

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

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL No. 9341

Introduced by
ACT Teachers Party-List Rep. ANTONIO L. TINIO,
Gabriela Women's Party Rep. SARAH JANE I. ELAGO,
and KABATAAN Party-List Rep. RENEE LOUISE M. CO

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

EXPLANATORY NOTE

This Bill aims to address the issues and concerns of nurses and the nursing profession, with the end goal of contributing to the development of comprehensive, safe, quality, free and accessible health services especially for the poor Filipinos.

The poor health of our people remains a serious concern. However, nurses—the most numerous health professionals in clinical settings—are plagued by problems that prevent them from fully and effectively performing their functions towards improving people's health.

Six out of 10 Filipinos die without seeing a health professional. Only 23,557 out of 42,046 barangays have health stations.

While the Philippines is a leading exporter of nurses globally, many barangays lack nurses. Overcrowded public hospitals are severely understaffed, with just one nurse taking care of 40 to 80 patients, which greatly compromises the quality of healthcare and the safety of the patients.

Nurses, like most health workers, are overworked and underpaid. Inadequate salaries and benefits, lack of jobs and security of tenure, and inhumane working conditions pushing them to seek better job opportunities abroad or change careers.

Citing data from the Department of Health (DOH), Filipino Nurses United reported that out of 915,219 registered nurses in the Philippines, 316,415, or one-third, have already migrated, while at least 124,999 nurses are either unemployed, underemployed, or have decided to change careers. Furthermore, of the 172,589 locally employed nurses, 106,694 are in private hospitals and clinics receiving minimum wage.¹

Contractual, on-the-job-training nurses, and trainees, who are paid below the minimum wage or not at all, are made to perform the tasks of regular staff. Despite protests and recommendations from health and nurses groups, the Department of Budget and Management (DBM) and DOH failed to increase the plantilla positions for nurses and enforce a healthy nurse-patient ratio of 1:4² for general, medical, surgical wards, as recommended by international nursing associations. Even the DOH's own "ideal" ratio of 1:12 has never been met, even despite the health crisis during the COVID-19 pandemic. However, Filipino Nurses United revealed nurses in public health institutions are forced to take care of up to 50-60 patients, which is four to five times of what is ideal.

In its document "Global strategy on human resources for health: Workforce 2030," the WHO determined that in order to achieve "health for all," in line with the Sustainable Development Goals, there should be 4.45 health workers (doctors/nurses/midwives) per 1,000 population. This translates to having at least 1 skilled health worker for every 250 people. According to the Joint SDG Fund, most countries, including the Philippines, "have fewer than 10 medical doctors per 10,000 people and fewer than 40 nursing and midwifery personnel per 10,000 people."

The DOH's 2024 Field Health Service Information System Annual Report shows there is only one doctor for every 21,981 people, one public health nurse for every 5,402, and one midwife for every 4,490, with huge variations across regions, cities, and provinces.

Instead of providing additional plantilla positions, the government has embarked on programs that hire contractual nurses to fill the gaps in understaffed hospitals and health units. Through the Nurse Deployment Program (formerly called the Nurses Assigned to Rural Services or NARS Program, and the Registered Nurses for Health Enhancement and Local Service or RNHEALS), the DOH hires nurses under contracts of services for six months to two years. Recently, due to the pressure

¹ Dela Peña, Kurt. "Nurses' exodus: Choice obvious between better future abroad, shabby treatment at home." Philippine Daily Inquirer, 22 June 2022, <https://newsinfo.inquirer.net/1614825/nurses-exodus-choice-obvious-between-better-future-abroad-shabby-treatment-at-home>.

² "RN Staffing Ratios: A Necessary Solution to the Patient Safety Crisis in US Hospitals." National Nurses United, 9 August 2018. <http://www.nationalnursesunited.org/issues/entry/ratios>.

and clamor from nurses, the DOH increased the monthly salary equivalent to that of Nurse II and provided benefits to nurses; however the nurses remain contractuels.

For 17 years, the government failed to implement Section 32 of Republic Act No. 9173 or the Nursing Act of 2002, which mandated Salary Grade (SG) 15 as the entry-level pay for public health nurses. It took a Supreme Court ruling to compel the Executive Branch to provide these rightful salaries. Furthermore, the DBM via its Budget Circular 2020-4 technically demoted Nurse VII positions to Nurse VI. It was only through the persistent struggle of health workers that the DBM was forced to reinstate the Nurse VII position via Budget Circular 2021-2.

The “off-in-lieu” policy implemented for those who work for 16 to 24-hour shifts circumvents existing labor and civil service laws and unjustly denies nurses of the mandated benefits, including overtime pay, night shift differential, and on-call pay.

Nurses in the private sector face an even worse situation. They have no security of tenure, no hazard pay, and some receive a pitiful monthly salary of ₱10,000—an amount far below the minimum wage in the National Capital Region at ₱695/day (approximately ₱15,116.25/month).³

Furthermore, the Western-oriented nursing education runs like a business enterprise. It is generally expensive, repressive, of substandard quality, and produces graduates who are conditioned to seek work abroad rather than serve locally.

Addressing the issues and concerns of the nurses and the nursing profession has become increasingly urgent as we continue to face health emergencies like the COVID-19, monkeypox, and other emerging and re-emerging health threats such as dengue, measles, and HIV/AIDS. Unless we act with urgency, we will face the renewed onslaught of massive brain drain and further exploitation of nurses, which will negatively affect health care provision and the health of our people.

By passing a nursing law that acknowledges this reality, and putting in place clear provisions for the salary, benefits, rights and general well-being of nurses and for the improvement of the nursing profession towards more relevant care, we can get closer to our vision of a comprehensive quality, pro-people health care and a healthy citizenry.

This Bill was first filed by Bayan Muna Rep. Neri Colmenares during the 16th Congress as House Bill 5540. It was refiled during the 17th, 18th and 19th Congresses as HB 2548, HB 3477 and HB 3648, respectively.

³ Computed by multiplying with 261 days, then dividing it by 12 months

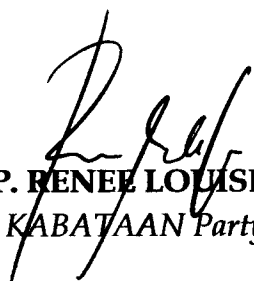
The urgent passage of this Bill is earnestly sought.



REP. ANTONIO L. TINIO
ACT Teachers Party-list



REP. SARAH JANE I. ELAGO
Gabriela Women's Party



REP. RENEE LOUISE M. CO
KABATAAN Party-list

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL No. 9841

Introduced by
ACT Teachers Party-List Rep. ANTONIO L. TINIO,
Gabriela Women's Party Rep. SARAH JANE L. ELAGO,
and KABATAAN Party-List Rep. RENEE LOUISE M. CO

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

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

ARTICLE I
General Provisions

SECTION 1. Short Title. – This Act shall be known as the “*Comprehensive Nursing Law of 2026.*”

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to uphold the dignity of the nurses and assume responsibility for the protection, respect, and improvement of the nursing profession.

The State guarantees that all basic requirements for nurses to function at optimum level are available and operational by ensuring adequate health budget and instituting measures towards competent and relevant nursing practice for health and safety of the public, just and humane conditions of work, salaries and compensation, free education and continuing professional development and promotion of professional growth.

The State shall set the standards of nursing practice in all fields of nursing and provide sanctions to responsible management of institutions who violate the said standards of nursing practice through implementation of a comprehensive nursing law that is responsive and relevant primarily to the health needs of the Filipino people.

The State further guarantees the delivery of accessible, affordable, and available quality health care to all the people through implementation of adequate and competent Nursing Personnel System throughout the country.

The State recognizes nurses as prime movers of national development and contributors to international cooperation and understanding

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

- (a) *Accredited Professional Organization (APO)* refers to a professional organization of nurses duly accredited by the Professional Regulation Commission as per Republic Act No. 8981, otherwise known as the PRC Modernization Act of 2000.
- (b) *Bachelor of Science in Nursing (BSN)* refers to the basic program for nursing education.
- (c) *Certification/Credentialing* refers to the process undertaken by an individual nurse to be recognized to practice in a specifically defined professional tract, namely, General Nursing, Nursing Specialty Advanced Practice, Nursing Education, and Leadership and Governance. The Board confers the certification or credential after a validation process based on promulgated guidelines and mechanisms.
- (d) *Health facility* refers to an institution, establishment, or clinic that offers health services and nursing care, such as hospitals, barangay health centers, and clinics.
- (e) *Nurse*, as provided for in this Act, refers to a person who passed the Philippine Nurse Licensure Exams (PNLE) and whose license has not been revoked by the law. Thus, it pertains to a Registered Nurse (RN). A nurse may append before his or her name the title “Nurse,” “Nars,” or “Nrs.” or the post-nominal letters “RN.”
- (f) *Nursing Personnel System* refers to a system of human resource management in an institution that classifies the structure, organization, and coordination within the workforce both in private and public health care facilities and nursing educational institutions to advance the welfare and protect the rights of the nurses and to ensure the employer-employee relationship, security of tenure, just compensation, humane conditions of work, and professional

growth.

- (g) *Philippine Nurse Licensure Exams* (PNLE) refers to a written examination given by the Board in order to obtain a license to practice nursing.
- (h) *Precarious Work* refers to a substandard employment relations wherein the workers are deprived of security of tenure, adequate wages and salaries, full statutory benefits, and collective labor rights, which results in economic vulnerability, affects workers' well-being and job satisfaction, and undermines work quality, continuity and sustainability.
- (i) *Professional Regulatory Board of Nursing* (BON) refers to the administrative body created by law to supervise and regulate the practice of the nursing profession in the Philippines. As such, the Board shall be the ultimate authority in the practice of the profession in the Philippines. It shall be referred to in this law as the Board.
- (j) *Public Health Institution* (PHI) refers to any government-led, owned or controlled institutions which pursues and realizes the lofty goals and objectives of providing and managing safe, efficient, effective and quality public health programs and services and advocacies for health, in all levels of the health care delivery system (national to local), which include among others:
 - (1) Rural health units (RHUs) and barangay health centers;
 - (2) Research facilities, such as the Research Institute for Tropical Medicine,
 - (3) Training resource facilities, such as the University of the Philippines (UP) College of Public Health, and other state/ local universities and colleges offering health-related programs;
 - (4) The Department of Health (DOH) and all retained health facilities.
- (k) *Special Permit* refers to the permit to practice nursing in the Philippines issued by the Board to licensed nurses of foreign nationalities.
- (l) *Temporary Permit* refers to the permit to practice nursing in the Philippines issued by the Board to Filipino nurses, who do not have a professional license from the Philippines or have not renewed their license for five (5) years but are licensed from foreign countries.

SEC. 4. Coverage. – All nurses in the public and private sectors, including, but not limited to, those working in national government agencies, government-owned and -controlled corporations, government financial institutions, local government units, public health institutions, health facilities, health research facilities, schools, universities and colleges, industrial and service establishments, community health programs, interdisciplinary healthcare systems, and emerging health technologies, shall be covered by this Act.

ARTICLE II

Board of Nursing

SEC. 5. *Creation and Composition of the Board.* – There shall be created a Professional Regulatory Board of Nursing composed of seven (7) members who shall elect among themselves a chairperson to serve for one (1) term, without re-election. The President of the Republic of the Philippines shall appoint the members of the Board from among those recommended by the Professional Regulation Commission (PRC) and ranked from a list of three (3) nominees, per vacancy, of the accredited professional organization of nurses in the Philippines and who possess the qualifications in this Act: *Provided*, That the membership of the Board shall come from the different areas of nursing, including education, service, and community.

SEC. 6. *Qualifications of the Members of the Board.* – The members of the Board must possess the following qualifications:

- (a) Must be a natural born citizen and resident of the Philippines for the past five (5) consecutive years;
- (b) Must be a registered nurse in the Philippines and a holder of a valid and updated certificate of registration and a current professional identification card;
- (c) Must be a holder of a master's degree in nursing or other health-related masteral program and preferably with a doctorate degree conferred by a university duly recognized and accredited by the government;
- (d) Must have at least ten (10) years of continuous practice of the nursing profession prior to appointment. *Provided*, That the last five (5) years of which must be in the Philippines; and
- (e) Must be of good moral character and has not been convicted of any offense involving moral turpitude.

Section 7. *Prohibition as Member of the Board.* – The members of the Board shall not hold a position nor have pecuniary interest in any educational institution offering BSN, any review or training center for the PNLE, training hospitals and health facilities with nursing affiliates.

Section 8. *Term of Office.* – The members of the Board shall hold office for a term of three (3) years. Any member of the Board may serve for two (2) terms or a maximum of six (6) years.

Section 9. *Compensation.* – The members of the Board shall receive compensation and allowances comparable to the compensation and allowances received by the members of other regulatory boards under the PRC.

Section 10. *Removal or Suspension of Board Members.* – The President may remove or suspend any member of the Board, after due process, on the following grounds:

- (a) Continued neglect of duty or incompetence;

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

Section 11. *Vacancy.* – Any vacancy in the Board must be filled in the manner prescribed in this Act and only for the unexpired portion of the term. Each member of the Board shall take the proper oath of office prior to the performance of duties.

Section 12. *Administrative Supervision of the Board, Custodian of its Records, Secretariat and Support Services.* – The Board shall be under the administrative supervision of the PRC. All records of the Board, including applications for examinations, administrative and other investigative cases conducted by the Board must be under the custody of the PRC. The PRC shall designate the secretary of the Board and shall provide the secretariat and other support services to implement the provisions of this Act.

Section 13. *Powers and Duties of the Board.* – The Board shall supervise and regulate the practice of the nursing profession and shall have the following powers, duties and functions:

- (a) Ensure the proper conduct of the PNLE, which includes the application, test development, examination, correction and release of results. The use of appropriate technologies and modalities during the conduct of the PNLE is encouraged to enhance efficiency while upholding integrity;
- (b) Issue, suspend, revoke or reissue certificates of registration for the practice of nursing and ensure the publication on its website;
- (c) Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting the nursing practice in the Philippines, and exercise the powers necessary to ensure the maintenance of efficient, ethico-moral, technical and professional standards in the practice of nursing towards the optimal health and common good of the nation;
- (d) Ensure quality nursing education by examining and monitoring higher educational institutions offering and seeking permission to open nursing education programs and to ensure that standards of nursing education are properly complied with and maintained at all times. *Provided, That the Board and the CHED shall have joint authority to open and close nursing education programs offered by higher educational institutions;*
- (e) Create policies to govern nursing review programs, monitor and regulate implementation of such, and close institutions and centers that violate said policies;

- (f) Conduct hearings and investigations to resolve complaints against actively practicing nurses for unethical and unprofessional conduct and violations of this Act, or its rules and regulations and in connection therewith, issue *subpoena duces tecum* and *subpoena ad testificandum* to require the appearance of respondents and witnesses and the production of documents and penalize with contempt persons obstructing, impeding or otherwise interfering with the conduct of such proceedings, upon application with the Board of Nursing;
- (g) Promulgate a Code of Ethics that is responsive to the needs of the nursing profession in coordination with the APO of nurses within a year from the effectivity of this Act;
- (h) Prescribe and operationalize a National Nursing Career Progression Program to ensure continuing professional development of Filipino nurses, create the Council for Nursing Advancement, Recognition, and Specialization as well as the various Nursing Specialty Boards to assist the Board for this purpose;
- (i) Ensure performance of mandated duties and functions with the provision of operational resources including human, financial and spatial resources to ensure the confidentiality and sanctity of their functions as provided through the annual budget of the PRC as promulgated in the General Appropriations Act;
- (j) Source and utilize funds earmarked for national nursing development;
- (k) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and submit recommendations to authorities and agencies to aid in policy- and decision-making as may be necessary for the improvement of nursing practice, advancement of the profession, and for the proper and full enforcement of this Act, subject to review and approval by the PRC; and
- (l) Create a council for nursing recognition, accreditation and certification that will assist the Board in:
 - (1) Recognizing organized nursing groups;
 - (2) Setting standards for advanced nursing practice, education, research, and management;
 - (3) Accrediting specialty and advanced nursing programs based on established mechanisms;
 - (4) Approving criteria for credentialing individual registered nurse to be implemented by specialty associations; the DOH, or the UP, through its Health Sciences Center, and the Philippine General Hospital, as the case maybe, for pioneering nursing specialization; and
 - (5) Monitoring and evaluating specialty and advanced nursing practice, education, research and management.

Section 14. *Annual Report.* – The Board shall submit an annual report to the President and Congress of the Philippines, through the PRC, which shall include a detailed account of its proceedings and the accomplishments during the year and making recommendations for the adoption of measures that will upgrade and improve the conditions affecting the practice of the nursing profession.

ARTICLE III

Examination and Registration

Section 15. *Philippine Nurse Licensure Examination (PNLE).* – In order to obtain a certificate of registration, professional license, and professional identification card, all nursing graduates must take and pass the PNLE. The Board shall administer the PNLE in such place and date as designated by the PRC: *Provided*, That no nursing educational institution may withhold any requirement or documents, or both, of any nursing graduate for the purpose of preventing them to apply for the PNLE. All nursing educational institutions must ensure that their nursing graduates will take the nearest scheduled PNLE after graduation. Any delay in taking the PNLE must be accordingly justified by the president, the registrar or the dean of the educational institution.

Section 16. *Scope of Examination.* – The Board shall determine the scope of the PNLE by taking into consideration the nursing core competencies, the nursing curriculum, the scope and areas of nursing practice, and other related disciplines.

Section 17. *Qualifications for Admission to the PNLE.* – In order to be admitted to the PNLE, an applicant must be:

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

Section 18. *Fees for Examination and Registration.* – Applicants for licensure and for registration must pay the prescribed fees set by the PRC.

Section 19. *Ratings.* – In order to pass the PNLE, an examinee must obtain at least seventy-five percent (75%) of tested areas of all competencies.

Section 20. *Issuance of Certificate of Registration, Professional License and Professional Identification Card.* – A certificate of registration and professional license shall be issued to all successful examinees. The certificate of registration and professional license shall show the full name of the registrant, the signature of the chairperson of the PRC, and the chairperson and members of the Board, the certificate shall bear the logo of the Board and the official seal of the PRC.

The PRC shall likewise issue the professional identification card. The card shall bear the following: full name of the registrant nurse, the serial number, the date of registration, the date of issuance and expiration, and the signature of the chairperson of the PRC.

Section 21. *Oath of Profession.* – All successful examinees must take an oath of profession before the Board or any government official authorized to administer oaths prior to entering upon the nursing practice.

Section 22. *Roster of Nurses.* – The PRC shall maintain a roster of nurses, which shall serve as the centralized database of nursing professionals for purposes of documentation, verification of registrants, statistics, research, and development.

Section 23. *Registration by Reciprocity.* – The Board may issue a certificate of registration/ professional license, without examination, to a nurse registered under the laws of a foreign state or country: *Provided*, That the requirements for registration or licensing of nurse in said country are substantially the same as those prescribed under this Act: *Provided, further*, That the laws of such state or country grants the same privileges to professional registered nurse of the Philippines on the same basis as the subjects or citizens of such foreign state or country.

Section 24. *Practice Through Special or Temporary Permit.* – The Board may issue a special or temporary permit for specific period and purposes to the following persons based on qualifications, and professional standards:

- (a) Licensed nurses from foreign countries 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 who are engaged by colleges/ universities offering the nursing program as exchange professors in a branch or specialty of nursing; and
- (c) Licensed nurses from foreign countries who are in community or institutional integration, or international health advocacy work, or similar activities in the country, in coordination with a local people's or government organization, or advocacy group.

Provided, That a completion report shall be submitted to the Board at the end of the specified period, either by those issued with the special permit or its local counterpart or sponsor: *Provided, further*, That no permit is required for foreign or licensed nurses from foreign countries on medical mission or those who come to aid during declared disasters and calamities whose services shall be free in a particular hospital, center, clinic or community. This is only for the duration of the project or medical mission.

Section 25. *Non-registration and Non-issuance of Certificate of Registration, Professional License, Professional Identification Card, Special Permit or Temporary Permit.* – No person convicted by final judgment of any criminal offense involving moral turpitude or any person guilty of immoral or dishonorable conduct, or any person declared by the court to be of unsound mind may be registered and issued a certificate of registration, professional license, professional identification card, or a special or temporary permit.

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

Section 26. *Revocation and Suspension of Certificate of Registration, Professional License, and Professional Identification Card and Cancellation of Special or Temporary Permit.* – The Board shall have the power to revoke or suspend the certificate of registration, professional license, professional identification card, or cancel the special or temporary permit of a nurse upon any of the following grounds:

- (a) Conviction, by final judgment, of any criminal offense involving moral turpitude or guilty of immoral or dishonorable conduct or any person declared by the court to be of unsound mind;
- (b) Violation of this Act, its policies, rules and regulations, and of the Philippine Code of Ethics for Nurses;
- (c) Gross negligence, grave misconduct, ignorance, and incompetence in the nursing practice;
- (d) Fraud, concealment, misrepresentation, or false statements in obtaining a certificate of registration, professional license, professional identification card, special permit or temporary permit; and
- (e) Practice of the nursing profession pending suspension of license.

Section 27. *Reinstatement and Re-Issuance of Revoked Certificates of Registration, Professional License, and Professional Identification Card.* – The Board may, after the expiration of a maximum of four (4) years from the date of revocation of a certificate of registration, professional license, and professional identification card, for reasons of equity and justice, and when the cause for revocation has disappeared or

has been cured and corrected, upon proper application thereof and the payment of the required fees, reinstate and re-issue the certificate of registration, professional license, and professional identification card.

ARTICLE IV **Nursing Practice**

Section 28. *Nursing Practice.* – The administration of nursing care consists of the following nursing process: assessment, nursing diagnosis, planning, implementation, and evaluation. Nursing practice encompasses various stages of human growth and development towards the promotion of health, prevention of illness, health care techniques and procedures, restoration of health, alleviation of suffering, and end-of-life care, may it be performed independently or collaboratively.

Section 29. *Scope of Nursing Practice.* – The practice of nursing shall include, but shall not be limited to, the following fields and areas of professional engagement, regardless of work setting:

- (a) Nursing education, training, and competency development;
- (b) Nursing service, clinical care, and direct patient management in hospitals, clinics, infirmaries, home care, and other healthcare facilities;
- (c) Community, public health, occupational, environmental, school, military, and population-based nursing practice;
- (d) Nursing research, evidence-based practice, health informatics, telehealth, digital health services, and knowledge generation;
- (e) Nursing leadership, administration, governance, advocacy and health policy development, planning, and regulatory functions;
- (f) Emergency, disaster, humanitarian, and crisis-response nursing in times of calamities, epidemics, pandemics, armed conflict, and public health emergencies; and
- (g) Other fields requiring nursing knowledge, competence, and professional expertise.

Section 30. *Nursing Care.* – Nursing care includes but is not limited to the provision of physiological, psychological, spiritual, social and emotional care; essential health care, safety and comfort measures, health teachings; executing health care techniques and procedures; and traditional and innovative approaches to individuals, families, population groups and communities from conception to death.

A nurse shall be deemed to be practicing nursing when he or she, singly or collaboratively, performs nursing care to individuals, families, population groups, and communities.

Section 31. *Public Health Nurse.* – Nursing service shall be organized and operationalized in every local health agency in order to ensure the nursing component

of public health programs, and to provide accessible, available, and affordable quality health care to all. A public health nurse (PHN) shall perform the functions and activities of health promotion, such as the prevention and treatment of various diseases and illnesses in a particular public setting. The PHN shall exercise a supervisory role to the midwives and barangay health workers within her catchment area. The PHN shall initiate and participate in developing policies and guidelines to promote basic nursing services.

Section 32. *Roles, Responsibilities, and Competencies of a Nurse.* – A nurse shall possess and exercise the core competencies in the performance of the roles and responsibilities, in accordance with the standards set by the Board.

Section 33. *Requirement for Inactive Nurses Returning to Practice.* – Nurses are deemed to be inactive when:

- (a) They are not utilizing any of the nursing competencies as defined in the scope of nursing practice for five (5) consecutive years; and
- (b) They have not renewed their professional identification card for five (5) years.

Inactive nurses are required to undergo one (1) month didactic training and three (3) months practicum in a health setting accredited by the Board.

Section 34. *Right to Security of Tenure.* – The State recognizes nurses as essential human resource performing vital health functions, thus, all nurses shall enjoy security of tenure and be afforded full protection in the exercise of their professional duties and responsibilities. Their services can only be terminated for just or authorized causes provided by laws and subject to the requirements of due process: *Provided, That if a nurse is found by the Department of Labor and Employment (DOLE) or the Civil Service Commission (CSC) to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and to his/her back wages with twelve percent (12%) interest computed from the time his/her compensation was withheld from his/her up to time of reinstatement. In addition, all legal expenses incurred during the arbitration process shall be paid for by the employer.*

Section 35. *Prohibition of Contractualization.* – All forms of contractualization and fixed-term employment in both the public and private sector are hereby prohibited. Casual work, job-order, contract of service, subcontracting, outsourcing, labor-only contracting, agency hiring, job contracting, or the contracting out of a work by the employer to a contractor, manpower agency or a similar analogous entity, are hereby prohibited.

Direct-hiring of contractual nurses is also hereby prohibited. When the employer contracts or subcontracts the performance of a work that is necessary or desirable to the hospital or health facility, the worker or workers supplied by a third person or party under this paragraph shall be considered regular employees or employees of the principal employer.

Project-based employees are considered regular employees for the duration of the project. For this purpose, project-based employment refers to employment in an existing project or undertaking, the nature of which is temporary and the completion or termination has been determined and made known to the employee at the time of the engagement.

The practice of forcing nurses to render unpaid volunteer work, apprenticeship, internship, observership, or similar arrangements as a condition for employment, acquisition of clinical experience, issuance of certificates, completion of training hours, or future hiring is hereby declared unlawful and prohibited.

Section 36. *Volunteer Nurse.* Volunteer nursing is an act of public service and professional solidarity, not a source of free labor. Healthcare institutions and government agencies have a legal and moral obligation to provide adequate staffing, fair compensation, and decent working conditions for nurses. Volunteerism must complement healthcare services, not substitute for the employment of nurses.

The following shall be prohibited:

- (1) Requiring or obliging a volunteer nurse to perform the regular work functions and/or regular workload expected from a regular staff nurse employed by the health facility without proper compensation, to render full-time service as a condition for the continued availment of his/her volunteer services, and/or to be the sole nurse on duty, except during disasters, calamities, and war.
- (2) Contracting or availing of the services of a volunteer nurse, under the pretext of on-the-job training, contract of service, and/or job orders, in order to address understaffing, or for free in exchange for any type of certification to be issued by the health facility for purposes of the nurse's employment application.

Section 37. *Minimum Salary.* – The minimum base pay of nurses working in the public sector, upon entry, shall not be lower than Fifty Thousand Pesos (P50,000.00) or equivalent to salary grade 15, whichever is higher. In the private sector, the minimum base pay for the nurses upon entry shall be equivalent to their public sector counterparts: *Provided*, That for micro, small and medium private health facilities, the principal employer may apply for a subsidy program for the salary upgrade of its nurses for a maximum period of three (3) years, subject to the implementing rules and regulations of this Act.

Consequently, the adjustment of the entry-level salary of nurses under this Act shall likewise mandate the corresponding increase and upgrading of the salaries, compensation, allowances, and benefits of senior nurses and all higher nursing positions and ranks in both the public and private sectors.

All nurses employed by the national government agencies, local government units (LGUs), government-owned and controlled corporations (GOCCs), state universities and colleges (SUCs), public hospitals, rural health units, barangay health stations, and other government instrumentalities, regardless of source of funding or employment status, shall receive compensation and benefits not lower than those provided under this Act and other applicable laws.

Pursuant to Section 19 (b) of Republic Act No. 7305, otherwise known as the Magna Carta of Public Health Workers, the National Government shall subsidize and provide the amount necessary to pay the difference in salaries, allowances, and other benefits between nationally paid and locally paid nurses occupying equivalent positions, in order to ensure uniformity, equity, and non-diminution of compensation among nurses in the public sector.

No local government unit, government agency, or any public institution shall reduce, delay, withhold, downgrade, or otherwise diminish the salaries, allowances, benefits, plantilla positions, or compensation rights of nurses on the ground of financial incapacity, local budget limitations, devolution, or non-applicability of the Salary Standardization Law.

The salaries, allowances, and benefits provided under this Act shall be subject to periodic review and adjustment, taking into consideration inflation, cost of living, prevailing economic conditions, regional disparities, occupational risks, professional qualifications, and internationally accepted standards for nursing compensation.

Section 38. *Incentives and Benefits.* – Any nursing function performed by a duly registered nurse that contributes to the operation, service delivery, or revenue generation of a hospital, health facility, institution, or healthcare program shall constitute as compensable work, and shall entitle the nurse to lawful wages, benefits, humane working conditions, and all rights guaranteed under labor laws, civil service laws, and this Act.

Nurses in public and private sectors shall be provided with all applicable benefits, including overtime pay, night-shift differential, on-call pay, hazard pay subsistence allowance, housing facility or housing allowance, and free annual physical examination, prescribed under existing laws, including the Labor Code of the Philippines, Magna Carta of Public Health Workers, and Republic Act No. 11712, otherwise known as the Public Health Emergency Benefits and Allowances for Health Care Workers Act: *Provided, That* these incentives and benefits shall be paid in cash.

The State shall also enact and effectively implement a Magna Carta of Private Health Workers to protect the rights and welfare of the private health workers in the Philippines.

In addition, the Board, in coordination with the DOH, other concerned government and non-government institutions, association of hospitals and the APO, shall establish an incentive and benefit system in the form of free hospital care for nurses and their dependents, scholarship grants and other non-cash benefits.

Section 39. *Holiday pay.* – Nurses, including those assigned under shifting schedules, skeletal workforce arrangements, rotating shifts, on-call duty, extended duty, flexible work arrangements, or similar staffing systems, shall be entitled to full holiday compensation and all corresponding benefits during regular holidays and special non-working holidays in accordance with existing labor laws, civil service laws, and applicable rules and regulations, regardless of whether they are required to report for duty or are placed on off-duty status due to scheduling arrangements imposed by the employer.

Section 40. *Humane Working Hours and Compensation for All Hours Worked.* – The normal hours of work of nurses in government service shall not exceed those prescribed for regular government employees under existing civil service laws, rules, and regulations, without prejudice to more favorable benefits under this Act or other applicable laws. Nurses in the private sector shall likewise be entitled to humane working hours consistent with labor standards laws, occupational safety principles, and internationally accepted standards for nursing practice.

All duties rendered beyond the prescribed regular working hours shall constitute compensable working time and shall be paid accordingly under existing laws, including overtime pay, premium pay, holiday pay, night shift differential, hazard pay, and other related benefits. Compensable working time shall include endorsements before and after duty, mandatory charting and documentation, meetings, seminars, trainings, committee work, emergency extensions, staffing-related duty extensions, and other employer-required activities performed beyond regular duty hours.

Section 41. *Protection of Nurses' Health and Well-being.* – The State recognizes the scientifically established adverse effects of prolonged work hours, sleep deprivation, rotating shifts, fatigue accumulation, and disruption of circadian rhythm on the health, safety, judgment, and professional performance of nurses, as well as on the safety and quality of patient care. Accordingly, healthcare institutions and employers shall adopt humane, evidence-based, and health-protective scheduling systems that ensure adequate recovery periods, meal breaks, rest intervals, reasonable shift rotation, and sufficient off-duty time for nurses.

No nurse shall be compelled to render continuous excessive duty hours, unsafe rotating schedules, straight duty, double shifts, prolonged mandatory overtime, or similar duty arrangements that unreasonably deprive nurses of rest, sleep, family life, and recovery necessary for safe professional practice. Holidays, leave privileges, rest days, and off-duty periods shall be respected and shall not be arbitrarily cancelled,

interrupted, or withheld except in cases expressly authorized by law and subject to corresponding lawful compensation and compensatory rest periods.

Section 42. *Right to Self-Organization, Freedom of Speech and Assembly.* – All nurses have the basic right to organize, form or join associations, unions and organizations. Nurses shall have the right to freely form, join or organize all forms of actions, including the right to strike and other peaceful concerted activities, in order to defend and protect their basic rights and welfare, and to obtain redress of their grievances: *Provided*, That nurses are encouraged to be members of APO and receive the benefits and privileges therefrom: *Provided, further*, That membership in other organizations of nurses shall not be barred: *Provided, finally*, That membership in an APO shall not be a requirement for hiring and promotion of nurses in their respective employment.

No nurse shall be subjected to discrimination, retaliation, harassment, intimidation, surveillance, suspension, dismissal, demotion, transfer, red-tagging, coercion, or any prejudicial act for exercising rights guaranteed under this Section. Any act interfering with the lawful exercise of these rights shall constitute a violation of this Act and shall subject the responsible persons or entities to appropriate administrative, civil, and criminal liabilities under existing laws.

Section 43. *Protection from demotion without just cause.* – In no case shall a nurse be demoted in rank, duties and responsibilities without just cause, whether or not it will result in diminution of salaries and/or benefits.

Section 44. *No Diminution of Benefits.* – Nothing in this Act shall be construed to reduce any existing allowances and benefits of any form under existing laws, decrees, executive orders, issuances, rules and regulations.

Section 45. *Continuing Professional Development.* – Nurses shall be encouraged to undertake Continuing Professional Programs (CPD) programs to continuously improve and enhance their competence through updated scientific, technological, ethical, and evidence-based nursing practices applicable in both local and global settings. The Board shall establish and maintain a mechanism to ensure accessible, relevant, and quality CPD programs for all nurses without imposing additional economic burden upon them.

It shall be the duty of the APO, the accredited specialty organizations, the DOH, the UP, through its Health Sciences Center, and the Philippine General Hospital, public and private hospitals and health facilities to provide CPD programs to its employees and members. Other than those aforementioned, only authorized providers accredited by the Board shall be allowed to offer CPD programs, subject to standards and guidelines prescribed by the Board: *Provided*, That all CPD programs offered to nurses shall be made available free of charge to their constituents, including registration, training materials, certificates, and other related fees: *Provided, further*, That the acquisition of CPD units shall not be mandatory for the renewal of the

Professional Identification Card (PIC) issued by the PRC, recognizing that professional development shall serve as a means of competence enhancement and not as an additional financial or administrative burden upon nurses: *Provided, finally*, that attendance in CPD seminars, trainings, workshops, conferences, and similar professional activities duly authorized or recognized by the Board shall be considered official working time and shall not be deducted from the nurse's leave credits, salaries, benefits, allowances, or other forms of compensation.

Section 46. *Career Progression, Promotion, and Institutional Development of Nursing Positions.* – The State recognizes the vital role of nurses in public health, education, emergency response, and national development, and shall ensure a responsive and equitable system of career progression, promotion, and professional advancement in all sectors of nursing service. Towards this end, the State shall ensure the creation, the expansion, and the availability of plantilla positions, higher-ranking items, supervisory and managerial posts, specialty positions, and advanced nursing practice roles to establish clear and sustainable career pathways for nurses.

In the promotion, appointment, and advancement of nurses, primary consideration shall be given to length of service in good standing, quality of performance, clinical competence, leadership, integrity, community service, and actual professional experience, including services rendered during pandemics, epidemics, public health emergencies, disasters, and humanitarian crises. Service rendered during the pandemic and similar national emergencies shall be recognized as meritorious service for purposes of promotion, step increment, incentives, and career advancement. Academic degrees, postgraduate studies, and additional educational qualifications shall not be imposed as the sole or mandatory basis for promotion when such requirements result in unreasonable financial, economic, or administrative burdens upon nurses. Professional experience, continuous service, and demonstrated competence shall be accorded equal or greater weight in determining qualification for promotion and advancement.

The Department of Budget and Management (DBM), in coordination with the DOH and other concerned agencies, shall ensure the allocation of adequate funding and subsidies for the creation of additional nursing positions, salary upgrades, promotion items, scholarships, training support, and leadership development programs necessary for the effective implementation of this Section. LGUs, GOCCs, and private institutions employing nurses shall establish the corresponding institutional support and budgetary appropriations to strengthen nurse retention, professional growth, and workforce development.

ARTICLE V

Nursing Education

Section 47. *Nursing Education.* – Nursing education refers to the formal learning and training in the science and art of nursing provided by higher educational institutions duly recognized and accredited by the CHED.

There shall be a standard Basic and Graduate Program for Nursing Education, pursuant to Republic Act No. 7722, otherwise known as the Higher Education Act of 1994: *Provided*, That higher educational institutions offering nursing education shall be required to maintain a passing rate of least 40% in the PNLE among its graduates. Failure to do so in three consecutive years shall be a cause for the closure of the nursing program in accordance with Section 13 (d) of this Act.

Section 48. *Basic Program for Nursing Education.* – The Basic Program for Nursing Education refers to the nursing education program primarily designed based on the health care needs of the Filipino people, imbues graduate nurses with service orientation, love of country and fellow Filipinos, and equips them with the necessary knowledge, skills and attitudes for safe, relevant and quality nursing practice.

The curriculum and the Related Learning Experiences (RLE) must be in accordance with the National Nursing Core Competency Standards promulgated by the Board and implemented through the policies, standards, and guidelines of the CHED. The curriculum and RLE shall include community integration and immersion to encourage more graduates to work in community settings.

Section 49. *Graduate Program for Nursing Education.* – The Graduate Program for Nursing Education refers to the post-baccalaureate nursing education program, which builds on the experiences and skills of a nurse towards mastery, expertise, and leadership in practice, research, and education. It includes a master's degree and doctorate degree in nursing founded on the philosophies, and the scientific body of knowledge and practice.

The Graduate Program for Nursing Education shall be offered only in higher educational institutions as prescribed by the prevailing CHED policies, standards and guidelines for graduate education.

Section 50. *Qualifications of the Dean.* – The Dean of the College of Nursing shall formulate policies and plans in collaboration with the administration/school officials and stakeholders. The Dean must adhere to the prescribed curriculum for the advancement of nursing education.

The Dean must:

- (a) Be a holder of a master's degree in nursing, conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines;
- (b) Be a holder of a certificate of registration and a current professional identification card issued by the PRC;

- (c) Have the appropriate certificate of nursing proficiency, or its equivalent, to be issued by the BON;
- (d) Have at least five (5) years of experience in teaching and supervision in Nursing Education; and
- (e) Have at least three (3) years clinical experience in a general nursing service.

Section 51. *Qualifications of the Faculty.* –

(a) Basic Program for Nursing Education. – A member of the faculty in a College of Nursing teaching professional courses:

- (1) Must be a registered nurse in the Philippines and holder of a certificate of registration and a current professional identification card issued by the PRC;
- (2) Must have at least three (3) years of nursing practice;
- (3) Must be a holder of any masteral degree, conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines; and
- (4) Must have the appropriate certificate of nursing proficiency, or its equivalent, to be issued by the BON.

(b) Graduate Program for Nursing Education. - A member of the faculty teaching graduate professional courses:

- (1) Must follow prescriptions 1 and 2 of basic nursing education; and
- (2) Must be a holder of must be a holder of any doctoral degree conferred by a university duly recognized and accredited by the Government of the Republic of the Philippines.

Section 52. *Faculty-to-Student Ratio.* – The CHED and the BON shall determine the appropriate and ideal faculty-to-student ratio.

ARTICLE VI

Nursing Service

Section 53. *Nursing Service.* – Nursing service refers to the promotion of health, general well-being and prevention of illness which includes, but not limited to, nursing care provided by a nurse, either independently or collaboratively, to any individual, family or group in various health care settings.

Nursing Service shall include the following functions:

- (a) Provide health education to individuals, families and communities;
- (b) Ensure that information on healthy lifestyle are incorporated in his or her health teachings, including:

- (1) Seeking opportunities to promote a healthy lifestyle within his or her influence; and
- (2) Accepting that he or she is a role model for a healthy lifestyle;
- (c) Enable people to increase control over their health and to improve health;
- (d) Build healthy public policy;
- (e) Create supportive environment;
- (f) Strengthen community action for health; and
- (g) Establish linkages with community resources and coordination of services with the health team.

Section 54. *Nursing Interventions.* – In accordance with Sections 28 and 30, nursing interventions include, but is not limited to: any or combination of essential primary health care, the application of traditional and innovative approaches, health counseling, and administration of written prescription for treatment, therapies, oral, topical, and parenteral medications, perform peripartal care covering pre-intra- postpartum care including the performance of internal examination during labor in the absence of antenatal bleeding, attend to normal delivery and suturing of perineal laceration and immediate care of the newborn; perform perioperative care covering pre-intra-post-surgical care interventions; care during emergency and disaster.

ARTICLE VII

Nursing Personnel System

Section 55. *Nursing Personnel System.* – The Nursing Personnel System shall cover the following fields: nursing service administration in the health facility and industry setting, community health practice, and the academe.

There shall be a Nursing Service Office in every health institution, may it be administrative or clinical, with at least ten (10) nurses. The Nursing Service Office must be under the control and management of a chief nursing officer: *Provided, That* the number of required nursing staff of the institution shall not count the number of staff of the Nursing Service Office that does not do actual bedside nursing care.

The functions of the Nursing Service Office shall include the following:

- (a) Monitor and ensure that the standards of the nursing practice are being observed and implemented, including the safe nurse-to-patient ratio;
- (b) Ensure that the nurses are protected against precarious work, inhumane work conditions, violence, harassment, threat and intimidation; and
- (c) Cooperate with unions and labor associations to advance the welfare of nurses and address issues of violations under this Act.

Section 56. *Safe Nurse-to-Patient Ratio.* – Consistent with the declared policy of the Magna Carta of Public Health Workers to promote and improve the welfare, health, and working conditions of public health workers, the State shall protect nurses from

understaffing, unsafe nurse-to-patient ratios, excessive workload, exploitative scheduling systems, prolonged duty hours, and other labor practices detrimental to their health, safety, dignity, and professional performance.

Healthcare institutions, whether public or private, shall maintain adequate nurse staffing standards necessary to ensure safe and quality healthcare delivery and to prevent occupational exhaustion, burnout, fatigue-related errors, and other hazards arising from chronic understaffing. Persistent understaffing, unreasonable workload assignments, or unsafe staffing patterns that endanger nurses or patients shall constitute prohibited acts under this Act and shall subject the responsible employer, administrator, or government official to appropriate administrative, civil, and other liabilities provided by law.

The ratio of staff nurse to patient in a hospital setting shall be based on patient acuity, the complexity of patient health status, and the environment by which care is delivered. Staffing ratio shall also consider the presence or absence of significant others responsible in the care of the patient such as the patient's immediate relative and other licensed or unlicensed personnel. Based on the foregoing assumption, the prescribed patient load for a nurse shall be the following:

Area	Stable Patients (nurse:patient)	Severe/ Critical Patients (nurse:patient)
General/ Medical Ward	1:6	1:2
Emergency Room	1:4	1:2
Ante-partum	1:4	1:2
Labor and Delivery		1:2
Post-partum with Rooming-in Babies	1:4	1:2
Neonatal Intensive Care Unit (NICU)		1:2
Operating Room		2:1
Post Anesthesia Care Unit (PACU)		1:1
Intensive/ Critical/ Special Care Unit		1:1
Infectious/ Isolation Area	1:4	1:1
Cardio/ Surgical/ Nephro/ Onco/	1:4	1:1

Hematology Ward		
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The ratios are the maximum number of patients assigned to a nurse at any time during a shift. A non-registered nurse or attendant shall not be allowed to substitute for the duties and responsibilities for a full-time registered nurse.

The DOH, in consultation with the officials and employees of public hospitals and health facilities, the APO, unions, organizations and other stakeholders, shall review and update the existing standard staffing pattern for public hospitals and other public health facilities, and make proposals for additional plantilla items for nurses to reflect the safe nurse-to-patient ratio.

Section 57. *Safe Nurse-to-Population Ratio.* – The DOH shall ensure the following full-time registered nurse-to-population ratio:

- (a) General population: one (1) nurse every 5,000 population
- (b) Schools, universities and colleges: one (1) nurse every 2,000 students
- (c) Workplaces:
 - (1) At least one (1) full-time nurse for establishments with 51 to 600 workers; and
 - (2) At least one (1) full-time occupational health nurse per shift for establishments with more than 600 workers;

Provided, That, for workplaces or establishments with more than 200 workers, there shall also be other health workers, such as physicians and dentists, and infirmary or emergency hospital, as determined by the DOH.

The DOH, in consultation with the officials and employees of public hospitals and health facilities, the APO, unions, organizations and other stakeholders, shall review and update the existing standard staffing pattern for public hospitals and other public health facilities, and make proposals for additional plantilla items for nurses to reflect the safe nurse-to-population ratio.

ARTICLE VIII

Nursing Research, Policy Development, and Planning

Section 58. *Nursing Research and Policy Development.* – Nursing Research and Policy Development shall involve study and pursuit of nurse related issues encompassing the following areas:

- (a) Professional nursing practice, such as advancing nursing knowledge, to ensure quality nursing care for all and advocacy for sound health policies globally;
- (b) Nursing regulation on code of ethics, standards, competencies and the process of credentialing; and

- (c) Socio-economic welfare for nurses like occupational health and safety, human resources planning and policy, remuneration, career development.

Section 59. *Studies and Implementation of Nursing Human Resource Needs, Production, Utilization and Development.* – The Board, in coordination with the accredited professional organization and appropriate government or private agencies, shall initiate, undertake and conduct studies on healthcare human resources production, utilization and development and take the lead in the implementation of a comprehensive nursing human resource development from nursing education to nurses deployment.

ARTICLE VIII

Nursing Leadership and Governance

Section 60. *Nursing Leadership.* – Nursing is a dynamic field that requires leaders who will go through the changing aspects of the health sector as they are part of the workforce that will toil and labor for the improvement of the health of the citizenry. Nurses adapt to specific roles in organizational structure, from being the policy makers in health facilities and giving guidance to senior management on best practices in nursing and patient care. They work with healthcare leaders to establish compensation and benefit programs and are involved in nurse recruitment, training and retention. Thus, nurses in the management positions shall develop patient-care programs, manage nursing budgets, plan new patient services, establish nursing policies and procedures, participate in cross-departmental decision making, conduct performance improvement activities and represent the scope of nursing practices at Board of director meetings and other stakeholder.

Section 61. *Nursing Governance.* – Governance in nursing practice is shifting from the traditional view that nurses are subordinate and passive employees towards having more proactive involvement of taking charge of the organization to be the antecedent in decision making and implementation of plans and policies for the patients and communities. Governance in the practice of nursing shall empower each nurse in decision-making over their professional practice while extending their power and control over the administrative aspect of their practice.

Section 62. *Nursing Service Management.* – Nursing Service Management refers to the Nursing Services Office equipped with the necessary competencies on governance and leadership characterized to wit:

- (a) First Level Manager or Head Nurse;
- (b) Second Level Manager or Nurse Supervisor; and
- (c) Third Level Manager, Chief Nursing Officer or Chief Nurse Executive.

Section 63. *First Level Manager or Head Nurse.* – First Level Manager or Head Nurse is in-charge of the planning, organizing, directing and controlling of a particular

ward, nursing unit or section of a hospital or health facility. He/She must have at least 12 units of postgraduate studies leading to any master's degree.

Section 64. *Second Level Manager or Nurse Supervisor.* – Second Level Manager or Nurse Supervisor is in charge of the planning, directing and controlling of a specific nursing specialty or nursing unit or geographical aggrupation of a hospital, health facility, healthcare institution, or health care company. The person holding this position shall have at least 24 units of post-graduate studies or at least with any masteral degree or equivalent, for chief of a division and must have at least three (3) years of related experience as first level manager or head nurse.

Section 65. *Third Level Manager, Chief Nursing Officer (CNO) or Chief Nurse Executive.* – The nursing service and delivery of healthcare in a hospital, community set-up or any health care institution or company must be under the control and management of the Third Level Manager, Chief Nursing Officer (CNO) or Chief Nurse Executive, otherwise called as the Chief Nurse, Nursing Director or Nurse Executive, or equivalent, as recognized by the CSC.

The CNO shall carry full administrative responsibility and shall have the authority on planning, organizing, directing, and controlling of nurses. A CNO shall have a master's degree and shall have at least five (5) years of experience in relevant nursing practice setting/s.

The CNO is responsible for the formulation of policies, strategic and operational planning, financial plan and resource allocation, policies and procedure development, professional and organizational involvement to address epidemiologic problems, and the provision of statistical data.

To ensure full professional autonomy, the CNO shall be at the executive level reporting directly to the chief executive of the hospital, public health or community set-up, or any health care institution or company. In an institution where the nurse or nursing personnel is only part of a small health service unit, the chief executive of such agency or company shall ensure that the nurses are afforded professional autonomy in the performance of their duty as nurses.

ARTICLE IX

Prohibited Acts and Penal

Section 66. *Prohibited Acts.* – Any of the following shall constitute unlawful and illegal acts:

(a) Any person who is practicing the nursing profession in the Philippines:

(1) Without a certificate of registration, professional license, professional identification card, special permit or temporary permit or without having

been declared exempt from examination in accordance with the provision of this Act;

- (2) Who uses a certificate of registration, professional license, professional identification card, special permit or temporary permit of other person;
 - (3) Who uses an invalid certificate of registration, professional license, a suspended or revoked certificate of registration, professional license, or an expired or cancelled special or temporary permits;
 - (4) Who, by any means of misrepresentation, false evidence, or concealment, obtained a certificate of registration, professional license, professional identification card, special permit or temporary permit;
 - (5) Who falsely poses or advertises as a registered and licensed nurse or uses any other means that tend to convey the impression that he/she is a registered and licensed nurse;
 - (6) Who appends "Nurse", "Nars", or "Nrs." before his or her name or B.S.N./R.N. (Bachelor of Science in Nursing/Registered Nurse) after his or her name without having been conferred said degree or registration; or
 - (7) Who, as a registered and licensed nurse, abets or assists to the illegal practice of a person who is not lawfully qualified to practice nursing;
- (b) Any natural or juridical person, educational institutions offering BSN without full compliance with the requirements prescribed by law, conducts review classes for both local and foreign examination without permit/clearance from the Board and the PRC, or conducts continuing professional development for nurses without accreditation from the Board; or any natural or juridical person or health facility who undertakes or offers in-service training programs for a fee and without permit/clearance from the Board and the PRC;
- (c) Any natural or juridical person or health facility that subscribes to substandard quality of nursing care and/or nursing practice, such as non-compliance with the safe nurse-to-patient ratio and safe nurse-to-population ratio;
- (d) Any natural or juridical person, health facility that exercises and promotes precarious working conditions to nurses, such as, but not limited to, the following:
- (1) Contracting or availing of the services of a nurse either without salary, for allowance, for salary below the applicable wage prescribed under this Act, whether or not under the pretext of a training, development program, certification course and/or seminar;
 - (2) Depriving or denying a nurse of the rights, incentives and benefits as provided for by the existing laws;
 - (3) Collecting any fees from a nurse or from any person or agent in his or her behalf in exchange for a nurse's voluntary services in a health facility;
 - (4) Requiring or obliging a volunteer nurse to perform the regular work functions and/or regular workload expected from a regular staff nurse

employed by the health facility without proper compensation, to render full-time service as a condition for the continued availment of his/her volunteer services, and/or to be the sole nurse on duty, except during disasters, calamities, and war;

- (5) Contracting or availing of the services of a volunteer nurse, under the pretext of on-the-job training, contract of service, and/or job orders, in order to fill-up a vacant position that requires the hiring of a full-time regular employed nurse, or for free in exchange for any type of certification to be issued by the health facility for purposes of the nurse's employment application;
- (6) Compelling a nurse, directly or indirectly, to pay training fees, placement fees, certification fees, hospital fees, or any analogous charges from their own personal funds in exchange for clinical exposure, work experience, hospital deployment, volunteer service, or employment opportunities; and
- (7) Contracting or availing of the services of a nurse, under the pretext of training or certification course, but requires the nurse to render the tasks and responsibilities expected of a regular staff or public health nurse;

(e) Any violation of the provisions of this Act.

The DOLE, the CSC, the DOH, and the PRC shall jointly ensure the strict enforcement of this provision and shall promulgate the necessary rules and regulations to eliminate exploitative labor practices and protect nurses from abuse, underemployment, and unjust working conditions.

Section 67. *Sanctions.* – A fine of not less than One Hundred Thousand Pesos (₱100,000,000.00) but not more than Three Hundred Thousand Pesos (₱300,000,000.00) or imprisonment of not less than one (1) year but not more than six (6) years, or both, upon the discretion of the court, shall be imposed upon violation of any prohibited acts enumerated in Section 66 (a) hereof.

A fine of not less than Five Hundred Thousand Pesos (₱500,000.00) and/or imprisonment of not less than one (1) year but not more than six (6) years shall be imposed upon violation of any prohibited acts enumerated in Section 66 (b), (c), (d), and (e) hereof. In addition, suspension or revocation of license to operate may be granted upon the discretion of the court.

Section 68. *Refund and Compensation.* – Any nurse found to have been a victim of Section 63 (d) hereof shall be entitled to a full refund of all fees illegally collected and payment of unpaid salary, which should not be less than the applicable wage for services rendered.

Section 69. *Liability of the Agency.* – In cases of violations committed by government agencies, juridical persons, including local government units or any other entity, and for any untoward incident that may result from violations of Section 66 (b),

(c), (d), and (e), the head of the agency and Board of Directors or executive officials of the agency shall assume full responsibility: *Provided, That* in no case shall the individual nurse be held liable for untoward incidents that may result from the violations of the juridical persons/agency.

ARTICLE X

Miscellaneous

Section 70. *Implementing Agencies.* – The DOH is hereby designated as the agency tasked with monitoring the compliance with and implementation of the provisions of this Act by public health facilities. The DOLE is designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by private health facilities. The PRC and the Board is designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by educational institutions, CPD providers and health facilities. The CHED is similarly designated as the agency tasked with monitoring the compliance with and implementations of the provisions of this Act by educational institutions with regard to nursing education programs and its curriculum.

Section 71. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be charged to the General Appropriations Act immediately upon effectivity hereof.

Section 72. *Implementing Rules and Regulations.* – Within ninety (90) days after the effectivity of this Act, the DOH and the Board of Nursing shall jointly take the lead in the formulation of the implementing rules and regulations. Representatives from the CSC, the DBM, the DOLE, the Department of Interior and Local Government, the CHED, the PRC, the UP College of Nursing and the Nursing Service of the Philippine General Hospital, the Department of Education, the accredited professional organization, the nursing unions and nursing specialty organizations, the Union of Local Authorities of the Philippines, and all other concerned nursing organizations and government agencies, shall be part of the body that shall formulate the implementing rules and regulations of this Act: *Provided, That* the full implementation of the provisions contained in this Act pertaining to the Nursing Board, Examination and Registration, Practice, Education, Service, Research, Policy Development, and Planning, Leadership and Governance, and Personnel System, shall be within five (5) years from the passage of this Act: *Provided, further, That* the implementing rules and regulations shall become effective fifteen (15) days after publication in the *Official Gazette* or in a newspaper of national circulation.

Section 73. *Separability Clause.* – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

Section 74. *Repealing Clause.* – Republic Act No. 9173, otherwise known as the

Philippine Nursing Act of 2002, is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

Section 75. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in any newspaper of general circulation.

Approved,