

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session
HOUSE BILL NO. 4440



Introduced by Representative Giorgidi B. Aggabao

EXPLANATORY NOTE

This Bill seeks to strengthen and enhance the existing Organ Donation Program in the country. Although organ transplantation affords the highest quality of life for patients including those with kidney failure, it is sad to note that the number of transplants has been declining.

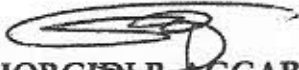
Based on the data from the National Kidney and Transplant Institute (NKTi), the largest transplant facility in the Philippines, the number of recipients of kidney transplant at the NKTi has gone down from 368 patients in 2008 to 238 recipients in 2013. The same dismal trend is true nationwide where 679 patients had kidney transplant in 2008 and only 342 patients underwent transplant in 2012.

The primary reason for this bleak scenario is the lack of organ donors.

Therefore, there is an urgent need to improve the existing Organ Donation Program. Regulated systems that remove disincentives on organ donation and afford incentives to donors simultaneously with a strong information and education drive on organ donation awareness are deemed as the solutions to increase organ donation.

More organ donors would mean more lives would be saved and significant savings for the government on costs spent on expensive dialysis, which has shorter survival rate compared to a transplant.

Approval of this Bill is earnestly requested.


GIORGIDI B. AGGABAO

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AN ACT
STRENGTHENING THE HUMAN ORGAN DONATION PROGRAM
FOR ORGAN AND TISSUE TRANSPLANTATION,
AND FOR OTHER PURPOSES

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

Section 1. Short Title. - This Act shall be known also as the "*Organ Donation Act of 2014*".

Section 2. Definition of Terms. - As used in this Act the following terms shall mean:

- (a) "*Allowable Reimbursement*" - the reasonable costs incurred by the donor associated with the legal removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ, tissue and/or part, or the expenses of travel, housing, and lost wages, medical insurance and periodic health monitoring, life insurance, and cost of medicines of the donor to attain full recovery.
- (b) "*Brain Death*" - refers to the irreversible cessation of all functions of the entire brain.
- (c) "*Commercial Dealings*" - refers to:
 - (1) The sale, barter or any transaction of human organ, tissue and/or part which involves valuable consideration in whatever form;
 - (2) Any transaction involving the illegal trafficking of human organ, tissue and/or part through whatever means; and
 - (3) Brokering for such transaction whether for money or any other consideration in violation of this act.

- (d) "*Death*" - the irreversible cessation of circulatory and respiratory functions or the irreversible cessation of all functions of the entire brain, including the brain stem. A person shall be medically and legally dead if either:

(1) In the opinion of the attending physician, based on the acceptable standards of medical practice, there is an absence of natural respiratory and cardiac functions and, attempts at resuscitation would not be successful in restoring those functions. In this case, death shall be deemed to have occurred at the time these functions ceased; or

(2) In the opinion of the consulting physician, concurred in by the attending physician, that on the basis of acceptable standards of medical practice, there is an irreversible cessation of all brain functions; and considering the absence of such functions, further attempts at resuscitation or continued supportive maintenance would not be successful in restoring such natural functions. In this case, death shall be deemed to have occurred at the time when these conditions first appeared.

The death of the person shall be determined in accordance with the acceptable standards of medical practice and shall be diagnosed separately by the attending physician and another consulting physician, both of whom must be appropriately qualified and suitably experienced in the care of such parties. The death shall be recorded in the patient's medical record.

- (e) "*Decedent*" - a deceased individual, and includes a still-born infant or fetus.

- (f) "*Donor*" - an individual who voluntarily donates his organ, tissue and/or part gratuitously to another, who accepts it. In this instance, the recipient has no demandable or enforceable right over the organ or tissue donated, but he may, after the donation has been done and in recognition of the donation, give directly to the donor or his immediate family all or any of the items enumerated in section 16 (b) and (c) of this Act. The term "donor" also refers to an individual authorized under this Act to donate all or part of the body of a decedent.

- (g) "*Donor Allocation Scoring System*" (DASS) - is the national scoring system by which allocation of kidney grafts from deceased donors shall be based.

- (h) "*Graft*" - is an organ that has been removed from the body of an organ donor for transplantation into a recipient.

- (i) "*Hospital*" - a hospital licensed, accredited or approved under the law, and includes a hospital operated by the Government.

- (j) "*Human Organ*" - refers to the kidney, liver, heart, lung, pancreas, cornea, skin and any other transplantable human organ.

- (k) "*Human Tissue*" - refers to bone marrow, bone, muscle tissue and any other transplantable human tissue.

- (l) "*Immediate Family*" of the decedent - the persons enumerated in Section 5(a) of this Act.
- (m) "*Indigent*" - refers to an individual who has no visible means of income, or whose income is insufficient for the subsistence of his family, as identified/listed or certified by the Department of Social Welfare and Development (DSWD) as poor in the National Household Targeting System for Poverty Reduction or having an income below the poverty threshold as determined by the National Economic Development Authority (NEDA).
- (n) "*Living Donor*" - an individual who is willing to donate his organ or part of his body while still alive. A living donor is classified as:
- (1) "*Living Related Donor (LRD)*" - a donor who is related to the recipient by blood within the fourth degree of consanguinity, including parents, children, siblings, nephews/nieces and first cousins.
 - (2) "*Living Non-Related Donor (LNRD)*" - a donor who is not related to the recipient by blood but willing to donate his organs.
- An LNRD is further classified as:
- 2.a "*Directed Living Organ Donor*" - refers to a donor who has a specific recipient in mind to whom the organ shall be donated.
 - 2.b "*Non-Directed Living Organ Donor*" - refers to a donor who would donate to whoever matches on the human organ transplant waiting list.
- (o) "*Organ/Tissue Bank Storage Facility*" - a facility licensed, accredited or approved under the law for storage of human bodies or parts thereof.
- (p) "*Organ Recovery Organization (ORO)*" - refers to a Department of Health (DOH) accredited non-profit organization, independent or hospital-based which is licensed and authorized to obtain organs for transplantation. An ORO is responsible in identifying, evaluating and obtaining organ donations from deceased donors from hospitals, including the preservation and transportation of such organs.
- (q) "*Organ Transplant Candidate (OTC)*" - refers to a patient diagnosed to have end-stage-organ-disease (ESOD) who is qualified to receive an organ graft.
- (r) "*Part*" - includes transplantable organs, tissues, eyes, bones, arteries, blood, other fluids and other portions of the human body.
- (s) "*Person*" - an individual, corporation, estate, trust, partnership, association, the Government or any of its subdivisions, agencies or instrumentalities, including government-owned or -controlled corporations; or any other legal entity.
- (t) "*Philippine Network for Organ Sharing (PhilNOS)*" - an organization under the Department of Health that facilitates and oversees human organ and tissue donation and transplantation in the country.

- (u) "*Philippine Organ Donor and Recipient Registry System (PODRRS)*" - is the system that shall contain the national computerized database of all organ transplant candidates and recipients, and organ donors.
- (v) "*Physician*" or "*Surgeon*" - a physician or surgeon licensed or authorized to practice medicine under the laws of the Republic of the Philippines.
- (w) "*Referring Hospital*" - refers to any hospital that identifies and refers potential deceased organ donor to PhilNOS.
- (x) "*Transplant Center (TxC)*" - refers to a hospital with transplant facilities duly accredited by the DOH.
- (y) "*Transplant Coordinator (TC)*" - is the designated trained health care professional who takes the central role and acts as liaison among the donor hospital, retrieval and transplant team members in processing a potential organ donor.
- (z) "*Valuable Consideration*" - means any financial gain or benefit but does not include "allowable reimbursement" defined in sub-section (a) hereof.

Section 3. Coverage - This Act shall cover all government and private hospitals and health facilities, organ recovery organizations, medical and allied medical practitioners or professionals, foundations, non-government organizations and other government units that are involved in organ and tissue transplantation in the Philippines.

This Act shall also cover deceased and living organ donations for transplantation purposes.

Section 4. Person Who May Execute a Legacy. - Any individual, at least eighteen (18) years of age and of sound mind, may give by way of legacy, to take effect after his death, all or part of his body for any purpose specified in Section 6 hereof.

Section 5. Person Who May Execute a Donation. -

(a) Any of the following persons in the order of priority stated hereunder, in the absence of actual notice of contrary intentions by the decedent or actual notice of opposition by a member of the immediate family of the decedent, may donate all or any part of the decedent's body for any purpose specified in Section 6 hereof:

- (1) Spouse;
- (2) Son or daughter of legal age;
- (3) Either parent;
- (4) Brother or sister of legal age; or
- (5) Guardian over the person of the decedent at the time of his death.

(b) The persons authorized by sub-section (a) of this Section may make the donation after or immediately before death.

Section 6. Examination of Human Body or Part Thereof. - A legacy of donation of all or part of a human body authorizes any examination necessary to assure medical acceptability of the legacy or donation for the purpose intended.

For purposes of this Act, the harvest of the human organ or tissue from brain-dead, heart-beating donor who died from accident, trauma or medico-legal cause will be part of the autopsy to be performed or overseen by law enforcement authorities, including the police or the National Bureau of Investigation (NBI), after the harvest.

Section 7. Persons Who May Become Legatees or Donees. - The following persons may become legatees or donees of human bodies or parts thereof for any of the purposes stated hereunder:

- (a) Any hospital, physician or surgeon - For medical or dental education, research, advancement of medical or dental science, therapy or transplantation;
- (b) Any accredited medical or dental school, college or university - For education, research, advancement of medical or dental science, or therapy;
- (c) Any organ/tissue bank storage facility - For medical or dental education, research, therapy, or transplantation; and
- (d) Any specified individual - For therapy or transplantation needed by him.

Section 8. Duty of Hospitals. - A hospital authorized to receive organ donations or to conduct transplantation shall train qualified personnel and their staff to handle the task of introducing the organ donation program in a humane and delicate manner to the relatives of the donor-decedent enumerated in Section 5 hereof. The hospital shall accomplish the necessary "routine inquiry/required request" form or document that will elicit from the patient, upon admission to the hospital, or his immediate family at the death of the patient, about their instruction beforehand on organ donation which will be added to the record of the patient.

All hospitals shall refer potential deceased donors to PhilNOS, which shall refer the organ procurement to an ORO.

A hospital that fails to comply with this Section shall, after due hearing, be penalized with a revocation of:

- (a) License to operate; and
- (b) PhilHealth's accreditation.

Section 9. Manner of Executing a Legacy. -

(a) Legacy of all or part of the human body under Section 3 hereof may be made by will. The legacy becomes effective upon the death of the testator without waiting for probate of the will. If the will is not probated, or if it is declared invalid for testamentary purposes, the legacy, to the extent that it was executed in good faith, is nevertheless valid and effective.

(b) A legacy of all or part of the human body under Section 3 hereof may also be made in any document other than a will. The legacy becomes effective upon death of the testator and shall be respected by and binding upon his executor or administrator, heirs, assigns, successors-in-interest and all members of the family. The document, which may be a card or any paper designed to be carried on a person, must be signed by the testator in the presence of two witnesses who must sign the document in his presence. If the testator cannot sign, the document may be signed for him at his discretion and in his presence, in the presence of two witnesses who must, likewise, sign the document in the presence of the testator. Delivery of the document of legacy during the testator's lifetime is not necessary to make the legacy valid.

(c) The legacy may be made to a specified legatee or without specifying a legatee. If the legacy is made to a specified legatee who is not available at the time and place of the testator's death, the attending physician or surgeon, in the absence of any expressed indication that the testator desired otherwise, may accept the legacy as legatee. If the legacy does not specify a legatee, the legacy may be accepted by the attending physician or surgeon as legatee upon or following the testator's death. The physician who becomes a legatee under this subsection shall not participate in the procedures for removing or transplanting a part or parts of the body of the decedent.

(d) The testator may designate in his will, card or other document, the surgeon or physician who will carry out the appropriate procedures. In the absence of a designation, or if the designee is not available, the legatee or other persons authorized to accept the legacy may authorize any surgeon or physician for the purpose.

Section 10. Organ Donor Cards - A donor may also indicate his willingness to donate his organ, tissue or part either through a donor card or the government-issued identification (ID) cards and licenses, including the following:

- (a) Land Transportation Office (LTO)- issued driver's license
- (b) PhilHealth membership ID
- (c) Government Service Insurance System (GSIS) membership ID
- (d) Social Security System (SSS) membership ID
- (e) Professional Regulation Commission (PRC) license card
- (f) Bureau of Internal Revenue (BIR) Tax Identification Number (TIN) ID
- (g) Department of Foreign Affairs (DFA) issued Philippine Passport

The concerned government agencies including the LTO, PhilHealth, GSIS, SSS, PRC, BIR and DFA, in coordination with the Secretary of Health through the existing PhilNOS, shall devise their respective application forms wherein the consent of the applicant to be an organ/tissue donor in case of death will be asked. The response of the applicant shall be indicated in these cards, and these government agencies shall furnish the PhilNOS of the applicant's response, which will be recorded in the PhilNOS registry for the purpose of assigning the level of priority in the organ transplant waiting list.

Section 11. *Manner of Executing a Donation* - Any donation by a person authorized under subsection (a) of Section 5 hereof shall be sufficient if it complies with the formalities of a donation of a movable property.

In the absence of any persons specified under Section 5 hereof and in the absence of any document of organ donation, the physician in charge of the patient, the head of the hospital or a designated officer of the hospital who has custody of the body of the deceased classified as accident, trauma, or other medico-legal cases, the purpose of transplantation of the organ to the body of a living person: *Provided*, That the physician, head of the hospital or officer designated by the hospital for this purpose has exerted reasonable efforts, within forty-eight (48) hours, to locate the nearest relative listed in Section 5 hereof or guardian of the decedent at the time of death: *Provided, however*, That the said physician, head or designated officer of the hospital, or the medico-legal officer of any government agency which has custody of such body may authorize the removal of the cornea or corneas of the decedent within twelve (12) hours after death and upon the request of qualified legatees or donees for the sole purpose of transplantation: *Provided*, That such removal of the cornea or corneas will not interfere with any subsequent investigation or alter the post-mortem facial appearance of the decedent by such means as placing eye caps after the said cornea or corneas have been removed.

In all donations, the death of a person from whose body and organ will be removed after for the purpose of transplantation to a living person, shall be diagnosed separately and certified by two (2) qualified physicians neither of whom shall be:

(a) A member of the team of medical practitioners who will effect the removal of the organ from the body; nor

(b) The physician attending to recipient of the organ to be removed; nor

© The head of hospital or the designated officer authorizing the removal of the organ.

Section 12. *Person(s) Authorized to Remove and Transplant Organs and Tissues* - Only authorized medical practitioners in a hospital shall remove and/or transplant any organ which is authorized to be removed and/or transplanted pursuant to Section 6 hereof: *Provided, however*, That the removal of corneal tissues shall be performed only by ophthalmic surgeons and ophthalmic technicians trained in the methodology of such procedure and duly certified by the accredited National Association of Ophthalmologists.

Section 13. *Delivery of Document of Legacy or Donation.* – If the legacy or donation is made to a specified legatee or donee, the will, card or other document, or an executed copy thereof, may be delivered by the testator or donor, or its authorized representative, to the legatee or donee to expedite the appropriate procedures immediately after death. The will, card or other document, or an executed copy thereof, may be deposited in any hospital or organ bank storage facility that accepts it for safekeeping or for facilitation of procedures after death. On the request of any interested party upon or after the testator's death, the person in possession shall produce the document of legacy or donation for verification.

Section 14. *Amendment or Revocation of Legacy or Donation.* –

a) If the will, card or other document, or an executed copy thereof, has been delivered to a specific legatee or donee, the testator or donor may amend or revoke the legacy or donation either by:

(1) The execution and delivery to the legatee or donee of a signed statement to that effect; or

(2) An oral statement to that effect made in the presence of two other persons and communicated to the legatee or donee; or

(3) A statement to that effect during a terminal illness or injury addressed to an attending physician and communicated to the legatee or donee; or

(4) A signed card or document to that effect found on the person or effects of the testator or donor.

(b) Any will, card or other document, or an executed copy thereof, which has not been delivered to the legatee or donee may be revoked by the testator or donor in the manner provided in subsection (a) of this Section or by destruction, cancellation or mutilation of the document and all executed copies thereof.

Any legacy made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection (a) of this Section.

Section 15. *Rights and Duties After Death.* – (a) The legatee or donee may accept or reject the legacy or donation as the case may be. If the legacy or donation is of a part of the body, the legatee or donee, upon the death of the testator and prior to embalming, shall effect the removal of the part, avoiding unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next of kin or other persons under obligation to dispose of the body of the decedent.

(b) Any person who acts in good faith in accordance with the terms of this Act shall not be liable for damages in any civil action or subject to prosecution in any criminal proceeding of this Act.

Section 16. Assistance to Donor - A human organ/tissue donor and his immediate family shall be entitled to the following assistance and recognition:

- (a) A living donor shall be given priority if he should need an organ in the future. The immediate family of a living or deceased donor shall also be given priority if any member of his immediate family, as enumerated in their order of priority in section 5 hereof, should need also an organ in the future. Conversely, a living person, who expressed his objection through a will, card or other document to be a human organ and tissue donor, shall be assigned lower priority in the transplant waiting list.
- (b) A living donor shall be entitled to reasonable payments associated with the removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ or the expenses of travel, housing, and lost wages incurred by the donor of a human organ in connection with the donation of the organ, medical insurance and periodic health monitoring, life insurance, and cost of medicines of the donor to attain full recovery;
- (c) A recipient or a non-profit organization may voluntarily provide to the family of the organ donor additional support, including educational assistance and/or livelihood project.
- (d) The donor's heroic and noble act shall be recognized by memorializing it through a "*Dugtong Buhay*" award to be given by the Secretary of Health.
- (e) A living donor, who is already employed either in the government or private sector, shall be entitled to paid leave during the time of his full recovery.
- (f) A living donor shall be given priority in employment either in the government or private sector provided that a physician certifies that the living donor is fit for work.

The Secretary of Health in coordination with the concerned agencies, including the Civil Service Commission and the Department of Labor and Employment, shall formulate the necessary guidelines for the effective implementation of this Section.

Section 17. Prohibited Discriminatory Acts - It shall be unlawful to discriminate against a living organ donor in any form from pre-employment to post-employment, including hiring, promotion or assignment by reason of his being an organ donor despite a certification from a physician that the living donor is fit for work.

Any discriminatory act mentioned in this Section shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos (P10,000.00). In addition, the license/permit of an employer found guilty of committing any of the discriminatory acts shall be revoked.

Section 18. PhilHealth Assistance - Pursuant to its mandate under the National Health Insurance Act of 1995, as amended, the Philippine Health Insurance Corporation (PhilHealth) shall:

- (a) Develop a benefit package to reimburse the human organ/tissue acquisition cost to the host ORO.
- (b) Increase its present benefit package for indigents and other patients who cannot afford the entire cost before, during and after organ transplantation, including the other concomitant expenses for, among others, anti-rejection drugs or immunosuppressant. For this purpose, the PhilHealth shall formulate a socialized medical and financial assistance scheme in relation to the annual family income of the patient to enable him to pay for the transplant and ensure his survival.

Section 19. *International Sharing of Human Organs or Tissues.* – Sharing of human organs or tissues shall be made only through exchange programs duly approved by the Department of Health: Provided, That foreign organ or tissue bank storage facilities and similar establishments grant reciprocal rights to their Philippine counterparts to draw organs or tissues at any time.

Section 20. *Information and Education Drive.* – In order that the public will obtain the maximum benefits from this Act, the Department of Health, in cooperation with institutions, such as the National Kidney Institute, civic and non-government health organizations and other health related agencies, involved in the donation and transplantation of human organs, as well as the Department of Education and the Commission on Higher Education shall undertake a public information and education program.

The Secretary of Health shall endeavor to persuade all health professionals, government and private, as well as media organizations from print, radio and television, to make an appeal for and inform the public of the importance of human organ donation. Any person, natural or juridical, undertaking this public information on human organ and tissue donation shall be entitled to tax credit.

The importance of human organ donation shall be included in the Health and Science subjects in the curricula of both the elementary and secondary levels as well as in the general education curriculum in the collegiate level. The Secretary of Health shall coordinate with the Secretary of Education and the Chairperson of the Commission on Higher Education for the effective implementation of this provision. The Information and Advocacy Committee under the existing PhilNOS shall be in charge of the training program of the faculty members of the schools who handle courses on human organ and tissue donation.

The Secretary of Health shall also endeavor to disseminate information on human organ and tissue donation through other means, including the internet, social media, and mails, which shall enjoy franking privilege.

Accordingly, the month of April of every year is hereby declared as “National Human Organ Donor Awareness” month. The Secretary of Health shall spearhead in carrying

out programs and activities for this purpose in coordination with various government and private agencies and organizations, including professional societies or associations related to human organ donation and transplantation.

Section 21. *Philippine Organ Donation and Transplantation Board (PODTB)* - There is hereby established a Philippine Organ Donation and Transplantation Board (PODTB) under the Department of Health.

(A) Functions of the PODTB - The Board shall have the following functions:

- a.1. Review and approve programs in support of a rational, ethical, accessible and equitable organ transplantation program in the country; and
- a.2. Approve the issuance of the certificate of accreditation of transplant facilities.

(b) Composition of the PODTB - The Board shall be composed by the:

- b.1. Secretary of Health, who shall act as the Chairperson
- b.2. Undersecretary for Policy and Standard Development Team (PSDT) for Service Delivery - Vice Chairperson
- b.3. Chairperson of National Transplant and Ethics Committee (NTEC)
- b.4. PhilHealth President or his representative
- b.5. Representative from a government transplant facility appointed by the Secretary of Health
- b.6. Representative from a private transplant facility appointed by the Secretary of Health
- b.7. Representative from the professional societies involved in transplantation, including Philippine Society of Transplant Surgeon (PSTS), Philippine Society of Nephrology (PSN), Philippine Urology Association (PUA) and Transplant Society of the Philippines (TSP) designated by the societies on a rotational basis to a term of two (2) years.
- b.8. Professional Regulation Commission (PRC) Chairperson or his representative.

b.9. Representative from Inter-faith organizations.

b.10. Representative from non-government organizations involved in Health advocacy preferably on human organ donation.

The Secretary of Health may:

- (a) Appoint additional members based on the recommendation of the PODTB;
- (b) Appoint additional members to the National Transplant Ethics Committee (NTEC) and the Philippine Network for Organ Sharing (PhilNOS) based on the recommendation of the PODTB; and
- (c) Designate any existing unit, office, center or bureau under DOH to serve as secretariat of the Board and for any other functions related to organ donation and transplantation.

Section 22. *Philippine Network for Organ Sharing (PhilNOS)* - There is hereby established the Philippine Network for Organ Sharing (PhilNOS) under the DOH. The PhilNOS shall have the following functions:

- (a) Oversee and facilitate donation and organ transplantation involving living and deceased donors in the country.
- (b) Act as the central coordinating body to ensure that all organs from deceased donors are allocated according to established criteria;
- (c) Implement the policies on deceased donor allocation;
- (d) Maintain three (3) national registries, with data coming from each local transplant facility, to include:
 - d.1. Registry of all kidney transplants performed in the country in the country;
 - d.2. Registry of all placed living donors; and
 - d.3. Registry of all patients seeking kidney transplantation (national waiting list).
- (e) Perform such other functions as may be ordered by the Secretary of Health and PODTB for those related to its primary functions.

Section 23. Organ Recovery Organization - In order for PhilNOS to effectively carry out its functions, organ special service units to be called "Organ Recovery Organizations" (OROs) shall be allowed and encouraged. An ORO shall be a non-profit organization, independent or hospital-based and accredited by the Department of Health (DOH) to obtain organs for transplantation. An ORO shall be responsible in identifying, evaluating and obtaining organ donations from deceased donors from hospitals, including the preservation and transportation of such organs.

The Secretary of Health shall formulate guidelines to ensure that an ORO shall be designated for each region and major hospital in the country as well as in areas where transplant activity is concentrated.

Section 24. National Transplant Ethics Committee (NTEC) - There is hereby established a National Transplant Ethics Committee (NTEC) under the Department of Health. The Committee shall have the following functions:

- (A) Formulate national ethical standards/guidelines on organ donation and transplantation for approval by the PODTB.
- (B) Assist the PODTB in the resolution of ethical issues.
- (C) Assist in the monitoring of transplant facilities to ensure compliance with ethical standards/guidelines.
- (D) Perform such other functions as may be ordered by the Secretary of Health or PODTB on ethical related issues.

Section 25. Prohibited Commercial Dealings - the following acts, which constitute commercial dealings, are prohibited:

- (a) The sale, barter or any transaction of human organ, tissue and/or part which involves valuable consideration in whatever form;
- (b) Any transaction involving the illegal trafficking of human organ, tissue and/or part through whatever means; and
- (c) Acting as a broker for such transaction whether for money or any other consideration in violation of this Act.

Section 26. Penalties - Any person found guilty of committing any of the acts enumerated in Section 25 of this Act shall suffer the penalty of imprisonment of twenty (20) years and a fine of not less than One Million Pesos (P1,000,000.00) but not more than Two Million Pesos (P2,000,000.00).

Section. 27. Charity Fund. - There is hereby created a charity fund for indigents and other patients in need of financial assistance. One percent (1%) of Lotto gross sales of the Philippine Charity Sweepstakes Office shall be earmarked and automatically remitted directly to the Department of Health for the initial and continuing requirements of the Charity Fund.

The fund shall be administered by the Department of Health, which shall formulate a socialized medical and financial assistance scheme in relation to the annual family income of the patient to enable him to pay for the costs before, during and after the transplant and ensure his survival.

Section. 28. Annual Appropriations - The amount necessary for the continuing requirements of this Act shall be included in the budget of the Department of Health in the annual General Appropriations Act following the enactment of this Act.

Section 29. Rules and Regulations. - The Secretary of Health, after consultation with all health professionals, both government and private, and non-government health organizations shall promulgate such rules and regulations as may be necessary or proper to implement this Act.

Section 30. Repealing Clause. - Republic Act No. 7170, entitled "An Act Authorizing the Legacy of All or Part of a Human Body After Death for Specified Purpose," and Republic Act No. 7885, entitled "An Act to Advance Corneal Transplantation in the Philippines, Amending for the Purpose Republic Act Numbered Seven Thousand One Hundred and Seventy (R.A. No. 7170), Otherwise Known as the Organ Donation Act of 1991," are hereby repealed. However, these laws shall remain in full force and effect until the new rules and regulations to implement this Act shall have been promulgated.

Nevertheless, Sub-paragraph 7 of Paragraph V (General Policy Statements) of DOH Administrative Order No. 2010-0018 and Sub-paragraph 6.d. of Paragraph VII (Operational Guidelines) of DOH Administrative Order No. 2010-0019 are hereby repealed.

All other laws, decrees, ordinances, rules and regulations, executive or administrative orders, and other presidential issuances inconsistent with this Act, are hereby repealed, amended or modified accordingly.

Section 31. *Separability Clause.* - The provisions of this Act are hereby deemed separable. If any provision hereof should be declared invalid or unconstitutional, the remaining provisions shall remain in full force and effect.

Section 32. *Effectivity.* - This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or at least two (2) newspapers of general circulation.