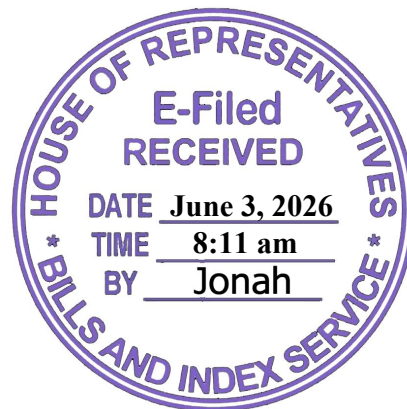




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9696



Introduced by
HON. NELSON R. DAYANGHIRANG, JR.

EXPLANATORY NOTE

The 1987 Philippine Constitution, Article XIII, Section 3, mandates the State to ensure humane conditions of work, a living wage, and participation of workers in policy and decision-making processes affecting their rights and benefits. This constitutional guarantee underscores the State's obligation to address long-standing inequities affecting the nursing workforce in the country.

The Professional Regulation Commission (PRC) Board of Nursing recognizes nursing as one of the backbone professions of the Philippine healthcare system. Nurses play a pivotal and transformative role in the delivery of health services, particularly in the context of Republic Act No. 11223, or the Universal Health Care (UHC) Act, where they serve as frontline providers in achieving accessible and equitable healthcare for all Filipinos.

Despite their critical contribution, Filipino nurses continue to face persistent and systemic challenges, including insufficient compensation, unsafe and overburdened working conditions, limited opportunities for professional advancement, and the underutilization of their competencies. These long-standing concerns have contributed to the continued migration of nurses seeking better opportunities abroad, driven by the need for fair compensation, career growth, and safer work environments.

This sustained outflow of nursing professionals has resulted in a significant shortage of nurses in the country, thereby weakening the overall capacity of the healthcare system and hindering the full and effective implementation of the Universal Health Care Act. The shortage is particularly felt in geographically isolated and disadvantaged areas, where access to quality healthcare remains a persistent challenge.

While the Philippines is globally recognized for producing highly skilled, competent, and compassionate nurses, the country has not fully maximized the potential of its nursing workforce to address persistent gaps in healthcare delivery. There is a growing need to strengthen the profession by expanding clinical roles, enhancing training pathways, and enabling nurses to practice to the full extent of their education and competencies under a clear and unified regulatory framework.

International experience shows that countries which have strengthened and expanded advanced nursing roles have achieved significant improvements in healthcare access, quality, and efficiency, including reduced hospital congestion, improved chronic disease management, enhanced patient education, and better continuity of care, particularly in underserved areas. Global evidence further highlights that strengthening nursing roles is a key strategy in achieving Universal Health Coverage and reinforcing primary healthcare systems.

The modernization of nursing policies is both timely and necessary. There is a need to institutionalize clear standards for expanded nursing practice, ensure structured professional development pathways, and strengthen regulatory mechanisms that support safe, competent, and high-quality care delivery.

This bill seeks to modernize the Philippine Nursing Law to respond to evolving healthcare demands and long-standing workforce challenges. It aims to promote fair and competitive compensation, strengthen career development opportunities, and ensure safe and supportive working environments for nurses. By empowering the nursing workforce and optimizing their contribution to the health system, the State reinforces its commitment to the full realization of the Universal Health Care Act.

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



HON. NELSON R. DAYANGHIRANG, JR.



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HOUSE BILL NO. 9696

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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

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

ARTICLE I
GENERAL PROVISIONS

- 1 **SECTION 1. *Short Title*** — This Act shall be known as the "*The Philippine Nursing Practice Act*
2 *of 2026.*"
- 3 **SEC. 2. *Declaration of Policy*** — In pursuit of the constitutional mandate that health is a right of
4 every Filipino, it is hereby declared the policy of the State to protect and uphold the welfare of
5 health care workers as essential toward achieving Universal Health Care (UHC) through Primary
6 Health Care. It is further declared the policy of the State to uphold the dignity and respect for
7 nurses and the nursing profession by promoting adherence to nursing practice standards, ensuring
8 quality nursing education, providing decent working conditions, and supporting professional
9 growth.
- 10 Toward this end, the State shall guarantee equitable access to quality and affordable health care by
11 implementing an adequate and comprehensive Nursing Human Resource for Health Management
12 System (NHRHMS) throughout the country.
- 13 **SEC. 3. *Definition of terms*** — As used in this Act:
- 14 a. *Accredited Integrated Professional Organization (AIPO)* refers to the one and only national
15 organization of Nurses that is accredited by the Board and PRC as provided in Section 24
16 of this Act;
17
- 18 b. *Advanced Practice Nursing (APN)* refers to an expanded level of nursing practice that
19 builds on the competencies of a registered nurse of advanced clinical expertise, leadership,
20 and decision-making in assessing, diagnosing, planning, implementing, and evaluating
21 care for individuals, families and communities along an area of specialization;
22
- 23 c. *Advanced Practice Registered Nurse (APRN)* refers to a registered nurse who has
24 completed a recognized graduate-level education program in advanced practice nursing, is
25 duly certified by the Board of Nursing, and is authorized to perform expanded roles within
26 the scope of nursing.
27

1 This may include advanced health assessments, care planning, implementation of
2 evidence-based interventions, coordination of care, leadership in clinical practice,
3 education, and research;
4

- 5 d. *Bachelor of Science in Nursing (BSN)* refers to a baccalaureate nursing program consisting
6 of general and professional courses that develop nursing competencies needed for entry-
7 level practice and offered by a higher education institution (HEI) duly recognized by the
8 Commission on Higher Education (CHED);
9
- 10 e. *Career Progression and Specialization Committee for Nursing (CPSCN)* refers to the body
11 designated by the Professional Regulation Commission (PRC) to develop differentiated
12 nursing-level standards, establish mechanisms and criteria for the accreditation of specialty
13 organizations and certification of individuals at various levels of postbaccalaureate nursing
14 and advanced practice for recommendation to the Professional Regulatory Board of
15 Nursing (Board);
16
- 17 f. *Career Progression and Specialization Program for Nurses (CPSPN)* refers to one of the
18 policy initiatives of the PRC that is mandated by RA 10912 (CPD Act of 2016). The CPSPN
19 aims to enhance the skills and qualifications of professional nurses, ensuring they meet the
20 global standards and are equipped for career advancement, including specialization. It
21 provides clear pathways for professional nurses to specialize and advance in specific areas
22 in their field that are aligned with the PQF;
23
- 24 g. *Certification* refers to the formal confirmation granted by the Board-accredited specialty
25 nursing organization to a registered nurse who has successfully completed an accredited
26 specialty nursing program. This recognition signifies that the nurse has acquired the
27 requisite competencies aligned with the Philippine Qualifications Framework (PQF) levels
28 and the standards set forth in the Career Progression and Specialization Program (CPSP),
29 which supports career advancement and contributes to the enhancement of health care
30 service delivery;
31
- 32 h. *Chief Nursing Officer (CNO)* refers to the senior-most nursing administrative and clinical
33 leader within a healthcare organization. The CNO is responsible for overseeing the delivery
34 of high-quality nursing care, ensuring adherence to clinical standards, and coordinating
35 nursing services across the organization. This role encompasses strategic planning, policy
36 development, and resource management, as well as serving as the primary advocate and
37 spokesperson for the nursing staff;
38
- 39 i. *Decent Work* refers to opportunities for work that is productive, delivers a fair income,
40 security in the workplace, social protection for family; opportunities for personal
41 development, psychological well-being, social integration, freedom to express their
42 concerns, organize and participate in decisions that affect their lives, and equal treatment,
43 regardless of ethnicity, gender, position, or religion;
44
- 45 j. *Expanded Role* refers to the broadening scope of nursing responsibilities beyond the
46 traditional tasks that nurses take on to meet the evolving needs of patients/clients and health
47 care systems;
48
- 49 k. *Health Facility* refers to public and private hospitals and clinics, including community
50 health centers that provide health services to patients;
51
- 52 l. *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing official
53 within the Department of Health (DOH), responsible for providing leadership and direction
54 for the nursing profession across the country. The NCNO serves as a key advisor to
55 government and health agencies, advocating for policies that enhance the quality of nursing
56 practice and healthcare delivery. Additionally, the NCNO represents the nursing profession
57 in discussions on health policy, workforce planning, and public health initiatives, further
58 emphasizing the importance of nursing in promoting population health and well-being;

- 1 m. *Nurse Specialist* refers to a registered nurse who has acquired expertise in a specific field
2 of nursing beyond the entry-level of BSN and is duly certified by the specialty nursing
3 organization;
4
- 5 n. *Nursing care* refers to the comprehensive and holistic services provided by registered
6 nurses (RNs) in the Philippines who hold a Bachelor of Science in Nursing (BSN). This
7 care encompasses a wide range of activities aimed at promoting, maintaining, or restoring
8 the health and well-being of clients from conception to death, including individuals,
9 families, and communities. This includes assessment, diagnosis, planning, implementation,
10 evaluation, patient advocacy, health education and promotion, collaboration, and
11 compassionate care. Grounded in both evidence-based practices and the cultural values of
12 Filipino society, nursing care integrates compassion, respect, and advocacy into patient
13 interactions;
14
- 15 o. *Nursing Human Resource for Health Management System (NHRHMS)* refers to an
16 organized human resource management and development information system that provides
17 meaningful data used to support policies affecting nurses and nursing, which is a
18 component of the National Health Workforce Registry under the HRH Network;
19
- 20 p. *Philippine Professional Nursing Practice Standards (PPNPS)* refers to the authoritative
21 framework developed by the Board that outlines the core competencies, responsibilities,
22 and duties expected of all registered nurses, regardless of role, designation, or specialty.
23 The PPNPS serves to promote, guide, and direct professional nursing practice, ensuring the
24 delivery of high-quality care and the advancement of the nursing profession in the
25 Philippines;
26
- 27 q. *Philippine Professional Nursing Roadmap (PPNR)* refers to a comprehensive strategic
28 development plan for the Philippine nursing profession, grounded in the principles of good
29 governance. It articulates the vision, mission, and core values of the nursing profession
30 while outlining strategic goals and objectives aimed at addressing priority issues and
31 challenges within the field;
32
- 33 r. *Positive Practice Environment* refers to a workplace that fosters a supportive,
34 collaborative, and safe place for healthcare professionals, including nurses, to deliver high-
35 quality patient care. It promotes economic welfare, job satisfaction, retention, and
36 professional autonomy of nurses by ensuring safe staffing, managerial support,
37 professional development, occupational safety, psychological well-being, and measures to
38 prevent workplace violence;
39
- 40 s. *Precarious work* refers to employment conditions that are unstable, insecure, and unsafe
41 adversely affecting workers' well-being, job satisfaction, and their ability to provide quality
42 care;
43
- 44 t. *Primary Care* is the first level of contact of patients with health care providers within the
45 healthcare system, providing accessible and comprehensive services that include
46 preventive care, diagnosis, treatment, and management of both acute and chronic
47 conditions;
48
- 49 u. *Primary Health Care* is a comprehensive approach to health that provides individuals and
50 communities with access to essential health services, including promotive, preventive,
51 curative, and rehabilitative care. It emphasizes community participation and requires
52 collective efforts among stakeholders, including government agencies, local government
53 units, and health organizations, to empower individuals in managing their health. Primary
54 Health Care also addresses social determinants of health and aims to ensure equitable
55 access to care for all;
56
- 57 v. *Professional Nursing Practice* refers to the autonomous and collaborative delivery of
58 evidence-based, ethical, and client-centered care by registered nurses, anchored in
59 scientific knowledge and the nursing process.

1 It encompasses health promotion, illness prevention, and the care of individuals who are
2 sick, disabled, or dying, as well as advocacy for individuals, families, and communities at
3 all levels of care. This practice is conducted in accordance with the standards established
4 by the Professional Regulatory Board of Nursing, the Philippine Nursing Act, and other
5 relevant laws and regulations;
6

7 w. *Registered Nurse (RN)* refers to a licensed healthcare professional who has fulfilled the
8 educational, legal and ethical requirements to practice nursing and is officially registered
9 in the roster of nurses maintained by the PRC;
10

11 x. *Safe Harbor* refers to a provision that allows a nurse to refuse to engage in a requested
12 nursing assignment or a portion of an assignment if the nurse, in good faith and with
13 reasonable belief, believes that the assignment would require them to perform an act that
14 would violate this Act, the rules of the Board of Nursing, or other relevant laws, or
15 otherwise would place a patient in a situation that is unsafe, leading to a significant risk of
16 harm or injury; and
17

18 y. *Special Temporary Permit (STP)* refers to the authorization granted to foreign registered or
19 licensed nurses and unlicensed Filipino nursing graduates to engage in limited nursing
20 practice in accordance with the conditions set forth in this Act.
21

22 **ARTICLE II**

PROFESSIONAL REGULATORY BOARD OF NURSING

23 **SEC. 4. *Creation and Composition of the Board*** – There shall be created, under the administrative
24 supervision of the PRC, the Professional Regulatory Board of Nursing which shall be composed
25 of seven (7) Members who shall elect from among themselves a Chairperson to serve for one (1)
26 year only but may be re-elected as Chairperson on a year-to-year basis. The President of the
27 Republic of the Philippines shall appoint the members of the Board from among those
28 recommended and ranked from a list of at least three (3) nominees per vacancy as provided by the
29 AIPO, other recognized nursing professional organizations, or higher educational
30 institutions/colleges of nursing: *Provided*, That the membership of the Board shall be distributed
31 to proportionately represent nursing practice.
32

33 **SEC. 5. *Mission of the Professional Regulatory Board of Nursing*** - The mission of the Board is
34 to protect and promote the welfare of the people of the Philippines by ensuring that each person
35 holding a license as a nurse in the Philippines is competent to practice safely. The Board fulfils its
36 mission through the regulation of the practice of nursing.

37 The Board, acting in accordance with the highest standards of ethics, accountability, efficiency,
38 effectiveness, and transparency, shall approach its mission with a deep sense of purpose and
39 responsibility and affirms that the regulation of nursing is a public trust.
40

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

- 45 a) A valid and current certificate of registration and professional identification card as nurse;
- 46 b) A master's degree holder in nursing and preferably with relevant doctorate degree
47 conferred by a duly recognized higher education institution (HEI);
- 48 c) A minimum of ten (10) years of continuous practice of the profession prior to appointment:
49 *Provided, However, That the last five (5) years of such practice must have been served in*
50 *the Philippines;*
- 51 d) Not have been convicted of any offense involving moral turpitude; and
- 52 e) Physical and mental fitness.
53

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

- 56 a) Ensure the proper conduct of the Nurse Licensure Examination (NLE), including the
57

- 1 evaluation of examination, applications, test development, administration of the
2 examination, correction and release of the results thereof;
- 3 b) Enforce and monitor safe and quality standards of nursing practice, study the conditions
4 affecting nursing practice in the Philippines, and exercise the authority necessary to uphold
5 and advance ethical, technical, and professional standards in the practice of nursing for
6 optimal health and common good of the nation;
- 7 c) Ensure quality nursing education, jointly with the CHED, by examining and monitoring
8 Higher Education Institutions (HEIs) offering and seeking permission to open nursing
9 education programs to guarantee that the standards of nursing education are properly
10 complied with and maintained at all times. The Board may recommend to the CHED the
11 opening and closure of nursing programs;
- 12 d) Promulgate a Code of Ethics that is responsive to the needs of the nursing profession, in
13 coordination with the AIPO for nurses, within one (1) year from the effectivity of this Act;
- 14 e) Prescribe and implement a CPSPN to enhance professional development and career
15 advancement of nurses. This program will include the accreditation of specialty nursing
16 organizations and recognition of Advanced Practice Registered Nurses (APRN);
- 17 f) Recognize nursing organizations;
- 18 g) Work in partnership with appropriate agencies to identify and utilize resources earmarked
19 for national nursing development;
- 20 h) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and submit
21 recommendations to authorities and agencies to aid in policy- and decision- making as may
22 be necessary for the improvement of nursing practice, advancement of the profession, and
23 for the proper and full enforcement of this Act, subject to the review and approval of the
24 PRC;
- 25 i) Oversee the implementation of the Philippine Professional Nursing Roadmap;
- 26 j) Develop an enhanced and updated Philippine Professional Nursing Practice Standards;
- 27 k) Conduct hearings and investigations to resolve complaints against nurses for unethical
28 or unprofessional conduct or any violation of this Act, or its rules and regulations,
29 and in connection therewith: issue subpoena ad testificandum or subpoena duces
30 tecum, or both, to require the appearance of respondents and witnesses or the production
31 of documents, or both and to penalize for contempt persons obstructing, or
32 otherwise interfering with the conduct of such proceedings, upon application with the
33 regular courts;
- 34 l) Issue, suspend, revoke or reinstate certificates of registration and special temporary permits
35 for the practice of nursing; and
- 36 m) Ensure performance of mandated duties and functions.
- 37

38 **SEC. 8. *Prohibition as Members of the Board*** — The Members of the Board shall not, at the time
39 of their appointments and during their incumbency, hold any position nor have pecuniary interest,
40 direct or indirect, in any HEI offering BSN, or in any review or training center for the NLE training
41 hospital or health facility with nursing affiliates, and is not a national officer of the AIPO.

42

43 **SEC. 9. *Limited Practice of the Profession*** – During their incumbency, the Members of the Board
44 may be allowed to practice their profession or maintain employment or affiliation in the public or
45 private sector, subject to the conditions and limitations prescribed by law and upon proper and
46 timely disclosure of possible or actual conflict of interest.

47

48 **SEC. 10. *Term of Office*** – The Members of the Board shall hold office for a term of five (5) years.
49 Any Member of the Board may serve for a maximum of two (2) terms or a total of ten (10) years,
50 or until their successors shall have been appointed and qualified.

51

52 A successor to a Member whose term of office has expired shall be appointed for the full term
53 of five (5) years from the date of expiration of the term of office for which his/her predecessor was
54 appointed.

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

3
4 **SEC. 12. *Removal or Suspension of Board Members*** — The President may remove or suspend
5 any member of the Board, after due process, upon recommendation of the PRC on any of the
6 following grounds:

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

11
12 **SEC. 13. *Vacancy*** - Any vacancy in the Board for causes other than expiration of term of office
13 must be filled in the manner prescribed in this Act and only for the unexpired portion of the term.
14 Each member of the Board shall take the proper oath of office prior to the performance of duties.

15
16 **SEC. 14. *Administrative Supervision of the Board, Custodian of its Records, Secretariat and***
17 ***Support Services*** - The Board shall be under the administrative supervision of the PRC. All records
18 of the Board, including applications for examinations, administrative and other investigative cases
19 conducted by the Board must be under the custody of the PRC. The PRC shall designate the
20 Secretary of the Board and shall provide the secretariat and other support services to implement
21 the provisions of this Act.

22
23 **SEC. 15. *Annual Report*** - The Board shall, within 30 calendar days of the succeeding year, submit
24 an annual report to the President and Congress of the Philippines, through the PRC, giving a
25 detailed account of its proceedings and accomplishments during the year and making
26 recommendations for the adoption of measures that will upgrade and improve the conditions
27 affecting the practice of the nursing profession.

28 **ARTICLE III**
29 **EXAMINATION AND REGISTRATION**

30
31 **SEC. 16. *Nurse Licensure Examination (NLE)*** - All eligible applicants for license to practice
32 nursing shall be required to pass a written examination referred to as NLE. The Board shall
33 administer the NLE in such places and dates as may be designated by the PRC; *Provided*, that it
34 shall be in accordance with RA 8991, otherwise known as the “PRC Modernization Act of 2000.”

35
36 **SEC. 17. *Scope of Examination*** - The Board shall determine the scope of the NLE, taking into
37 consideration the nursing core competencies, the nursing curriculum, the scope and areas of
38 nursing practice, and other related disciplines.

39
40 **SEC. 18. *Qualifications for Admission to the PNLE*** - At the time of the filing of an application
41 for the NLE, an applicant must be:

- 42 a) A holder of a BSN degree from a HEI that is compliant with the standards of nursing
43 education duly recognized by the CHED;
- 44 b) Of good moral character and has not been convicted by final judgment of any criminal
45 offense involving moral turpitude or found guilty of immoral or dishonorable conduct; and,
- 46 c) A citizen of the Philippines or a citizen or subject of a country which permits Filipino
47 nurses to practice within its territorial limits on the same basis as the subject or citizen of
48 such country: *Provided*, That the requirements for the registration or licensing of nurses in
49 said country are substantially the same as those prescribed in this Act;

50
51 **SEC. 19. *Nurse Licensure Examination Application and Fees*** – Applicants for the NLE must
52 comply with all requirements for application and pay the prescribed fees set by the PRC.

SEC. 20. Nurse Licensure Examination Ratings – To pass the examination, an examinee must obtain a general average of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five percent (75%) or higher but gets a rating below sixty percent (60%) in any subject must take the examination again but only in the subject or subjects where he/she is rated below sixty percent (60%). In order to pass the succeeding examination, an examinee must obtain a rating of at least seventy-five percent (75%) in the subject or subjects repeated.

An examinee who has failed the NLE three times (3x) shall not be allowed to take any further NLE, without having undertaken a refresher program in a duly designated nursing institution in coordination with CHED.

SEC. 21. Issuance of Certificate of Registration (COR) and Professional Identification Card (PIC) – The Certificate of Registration and Professional Identification Card shall be issued to all successful examinees, upon compliance with all the requirements for registration. The Certificate of Registration shall show the full name of the registrant, certificate of registration number, and date of initial registration. The same must be duly signed by the Chairperson and Members of the Board and the Chairperson of the PRC, with their corresponding seals.

The Professional Identification Card shall bear the full name of the registrant, the certificate of registration number, date of initial registration, and date of the expiration, and which must be duly signed by the Chairperson of the PRC. The professional identification card shall be renewed within such period as may be prescribed by the Commission upon satisfying the requirements set by the PRC, including the payment of the required fees.

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

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

SEC. 24. Integration of Nurses - The nursing profession shall be integrated into one (1) national professional organization of Nurses which shall be duly registered with the Securities and Exchange Commission. The Board, subject to approval by the PRC shall accredit the said organization as the one and only AIPO of Nurses. All nurses whose names appear in the Registry Book of Nurses shall automatically become members and shall receive all the benefits and privileges upon payment of the AIPO membership fees and dues.

SEC. 25. Registration by Reciprocity - The registration/professional license may be issued without examination to nurses registered under the laws of a foreign state or country: Provided, That the requirements for registration or licensing of nurses in said country are substantially the same as those prescribed under this Act: *Provided, Further*, That the laws of such state or country grant the same basis as the subjects or citizens of such foreign state or country.

SEC. 26. Limited Practice Through Special Temporary Permit (STP) - The Board may issue STP to the following persons based on qualifications and professional and moral standards as approved by the Board and the PRC:

- a) Licensed nurses from foreign countries/states whose services are either for a fee or free if they are internationally well-known specialists or outstanding experts in any branch or specialty of nursing;
- b) Licensed nurses from foreign countries/states on medical mission whose services shall be free in a particular hospital, community, center or clinic; and

- 1 c) Licensed nurses from foreign countries/states employed by schools/colleges of nursing as
2 exchange professors in a branch or specialty of nursing: *Provided*, However, That the
3 special/temporary permit shall be effective only for the duration of the project, medical
4 mission or employment contract.
5

6 The STP issued to qualified registered/licensed nurses of foreign citizenship upon payment of
7 prescribed fees by the PRC, shall be effective only for the duration of the project, health mission,
8 engagement, but which in no case shall exceed one (1) year, subject to renewal. The special
9 temporary permit issued to unlicensed nursing graduates with Philippine citizenship shall
10 automatically cease upon the lifting or termination of the epidemic or national emergency.
11

12 A completion report shall be submitted to the Board and the PRC after the conduct of such project,
13 medical mission, engagement, or contract.

14 The Board shall issue the corresponding guidelines in the issuance of the special temporary permit
15 pursuant to this Section. The PRC may consider other categories of foreign nurses who may be
16 issued STPs, subject to the prescribed requirements.
17

18 Nursing graduates who are not RNs with Philippine citizenship may render nursing service during
19 public health emergencies and/or calamities: *Provided*, That (1) they practice under the supervision
20 of a registered nurse, and (2) that they completed their BSN program within the last five (5) years
21 prior to the national emergency and/or calamity in which they shall serve.
22

23 **SEC. 27. *Non-Registration and Non-issuance of Certificate of Registration, Professional***
24 ***Identification Card, and Special Temporary Permit*** - Any person who has been convicted by final
25 judgment of any criminal offense involving moral turpitude or found guilty of immoral or
26 dishonorable conduct or judicially declared to be of unsound mind shall not be registered and
27 issued a certificate of registration, professional identification card, or a special temporary permit.
28

29 The Board shall furnish the applicant a written statement setting forth the reasons for such actions,
30 which shall be incorporated in the records of the Board.
31

32 **SEC. 28. *Revocation and Suspension of Certificate of Registration, Professional Identification***
33 ***Card and Cancellation of Special Temporary Permit*** - The Board shall have the power to
34 reprimand a nurse or revoke or suspend the certificate of registration, professional identification
35 card, or special temporary permit, after due notice and hearing, on any of the following grounds:
36

- 37 a) Conviction by final judgment of any criminal offense involving moral turpitude or of
38 immoral or dishonorable conduct or having been judicially declared to be of unsound mind;
39 b) Violation of this Act, the Code of Ethics for nurses, and other policies, rules and regulations
40 of the Board and the PRC;
41 c) Negligence, misconduct, or incompetence in the practice of nursing resulting to injury,
42 harm, disability or death;
43 d) Commission of fraud, non-disclosure of disqualification, or misrepresentation in obtaining
44 a certificate of registration, professional identification card, or special temporary permit;
45 e) Practicing the nursing profession during the period of suspension of the license;
46 f) Breach of ethical practice in research in accordance with prevailing national and
47 international guidelines; or
48 g) Other grounds analogous to the foregoing.
49

50 If the penalty imposed is suspension or revocation of the license, the respondent shall be required
51 to surrender the certificate of registration and professional identification card.
52

53 **SEC. 29. *Reinstatement and Re-issuance of Revoked Certificate of Registration, Professional***
54 ***Identification Card and Special Temporary Permit*** — The Board may, upon proper application
55 therefor and payment of the required fees, reinstate or reissue a revoked certificate of registration

after two (2) years from the effectivity of the period for revocation, for reasons of equity and justice, and when the cause for revocation has disappeared or has been cured or corrected.

ARTICLE IV NURSING PRACTICE

SEC. 30. *Scope of Nursing Practice* - Nursing practice encompasses autonomous and collaborative care of individuals across all ages and health conditions, in various settings covering physical, psychological, and spiritual aspects of care. This includes the promotion of health, illness, disease prevention and the provision of care for the sick, disabled, and dying.

The provision of responsive, population interventions is also an important focus. It also emphasizes the critical role of advocacy in creating safe environments and involves participation in health policy, research, patient and health system management, and educational initiatives within the nursing profession. The key areas of nursing practice include nursing service, nursing education, research, and leadership and governance.

The scope of nursing practice refers to the services that a nurse is authorized and competent to perform, as defined by their professional license and applicable regulations.

It shall be the duty of the nurse to:

- a) Provide direct care to patients through the conscientious observance of the holistic nursing process while adhering to practice standards. This includes primary health care, health teaching, counseling, comfort and hygiene measures, therapeutic use of self, execution of health care techniques and procedures including intravenous and other parenteral therapies, implementation of legally prescribed medical orders, immunizations, newborn care, maternal care during the perinatal period, internal examination during labor in the absence of antenatal bleeding only as necessary, and delivery of babies. In case of suturing of perineal lacerations, special training shall be provided according to an established protocol;
- b) Provide health education and promotion that contributes to empowerment of individuals, families, population groups, and communities;
- c) Manage the delivery of nursing services across diverse settings, including hospitals, clinics, industrial environments, and community facilities;
- d) Provide and organize nursing care so that the care provided is holistic, comprehensive and responsive to the needs of the individual patient, family and community;
- e) Establish linkages with community resources and coordinate effectively with healthcare workers across various settings;
- f) Provide supervision and instruction to other nursing personnel and students, fostering clinical skills and professional development;
- g) Engage in consultation services and activities that leverage the expertise and decision-making skills of registered nurses, particularly for the APRN;
- h) Adhere to the ethical principles and standards in the Code of Ethics for nurses as established by the Board;
- i) Commit to lifelong learning through continuing professional development to enhance professional competencies and remain responsive to evolving needs of clients and the health care system;
- j) Engage in nursing and health human resource development training and research for evidence-informed nursing practice and continuous quality improvement; and
- k) Exercise the core competencies in the performance of their respective roles and responsibilities in accordance with the Philippine Professional Nursing Practice Standards.

SEC. 31. *Qualifications to Practice Nursing* - To practice nursing in the Philippines, the individual must meet the following requirements:

- a) Be a Filipino citizen;
- b) Hold a Bachelor of Science in Nursing from a duly recognized HEI by the CHED;
- c) Possess a valid PRC license; and
- d) Have an updated PRC Professional Identification Card (PIC).

SEC. 32. Generalist Practice Nursing (GPN) - A Generalist Practice Nurse is a registered nurse who provides broad foundational nursing skills in a general practice setting, often as part of a multidisciplinary team. These nurses deliver a broad range of healthcare services within the scope of nursing practice including patient care, health promotion, and disease management. Their role encompasses advocacy and the provision of safe, holistic, and quality care to individuals, families, population groups and communities which include assessment, nursing diagnosis, planning, implementation, and evaluation of evidence-based care, whether in hospital, community settings, or other health care facilities.

Public Health Nursing is an aspect of GPN practice which encompasses a wide range of primary care services, including health education and promotion, disease prevention, and emergency preparedness. These nurses play a vital role in identifying health trends and risks within communities and facilitating access to essential health services, including immunization and screenings, maternal and child health care, reproductive health services, nutritional services, disease prevention and control, environmental health services, mental health, and emergency and disaster preparedness.

Public Health Nurses are registered nurses who practice in community health settings, focusing on promoting and protecting the health of populations and communities. Often working as part of a multidisciplinary team, these nurses assess community health needs, develop and implement health programs, and advocate for policies that enhance public health outcomes.

SEC. 33. Specialty Nursing Practice (SNP) - Specialty Nursing Practice refers to the skills, knowledge, and competencies that nurses acquire to provide expert care in specific areas of nursing. This practice is characterized by a focused scope that addresses distinct patient populations, health conditions, or healthcare settings, allowing nurses to enhance patient outcomes through specialized interventions and evidence-based practices.

Specialty Nurses are registered nurses who have pursued additional education and training to develop expertise in a particular field of nursing. They shall be certified by the Board and shall be referred to as "Nurse Specialists."

A Nurse Specialist must meet the following minimum qualifications:

- a) Possess expert-level nursing competencies in the particular field of specialization;
- b) Engage in research or evidence-based initiative or innovation in the area of specialization;
- c) Have a minimum of five (5) years of clinical experience in the area of specialization;
- d) Earn at least 12 academic units towards a master's degree in nursing along a field of specialization;
- e) Be a member of the appropriate accredited specialty nursing organization;
- f) Successfully complete a specialization training program offered by a Board accredited specialty nursing organization; and
- g) Certified by the Board accredited specialty nursing organization.

SEC. 34. Advanced Practice Nursing (APN) - It refers to the practice of nurses who have acquired the expert knowledge-base, complex decision-making skills and clinical competencies for mutually agreed-upon based care. It is grounded in graduate-level education and is characterized by autonomy in practice, expert clinical judgment, and leadership in healthcare delivery, policy, education, and research, and aims to enhance delivery of safe, effective, and evidence-informed care across various health settings. Nurses who practice within this field are referred to as "Advanced Practice Registered Nurses (APRN)."

The specific scope of practice of APRNs shall be defined by regulatory standards set by the Board and aligned with national health priorities. They provide advanced nursing care based on the CPSPN and the Philippine Qualifications Framework (PQF), a quality assured national system for the development, recognition and award of qualifications at defined levels based on standards of

knowledge, skills and values acquired in different ways and methods by professionals, learners and workers.

An APRN must have the following minimum qualifications:

- a) Possess advanced and highly specialized nursing competencies relevant to the field of advanced practice nursing;
- b) Hold a master's degree in Nursing (Advanced Practice Nursing Track) from a CHED recognized HEI with a specific area of specialization;
- c) Have a minimum of eight (8) years of clinical experience in the relevant nursing specialty;
- d) Engaged in research or evidence-based innovation contributing to the advancement of nursing practice;
- e) Based on the guidelines set by the Board, they should successfully pass the certification examination administered by the nursing specialty board; and
- f) Maintain the recognition issued by the Board, renewable every five (5) years.

SEC. 35. Roles and Responsibilities of an Advanced Practice Registered Nurse (APRN) - APRNs are expected to perform the following roles and responsibilities:

- a) Ensure safe, holistic, and quality care to individuals, families, including population groups or communities towards achieving quality, accessible, and affordable health care for all Filipinos;
- b) Act as navigator and coordinator of care, serving as the initial and ongoing point of contact for patients to ensure continuity of care during transitions;
- c) Provide comprehensive physical examinations, screening services, preventive care, and mutually agreed-upon treatment plans, including the diagnosis and management of health conditions;
- d) Participate in the management of health problems, in consultation and collaboration with the physician; and
- e) Order, furnish, and renew orders for appropriate medications and treatments based on the DOH National Formulary Guidelines under a protocol-based collaborative disease management approach within the scope of Advanced Practice Nursing.

SEC. 36. Funding for the Advanced Practice Registered Nurse (APRN) - The participating government hospitals and institutions shall include in their budget the annual financial requirement needed to train at least ten percent (10%) of their nursing staff: *Provided, However, That* non-government hospitals and institutions shall support the training requirement or their nursing staff employed by them. Nothing in this provision shall prevent, diminish, or otherwise revoke existing company policy more favorable to the employee.

The APRN shall charge professional fees for the services rendered.

The APRN shall receive reimbursements from the Philippine Health Insurance Corporation (PhilHealth) based on disease, diagnosis-related groupings or appropriate groupings, and validated costing of services as provided in the Republic Act No. 11223, or the "The Universal Health Care Act."

SEC. 37. Continuing Professional Development (CPD) - All nurses shall abide by the requirements, rules and regulations on the CPD promulgated by the PRC and by the Board. For this purpose, a CPD Council is created to accredit, evaluate and monitor CPD providers and programs for nurses.

SEC. 38. Requirement for Inactive Nurses Returning to Practice - Inactive nurses who intend to commence, resume or continue their practice are required to complete a retraining program as mandated by the Board. A nurse is classified as inactive under any of the following conditions:

- a) They have not engaged in nursing practice for a minimum of five (5) consecutive years; or
- b) They have not renewed their professional identification card for a period of five (5) years.

SEC. 39. *Salary and Compensation* - Nurses shall, at all times, be entitled to fair and appropriate compensation for services they provide.

Nurses delivering services in both government and private sectors, who are essential to the operations of hospitals and healthcare institutions, must be classified as regular staff after successfully completing a reasonable probationary period, in accordance with legal requirements.

The minimum starting salary for all nurses employed in government and non-government health institutions, across both industrial and community settings, as well as in schools and universities, shall not be lower than Salary Grade 15 (SG 15) as established in government service.

To support small private hospitals with the payment of nurses' compensation as outlined in this Act, a government subsidy will be made available, in compliance with applicable government auditing and accounting rules and regulations.

Non-government or private health facilities, industrial establishments, and educational institutions shall adhere to the mandated salary rate, implementing these adjustments in tranches over a three (3) year period from the effectivity of this Act, in accordance with existing labor laws.

SEC. 40. *Incentives and Benefits* - The Board, in coordination with the DOH and other concerned government and non-government institutions, shall establish an incentive and benefit system in the form of free hospital care, scholarship grants and other non-cash benefits for nurses and their dependents subject to existing regulations.

SEC. 41. *Non-Diminution of Benefits and Incentives* - The implementation of Sections 39 and 40 of this Act shall not result in the diminution of existing grants of salaries, benefits and incentives for nurses.

SEC. 42. *Invocation of Safe Harbor* - A nurse may invoke the Safe Harbor provision by notifying their nursing administrator or head of agency, in writing, of their good faith belief that the requested assignment is unsafe for the patient. The notification shall be made as soon as practicable, and in no event later than the end of the work shift during which the assignment was requested.

A nurse who invokes the Safe Harbor provision in good faith shall not be subject to any disciplinary action, retaliation, or discrimination by the employer or any other person for refusing to accept the assignment.

Upon invocation of the Safe Harbor provision, the nursing administrator or head of agency shall immediately take reasonable steps to review the assignment and address the nurse's concerns. The employer shall also provide a temporary alternative assignment to the nurse that does not pose the same risk.

ARTICLE V NURSING EDUCATION

SEC. 43. *Nursing Education* - Nursing education refers to the formal learning and training in the science and art of nursing provided by HEIs duly recognized by the CHED. There shall be a standard Baccalaureate and Graduate Program for Nursing Education pursuant to Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994."

SEC. 44. *The Bachelor of Science in Nursing (BSN) Program* - The Bachelor of Science in Nursing Program refers to the basic nursing education program which envisions a sound and liberal professional education that will adequately equip nursing students with the necessary competencies for entry level nursing practice. Admission to the Baccalaureate Program for Nursing Education requires passing the National Nursing Admission Test (NNAT).

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

SEC. 45. *Graduate Programs for Nursing Education* - Graduate programs in nursing refer to post-baccalaureate nursing education that enhances the experiences and skills of nurses, promoting mastery and expertise in nursing services (both institutional and community), education, research, and leadership and governance. These programs include master's and doctoral degrees in nursing. Graduate programs shall be offered through HEIs that are duly recognized and in accordance with the prevailing CHED Policies, Standards, and Guidelines (PSG) for Graduate Education.

SEC. 46. *Qualifications of the Dean* - The Dean's qualification shall be aligned with the existing CMO.

SEC. 47. *Qualifications of the Faculty* - Qualifications of the faculty members of the Baccalaureate Programs and Graduate Programs for Nursing Education shall be in accordance with CHED memorandum order specification.

SEC. 48. *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. 49. *Nursing Service* - Nursing service refers to the healthcare services provided by nurses in health facilities. These include the provision of general nursing services, specialized, and advanced practice nursing, including nursing management in various health, industry or community settings where the competencies of nurses are required.

SEC. 50. *Nursing Staff Complement* - The Board, in consultation with the DOH and relevant stakeholders, shall ensure the provision of a competent and safe nursing workforce across all healthcare settings guided by the following principles:

- a) Use of reliable and up-to-date evidence-based data for staffing and workforce planning and making timely adjustments in staffing standards;
- b) Regular review and updating of staffing based on up-to-date evidence and best practice on the nurses' practice environment and nurse-sensitive patient, organizational and system outcomes;
- c) Nurses are not substituted with personnel from other categories in performing functions within the scope of nursing;
- d) Nurses in management positions must not be delegated to augment staffing shortages, allowing them to fully perform their administrative roles and function to lead, support and mentor nursing staff;
- e) Respect for nurses' professional judgment in determining the required safe workforce staffing;
- f) Active participation of direct care nursing staff and nursing management in all phases of human resource planning, policy development, and decision-making; and
- g) The nursing workforce is planned to ensure that patient safety, quality service delivery, and positive practice environment is present.

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

For general units, the maximum number of patients that a nurse may effectively and safely handle at any given time is ten (10). Thus, the maximum safe staffing standard for general units is 1:10 or one nurse for every ten patients. Non-compliance shall be referred to the Board for action.

The Board, in consultation with the DOH and other stakeholders, shall periodically review and modify the nurse staffing standard established for the healthcare and industrial settings, as well as community settings.

In the community, there shall be a nurse in every barangay health center, primary, secondary, and tertiary school, industrial establishment, and other health-related facility.

SEC. 51. *Return Service Agreement* - All registered nurses who are recipients of government-funded scholarship programs shall be required to serve in priority areas in the public sector for at least three (3) years) with compensation. Graduates of nursing from state universities and colleges and private HEIs shall be encouraged to serve in priority areas.

ARTICLE VII NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING

SEC. 52. *Nursing Research and Policy Development* - Nursing Research and Policy Development shall involve the study of nurse-related issues, to be known as National Nursing Research Agenda, such as:

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

ARTICLE VIII NURSING LEADERSHIP AND GOVERNANCE

SEC. 53. *Nursing Leadership and Governance* - Nursing leadership and governance involve the process of influencing nurses and other people through the exercise of authority, direction, control, and regulation in the practice of the nursing profession to achieve desired goals.

SEC. 54. *The National Chief Nursing Officer (NCNO)* - This refers to the highest-ranking nursing official of the DOH whose main function is to promote safe nursing and quality standards and implement nursing policies for both the public and private sectors. The responsibility of the NCNO is to assist the government to achieve the health goals of the country through expert advice based on timely accurate local data and national and international evidence, and by promoting quality nursing standards in the nursing profession and the healthcare industry.

An office of the National Chief Nursing Officer (NCNO) is hereby created in the DOH. The Office shall be headed by a NCNO with the rank of Undersecretary.

The NCNO must have the following minimum qualifications:

- a) Be a registered nurse in the Philippines;
- b) Hold a Doctoral degree conferred by an HEI duly recognized by the government in a relevant healthcare and business/administration field;
- c) Hold a valid certificate of registration and a current professional identification card as a nurse issued by the PRC; and
- d) Have a minimum of fifteen (15) years of experience in nursing service, education and general nursing service administration with experience in policy development.

1 The NCNO shall hold office for a term of six (6) years until a successor shall have been appointed
2 and qualified. The NCNO shall enjoy security of tenure in government service but must also be
3 subject to performance evaluation to determine tenure in position.

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

- 5 a) The NCNO shall have the authority to directly inform and provide strategic
6 recommendations to the Secretary of Health on nursing matters;
- 7 b) The NCNO shall be responsible for overseeing and coordinating strategic management,
8 financial and resource allocation, policies and standards development, professional and
9 organizational development to relevantly address national epidemiologic and nursing
10 personnel supply, demand, and distribution trends;
- 11 c) The NCNO shall oversee and coordinate national nursing personnel utilization, nurses'
12 welfare, the observance of decent work standards in all healthcare facilities and institutions
13 with the necessary government agencies, and the adaptation of nursing development trends
14
15 in nursing education and practice in both the public and private sectors;
- 16 d) The NCNO shall oversee the development of the NHRHMS, a national nursing information
17 system and utilize statistical data and other nursing outcome metrics in the exercise of good
18 governance and full accountability over nursing personnel systems in both private and
19 public health care and community settings; and
- 20 e) The NCNO shall also act as the advocate and champion for the rights and welfare of nurses
21 in both public and private institutions.

22
23 **SEC. 55. *The Chief Nursing Officer (CNO)*** - The Chief Nursing Officer (CNO) or the equivalent
24 of Chief Nurse (CN) or Director of Nursing (DN) leads and manages the nursing services in private
25 and public health institutions and the provincial health board.

26
27 There shall be established a nursing service office in every healthcare institution, in all levels and
28 classifications of these institutions, whether administrative or clinical, with a complement of at
29 least ten (10) Nurses. Nursing services must be under the control and management of a registered
30 nurse designated as in each health institution.

31
32 The CNO shall be bestowed full administrative responsibility as leader and manager of nursing
33 services within each institution.

34
35 The CNO shall have the authority and accountability over the planning, organizing, directing, and
36 controlling including monitoring, evaluation, and policy development of nursing resources related
37 to nursing services. The CNO responsibilities include strategic and operational planning, financial
38 and resource allocation, policies and procedures development, professional and organizational
39 involvement to address issues that have relevance for nursing.

40
41 The CNO must have the following minimum qualifications:

- 42 a) Be a registered nurse in the Philippines;
- 43 b) Hold a master's degree in nursing conferred by a duly-recognized HEI by CHED;
- 44 c) Possess a valid certificate of registration and a current professional identification card as a
45 nurse issued by the PRC; and,
- 46 d) Have a minimum of five (5) years of experience in general nursing service administration
47 with experience in policy development.

48
49 **SEC. 56. *Nursing Service Managers*** - The Nursing Service Managers administers nursing
50 services who are equipped with necessary competencies on governance and leadership, to wit:

- 51 a) First Level Manager is responsible for the management of a nursing unit and
52 supervision of nursing support personnel including but not limited to, staff nurses, nursing
53 aides, Caregiver I, Caregiver II, Healthcare Dialysis Technician, Medication Technician,
54 Orderlies, Orthopedics Technician, Patient Care Technician I, Patient Care Technician II,
55 Sitter, Surgical Technician, and Ward Clerk/Unit Secretary;
- 56 b) Middle Level Manager is responsible for leadership and governance of more than one (1)
57 nursing unit, particularly management of the operational systems, financial and human
58 resources; and

- 1 c) Executive Level is responsible for establishing the strategic direction for the entire nursing
2 division, particularly on the development of policies, standards and guidelines and has full
3 authority in their implementation.
4

5 Nursing Service Managers shall have the following minimum qualifications:

- 6 a) For a first level managerial position in nursing: Must have at least eighteen (18) units of
7 nursing management and clinical subjects in master's degree in nursing, or health
8 management-related sciences, with at least three (3) years of clinical work experience, and
9 must have participated in at least one (1) research project related to the improvement of the
10 quality of care;
11 b) For a middle level managerial position in nursing: Must have completed all the academic
12 requirements in master's degree in nursing, or health management-related sciences, with at
13 least three (3) years of clinical work and two (2) years of management experience, and
14 must have participated in at least one (1) research project related to the improvement of the
15 quality of care; and
16 c) For an executive position in nursing: Must have a post-graduate degree in nursing or health
17 management-related sciences, with at least three (3) years of clinical work and three (3)
18 years of management experience and must have conducted at least two (2) research projects
19 related to the improvement of the quality of care in his / her institution.

20 **ARTICLE IX**

21 **NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM**

22
23 **SEC. 57. *Nursing Human Resource for Health Management System (NHRHMS)*** - The
24 NHRHMS shall cover all nursing human resources in the nursing service of both public and private
25 sectors, and the healthcare, industrial and community settings. Institutions shall be mandated to
26 report their information to ensure accurate nursing human resource and workforce projections and
27 to reconcile these with supply data from CHED and PRC.
28

29 Health facilities and institutions including industries that hire nurses, shall implement strategic
30 NHRHMS in all levels of the nursing service and in the pursuit thereof, shall adopt and define
31 appropriate nursing organizational structures to support competency, career development and
32 professional growth, concept of job delight, productivity and conditions for decent work and job
33 fulfillment of their nurses.
34

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

43 Additionally, a registry of nursing professionals shall be incorporated in the National Health
44 Workforce Registry under the DOH. The health institutions and nursing organizations shall provide
45 information on their nursing workforce and logistics support.
46

47 The NHRHMS shall be developed and maintained at the National Institutes of Health under the
48 Nursing Development Study Group/ Institute (NDSG/I). The NHRHMS shall have a facility for
49 data sharing and data generation to support policy and program development and evaluation related
50 to nursing workforce. Funds will be sourced from grants and projects to generate data and regular
51 reports. Contributions from nursing organizations and other donors will support institute activities.
52

53 The Nursing Development Study Group/ Institute shall convene the different stakeholders to
54 discuss issues related to data sharing and data generation for the NHRHMS.
55
56

ARTICLE X
PROHIBITED ACTS AND PENAL PROVISIONS

SEC. 58. *Sanctions* - The following acts are prohibited:

a) Individual Acts:

- 1) Practicing the nursing profession without a certificate of registration, professional identification card, special temporary permit or without having declared exempted from taking the licensure examination in accordance with this Act;
- 2) Using the certificate of registration, professional identification card, or special temporary permit of another registered nurse;
- 3) Using fraudulent, suspicious, or an expired suspended or revoked certificate of registration, professional identification card, or special temporary permit;
- 4) Misrepresenting oneself or presenting false evidence to obtain a certificate of registration, professional identification card or special temporary permit;
- 5) Falsely advertising oneself through any means to convey the impression that one is a nurse;
- 6) Appending the RN (Registered Nurse), Nurse Specialist, or APRN (Advanced Practice Registered Nurse) to one's name without having been conferred the said registration or certification by the PRC; and
- 7) Abetting or assisting in the illegal practice of the nursing profession.

b) Institutional Acts:

- 1) An HEI offering the BSN program which shall withhold any requirement or document, or both, of any graduate for the purpose of preventing them to apply for the NLE without any justifiable reason;
- 2) Any health facility which subscribes to substandard quality of nursing care or nursing practice, such as noncompliance with the staffing standard requirement;
- 3) Any health facility which exercises and promotes precarious working conditions for nurses, such as, the following but not limited to:
 - i. Sexual harassment, workplace violence, lack of mental health promotion service;
 - ii. Contracting or availing of the services of a nurse either without salary or allowance, or for salary below the applicable salary grade or rate prescribed under this whether or not under the pretext of a training development program, certification, or course, or seminar;
 - iii. Not giving the nurse his/her worked salary in a timely manner;
 - iv. Depriving or denying a nurse of the incentives and benefits as provided for under existing laws;
 - v. Collecting any fee from a nurse or from any person or agent in exchange for a nurse's voluntary services in a health, industrial or similar facility or institution;
 - vi. Requiring or obliging a volunteer nurse to perform the regular work functions or regular work load, or both, expected from a regular staff nurse without proper compensation, or to render full-time service as a condition for the continued availment of their volunteer services, or to be the sole nurse on duty, except during disasters, calamities, public emergencies and war;
 - vii. Contracting or availing of the services of a volunteer nurse, under the pretext of On - The Job Training (OJT), contract of service, or job orders, in order to fill-up a vacant position that requires the hiring of a fulltime regular employed nurse, or for free in exchange for any type of certification to be issued by the health facility or institution or industrial establishment for purposes of the nurse's employment application;

- viii. Contracting or availing of the services of a nurse, under the pretext of training or certification course, but requiring the nurse to render the tasks and responsibilities expected of a regular staff or public health nurse;
- ix. Practicing job-splitting or hiring two part-timers in place of one full time employee and deploying the two nurses on a full-time basis;
- x. Making mandatory, as a pre-hire requirement, training that should have been acquired during the BSN program or which, rightfully should be provided by the hiring institution;
- xi. Repeatedly subjecting or allowing the nurse to experience prejudice, violence, or discrimination;
- xii. Imposing mandatory overtime without valid reason or corresponding compensation, or both, as mandated by law;
- xiii. Unjustified refusal to provide competency training for nurses; and,
- xiv. Any violation of the provisions of this Act or any existing laws such as the Civil Service Law and Labor Code of the Philippines.

SEC. 59. *Sanctions* - A fine of not less than one hundred thousand pesos (Php 100,000.00) nor more than three hundred thousand pesos (Php 300,000.00) or imprisonment of not less than one (1) year nor more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 58 (a) of this Act.

A fine of not less than three hundred thousand pesos (Php300,000.00) or more than five hundred thousand pesos (Php500,000.00) or imprisonment of not less than one (1) year or more than six (6) years, or both, shall be imposed, at the discretion of the court, for the commission of any of the prohibited acts enumerated in Section 58 (b) hereof. In addition, suspension or revocation of license to operate the health facility or institution or industrial establishment may be ordered at the discretion of the court. In case the violation is committed by a partnership, corporation, association, or any other juridical person, the managing partner, president, managing director/s, or manager who has committed or consented to such violation shall be held directly liable and responsible for the acts as principal or as co-principal with the other participants, if any.

SEC. 60. *Refund and Compensation* - Any nurse found to have been a victim under Section 58 (b.3) hereof shall be entitled to a full refund of all fees illegally collected and the payment of unpaid salary, if any, which should not be less than the applicable wage for services rendered. This is without prejudice to the other liabilities of the violators under applicable laws.

ARTICLE XI MISCELLANEOUS PROVISIONS

SEC. 61. *Implementing Agencies* - The Department of Budget and Management (DBM), Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), Department of Labor and Employment (DOLE), Department of Migrant Workers (DMW), Department of Interior and Local Government (DILG), Civil Service Commission (CSC), Commission on Higher Education (CHED), are the designated agencies that shall be responsible for the implementation and monitoring of the compliance of the provisions of this Act.

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

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

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

4
5 The CHED shall be the agency responsible for monitoring the compliance and implementation
6 of the provisions of this Act by HEIs with regard to nursing education programs and curriculum.

7
8 **SEC. 62. Appropriations** - The amount needed for the initial implementation of this Act shall be
9 taken from the current year's appropriation of the agencies implementing Republic Act No. 9173.
10 Thereafter, such sums as may be necessary for its continued implementation shall be included in
11 the annual General Appropriations Act.

12
13 **SEC. 63. Implementing Rules and Regulations and Code of Ethics** - Within one (1) year after
14 the effectivity of this Act, the PRC, the Board, the AIPO for nurses, CSC, DBM, DOH and DOLE
15 and other concerned nursing organizations and government agencies shall formulate the rules and
16 regulations to effectively implement the provisions of this Act.

17
18 **SEC. 64. Separability Clause** - If any portion or provision of this Act is declared unconstitutional,
19 the remainder of this Act or any provisions not affected thereby shall remain in force and effect.

20
21 **SEC. 65. Repealing Clause** - Republic Act No. 9173, otherwise known as the 'Philippine Nursing
22 Act of 2002' is hereby repealed. Any law, presidential decree or issuance, executive order, letter of
23 instruction, rule, or regulation inconsistent with the provision of this Act is hereby repealed or
24 modified accordingly.

25
26 **SEC. 66. Effectivity** - This Act shall take effect fifteen (15) days following its complete publication
27 in the Official Gazette or in a newspaper of general circulation.

Approved,