

NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
Second Regular Session )



23 JUL 25 P3:36

**SENATE**  
S.B. No. 2351

RECEIVED BY: 

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Introduced by **SENATOR IMEE R. MARCOS**

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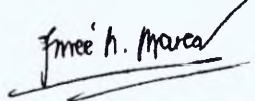

**AN ACT  
PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS A  
QUALITY HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS  
THEREFOR, REPEALING REPUBLIC ACT NO. 9173, OR THE PHILIPPINE  
NURSING  
ACT OF 2002**

EXPLANATORY NOTE

The Philippines is considered the world's largest supplier of nurses, with Filipino nationals making up the single largest group of foreign-born nurses serving in Organization for Economic Cooperation and Development (OECD) countries. This high demand for Filipino nurses to work abroad has, however, drained our own supply, paralyzing the country's already weak healthcare system. Due to the increasing number of Filipino health workers going to other countries, the health professional to patient ratio in hospitals remained high at one (1) nurse to 60 patients, above the standard set by the Department of Health (DOH), which is 1:12. Based on the DOH data as of October 2022, there is also a shortage of 106,000 nurses and other healthcare workers. The DOH further revealed, in a news article dated 04 May 2023, that the country needs at least 114,000 physicians and 127,000 nurses to be able to provide optimal healthcare.

To address the shortage of nurses due to migration, the proposed measure seeks to provide refinements in the nursing practice by introducing measures to promote comprehensive and relevant nursing practice standards, guarantee decent employment and working conditions, and support the professional development of nurses.

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

  
**IMEE R. MARCOS** 

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REPEALING REPUBLIC ACT NO. 9173, OR THE PHILIPPINE NURSING  
ACT OF 2002**

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

**ARTICLE I  
GENERAL PROVISIONS**

1  
2  
3  
4 **Section 1.** *Short Title.* – This Act shall be known as the “*The Philippine Nursing*  
5 *Practice Act*”.

6  
7 **Sec. 2.** *Declaration of Policy.* – In pursuit of the constitutional mandate that  
8 health is a right of every Filipino, it is hereby declared the State’s policy to uphold the  
9 welfare of the healthcare workers as an essential component toward Universal Health  
10 Care (UHC). Likewise, it is declared as the State’s policy to uphold the dignity of and  
11 respect for nurses and improve the practice of the nursing profession by instituting  
12 measures to promote comprehensive and relevant nursing practice standards, ensure  
13 decent working conditions, and support in the professional growth of nurses. Nurses  
14 comprise a great majority of the healthcare workers, both in the institutional and  
15 community levels. Thus, the State recognizes nurses as prime movers of national  
16 development and contributors to international cooperation and understanding.

17  
18 Further, the State guarantees accessible, affordable, and available quality  
19 healthcare by implementing an adequate and comprehensive Nursing Human Resource  
20 for Health Management System (NHRHMS) throughout the country.

1           **SEC. 3. Definition of Terms.** – For purposes of this Act, the following terms are  
2 hereby defined as follows:

3  
4 a. *Accredited Professional Organization (APO)* refers to the national professional  
5 organization of nurses duly accredited by the Professional Regulation Commission  
6 (PRC);

7 b. *Advanced Practice Nurse (APN)* refers to a nurse who has acquired substantial level  
8 of theoretical knowledge and decision-making skills in a specialty area of nursing  
9 practice and demonstrated proficiency in clinical utilization of such knowledge and skill  
10 in providing expanded and collaborative expert care from a recognized Higher  
11 Education Institution (HEI) and who is Board and PRC-credentialed;

12 c. *Bachelor of Science in Nursing (BSN)* refers to the baccalaureate program that  
13 provides sound and liberal education that equips graduates with competencies for  
14 registration as a professional and is the sole required academic standard for entry into  
15 nursing practice in the Philippines, in accordance with the appropriate qualification  
16 framework. The BSN program is effectively promulgated under the enabling Policies,  
17 Standards and Guidelines (PSG) prescribed and issued by the Commission on Higher  
18 Education (CHED);

19 d. *Career Progression and Specialization Committee for Nursing (CPSCN)* refers to the  
20 body deputized by the PRC to develop differentiated nursing- level standards, establish  
21 mechanisms and criteria for credentialing of specialty organizations and interest  
22 groups, certification of individuals at different levels of Post Baccalaureate nursing and  
23 advanced practice for recommendation to the Board of Nursing (BON);

24 e. *Career Progression and Specialization Program for Nurses (CPSPN)* refers to the  
25 Program of differentiating nursing-level standards, the system of credentialing specialty  
26 organizations and interest groups, and certification of individuals at different levels of  
27 practice, recognized by the PRC and the Board of Nursing;

28 f. *Certification* refers to the process of validating achievements through a variety of  
29 measures and assessment strategies to confirm or attest to the competency of an APN  
30 upon completion of a specialty program or Continuing Professional Development (CPD)  
31 program, or both. The certification is issued by the Board and the PRC upon  
32 endorsement of the specified recognized and credentialed specialty organization in  
33 accordance with the PSG;

34 g. *Credentialing* refers to the formal recognition of a specialty organization or interest  
35 group conferred by the PRC and the Board upon the recommendation of the CPSPN  
36 after complying with the PSG;

37 h. *Chief Nursing Officer (CNO)* refers to the highest nursing administrative and clinical  
38 official in healthcare facilities. The CNO is responsible for leading and coordinating an  
39 organization's nursing services and its daily operation. The CNO is the primary  
40 spokesperson for nurses in the facility and must be a registered nurse;

41 i. *Clinical Practice* refers to any professional practice rendered in any healthcare  
42 setting like institutional, public health, and any healthcare industry;

- 1 j. *Decent Work* refers to aspirations by people in their working lives. It involves  
2 opportunities for work that is productive and delivers a fair income, security in the  
3 workplace and social protection for families, better prospects for personal development,  
4 psychological well-being and social integration, freedom for people to express their  
5 concerns, organize and participate in decisions that affect their lives, and equality of  
6 opportunity or treatment regardless of ethnicity, gender, position, or religion;
- 7 k. *Geographically-Isolated and Disadvantaged Areas (GIDAs)* refers to barangays  
8 specifically deprived due to the presence of both physical and socioeconomic factors;
- 9 l. *Health Facility* refers to a public or private institution, establishment or clinic  
10 devoted primarily to the provision of services: including the following: nursing, health  
11 promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of individuals  
12 suffering from illness, disease, injury or disability, or deformity, or in need of obstetrical,  
13 psychiatric or other medical and nursing care. This cover hospitals, barangay health  
14 centers, and other clinics;
- 15 m. *Individual-based Health Services* refers to services which can be accessed remotely  
16 or within a health facility which focus primarily on treating individuals;
- 17 n. *National Chief Nursing Officer (NCNO)* refers to the highest-ranking nursing official  
18 of the Department of Health (DOH) whose main function is to influence through expert  
19 advice, safe nursing and quality standards, and implement nursing policies for both the  
20 public and private sectors;
- 21 o. *Nurse* is a title conferred on an individual who has met the legal, educational and  
22 administrative requirements to practice nursing, and is duly registered and licensed to  
23 practice the nursing profession, with all the rights and privileges appurtenant thereto;
- 24 p. *Nursing Care* refers to the physiological, psychological, spiritual and emotional,  
25 social and cultural care, and essential health care, safety and comfort measures, and  
26 health teachings; execution of health care techniques and procedures, traditional and  
27 innovative approaches to individuals, families, population groups and communities from  
28 conception to death;
- 29 q. *Nursing Human Resource for Health Management System (NHRHMS)* refers to an  
30 organized human resource management and development information system based  
31 in the DOH and directed by the NCNO, that provides meaningful data used to support  
32 policies affecting nurses and nursing;
- 33 r. *Nursing Practice* refers to the autonomous and collaborative care of individuals of  
34 all ages, families, groups and communities, sick or well and in all settings. It includes  
35 the promotion of health, the prevention of illness, and the care of ill, disabled and dying  
36 people. Additional key nursing roles include advocacy, promotion of a safe  
37 environment, participation in patient and health services management, shaping health  
38 policy, education, and research;
- 39 s. *Nursing Service* refers to an office, headed by a CNO within a public or private  
40 healthcare institution, responsible for administrative and clinical supervision of nurses  
41 and nursing personnel;

- 1 t. *Patient Acuity* refers to the intensity of care provided to a patient by a registered  
2 nurse or the use of patient classification systems that can forecast patient care  
3 requirements for nursing care to manage nursing personnel;
- 4 u. *Philippine Professional Nursing Practice Standards (PPNPS)* refers to the  
5 authoritative statements of the core competencies and duties that all registered nurses,  
6 regardless of role, designation, or specialty, are expected to perform. It also promotes,  
7 guides, and directs professional practice;
- 8 v. *Philippine Professional Nursing Roadmap (PPNR)* refers to a program towards good  
9 governance of the nursing profession. It is a strategy in ensuring the culture of  
10 excellence and dynamic leadership for Philippine Nursing;
- 11 w. *Positive Practice Environment* refers to a practice setting that promotes economic  
12 welfare, professional autonomy, job satisfaction and retention of nurses by ensuring  
13 safe staffing, managerial support, professional development, occupational safety and  
14 psychological health and prevention of workplace violence to promote patient and nurse  
15 safety;
- 16 x. *Precarious Work* refers to working conditions which are contingent, atypical or non-  
17 standard. It is usually characterized by uncertainty of employment including diminution  
18 or change in position, employment status, multiple possible employers or a disguised  
19 or ambiguous employment relationship, lack of access to social protection benefits  
20 usually associated with employment, low pay and substantial legal and practical  
21 obstacles to joining a trade union and bargaining collectively;
- 22 y. *Primary Care* refers to initial-contact, continuous, comprehensive and coordinated,  
23 and culturally appropriate care that is accessible at the time of need including a range  
24 of services for all presenting conditions, and the ability to coordinate referrals to other  
25 health care providers in the health care delivery system, when necessary in every  
26 household, a nurse is responsible for their care;
- 27 z. *Return Service Agreement* refers to an agreement whereby graduates of the  
28 nursing course who are recipients of government-funded scholarship programs are  
29 required to serve in priority areas in the public sector, subject to the conditions  
30 prescribed by Republic Act No. 11223, otherwise known as "*The Universal Health Care*  
31 *Act*";
- 32 aa. *Safe Harbor* refers to protection for the nurse from employer retaliation if the nurse  
33 raises the issue to safety in terms of staffing or reassignment; and
- 34 bb. *Special Temporary Permit (STP)* refers to the authority to engage in limited nursing  
35 practice granted to foreign registered or licensed nurses and Filipino nursing graduates  
36 under the conditions set forth in this Act.

37  
38 **ARTICLE II**  
39 **BOARD OF NURSING**  
40

41 **Sec. 4. Creation and Composition of the Board.** – There shall be created, under  
42 the administrative supervision of the PRC, the Professional Regulatory Board of Nursing

1 which shall be composed of seven (7) Members who shall be appointed by the President  
2 of the Philippines from among those recommended and ranked from a list of at least  
3 three (3) nominees per vacancy as provided by the APO, proportionately representing  
4 both the nursing service and the academe covering all the areas of expertise of the  
5 nursing licensure examination. The members of the Board may elect from among  
6 themselves a Chairperson to serve for one (1) year subject to re-election as such on a  
7 year-to-year basis.

8  
9 **Sec. 5. *Mission of the Professional Regulatory Board of Nursing.*** – The Mission  
10 of the Board is to protect and promote the welfare of the people of the Philippines by  
11 ensuring that each person holding a license as a nurse in the Philippines is competent  
12 to practice safely. The Board fulfills its mission through the regulation of the practice  
13 of Nursing and the approval of nursing education programs, the latter which is done in  
14 collaboration with the Commission on Higher Education (CHED).

15  
16 The Board, acting in accordance with the highest standards of ethics,  
17 accountability, efficiency, effectiveness, and transparency, shall approach its mission  
18 with a deep sense of purpose and responsibility and affirms that the regulation of  
19 Nursing is a public trust.

20  
21 **Sec. 6. *Qualifications of the Chairperson and Members of the Board.*** – The  
22 Chairperson and Members of the Board must be natural born citizens of the Philippines  
23 and have resided therein for at least five (5) consecutive years immediately preceding  
24 the date of their respective appointments. Furthermore, at the time of their  
25 appointment, they must possess the following:

- 26  
27 a. A valid and current Certificate of Registration and professional identification card as  
28 nurse;  
29 b. A Master's Degree in Nursing, and preferably, with relevant Doctorate Degree  
30 conferred by a duly recognized higher educational institution (HEI);  
31 c. At least ten (10) continuous years of nursing practice prior to appointment:  
32 Provided, That the last five (5) years of such practice must have been served in the  
33 Philippines;  
34 d. Good moral character, as evidenced by not having been convicted of any offense  
35 involving moral turpitude; and  
36 e. Physical and mental fitness.

37  
38 **SEC. 7. *Powers and Duties of the Board.*** – The Board shall supervise and  
39 regulate the practice of the Nursing profession and shall have the following powers,  
40 duties and functions:

41

- 1 a. Ensure the proper conduct of the PNLE, including the evaluation of examination  
2 applications, test development, administration of the examination, correction and  
3 release of the results thereof. The use of appropriate technologies and modalities  
4 on the conduct of the PNLE is encouraged to enhance efficiency while upholding  
5 integrity;
- 6 b. Enforce and monitor safe and quality standards of nursing practice, study the  
7 conditions affecting nursing practice in the Philippines, and exercise the powers  
8 necessary to ensure the maintenance of efficient, ethico-moral technical and  
9 professional standards in the practice of nursing towards the optimal health and  
10 common good of the nation;
- 11 c. Ensure quality nursing education by examining and monitoring HEIs offering and  
12 seeking permission to open nursing education programs to guarantee that the  
13 standards of nursing education are properly complied with and maintained at all  
14 times;
- 15 d. Promulgate a Code of Ethics and Ethical Standards that is responsive to the needs  
16 of the nursing profession, in coordination with the APO for nurses, within one (1)  
17 year from the effectivity of this Act;
- 18 e. Prescribe and operationalize CPSPN to ensure the Continuing Professional  
19 Development of nurses including recognition and credentialing of organized nursing  
20 groups and certification of advanced practice nurses;
- 21 f. Work in partnership with the appropriate agencies to identify and utilize resources  
22 earmarked for national nursing development;
- 23 g. Prescribe, adopt, issue and promulgate guidelines, regulations, measures and to  
24 submit recommendations to authorities and agencies to aid in policy- and decision-  
25 making, as may be necessary, for the improvement of nursing practice,  
26 advancement of the profession, and for the proper and full enforcement of this Act,  
27 subject to the review and approval of the PRC;
- 28 h. Oversee the implementation of the Philippine Profession Nursing Roadmap;
- 29 i. Conduct hearings and investigations to resolve complaints against nurses for  
30 unethical or unprofessional conduct or any violation of this Act, or its rules and  
31 regulations, and in connection therewith;
- 32 j. Issue, suspend, revoke or reinstate Certificate of Registration and special temporary  
33 permits for the practice of nursing; and
- 34 k. Ensure performance of mandated duties and functions.

35  
36 **Sec. 8. Prohibition for Members of the Board.** – The Members of the Board shall  
37 not, at the time of their appointments and during their incumbency, hold any position  
38 nor have pecuniary interest, direct or indirect, in any HEI offering BSN, or in any review  
39 or training center for the PNLE, training hospital or health facility with nursing affiliates,  
40 and is not an officer of the APO.  
41

1           **Sec. 9. *Term of Office.*** – The Members of the Board shall hold office for a term  
2 of three (3) years. Any Member of the Board may serve for a maximum of two (2)  
3 terms or a total of six (6) years, or until their successors shall have been appointed and  
4 qualified.

5  
6           **Sec. 10. *Compensation.*** – The Members of the Board shall receive  
7 compensation and allowances comparable to those received by the Members of other  
8 regulatory boards under the PRC.

9  
10           **Sec. 11. *Removal or Suspension of Board Members.*** – The President may  
11 remove suspend any member of the Board, after due process, upon recommendation  
12 of the PRC on any of the following grounds:

- 13  
14           a. Continued neglect of duty or incompetence;  
15           b. Commission or toleration of irregularities in the conduct of the PNLE;  
16           c. Unprofessional, immoral, or dishonorable conduct; or  
17           d. Non-disclosure of conflict of interest.

18  
19           **Sec. 12. *Vacancy.*** – Any vacancy in the Board must be filled in the manner  
20 prescribed in this Act and only for the unexpired portion of the term. Each member of  
21 the Board shall take the proper oath of office prior to the performance of duties.

22  
23           **Sec. 13. *Limited Practice of the Profession.*** – During their incumbency, the  
24 Members of the Board may be allowed to practice their profession or maintain  
25 employment or affiliation in the public or private sector, subject to the conditions and  
26 limitations prescribed by law and upon proper and timely disclosure of possible or actual  
27 conflict of interest.

28  
29           **Sec. 14. *Administrative Supervision of the Board, Custodian of its Records,***  
30 ***Secretariat and Support Services.*** – The Board shall be under the administrative  
31 supervision of the PRC. All records of the Board, including applications for examinations,  
32 administrative and other investigative cases conducted by the Board must be under the  
33 custody of the PRC. The PRC shall designate the Secretary of the Board and shall  
34 provide the Secretariat and other support services to implement the provisions of this  
35 Act.

36  
37           **Sec. 15. *Annual Report.*** – The Board shall, at the close of every calendar year,  
38 submit an annual report to the President and Congress of the Philippines, through the  
39 PRC, giving a detailed account of its proceedings and the accomplishments during the  
40 calendar year including recommendations, if any, for the adoption of measures that  
41 shall upgrade and improve the conditions affecting the practice of the nursing  
42 profession.



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**ARTICLE III**  
**EXAMINATION AND REGISTRATION**

**Sec. 16.** *Philippine Nurse Licensure Examination (PNLE).* – In order to obtain the Certificates of Registration and professional identification cards, all nursing graduates must take and pass the PNLE. The Board shall administer the PNLE in such places and dates, as may be designated by the PRC.

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

**Sec. 18.** *Qualifications for Admission to the PNLE.* – At the time of the filing of application for the PNLE, an applicant must be:

- a. A holder of a BSN degree from an HEI that is compliant with the standards of nursing education recognized by the government;
- 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 or judicially declared to be of unsound mind; and
- c. A citizen of the Philippines, or of a foreign country or State which permits Filipino nurses to practice within its territorial limits on the same basis as the subject or citizen of such country or State: *Provided*, That the requirements for the registration or licensing of nurses in said country or State are substantially the same as those prescribed in this Act.

**Sec. 19.** *PNLE and Registration Fees.* – Applicants for the PNLE must pay the prescribed fees set by the PRC.

**Sec. 20.** *PNLE Ratings.* – To be considered as having passed the PNLE, an examinee must pass at least seventy-five percent (75%) of the tested areas of all the nursing competencies. An examinee who has failed the PNLE three times (3x) shall not be allowed to take any further PNLE, without having undertaken a refresher program in a duly accredited institution. The Board shall issue the guidelines on the refresher program requirement.

**Sec. 21.** *Issuance of Certificate of Registration and Professional Identification Card.* – 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 shall show the full name of the registrant, Certificate of Registration number, and date of initial registration. The same must be duly signed by

1 the Chairperson and Members of the Board and the Chairperson of the PRC, with their  
2 corresponding seals.

3  
4 The professional identification card shall bear the full name of the registrant, the  
5 Certificate of Registration number, date of initial registration, and date of the expiration,  
6 and which must be duly signed by the Chairperson of the PRC. The professional  
7 identification card shall be renewed every three (3) years upon satisfying the  
8 requirements set by the PRC, including the payment of the required fees.

9  
10 **Sec. 22. *Oath of Profession.*** – All successful examinees must take the Oath of  
11 Profession before any member of the Board or government official authorized to  
12 administer oaths prior to practicing the profession.

13  
14 **Sec. 23. *Registry of Nurses.*** – The PRC shall maintain a roster of nurses which  
15 shall serve as the centralized database of nurses for purposes of documentation,  
16 verification of registrants, statistics, research and development.

17  
18 **Sec. 24. *Accredited Professional Organization (APO).*** – All nurses whose names  
19 appear in the Registry of Nurses of the PRC become members preferably of the APO  
20 for nurses, and shall receive all the benefits and privileges therefrom upon payment of  
21 membership fees and duties. Membership in other organizations of nurses shall not be  
22 barred.

23  
24 **Sec. 25. *Foreign Reciprocity.*** – No foreign nurse shall be given a Certificate of  
25 Registration and professional identification card or be entitled to any of the privileges  
26 under this Act unless the country or State of which such foreign nurse is a subject or  
27 citizen permits Filipino nurses to practice within its territorial limits on the same basis  
28 as the subjects or citizens of said country or State.

29  
30 **Sec. 26. *Limited Practice Through Special Temporary Permit.*** – The Board may  
31 issue special temporary permits to the following persons based on qualifications, and  
32 professional and moral standards as approved by the Board and the PRC:

- 33  
34 a. Registered or Licensed Nurses of foreign citizenship: (i) whose services are  
35 either for a fee or free if they are internationally well-known specialists  
36 or outstanding experts in any branch or specialty in nursing; (ii) who are on  
37 a medical mission and whose services shall be free in a particular hospital,  
38 center or clinic; (iii) who are engaged by HEIs offering the BSN and graduate  
39 programs as exchange professors in a branch or specialty of nursing; or  
40 (iv) those who come to provide aid during declared disasters and public  
41 calamities.

- 1           b. Nursing graduates with Philippine citizenship who may render nursing service  
2           during epidemics or national emergencies under the supervision of a  
3           registered and licensed nurse: *Provided*, that they have graduated within  
4           the last five (5) years prior to the occurrence of the epidemic or national  
5           emergency in which they shall serve.  
6

7           The Special Temporary Permit issued to registered and licensed nurses of foreign  
8           citizenship shall be effective only for the duration of the project, health mission,  
9           engagement, but which in no case shall exceed one (1) year, subject to renewal. The  
10          Special Temporary Permit issued to nursing graduates with Philippine citizenship shall  
11          automatically cease upon the lifting or termination of the epidemic or national  
12          emergency. A completion report shall be submitted to the Board and the PRC after the  
13          conduct of such project, medical mission, engagement or contract. In the case of  
14          nurses of Philippine citizenship who rendered services during an epidemic or national  
15          emergency, the completion report shall be submitted by the registered nurse authorized  
16          to supervise them.  
17

18          The Board shall issue the corresponding guidelines in the issuance of the Special  
19          Temporary Permit pursuant to this Section.  
20

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

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

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

- 37          a. Conviction by final judgment of any criminal offense involving moral turpitude  
38          or of immoral or dishonorable conduct;  
39          b. Judicial declaration to be of unsound mind;  
40          c. Violation of this Act, the Code of Ethics and Ethical Standards for nurses, and  
41          other policies, rules and regulations of the Board and the PRC;

- 1 d. Negligence, misconduct, or incompetence in the practice of nursing resulting to
- 2 injury, harm, disability or death;
- 3 e. Commission of fraud, non-disclosure of disqualification, or misrepresentation in
- 4 obtaining a Certificate of Registration, professional identification card, or Special
- 5 Temporary Permit;
- 6 f. Practicing the nursing profession during the period of suspension of license;
- 7 g. Breach of ethical practice in research, in accordance with prevailing national
- 8 and international guidelines; or
- 9 h. Other grounds analogous to the foregoing.

10  
11 If the penalty imposed is suspension or revocation of the license, the respondent  
12 shall be required to surrender the Certificate of Registration and professional  
13 identification card.

14  
15 **Sec. 29. Reinstatement and Re-issuance of Revoked Certificate of Registration**  
16 **and Professional Identification Card.** – The Board may, upon proper application therefor  
17 and payment of the required fees, reinstate or reissue a revoked Certificate of  
18 Registration after two (2) years from the effectivity of the period for revocation, for  
19 reasons of equity and justice, and when the cause for revocation has disappeared or  
20 has been cured or corrected.

21  
22 **ARTICLE IV**  
23 **NURSING PRACTICE**  
24

25 **Sec. 30. Scope of Nursing Practice.** – The scope of nursing practice is the range  
26 of roles, functions, responsibilities, and activities on which a registered nurse is  
27 educated, competent, and has authority to perform which shall include nursing service,  
28 education, research, leadership, and governance, as defined in this Act. A person shall  
29 be deemed practicing the nursing profession when singly or in collaboration with other  
30 professionals, with or without fee or compensation, the person assumes any or all of  
31 the four (4) roles: (1) provider of direct patient care, (2) educator, (3) researcher and  
32 (4) manager and leader, in relation to the nursing practice. The nurse's clients shall  
33 include individuals, families, population groups, and communities, with varying age  
34 groups, gender, health-illness status, in any health care, industrial or community  
35 setting. Additionally, nurses shall utilize the full extent of their education, training and  
36 experience and shall perform work that requires their highest skill set.

37  
38 Nurses are primarily responsible for the promotion of health and prevention of  
39 illness. Nurses shall collaborate with other health care providers for the promotive,  
40 preventive, curative and rehabilitative aspects of care, restoration of health, alleviation  
41 of suffering and, when recovery is not possible, in the provision of palliative and end  
42 of life care.

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In performing collaborative functions, it shall be the duty of the nurse to:

- a. Provide nursing care through the conscientious observance of the nursing process and established agreed upon based care;
- b. Provide advanced nursing care based on the CPSPN and the Philippine Qualifications Framework (PQF), a quality assured national system for the development, recognition and award of qualifications at defined levels based on standards of knowledge, skills and values acquired in different ways and methods by professionals, learners and workers. The PQF is competency-based, labor-market driven and an assessment-based qualification recognition;
- c. Establish linkages with community resources and coordination with the healthcare workers in any health care, industrial or community setting;
- d. Provide health education and health counselling to empower individuals, families, population groups and communities towards the promotion of health, prevention of illness, and caring towards a peaceful death;
- e. Teach, guide and supervise students in nursing education programs, including the administration of nursing services in varied settings such as hospitals, clinics and other health, industrial or community settings where practice of the nursing profession exists;
- f. Provide duly compensated professional nursing services, such as consultation services and private nursing practice;
- g. Supervise nursing and ancillary nursing personnel in the delivery of safe and quality healthcare services in varied settings;
- h. Maintain competence by adhering to the CPSP standards and the PPNPS as well as engage in lifelong learning within the context of the CPSP;
- i. Observe, at all times, the Code of Ethics and Ethical Standards for nurses promulgated by the Board, uphold the standards of safe and quality nursing practice, and demonstrate cultural, gender sensitivity and social responsibility;
- j. Undertake nursing and health human resource development training and research for evidenced based and continual quality improvement, a quality assured national system for the development, recognition and award of qualifications at defined levels based on standards of knowledge, skills and values acquired in different ways and methods by professionals, learners and workers. The PQF is competency-based, labor-market driven and an assessment-based qualification practice; and
- k. Exercise the core competencies in the performance of their respective roles and responsibilities, in accordance with the PPNPS.

**Sec. 31. Qualifications of a Registered Nurse.** – A nurse shall have broad and coherent set of knowledge and skills in the field of nursing to provide safe and quality care to any individual, family, and group or community, independently or as part of a

1 team of health care providers. A nurse must be able to assess, diagnose, plan,  
2 implement, and evaluate the nursing care provided to clients based on the set of  
3 knowledge and skills derived from nursing practice and research. They may practice in  
4 general nursing or specialized nursing areas which demand higher cognitive and  
5 behavioral and performance skills in complex nursing areas such as high dependency  
6 unit, critical care unit, disaster areas, special procedure or interventional area:  
7 Provided, that they have acquired relevant competencies.

8  
9 a. General Practice Nursing refers to the role of a licensed nurse in the provision  
10 and advocacy of safe, holistic quality care to individuals, families, population  
11 groups, or communities, which include the assessment, nursing diagnosis,  
12 planning, implementation and evaluation of evidence-based care to the clients  
13 in the context of nursing practice. A nurse must have the following minimum  
14 qualifications:

- 15 1. A BSN graduate from an HEI recognized by the government;
- 16 2. A valid Certificate of Registration and current professional identification card  
17 issued by the PRC;
- 18 3. Physically, mentally and psychologically fit to practice nursing; and
- 19 4. Not convicted of any crime involving moral turpitude.

20  
21  
22 b. Specialty Practice Nursing (SPN) refers to the practice of a nurse in a specialty  
23 area for which the nurse needs to obtain specialty recognition after  
24 having undergone specialty training by the BON - credentialed nursing specialty  
25 organization, as approved by the PRC. Nurses who practice within this field  
26 are referred to as "Nurse Specialists". A Nurse Specialist must have the  
27 following minimum qualifications:

- 28 1. A BSN graduate from an HEI recognized by the government;
- 29 2. A valid Certificate of Registration and current professional identification card  
30 as a nurse issued by the PRC;
- 31 3. With at least three (3) years of clinical experience in the area of nursing  
32 specialty;
- 33 4. Received a specialty training in the area of specialty practice in nursing;
- 34 5. Physically, mentally, and psychologically fit to practice nursing;
- 35 6. Not convicted of any crime involving moral turpitude; and
- 36 7. A member of the appropriate Board-accredited nursing  
37 specialty organization.

38  
39  
40 c. APN is a scope of nursing practice where the nurses have acquired the expert  
41 knowledge base, complex decision-making skills and clinical competencies for  
42 agreed upon based care, particularly in areas where physicians are not available.

1 An APN provides direct complex specialty care, team consultation and agreed  
2 upon expert care, referrals to and from other members of the healthcare team  
3 in complex cases, within the scope of nursing practice. An APN works in  
4 collaboration according to the acceptable agreement between the APN and  
5 physician.

6  
7 The APN's expanded roles include advocacy, leadership and management,  
8 research and inter-professional education, commonly based in primary health  
9 care. An APN ensures safe, holistic, and quality care to individuals, families,  
10 including population groups or communities towards achieving quality,  
11 accessible, and affordable health care for all Filipinos. It also refers to a  
12 navigator, coordinator, and initial and continuing point of contact of the patient  
13 to ensure continuity during transitions of care.

14  
15 The APN has rights to order, furnish, and renew orders for appropriate  
16 medications and treatments based on the DOH National Formulary Guidelines.

17  
18 The APN shall be accredited by PhilHealth or other relevant government health  
19 care agency to receive payments for services rendered. An APN must have the  
20 following minimum qualifications:

- 21  
22 a. A graduate of Master of Science in Nursing (Advanced Practice Nursing) from  
23 a government recognized HEI;  
24 b. With at least five (5) years of clinical experience in the area of nursing  
25 specialty;  
26 c. A graduate of an HEI with a specified post-graduate curriculum with:  
27 minimum advanced practice core courses, minimum competencies in Health  
28 Promotion, Disease Prevention, and Risk Reduction and supervised clinical  
29 practicum rotation with an experienced APN or physician, in accordance with  
30 approved CHED curriculum for APN practicum;  
31 d. 500 hours of supervised clinical experience after graduation from MSN to  
32 satisfy the requirements for APN certification;  
33 e. Pass the certification examination by the BON-designated certified nursing  
34 specialty group;  
35 f. Physically, mentally, and psychologically fit to practice nursing;  
36 g. Maintain the certification, renewable every five (5) years; and  
37 h. A member of the appropriate Board-credentialed Specialty organization.

38  
39 **Sec. 32. Continuing Professional Development (CPD).** – All nurses shall abide  
40 by the requirements, rules and regulations on the CPD promulgated by the PRC, in  
41 coordination with the APO for nurses, and the duly authorized representative of the

1 organization of deans of HEIs offering the BSN program. For this purpose, a CPD  
2 Council is created to accredit CPD providers and programs for nurses.

3  
4 **Sec. 33. Requirement for Inactive Nurses Returning to Practice.** – Inactive  
5 nurses intending to return to practice must undergo a refresher course, as prescribed  
6 by the Board. Nurses are considered to be inactive under any of the following  
7 circumstances:

- 8  
9 a. They have not practiced nursing as defined in the scope of nursing practice for  
10 at least five (5) consecutive years;  
11 b. They have not renewed their professional identification card for five (5) years;  
12 or  
13 c. They do not have proof of five (5) years of continuous nursing practice.

14  
15 **Sec. 34. Salary and Compensation.** – Nurses shall, at all times, receive  
16 compensation that is just and due them and commensurate to the level of education,  
17 and proportionate to training, experience, and complexity of nursing skill required for  
18 the services rendered.

19  
20 Nurses providing nursing services in both government and private sectors, and  
21 who are integral to the functioning of hospitals and healthcare institutions, must be  
22 classified as regular staff after a reasonable probationary period, as mandated by law.

23  
24 The minimum base pay of all nurses working in government and private health,  
25 industrial and community settings shall, upon entry, not be lower than Salary Grade 15  
26 (SG 15) or its equivalent, as implemented in government service.

27  
28 The pay for nurses working in Nursing Education, both in government and non-  
29 government schools and universities, shall be in accordance with academic rank.

30  
31 Non-government or private health facilities, or both, institutions and industrial  
32 establishments shall comply with the requirement on the salary rate in tranches within  
33 three (3) years from the effectivity of this Act subject to existing labor laws.

34  
35 **Sec. 35. Incentives and Benefits.** – The Board, in coordination with the DOH  
36 and other concerned government and non-government institutions, association of  
37 hospitals and the APO for nurses, shall establish an incentive and benefit system in the  
38 form of free hospital care, scholarship grants and other non-cash benefits for nurses  
39 and their dependents subject to existing regulations.

40 **Sec. 36. Non-Diminution of Incentives and Benefits.** – The implementation of  
41 Sections 34 and 35 of this Act shall not result in the diminution of existing grants of  
42 salaries, benefits and incentives for nurses.



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**ARTICLE V**  
**NURSING EDUCATION**

**Sec. 37. *Basic 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, or otherwise known as the "*Higher Education Act of 1994*".

**Sec. 38. *Baccalaureate Program in Nursing.*** – The Baccalaureate Program in Nursing 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 shall require passing the National Nursing Admission Test (NNAT).

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

**Sec. 39. *Graduate Programs for Nursing Education.*** – The Graduate Programs for nursing refer to the post baccalaureate nursing program which builds on the experiences and skills of a nurse towards mastery and expertise in nursing service (institutional and community), education, research , and leadership and governance. This includes the Master's Degree and Doctorate Degree in Nursing. Graduate Programs for Nursing Education shall be offered only through accredited program of HEIs in accordance with the prevailing CHED PSG for Graduate Education.

**Sec. 40. *Qualifications of the Dean.*** – The Dean's qualification shall be aligned with the CHED memorandum order specification. The Dean of the College of Nursing of a BSN program shall formulate policies and plans, in collaboration with the school officials and stakeholders and must adhere to the prescribed curriculum for the advancement of nursing education.

**Sec. 41. *Qualifications of the Faculty.*** – Qualifications of the faculty member of the Baccalaureate Programs and Graduate Programs for Nursing Education shall be in accordance with CHED memorandum order specification.

**Sec. 42. *Faculty-to-Student-Ratio.*** – The faculty-to-student ratio shall be in accordance with the standards to be determined and prescribed by the CHED.

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**ARTICLE VI  
NURSING SERVICE**

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**Sec. 43. *Nursing Service.*** – Nursing service refers to the healthcare services provided by nurses. These include the provision of general nursing services, specialized, and advanced practice of nursing, including nursing management in various health, industry or community settings where the competencies of a nurse are required.

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**Sec. 44. *Public Health Nursing Service.*** – There shall be adequate provision of essential health services in every local health facility to effectively implement public health programs for community and population groups. These essential services shall include: health information and education, expanded program of immunization against major infectious diseases, maternal and child health care including family planning and counselling, micro nutrient and nutritional food supplementation, prevention, treatment and control of communicable and non-communicable diseases including locally endemic diseases, mental health promotion, occupational health and safety, safe water and environmental sanitation, basic medication supply, and emergency and disaster management.

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**Sec. 45. *Public Health Nurse (PHN).*** – Public Health nurses work with individuals, families, and population groups that are the nucleus of the community. They collaborate with other members of the service delivery network with the goal of promoting health, preventing disease and disability, and treatment of common diseases and rehabilitation. A PHN may progress to become Public Health Nurse Specialist (PHNS) who shall obtain specialty training focused on public health-based programs and substantial experience in managing public health conditions.

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A PHNS may progress to become an APN in public health after obtaining an advanced nursing preparation, either a master's or doctoral degree with emphasis on public health sciences, or their equivalencies issued according to promulgation by the CHED, and as defined in Section 31 of this Act.

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As Advanced PHN Practitioners, their duties and responsibilities include the following:

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- a. Delivering population-centered services and programs and other public health services such as occupational health, school health, emergency and disaster, and home and hospice services;
  - b. Providing direct and indirect care to population groups and communities. Direct care consists of assessing and diagnosing population or communities; planning nursing actions; mobilizing community response; monitoring population health status and evaluating outcomes. Indirect care consists of engaging in policy

- 1 change, education and training of public health nurse practitioners and in  
2 interdisciplinary research; acting as consultants to policy makers; and  
3 c. Exercising collaborative leadership and political skills for successful population  
4 outcomes.

5  
6 **Sec. 46.** *The National Chief Nursing Officer (NCNO) and the Chief Nursing*  
7 *Officer (CNO).* – There shall be a National Chief Nursing Officer (NCNO) who shall head  
8 the Office of the National Chief Nursing Officer (ONCNO) under the DOH. The NCNO  
9 shall be designated as Undersecretary.

10  
11 The NCNO shall have authority to directly advise the Secretary of Health on  
12 nursing matters.

13  
14 The NCNO in the DOH shall oversee and coordinate national nursing personnel  
15 utilization, nurses' welfare, the observance of decent work standards in all healthcare  
16 facilities and institutions with the necessary government agencies, and the adaptation  
17 of nursing development trends in nursing education and practice, in both public and  
18 private sectors.

19  
20 The NCNO, being the highest-ranking nursing official in the DOH, shall be  
21 responsible for overseeing and coordinating strategic management, financial and  
22 resource allocation, policies and standards development, professional and  
23 organizational development to relevantly address national epidemiologic and nursing  
24 personnel supply, demand, and distribution trends.

25  
26 The NCNO shall oversee the development of the Nursing Human Resource for  
27 Health Management System (NHRHMS), a national nursing information system and  
28 utilize statistical data and other nursing outcome metrics in the exercise of good  
29 governance and full accountability over nursing personnel systems in both private and  
30 public health care and community settings.

31  
32 The NCNO shall also act as the advocate for the rights and welfare of nurses  
33 in both public and private institutions. Further, the NCNO shall hold office for a term of  
34 six (6) years until a successor shall be appointed and qualified. The NCNO shall be a  
35 CESO-ranked officer who shall enjoy security of tenure in government service. Provided  
36 that, the NCNO shall also be subject to performance evaluation.

37  
38 A NCNO shall possess the qualifications as prescribed under the Policies,  
39 Standards, and Guidelines to be promulgated by the Board. The NCNO must have the  
40 following minimum qualifications:

- 41  
42 a. Be a registered nurse in the Philippines;

- 1 b. Be a holder of a Doctorate Degree conferred by an HEI duly recognized by the
- 2 government in a relevant healthcare and business/administration field;
- 3 c. Be a holder of a valid Certificate of Registration and a current professional
- 4 identification card, as a nurse, issued by the PRC;
- 5 d. Must have the necessary Career Executive Service Officer (CESO) rank;
- 6 e. At least five (5) years of experience in general nursing service administration
- 7 with experience in policy development;
- 8 f. Preferably be a member of good standing of the APO of nurses; and
- 9 g. Preferably a member of the organization of nursing service administrators duly
- 10 recognized by the Board.

11

12 There shall be a nursing service office in every healthcare institution, in all  
13 levels and classifications of these institutions, whether administrative or clinical, with  
14 a complement of at least ten (10) Nurses. Nursing services must be under the control  
15 and management of a registered nurse designated as Chief Nursing Officer (CNO) in  
16 each health institution. Within the framework of health care delivery, nursing services  
17 in private and public institutions or community settings must be led and managed by  
18 a CNO, or the equivalent of Chief Nurse (CN) or Director of Nursing. The CNO shall  
19 be bestowed full administrative responsibility as leader and manager of nursing  
20 services within each institution. The CNO shall have the authority and accountability  
21 over the planning, organizing, directing, and controlling including monitoring,  
22 evaluation, and policy development of nursing resources related to nursing services.  
23 The CNO responsibilities include strategic and operational planning, financial and  
24 resource allocation, policies and procedures development, professional and  
25 organizational involvement to address issues that have relevance for nursing.

26

27 The CNO must have the following minimum qualifications:

28

- 29 a. Be a registered nurse in the Philippines;
- 30 b. Be a holder of a Master's Degree in nursing conferred by an HEI duly
- 31 recognized by the government;
- 32 c. Be a holder of a valid certificate of registration and a current professional
- 33 identification card as a nurse issued by the PRC;
- 34 d. Have at least five (5) years of experience in general nursing service
- 35 administration with experience in policy development; and
- 36 e. Preferably be a member of good standing of the APO of nurses; and
- 37 f. Preferably be member of the organization of nursing service administrators
- 38 duly recognized by the Board.

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2 **ARTICLE VII**  
3 **NURSING RESEARCH, POLICY DEVELOPMENT, AND PLANNING**

4 **Sec. 47. *Nursing Research and Policy Development.*** – Nursing Research and  
5 Policy Development shall involve the study of nurse-related issues, such as but not  
6 limited to:

- 7  
8 a. Professional nursing practice and nursing development such as advancing  
9 nursing knowledge, health and nursing governance, to ensure quality nursing  
10 care for all and advocacy for sound health policies nationally and globally;  
11 b. Information and knowledge management and communication technology;  
12 c. Regulation of nursing standards, competencies and the process of credentialing;  
13 and  
14 d. Socio-economic welfare for nurses like occupational health and safety, human  
15 resources planning and policy, remuneration and career development.  
16

17 **ARTICLE VIII**  
18 **NURSING LEADERSHIP AND GOVERNANCE**

19  
20 **Sec. 48. *Nursing Leadership and Governance.*** – Nursing leadership and  
21 governance involve the process of influencing other people through the exercise of  
22 authority, direction, control, and regulation in the practice of the nursing profession to  
23 achieve desired goals.  
24

25 **Sec. 49. *Nursing Service Management.*** – Nursing Service Management refers  
26 to the management and administration of nursing services by nurses who must be  
27 equipped with necessary competencies on governance and leadership, to wit:  
28

- 29 a. First Level Manager shall be responsible for the management of a nursing unit  
30 and supervision of nursing support personnel including but not limited to,  
31 Caregiver I, Caregiver II, Healthcare Dialysis Technician, Medication Technician,  
32 Orderlies, Orthopedics Technician, Patient Care Technician I, Patient Care  
33 Technician II, Sitter, Surgical Technician, and Ward Clerk/Unit Secretary.  
34 b. Middle Level Manager shall be responsible for the leadership and governance of  
35 more than one (1) nursing unit, particularly management of the operational  
36 systems, financial and human resources.  
37 c. Executive Level shall be responsible for establishing the strategic direction for  
38 the entire nursing division, particularly on the development of policies, standards  
39 and guidelines and has full authority in their implementation.

40 Nursing Service Managers shall have the following minimum qualifications:  
41

- 1 a. For a First-level Managerial Position in Nursing: Must have at least eighteen (18)  
2 units of nursing management and clinical subjects in Master of Arts in Nursing  
3 or Master of Science in Nursing, with at least three (3) years of clinical work  
4 experience, and must have participated in at least one (1) research project  
5 related to the improvement of the quality of care.
- 6 b. For a Middle-level Managerial Position in Nursing: Must have completed all the  
7 academic requirements in Master of Arts in Nursing or Master of Science in  
8 Nursing, with at least three (3) years of clinical work and two (2) years of  
9 management experience, and must have participated in at least one (1) research  
10 project related to the improvement of the quality of care.
- 11 c. For an Executive Position in Nursing: Must have a post-graduate degree in  
12 nursing or health management-related sciences, with at least three (3) years of  
13 clinical work and three (3) years of management experience and must have  
14 conducted at least two (2) research projects related to the improvement of the  
15 quality of care in his/her institution.

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17 **ARTICLE IX**  
18 **NURSING HUMAN RESOURCE FOR HEALTH MANAGEMENT SYSTEM**

19  
20 **Sec. 50.** *Nursing Human Resource for Health Management System.* – The  
21 Nursing Human Resource for Health Management System (NHRHMS) shall cover all  
22 nursing human resources in the nursing service of both public and private sectors, and  
23 the healthcare, industrial and community settings. Institutions shall be mandated to  
24 report their information to ensure accurate nursing human resource and workforce  
25 projections and to reconcile these with supply data from CHED and PRC.

26  
27 Health facilities and institutions including industrial that hire nurses, shall  
28 implement strategic NHRHMS in all level of the nursing service and in the pursuit. Shall  
29 adopt and define appropriate nursing organizational structures to support competency  
30 development career and professional growth concept of job delight, productivity and  
31 conditions for decent work and job fulfillment of their nurses.

32  
33 It shall be mandatory for each healthcare facility to employ an evidence-based  
34 human resources for health HRH assessment tool for nursing workload and workload  
35 pressure preferably the World Health Organization Workload Indicators for Staffing  
36 Need (WISN), to determine annually minimum safe staffing needs for registered nurses  
37 and nursing personnel. These nursing staffing patterns, nursing plantilla, and skill-mix  
38 standards are requisites for safe and quality care for patients and must be upheld and  
39 practiced in order to be granted continued permission to operate the facility. The facility  
40 must use this assessment to plan and provide a budget for regular and plantilla position  
41 to ensure that safe and quality care is provided by the institution.

42

1           Additionally, a registry of nursing professionals shall be incorporated in the  
2 NHRHMS in coordination with DOH, private institutions, and nursing organizations and  
3 groups indicating, among others, their current number of practitioners and location of  
4 practice.

5  
6           **Sec. 51. *Nursing Human Resource for Health Management System.*** – The Board  
7 shall, in consultation with the DOH and other stakeholders, ensure the provision of a  
8 safe nursing workforce for any healthcare setting guided by the following principles:

- 9  
10          a. Use of evidence-based, reliable, and up-to-date staffing and workforce data;  
11          b. Regular review and updating of staffing based on up-to-date evidence and best  
12             practice on the nurses' practice environment and nurse, nurse sensitive patient,  
13             organizational and system outcomes;  
14          c. Nurses must not be substituted with other cadres of workers in performing  
15             functions within the scope of nursing;  
16          d. Nurses in management positions must not be delegated to augment staffing  
17             limitations to fully perform their administrative roles and function to lead,  
18             support and mentor nursing staff;  
19          e. Respect for nurses' professional judgment in determining the required safe  
20             workforce staffing;  
21          f. Active involvement of direct care nursing staff and nursing management in all  
22             stages and aspects of the institution's HRH design, policy development, and  
23             decision making;  
24          g. Timely adjustments to nurse staffing based on changes in patients and  
25             population healthcare needs; and  
26          h. The nursing workforce complement is planned to ensure that patient safety.

27  
28           The appropriate number of nurses must be available at all times across the  
29 continuum of care, with a suitable mix of education, skills and experience to ensure  
30 that patient care needs and that the working environment and conditions of support  
31 staff are met. The maximum number of patients cared for by each nurse assigned in a  
32 healthcare facility, setting, or unit shall be determined by the nurse staffing standard  
33 in a general nursing service, or in the case of a general ward of a hospital, shall be  
34 based on patient acuity, complexity of work, nurse competencies, and nursing  
35 modalities to effectuate positive practice environment, safe, and quality nursing care  
36 for patients.

37  
38           For general units, the maximum number of patients that a nurse may effectively  
39 and safely handle at any given time is ten (10). Thus, the minimum safe staffing  
40 standard for general units is 1:10 or one nurse for every ten patients. However, this  
41 staff-to patient standard may vary based on the assessed Safe Staffing Standard.

42

1 Failure to comply with the above minimum safe staffing standard must be  
2 justified through the assessment tool findings and analysis as provided in this section.  
3 Non-compliance shall be referred to the Board for action.  
4

5 A nurse may invoke the mechanism of *safe harbor* for protection against  
6 employer retaliation, suspension, termination, discipline, discrimination, or licensure  
7 sanction.  
8

9 The Board shall, in consultation with the DOH and other stakeholders, from time  
10 to time, review and modify the nurse staffing standard as may hereinafter be  
11 established for the healthcare and industrial settings; and for the community, by taking  
12 into consideration the current community characteristics and population needs.  
13

14 In the community, there shall be a nurse in every barangay Health  
15 Center/Station; every primary, secondary, and tertiary school; industrial establishment  
16 and other health related facility, subject to the applicable staffing standard prescribed  
17 by the appropriate government agency.  
18

19 **Sec. 52. Return Service Agreement.** – All registered nurses who are recipients  
20 of government-funded scholarship programs shall be required to serve in priority areas  
21 in the public sector for at least two (2) years, with compensation and under the  
22 supervision of a senior registered nurse. Those who will serve for an additional  
23 two (2) years shall be provided with additional incentives as determined by the  
24 government. Graduates of nursing from state universities and colleges and private HEIs  
25 shall be encouraged to serve in priority areas with the similar compensation and  
26 incentives.  
27

28 **ARTICLE X**  
29 **PROHIBITED ACTS AND PENAL PROVISIONS**  
30

31 **Sec. 53.** The following acts are prohibited:  
32

33 a. Individual acts:  
34

- 35 1. Practicing the nursing profession without a Certificate of Registration,  
36 professional identification card, special temporary permit or without having  
37 declared exempted from taking the licensure examination in accordance with  
38 this Act;
- 39 2. Using the Certificate of Registration, professional identification card, or Special  
40 Temporary Permit of another registered nurse;
- 41 3. Using fraudulent, suspicious, or an expired suspended or revoked Certificate of  
42 Registration, professional identification card, or Special Temporary Permit;



- 1 4. Misrepresenting one's self or presenting false evidence to obtain a Certificate  
2 of Registration, professional identification card or Special Temporary Permit;
  - 3 5. Falsely advertises one's self through any means to convey the impression that  
4 one is a nurse;
  - 5 6. Appending the R.N (Registered Nurse), CSPN (Certified Specialty Practice  
6 Nurse), or APRN (Advanced Practice Registered Nurse) to one's name  
7 without having been conferred the said registration or certification by the PRC;
  - 8 7. Abetting or assisting in the illegal practice of the nursing profession through the  
9 following acts and entities.
- 10
- 11 b. Institutional Acts
- 12
- 13 1. An HEI offering the BSN program which shall withhold any requirement or  
14 document, or both, of any graduate for the purpose of preventing them to apply  
15 for the PNLE without any justifiable reason;
  - 16 2. Any natural or juridical person or health facility which subscribes to substandard  
17 quality of nursing care or nursing practice, such as noncompliance with the  
18 staffing standard requirement;
  - 19 3. Any natural or juridical person or health facility which exercises and promotes  
20 precarious working conditions for nurses, such as, the following but not limited  
21 to:
    - 22 a. Sexual harassment, workplace violence, lack of mental health promotion  
23 service
    - 24 b. Contracting or availing of the services of a nurse either without salary or  
25 allowance, or for salary below the applicable salary grade or rate prescribed  
26 under this Act, whether or not under the pretext of a training development  
27 program, certification, or course, or seminar;
    - 28 c. Not giving the nurse his/her worked salary in a timely manner;
    - 29 d. Depriving or denying a nurse of the incentives and benefits, as provided for  
30 under existing laws;
    - 31 e. Collecting any fee from a nurse or from any person or agent in exchange for  
32 a nurse's voluntary services in a health, industrial or similar facility or  
33 institution;
    - 34 f. Requiring or obliging a volunteer nurse to perform the regular work  
35 functions or regular work load, or both, expected from a regular staff  
36 nurse without proper compensation, or to render full time service as  
37 a condition for the continued availment of their volunteer services, or to  
38 be the sole nurse on duty, except during disasters, calamities, public  
39 emergencies and war;
    - 40 g. Contracting or availing of the services of a volunteer nurse, under the  
41 pretext of On- The-Job Training (OJT), contract of service, or job orders, in  
42 order to fill-up a vacant position that requires the hiring of a fulltime regular

1 employed nurse, or for free in exchange for any type of certification to be  
2 issued by the health facility or institution or industrial establishment for  
3 purposes of the nurse's employment application;

- 4 h. Contracting or availing of the services of a nurse, under the pretext of  
5 training or certification course, but requiring the nurse to render the tasks  
6 and responsibilities expected of a regular staff or public health nurse;
- 7 i. Practicing job-splitting or hiring two part-timers in place of one full time  
8 employee and deploying the two nurses on a full-time basis;
- 9 j. Making mandatory, as a pre-hire requirement, training that should have  
10 been acquired during the BSN program or which, rightfully should be  
11 provided by the hiring institution;
- 12 k. Repeatedly subjecting or allowing the nurse to experience prejudice,  
13 violence, or discrimination;
- 14 l. Imposing mandatory overtime without valid reason or corresponding  
15 compensation, or both, as mandated by law;
- 16 m. Non-compliance with the minimum safe staffing requirement in Sec. 51; and
- 17 n. Any violation of the provisions of this Act or any existing laws such as the Civil  
18 Service Law and Labor Code of the Philippines.

19  
20 The Board of Nursing shall coordinate with appropriate government and private  
21 agencies to enforce the provision of this section.

22  
23 **Sec. 54. Sanctions.** – A fine of not less than One hundred thousand pesos (Php  
24 100,000.00) nor more than Three hundred thousand pesos (Php300,000.00) or  
25 imprisonment of not less than one (1) year nor more than six (6) years, or both, shall  
26 be imposed, at the discretion of the court, for the commission of any of the prohibited  
27 acts enumerated in Section 53(a) of this Act.

28  
29 A fine of not less than Three hundred thousand pesos (Php300,000.00) nor more  
30 than Five hundred thousand pesos (Php500,000.00) or imprisonment of not less than  
31 one (1) year or more than six (6) years, or both, shall be imposed, at the discretion of  
32 the court, for the commission of any of the prohibited acts enumerated in Section 53(b)  
33 hereof. In addition, suspension or revocation of license to operate the health facility or  
34 institution or industrial establishment may be ordered at the discretion of the court. In  
35 case the violation is committed by a partnership, corporation, association, or any other  
36 juridical person, the managing partner, president, managing director/s, or manager  
37 who has committed or consented to such violation shall be held directly liable and  
38 responsible for the acts as principal or as co-principal with the other participants, if any.

39  
40 **Sec. 55. Refund and Compensation.** – Any nurse found to have been a victim  
41 under Section 53(b)(3)(e) hereof shall be entitled to a full refund of all fees illegally  
42 collected and the payment of unpaid salary, if any, which should not be less than the

1 applicable wage for services rendered. This is without prejudice to the other liabilities  
2 of the violators under applicable laws.

3  
4 **ARTICLE XI**  
5 **MISCELLANEOUS PROVISIONS**  
6

7 **Sec. 56. *Implementing Agencies.*** – The Department of Budget and  
8 Management (DBM), DOH, Philippine Health Insurance Corporation (PhilHealth),  
9 Department of Labor and Employment (DOLE), Department of Interior and Local  
10 Government (DILG), Civil Service Commission (CSC), CHED, are the designated  
11 agencies that shall be responsible for the implementation and monitoring of the  
12 compliance of the provisions of this Act.

13  
14 The DOH, DILG, and CSC shall be responsible for monitoring the compliance and  
15 implementation of the provisions of this Act by public health facilities and institutions.  
16 The DOH shall be the lead agency to monitor the compliance and implementation of  
17 the provisions of this Act by public health facilities and institutions.

18  
19 The DOLE shall be the agency responsible for monitoring the compliance and  
20 implementation of the provisions of this Act by private health facilities and institutions  
21 and industrial establishments. In addition, DOLE must create another category for  
22 health workers befitting the professional and complex work that nurses and other  
23 health professionals do that are not captured justly by their being categorized as "non  
24 -agricultural" workers.

25  
26 The Board and PRC shall be the designated agencies responsible for monitoring  
27 the compliance and implementation of the provisions of this Act by nurses, HEIs, CPD  
28 providers, health facilities and institutions, and industrial establishments.

29  
30 The CHED shall be the agency responsible for monitoring the compliance and  
31 implementation of the provisions of this Act by HEIs with regard to nursing education  
32 programs and curriculum.

33  
34 **Sec. 57. *Funding for the Advanced Practice Registered Nurse (APRN) Training.***  
35 – The participating government hospitals and institutions shall include in their budget  
36 the annual financial requirement needed to train at least ten percent (10%) of their  
37 nursing staff. Provided, However, that non-government hospitals and institutions shall  
38 support the training requirement or their nursing staff employed by them. Nothing in  
39 this provision shall prevent, diminish, or otherwise revoke existing company policy more  
40 favorable to the employee.

41

1           **Sec. 58. Appropriations.** – The Chairman of the PRC and the Secretary of Health  
2 shall immediately include in their program the implementation of this Act, the funding  
3 of which shall be included in the annual General Appropriations Act.  
4

5           **SEC. 59. Implementing Rules and Regulations and Code of Ethics.** – Within  
6 ninety (90) days after the effectivity of this Act, the PRC, the Board, the APO for nurses,  
7 CSC, DBM, DOH and other concerned nursing organizations and government agencies  
8 shall formulate the implementing rules and regulations necessary to carry out the  
9 provisions of this Act.  
10

11           **SEC. 60. Separability Clause.** – Should any provision of this Act be declared  
12 unconstitutional, the remaining parts not affected thereby shall remain valid and  
13 operational.  
14

15           **SEC. 61. Repealing Clause.** – Republic Act No. 9173, otherwise known as the  
16 "*Philippine Nursing Act of 2002*", is hereby repealed. All other laws, decrees, orders,  
17 circulars, issuances, rules and regulations and parts thereof which are inconsistent with  
18 this Act are hereby repealed, amended or modified accordingly.  
19

20           **SEC. 62. Effectivity.** – This Act shall take effect fifteen (15) days after its  
21 publication in the Official Gazette or in a newspaper of general circulation in the  
22 Philippines.  
23

*Approved,*