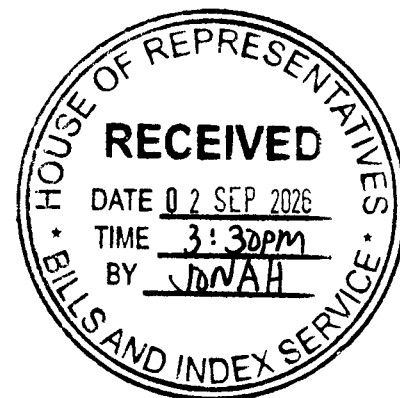




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session
House Bill No. **11091**



Introduced by

HON. REPRESENTATIVE LAARNI LAVIN ROQUE
4TH DISTRICT, BUKIDNON

EXPLANATORY NOTE

Filipino nurses are a cornerstone of the healthcare system in the Philippines excelling in various healthcare settings, making them indispensable professionals in the healthcare system not only in the country but globally as well.

However, Filipino nurses face a complex set of challenges, including low wages, understaffing, burnout, inadequate resources, and international migration. Addressing these issues requires comprehensive reforms in compensation, working conditions, mental health support, and investment in education and infrastructure to retain talent and strengthen the Philippine healthcare system. As it were, Philippine lawmakers have proposed various bills aimed to make the nursing profession in the Philippines more competitive and reduce the exodus of skilled professionals.

Thus, this bill provides for a new Comprehensive Nursing Law which offers a holistic and transformative policy framework to empower, and retain our nursing workforce, ensuring a strong, resilient health care system for all Filipinos. It directly addresses the core issues driving the nursing crisis: poverty-level wages, precarious employment, dangerous working conditions and lack of opportunities for career advancement and progress

The key features of the proposed measure include the integration of the Universal Health Care principles in the delivery of nursing services, expansion of the sources of Professional Regulatory Board of Nursing (PRBON) nominees, grant of limited practice to PRBON members, provision of mechanisms for career progression and professional development such as the introduction of new concepts like the Career Progression and Specialization Program, Specialty Nursing Practice, and Advanced Practice Nursing, among

others. Another important provision of the bill is the substantial increase in nurses' compensation by mandating a minimum entry-level salary of Salary Grade 15 for nurses in the public sector, with a corresponding increase required in the private sector. The proposed measure also guarantees all legally mandated benefits.

For the purpose, the bill seeks to repeal Republic Act (RA) No. 9173 or the Philippine Nursing Act of 2002.

This proposed law is a decisive step towards building a health system that truly serves the Filipino people.

For the foregoing reasons, the immediate approval of the bill is earnestly urged.


HON. LARIN LAVIN ROQUE
4TH DISTRICT, BUKIDNON



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4th DISTRICT, BUKIDNON

AN ACT
PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS A QUALITY HEALTH CARE SYSTEM. AND
APPROPRIATING FUNDS THEREFOR, REPEALING FOR THE PURPOSE 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

SECTION 1. *Title.* This Act shall be known as 'The Philippine Nursing Practice Act'.

SECTION 2. *Declaration of Policy* — In pursuit of the constitutional mandate that health is a right of every Filipino, it is hereby declared that the State's policy is to protect and uphold the welfare of health care workers as essential toward achieving Universal Health Care (UHC) through Primary Health Care. It is further declared that the State's policy is to uphold the dignity and respect for nurses and the nursing profession by promoting adherence to nursing practice standards, ensuring quality nursing education, providing decent working conditions, and supporting professional growth. Nurses represent a significant majority of healthcare workers at both institutional and community levels. Therefore, the State recognizes them as essential contributors to national development, Universal Health Care, and international cooperation. Further, the State guarantees equitable access to quality and affordable health care by implementing an adequate and comprehensive Nursing Human Resource for Health Management System (NHRHMS) throughout the country.

SECTION 3. *Definition of Terms.* — As used in this Act, the following terminologies shall be defined as:

- a) ***Accredited Integrated Professional Organization (AIPO)*** refers to the one and only national organization of nurses that is accredited by the Board of Nursing and the Professional Regulation Commission (PRC) as provided in Section 24 of this Act;
- b) ***Advanced Practice Nursing (APN)*** refers to an expanded level of nursing practice that builds on the competencies of a registered nurse of advanced clinical expertise, leadership, and decision-making in assessing, diagnosing, planning, implementing, and evaluating care for individuals, families and communities along an area of specialization;
- c) ***Advanced Practice Registered Nurse (APRN)*** refers to a registered nurse who has completed a recognized graduate-level education program in advanced practice nursing, is duly certified by the Board of Nursing, and is authorized to perform expanded roles within the scope of nursing. This may include advanced health assessments, care planning, implementation of evidence-based interventions, coordination of care, leadership in clinical practice, education, and research;
- d) ***Bachelor of Science in Nursing (BSN)*** refers to a baccalaureate nursing program consisting of general and professional courses that develops nursing competencies needed for entry level practice and offered by a higher education institution (HEI) duly recognized by the Commission on Higher Education (CHED);
- e) ***Career Progression and Specialization Committee for Nursing (CPSCN)*** refers to the body designated by the PRC to develop differentiated nursing-level standards, establish mechanisms and criteria for the accreditation of specialty organizations and certification of individuals at various levels of post-baccalaureate nursing and advanced practice for recommendation to the Professional Regulatory Board of Nursing referred to as the Board;
- f) ***Certification*** refers to the formal confirmation granted by the Board and the accredited specialty nursing organization to a registered nurse who has successfully completed an accredited specialty nursing program. This recognition signifies that the nurse has acquired the requisite competencies aligned with the Philippine Qualifications Framework (PQF) levels and the standards set forth in the Career Progression and Specialization Program (CPSP) which supports career advancement and contributes to enhancement of health care service delivery;
- g) ***Career Progression and Specialization Committee for Nursing (CPSCN)*** refers to the body designated by the PRC to develop differentiated nursing-level standards, establish mechanisms and criteria for the accreditation of specialty organizations and certification of individuals at various levels of post-baccalaureate nursing and advanced practice for recommendation to the Board;
- h) ***Chief Nursing Officer (CNO)*** refers to the senior-most nursing administrative and clinical leader within a healthcare organization. The CNO is responsible for overseeing the delivery of high-quality nursing care, ensuring adherence to clinical standards, and coordinating nursing services across the organization. This role encompasses strategic planning, policy development, and resource management, as well as serving as the primary advocate and spokesperson for the nursing staff,
- i) ***Decent Work*** involves opportunities for work that is productive, delivers a fair income, security in the workplace, social protection for family; opportunities for personal development, psychological well-being, social integration, freedom to express their concerns, organize and

participate in decisions that affect their lives, and equal treatment, regardless of ethnicity, gender, position, or religion;

- j) *Expanded Role* refers to the broadening scope of nursing responsibilities beyond the traditional tasks that nurses take on to meet evolving needs of patients/clients and health care systems;
- k) *Health Facility* refers to public and private hospitals and clinics, including community health centers that provide health services to patients;
- l) *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing official within the Department of Health (DOM), responsible for providing leadership and direction for the nursing profession across the country. The NCNO serves as a key advisor to government and health agencies, advocating for policies that enhance the quality of nursing practice and healthcare delivery. Additionally, the NCNO represents the nursing profession in discussions on health policy, workforce planning, and public health initiatives, further emphasizing the importance of nursing in promoting population health and well-being;
- m) *Nurse Specialist* is a registered nurse who has acquired expertise in a specific field of nursing beyond the entry-level of BSN and is duly certified by the specialty nursing organization;
- n) *Nursing Care* refers to the comprehensive and holistic services provided by registered nurses (RNs) in the Philippines who hold a Bachelor of Science in Nursing (BSN). This care encompasses a wide range of activities aimed at promoting, maintaining, or restoring the health and well-being of clients from conception to death, including individuals, families, and communities. This includes assessment, diagnosis, planning, implementation, evaluation, patient advocacy, health education and promotion, collaboration, and compassionate care. Grounded in both evidence-based practices and the cultural values of Filipino society, nursing care integrates compassion, respect, and advocacy into patient interactions;
- o) *Nursing Human Resource for Health Management System (NHRHMS)* refers to an organized human resource management and development information system that provides meaningful data used to support policies affecting nurses and nursing which is a component of the National Health Workforce Registry under the HRH Network;
- p) *Philippine Professional Nursing Practice Standards (PPNPS)* refers to the authoritative framework developed by the Board that outlines the core competencies, responsibilities, and duties expected of all registered nurses, regardless of role, designation, or specialty. The PPNPS serves to promote, guide, and direct professional nursing practice, ensuring the delivery of high-quality care and the advancement of the nursing profession in the Philippines;
- q) *Philippine Professional Nursing Roadmap (PPNR)* is a comprehensive and strategic development plan for the Philippine nursing profession, grounded in the principles of good governance. It articulates the vision, mission, and core values of the nursing profession while outlining strategic goals and objectives aimed at addressing priority issues and challenges within the field;
- r) *Positive Practice Environment* refers to a workplace that fosters a supportive, collaborative, and safe place for healthcare professionals, including nurses, to deliver high-quality patient care. It promotes economic welfare, job satisfaction, retention, and professional autonomy of nurses by ensuring safe staffing, managerial support, professional development, occupational safety, psychological well-being, and measures to prevent workplace violence;

- s) *Precarious Work* refers to employment conditions that are unstable, unsecure, and unsafe adversely affecting workers' well-being, job satisfaction, and their ability to provide quality care;
- t) *Primary Health Care* is a comprehensive approach to health that provides individuals and communities with access to essential health services, including promotive, preventive, curative, and rehabilitative care. It emphasizes community participation and requires collective efforts among stakeholders, including government agencies, local government units, and health organizations, to empower individuals in managing their health. Primary Health Care also addresses social determinants of health and aims to ensure equitable access to care for all;
- u) *Primary Care* is the first level of contact of patients with health care providers within the healthcare system, providing accessible and comprehensive services that include preventive care, diagnosis, treatment, and management of both acute and chronic conditions;
- v) *Professional Nursing Practice* refers to the autonomous and collaborative delivery of evidence-based, ethical, and client-centered care by registered nurses, anchored in scientific knowledge and the nursing process. It encompasses health promotion, illness prevention, and the care of individuals who are sick, disabled, or dying, as well as advocacy for individuals, families, and communities at all levels of care. This practice is conducted in accordance with the standards established by the Professional Regulatory Board of Nursing, the Philippine Nursing Act, and other relevant laws and regulations;
- w) *Registered Nurse (RN)* refers to a licensed healthcare professional who has fulfilled the educational, legal and ethical requirements to practice nursing and is officially registered in the roster of nurses maintained by the PRC;
- x) *Safe Harbor* is a provision that allows a nurse to refuse to engage in a requested nursing assignment or a portion of an assignment if the nurse, in good faith and with reasonable belief, believes that the assignment would require them to perform an act that would violate the Philippine Nursing Act, rules of the Board of Nursing, or other laws, or would place a patient in a situation that is unsafe, leading to a significant risk of harm or injury; and
- y) *Special Temporary Permit (STP)* refers to the authorization granted to foreign registered or licensed nurses and unlicensed Filipino nursing graduates to engage in limited nursing practice in accordance with the conditions set forth in this Act.

ARTICLE II

PROFESSIONAL REGULATORY BOARD OF NURSING

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

SECTION 5. *Mission of the Professional Regulatory Board of Nursing.* The mission of the Board is to protect and promote the welfare of the people of the Philippines by ensuring that each person holding a license as a nurse in the Philippines is competent to practice safely. The Board fulfils its mission through the regulation of the practice of nursing. The Board, acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and transparency, shall approach its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public trust.

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

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

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

- a) Ensure the proper conduct of the Nurse Licensure Examination (NLE), including the evaluation of examination, applications, test development, administration of the examination, correction and release of the results thereof;
- b) Enforce and monitor safe and quality standards of nursing practice, study the conditions affecting nursing practice in the Philippines, and exercise the authority necessary to uphold and advance ethical, technical, and professional standards in the practice of nursing for optimal health and common good of the nation;
- c) Ensure quality nursing education, jointly with the CHED, by examining and monitoring Higher Education Institutions (HEIS) offering and seeking permission to open nursing education programs to guarantee that the standards of nursing education are properly complied with and maintained at all times. The Board may recommend to the CHED the opening and closure of nursing programs;
- d) Promulgate a Code of Ethics that is responsive to the needs of the nursing profession, in coordination with the AIPO for nurses, within one (1) year from the effectivity of this Act;
- e) Prescribe and implement a CPSPN to enhance professional development and career advancement of nurses. This program will include the accreditation of specialty nursing organizations and recognition of Advanced Practice Registered Nurses (APRN);
- f) Recognize nursing organizations;
- g) Work in partnership with appropriate agencies to identify and utilize resources earmarked for national nursing development;

- h) 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 the review and approval of the PRC;
- i) Oversee the implementation of the Philippine Professional Nursing Roadmap;
- j) Develop an enhanced and updated Philippine Professional Nursing Practice Standards;
- k) Conduct hearings and investigations to resolve complaints against nurses for unethical or unprofessional conduct or any violation of this Act, or its rules and regulations, and in connection therewith: issue *subpoena ad testificandum* or *subpoena duces tecum*, or both, to require the appearance of respondents and witnesses or the production of documents, or both and to penalize for contempt persons obstructing, or otherwise interfering with the conduct of such proceedings, upon application with the regular courts;
- l) Issue, suspend, revoke or reinstate certificates of registration and special temporary permits for the practice of nursing; and
- m) Ensure performance of mandated duties and functions.

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

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

SECTION 10. *Term of Office.* The Members of the Board shall hold office for a term of five (5) years. Any Member of the Board may serve for a maximum of two (2) terms or a total of ten (10) years, or until their successors shall have been appointed and qualified. A successor to a Member whose term of office has expired shall be appointed for the full term of five (5) years from the date of expiration of the term of office for which his/her predecessor was appointed.

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

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

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

SECTION 13. *Vacancy.* Any vacancy in the Board for causes other than expiration of term of office 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 14. *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 15. *Annual Report.* The Board shall, within thirty (30) calendar days of the succeeding year, submit an annual report to the President and Congress of the Philippines, through the PRC, giving a detailed account of its proceedings and 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 16. *Nurse Licensure Examination (NLE).* All eligible applicants for license to practice nursing shall be required to pass a written examination referred to as NLE. The Board shall administer the NLE in such places and dates as may be designated by the PRC: *Provided*, that it shall be in accordance with Republic Act No. 8991, otherwise known as the 'PRC Modernization Act of 2000'.

SECTION 17. *Scope of Examination.* The Board shall determine the scope of the NLE, taking into consideration the nursing core competencies, the nursing curriculum, the scope and areas of nursing practice, and other related disciplines.

SECTION 18. *Qualifications for Admission to the NLE.* At the time of the filing of application for the NLE, an applicant must be:

- a) A holder of a BSN degree from a HEI that is compliant with the standards of nursing education duly recognized by the CHED;
- b) Of good moral character and has not been convicted by final judgment of any criminal offense involving moral turpitude or found guilty of immoral or dishonorable conduct; 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 subject or citizen of such country: *Provided*, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed in this Act.

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

SECTION 20. *Nurse Licensure Examination Ratings.* In order 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.

SECTION 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 and the date of 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.

SECTION 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.

SECTION 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.

SECTION 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 (SEC). 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 ALPO membership fees and dues.

SECTION 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.

SECTION 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 service 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
- c) Licensed nurses from foreign countries/states employed by schools/colleges of nursing as exchange professors in a branch or specialty of nursing; *Provided*, however, that the

special/temporary permit shall be effective only for the duration of the project, medical mission or employment contract.

The STP issued to qualified registered/licensed nurses of foreign citizenship upon payment of prescribed fees by the PRC, shall be effective only for the duration of the project, health mission, engagement, but which in no case shall exceed one (1) year, subject to renewal. The special temporary permit issued to unlicensed nursing graduates with Philippine citizenship shall automatically cease upon the lifting or termination of the epidemic or national emergency. A completion report shall be submitted to the Board and the PRC after the conduct of such project, medical mission, engagement or contract.

The Board shall issue the corresponding guidelines in the issuance of the special temporary permit pursuant to this Section. The PRC may consider other categories of foreign nurses who may be issued STPs, subject to the prescribed requirements. Nursing graduates who are not RNs with Philippine citizenship may render nursing service during public health emergencies and/or calamities provided that:

- 1) They practice under the supervision of a registered nurse, and
- 2) That they completed their BSN program within the last five (5) years prior to the national emergency and/or calamity in which they shall serve.

SECTION 27. *Non-Registration and Non-issuance of Certificate of Registration, Professional Identification Card, and Special Temporary Permit.* Any person who has been convicted by final judgment of any criminal offense involving moral turpitude or found guilty of immoral or dishonorable conduct or judicially declared to be of unsound mind shall not be registered and issued a certificate of registration, professional identification card, or a special temporary permit. The Board shall furnish the applicant a written statement setting forth the reasons for such actions, which shall be incorporated in the records of the Board.

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

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

- g) Other grounds analogous to the foregoing. If the penalty imposed is suspension or revocation of the license, the respondent shall be required to surrender the certificate of registration and professional identification card.

SECTION 29. *Reinstatement and Re-issuance of Revoked Certificate of Registration, Professional Identification Card and Special Temporary Permit.* The Board may, upon proper application therefor and payment of the required fees, reinstate or reissue a revoked certificate of registration after two (2) years from the effectivity of the period for revocation, for reasons of equity and justice, and when the cause for revocation has disappeared or has been cured or corrected.

ARTICLE IV NURSING PRACTICE

SECTION 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 and 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 provide direct care to patients through the conscientious observance of holistic nursing process while adhering to practice standards. This includes:

- a) 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 need of clients and the health care system;
- j) Engage in nursing and health human resource development training and research for evidenced 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.

SECTION 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).

SECTION 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.

SECTION 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 twelve (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.

SECTION 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 and learners.

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.

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

- 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.

SECTION 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 the 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'.

SECTION 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.

SECTION 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.

SECTION 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.

SECTION 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.

SECTION 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.

SECTION 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

SECTION 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'.

SECTION 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.

SECTION 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.

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

SECTION 47. *Qualifications of the Faculty.* Qualifications of the faculty member of the Baccalaureate Programs and Graduate Programs for Nursing Education Shall be in accordance with the existing CMO.

SECTION 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

SECTION 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.

SECTION 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 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.

SECTION 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

SECTION 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.

SECTION 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.

The NCNO shall hold office for a term of six (6) years until a successor shall have been appointed and qualified. The NCNO shall enjoy security of tenure in government service but must also be subject to performance evaluation to determine tenure in position. The NCNO shall have the following duties and functions, to wit:

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

SECTION 55. *The Chief Nursing Officer (CNO).* The Chief Nursing Officer (CNO) or the equivalent of Chief Nurse (CN) or Director of Nursing (DN) leads and manages the nursing services in private and public health institutions and the provincial health facilities. There shall be established a nursing service office in every healthcare institution, in all levels and classifications of these institutions, whether administrative or clinical, with a complement of at least ten (10) Nurses. Nursing services must be under the control and management of a registered nurse designated as in each health institution. The CNO shall be bestowed full administrative responsibility as leader and manager of nursing services within each institution. The CNO shall have the authority and accountability over the planning, organizing, directing, and controlling including monitoring, evaluation, and policy development of nursing resources related to nursing services. The CNO responsibilities include strategic and operational planning, financial and resource allocation, policies and procedures development, professional and organizational involvement to address issues that have relevance for nursing.

The CNO must have the following minimum qualifications:

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

SECTION 56. *Nursing Service Managers.* The Nursing Service Managers administer nursing services who are equipped with necessary competencies on governance and leadership, to wit:

- a) First Level Manager is responsible for the management of a nursing unit and supervision of nursing support personnel including but not limited to, staff nurses, nursing aides, Caregiver I, Caregiver II, Healthcare Dialysis Technician, Medication Technician, Orderlies, Orthopedics

Technician, Patient Care Technician I, Patient Care Technician II, Sitter, Surgical Technician, and Ward Clerk/Unit Secretary;

- b) Middle Level Manager is responsible for leadership and governance of more than one (1) nursing unit, particularly management of the operational systems, financial and human resources; and
- c) Executive Level is responsible for establishing the strategic direction for the entire nursing division, particularly on the development of policies, standards and guidelines and has full authority in their implementation.

Nursing Service Managers shall have the following minimum qualifications:

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

ARTICLE IX

NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM

SECTION 57. *Nursing Human Resource for Health Management System (NHRHMS).* The NHRHMS shall cover all nursing human resources in the nursing service of both public and private sectors, and the healthcare, industrial and community settings. Institutions shall be mandated to report their information to ensure accurate nursing human resource and workforce projections and to reconcile these with supply data from CHED and PRC. Health facilities and institutions including industries that hire nurses, shall implement strategic NHRHMS in all levels of the nursing service and in the pursuit thereof, shall adopt and define appropriate nursing organizational structures to support competency, career development and professional growth, concept of job delight, productivity and conditions for decent work and job fulfillment of their nurses. It shall be mandatory for each healthcare facility to employ an evidence-based human resources for health HRH assessment tool for nursing workload and workload pressure preferably the World Health Organization Workload Indicators for Staffing Need (WISN), to determine annually minimum safe staffing needs for registered nurses and nursing personnel. These Nursing staffing patterns, nursing plantilla, and skill-mix standards are requisites for safe and

quality care for patients and must be upheld and practiced in order to be granted continued permission to operate the facility. The facility must use this assessment to plan and provide a budget for regular and plantilla positions to ensure that safe and quality care is provided by the institution.

Additionally, a registry of nursing professionals shall be incorporated in the National Health Workforce Registry under the DOH. The health institutions and nursing organizations shall provide information on their nursing workforce and logistics support. The NHRHMS shall be developed and maintained at the National Institutes of Health under the Nursing Development Study Group/ Institute (NDSG/I). The NHRHMS shall have a facility for data sharing and data generation to support policy and program development and evaluation related to nursing workforce. Funds will be sourced from grants and projects to generate data and regular reports. Contributions from nursing organizations and other donors will support institute activities. Nursing Development Study Group/ Institute shall convene the different stakeholders to discuss issues related to data sharing and data generation for the NHRHMS.

ARTICLE X

PROHIBITED ACTS AND PENAL PROVISIONS

SECTION 58. *Prohibited Acts.* The following acts are prohibited:

a) Individual Acts:

- (i) 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;
- (ii) Using the certificate of registration, professional identification card, or special temporary permit of another registered nurse;
- (iii) Using fraudulent, suspicious, or an expired suspended or revoked certificate of registration, professional identification card, or special temporary permit;
- (iv) Misrepresenting oneself or presenting false evidence to obtain a certificate of registration, professional identification card or special temporary permit;
- (v) Falsely advertising oneself through any means to convey the impression that one is a nurse;
- (vi) 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
- (vii) Abetting or assisting in the illegal practice of the nursing profession.

b) Institutional Acts:

- i) 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;
- ii) Any health facility which subscribes to substandard quality of nursing care or nursing practice, such as noncompliance with the staffing standard requirement;
- iii) Any health facility which exercises and promotes precarious working conditions for nurses, such as, the following but not limited to:
 - 1) Sexual harassment, workplace violence, lack of mental health promotion service;

- 2) 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 Act whether or not under the pretext of a training and development program, certification, or course, or seminar;
- 3) Not giving the nurse his/her worked salary in a timely manner.
- 4) Depriving or denying a nurse of the incentives and benefits as provided for under existing laws;
- 5) 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;
- 6) 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;
- 7) 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;
- 8) 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;
- 9) 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;
- 10) 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;
- 11) Repeatedly subjecting or allowing the nurse to experience prejudice, violence, or discrimination;
- 12) Imposing mandatory overtime without valid reason or corresponding compensation, or both, as mandated by law;
- 13) Unjustified refusal to provide competency training for nurses; and
- 14) Any violation of the provisions of this Act or any existing laws such as the Civil Service Law and Labor Code of the Philippines.

SECTION 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 (Php 500,000.00) 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.

SECTION 60. *Refund and Compensation.* Any nurse found to have been a victim under Section 58 (b.iii) 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

SECTION 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 to 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 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 justly by their being categorized as "non-agricultural" workers. The Board and PRC shall be the designated agencies responsible for monitoring the compliance and implementation of the provisions of this Act by nurses, HEIs, CPD providers, health facilities and institutions, and industrial establishments. The CHED shall be the agency responsible for monitoring the compliance and implementation of the provisions of this Act by HEIs with regard to nursing education programs and curriculum.

SECTION 62. *Appropriations.* The Chairperson of the Professional Regulation Commission and the Secretary of the Department of Health shall immediately include in their program the implementation of this Act, the funding of which shall be included in the annual General Appropriations Act.

SECTION 63. *Implementing Rules and Regulations and Code of Ethics.* Within one (1) year after the effectivity of this Act, the PRC, the Board, the AIPO for nurses, CSC, DBM, DOH and DOLE and other concerned nursing organizations and government agencies shall formulate the implementing rules and regulations (IRR) necessary to carry out the provisions of this Act.

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

SECTION 65. *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 66. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved.