health system.

It is hoped that through this measure we shall be able to create a strategic and essential long-term investment in human capital required to sustain the Universal Health Care (UHC) Law. By providing a clear, funded and incentivized pathway for underboard nursing graduates to attain licensure and immediate employment, this piece of legislation directly converts an untapped labor pool into a qualified workforce.

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



RYAN S. RECTO
Representative
6th District, Batangas

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HOUSE BILL NO. 5960

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AN ACT
INSTITUTIONALIZING THE NURSE WORKFORCE COMPLEMENTATION AND
UPSKILLING PROGRAM FOR CLINICAL CARE ASSOCIATES, ENSURING
EQUITABLE ACCESS TO QUALITY HEALTH CARE, AND PROVIDING FUNDS
THEREFOR

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 “*Nurse Workforce*
2 *Enhancement Act*”.

3
4 Sec. 2. *Declaration of Policy.* – It is the declared policy of the State to invest in
5 human capital for the health workforce as the engine to achieve equitable access to
6 quality health care, recognizing that the health workforce is the bedrock of the
7 Philippine economy.

8
9 Sec. 3. *Definition of Terms.* – As used in this Act, the following shall be defined
10 as follows:

11
12 a) *Basic Assistance* refers to provision of support in areas such as but not
13 limited to bathing, grooming, transporting and positioning;
14

1 b) *Clinical Care Associate (CCA)* refers to an underboard nursing graduate hired
2 through this Program to assist in providing select clinical nursing services
3 under the supervision and mentorship of licensed nurses;

4
5 c) *Complex Cases* refer to critical medical and surgical cases involving special
6 populations and/or requiring nursing specialty competencies;

7
8 d) *Underboard Nursing Graduate* refers to a Filipino Bachelor of Science in
9 Nursing graduate who has been unsuccessful in the Philippine Nursing
10 Licensure Examination (PNLE) and is yet to obtain a nursing license by
11 passing the said exam; and

12
13 e) *Upskilling Program* refers to the short-term bridging scheme, officially
14 named the Nurse Workforce Complementation and Upskilling Program,
15 intended to support CCAs in undertaking the PNLE through in-service training
16 and structured review didactics with coaching and mentoring sessions.

17
18 Sec. 4. *Establishment and Coverage of the Program.* – There is hereby
19 institutionalized the Nurse Workforce Complementation and Upskilling Program for
20 Clinical Care Associates (CCAs). The Program shall be implemented in all public and
21 private hospitals at all levels of care, provided that the implementation shall be upon
22 the discretion of the hospitals based on their need for staff augmentation and available
23 resources. The Program shall apply only to underboard nursing graduates, regardless
24 of the number of attempts and rating in the PNLE.

25
26 Sec. 5. *Components of the Program.* – The Program shall consist of the
27 following integrated components, with a contract duration limited to one (1) year:

28
29 a) *Complementation (In-Service Training.)* – CCAs shall be hired under a
30 Service Contract (COS) and shall perform delegated nursing-related
31 tasks in clinical areas under the strict supervision of a professional nurse,

1 limited to functions that are assistive and supportive in nature. CCAs
2 shall render a maximum of forty (40) hours of service in a week;
3

4 b) *Upskilling (Structured Review and Didactics)*. – Structured review
5 didactics shall be carried out by CHED-identified State Universities and
6 Colleges (SUCs) and private institutions offering BSN programs. CCAs
7 shall be granted a dedicated schedule or protected time for review, which
8 shall be integrated into their work schedules; and
9

10 c) *Accountability and Mentorship*. – Chief nurses of the hospitals shall be in
11 charge of the overall management of the CCAs and shall bear
12 accountability for acts related to the CCAs, while Head nurses shall
13 handle direct and immediate supervision and mentoring.
14

15 Sec. 6. *Employment and Compensation*. – CCAs shall be compensated with
16 a salary not less than Salary Grade 9 in public hospitals or not below the prevailing
17 minimum wage set by regional wage boards in private hospitals. CCAs who complete
18 the program with satisfactory performance and successfully pass the PNLE shall be
19 considered for recruitment and appointment to vacant regular positions in their health
20 facilities, subject to existing CSC and DOLE rules. CCAs will be counted in the staffing
21 requirements equivalent to the position of Nursing Attendant for hospital licensing,
22 provided that at least one (1) year of service is rendered.
23

24 Sec. 7. *Prohibited Activities*. – CCAs are strictly prohibited from involvement
25 in the management and treatment of complex cases, therapeutics administration
26 (oral/parenteral), signing of clinical records, and interpretation of diagnostic
27 procedures.
28

29 Sec. 8. *Funding Mechanism*. – Implementing public and private hospitals
30 shall entirely expend the costs intended for the salaries of its hired CCAs. For the costs
31 of review, CHED shall provide and facilitate grants to qualified public and private

1 Higher Education Institutions (HEIs) to cover the cost of review sessions. Private
2 hospitals shall provide funds and pay for the cost of review sessions for their CCAs.

3
4 Sec. 9. *Roles and Responsibilities.* – The DOH - Health Human Resource
5 Development Bureau and the Commission on Higher Education (CHED) shall jointly
6 oversee, monitor and evaluate the program. The DOH shall maintain a list of
7 implementing hospitals, while CHED shall be responsible for identifying HEIs and
8 facilitating grants for the structured review program.

9
10 Sec. 10. *Implementing Rules and Regulations (IRR).* – Within thirty (30) days
11 from the effectivity of this Act, the Secretary of Health and the Chairperson of the
12 Commission on Higher Education, shall promulgate the necessary rules and
13 regulations for its effective implementation.

14
15 Sec. 11. *Repealing Clause.* – All laws, acts, decrees, executive orders,
16 issuances, and rules and regulations or parts thereof which are contrary to and
17 inconsistent with this Act are hereby repealed, amended or modified accordingly.

18
19 Sec. 12. *Effectivity.* – This Act shall take effect fifteen (15) days after its
20 complete publication in the *Official Gazette* or in at least two (2) newspapers of general
21 circulation.

22
Approved,