



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City



**Twentieth Congress**  
First Regular Session

HOUSE BILL NO. 2517

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**Introduced by Representative Giselle Mary L. Maceda**

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### **EXPLANATORY NOTE**

Organ transplantation has become a universally accepted and essential mode of medical treatment, offering hope and life-saving solutions to patients suffering from end-stage organ failure. By successfully transplanting healthy organs from donors, it is possible to not only prolong the lives of recipients but also significantly enhance their quality of life. This life-giving medical advancement is a cornerstone of modern healthcare and has contributed to the survival of millions worldwide. As such, promoting and regulating organ donation is a crucial public health matter.

In the Philippines, the Organ Donation Act was enacted in 1991, authorizing the donation of any or all parts of a human body after death. The law aimed to encourage organ donation in the hopes of addressing the growing demand for organ transplants. Despite this, a major obstacle remains: the severe shortage of deceased organ donors, which continues to limit the effective application of organ transplantation in the country. As a result, many patients in need of life-saving transplants have resorted to seeking organs from living donors.

Living organ donation, while saving lives, has become a controversial and problematic practice due to the unethical circumstances under which some donations are made. Vulnerable individuals in low-income countries, such as the Philippines, are often targeted by traffickers and unethical brokers, who exploit their financial struggles by encouraging or coercing them into selling their organs. Moreover, patients from wealthier countries often travel abroad to purchase organs, fueling a global underground market that threatens the health and safety

of both the donors and recipients. The practice of organ trafficking not only violates human rights but also undermines the integrity of the medical profession.

It is in this context that the Organ Donation Act needs to be strengthened. A new law is imperative to establish a comprehensive national system that will not only promote organ donation from both deceased and living donors but also safeguard the rights of living donors against exploitation and abuse. The law must create a transparent and ethical framework that encourages voluntary organ donation, while simultaneously protecting individuals from the dangers of trafficking and coercion.

This proposed Organ Donation Act of 2025 will address the ethical concerns surrounding organ donation from living donors, create a framework for safe and voluntary donations, and establish strong safeguards against exploitation and trafficking. In doing so, it will protect both the lives of patients and the rights of living donors, ensuring that the practice of organ donation is carried out in a manner that is ethical, responsible, and just.

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



**REP. GISELLE MARY L. MACEDA**  
4<sup>th</sup> District, Manila City



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**AN ACT**  
**STRENGTHENING THE HUMAN ORGAN AND TISSUE DONATION AND**  
**TRANSPLANTATION PROGRAM, 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 as the **ORGAN DONATION ACT OF 2025**.

**SECTION 2. *Declaration of Policy.*** - It is the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. Towards this end, the State shall exert all efforts to avert life-threatening diseases such as end-stage organ failure by ensuring availability and access to organ donation and transplantation for patients with end-stage organ failures to prolong and improve the quality of their lives. The State shall also protect living donors, especially those from the vulnerable sectors of society, from exploitation, abuse, and human trafficking.

**SECTION 3. *Coverage.*** - This Act covers all government and private hospitals, health facilities, organ recovery organizations, medical and allied medical practitioners or professionals, foundations, and non-governmental organizations that are involved in organ and tissue donation and transplantation in the Philippines.

This Act also covers organ donations for transplantation purposes from deceased and living donors.

**SECTION 4.** *Definition of Terms.* – As used in this Act:

- a) *Allowable Reimbursement* refers to the reasonable costs incurred by the donor for organ and tissue donation and transplantation covering the legal removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ, tissue, or part thereof, as well as the expenses for travel, housing, lost wages, medical insurance and periodic health monitoring, life insurance, and cost of medicines of the donor to attain full recovery;
- b) *Allocation* refers to the assignment of human tissues and organs to a transplant candidate, based on a set of rules;
- c) *Brain Death Criteria* refers to the irreversible cessation of all functions of the entire brain based on a set of standards, guidelines, or rules that determine and diagnose brain death by neurological criteria as determined by the Philippine Neurological Association (PNA), or by a competent licensed medical specialist-practitioner;
- d) *Clinical Donor Coordinator (CDC)* refers to a healthcare professional designated to coordinate with the donor family and hospital to facilitate a donation and proper transport of donated organs or tissues;
- e) *Clinical Transplant Coordinator (CTC)* refers to a healthcare professional of a transplant center designated to coordinate with its transplant team, patients, donors, organ recovery organizations, the Philippine Organ Donation and Transplantation Board, and the Philippine Network for Organ Sharing (PhilNOS) towards the performance of a transplant operation;
- f) *Commercial Dealings* – refers to:
  - i. The sale, barter, or supply of human organ, tissue, or part thereof, involving valuable consideration in whatever form;
  - ii. Acts involving trafficking of a human organ, tissue, or part thereof, through whatever means; and
  - iii. The brokering for sale, barter or supply of a human organ, tissue, or part thereof, whether for money or any other consideration in violation of this Act

- g) *Death* refers to 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:
- i. 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 these functions. In this case, death shall be deemed to have occurred at the time these functions ceased; or
  - ii. In the opinion of the consulting physician, concurred in by the attending physician, based on 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 a person shall be determined in accordance with the acceptable standards of medical practice, which shall be recorded in the patient's medical record.

- h) *Decedent* refers to a deceased individual;
- i) *Donation After Brain Death (DBD)* refers to the process of recovering organs after a person has been declared dead based on the complete and irreversible loss of all brain activity, including the brain stem, even if the heart is still beating with the help of machines;
- j) *Donation After Circulatory Death (DCD)* refers to the process of recovering organs for transplantation after a person's heart has permanently stopped bearing, either unexpectedly or after physicians have intentionally and ethically stopped life-support treatment due to a medical condition that cannot be cured;
- k) *Donor* refers to an individual who voluntarily donates organ, tissue, or part thereof, gratuitously to another who accepts it. The term also refers to an individual authorized in this Act to donate all or part of the body of a decedent;
- l) *Donor Allocation Scoring System* refers to the national scoring system by which allocation of organs from deceased donors shall be based;

- m) *Human Organ* refers to the kidney, liver, heart, lung, pancreas, and any other human organ, tissue, or part thereof, including bone marrow, bone, cornea, skin, muscle tissue, and any other transplantable part of a human body;
- n) *Human Organ and Tissue Bank Storage* refers to a facility licensed, accredited, or approved by the DOH under the law for storage of human organs, tissues, or parts thereof;
- o) *Immediate Family* refers to either the decedent's legitimate spouse, children, parents, grandchildren, grandparents, or siblings, whether whole blood or half blood, in the order of priority;
- p) *Living Donor* refers to an individual who is willing to donate an organ, tissue, or part of the body while still alive;
- q) *Organ Transplant Candidate* refers to a patient diagnosed to have an end-stage organ disease who is qualified to undergo an organ transplant procedure;
- r) *Philippine Organ Donor and Recipient Registry System* refers to a national computerized database of all organ transplant candidates, recipients, organ donors, and all transplants performed in the Philippines;
- s) *Procurement* refers to a process that includes donor identification, evaluation, obtaining consent for donation, donor maintenance, and retrieval of organs and/or tissues;
- t) *Recipient* refers to a patient to whom human organs and/or tissues are transplanted;
- u) *Tissue* refers to all constituent parts of the human body formed by cells;
- v) *Tissue Bank* refers to a hospital unit where activities of processing, preservation, storage, and distribution of human tissues are undertaken, and may also be responsible for procurement of testing tissues;
- w) *Transplantation* refers to the transfer (engraftment) of human cells, tissues, or organs from a donor to a recipient with the aim of restoring function/s in the body; and
- x) *Transplant Center* refers to a hospital with facilities accredited by the DOH to perform organ and/or tissue transplantation.

**SECTION 5.** *Philippine Organ and Tissue Donation and Transplant Program (POTDTP).* – The Philippine Organ and Tissue Donation and Transplantation Program is hereby established to provide the overall direction and system of implementation of organ donation and transplantation in the country, through the Philippine Organ and Tissue Donation and Transplantation Board under the Department of Health (DOH) created under this Act.

**SECTION 6.** *Philippine Organ and Tissue Donation and Transplantation Board (POTDTB).* – There is hereby established a Philippine Organ and Tissue Donation and Transplantation Board, hereinafter referred to as the Board, composed of the following members:

- a) Secretary of Health, as Chairperson;
- b) DOH Undersecretary for Policy and Standard Development Team for Service Delivery, or equivalent rank and function, as Vice Chairperson;
- c) Chairperson of the National Transplant Ethics Committee;
- d) President of the Philippine Health Insurance Corporation (PhilHealth);
- e) Representative of government transplant facilities appointed by the Secretary of Health;
- f) Representative of private transplant facilities appointed by the Secretary of Health;
- g) Representative of the professional societies involved in transplantation, including the Philippine Society of Transplant Surgeon, the Philippine Society of Nephrology, the Philippine Urology Association, and the Transplant Society of the Philippines, designated by the societies on a rotational basis for a term of two (2) years;
- h) Chairperson of the Professional Regulation Commission (PRC); and
- i) Representative of nongovernment organizations involved in health advocacy, preferably on human organ donation, to be appointed by the Secretary of Health.

For the effective implementation of this provision, the Secretary of Health may designate any existing unit, office, center, or bureau under the DOH to serve as the Secretariat of the Board, and for any other functions related to organ donation and transplantation.

All the appointees shall serve for a term of two (2) years, and may be reappointed once.

**SECTION 7.** *Functions.* – The Board shall exercise the following functions:

- a) Formulate and enforce policies on organ donation and transplantation within the framework of Philippine laws;
- b) Review and approve programs in support of a rational, ethical, accessible, and equitable organ donation and transplantation program in the country;
- c) Accredite transplant facilities;
- d) Monitor compliance by transplant centers and organ recovery organizations with the policies prescribed by the Board; and
- e) Perform other functions as necessary and may be ordered by the President of the Philippines, or act on matters that are germane or related to its above-mentioned primary functions.

**SECTION 8.** *Philippine Network for Organ Sharing.* – There is hereby established a Philippine Network for Organ Sharing (PhilNOS) under the Board to perform the following functions:

- a) Oversee and facilitate donation and transplantation of organs and tissues involving deceased and living donors in the country;
- b) Act as the central coordinating body to ensure that all organs and tissues from deceased and living donors are allocated according to established criteria;
- c) Promote organ and tissue donation from a deceased or living donor through the following means:
  - i. Public information and education drive;
  - ii. Information and education for health and allied professionals;
  - iii. Training of organ donation and transplant coordinators; and
  - iv. Campaign to recruit volunteers to sign organ donor cards
- d) Implement the policies on organ allocation from a deceased or living donor;

- e) Maintain a national waiting list or registry of patients seeking transplantation with organs from deceased and living donors;
- f) Organize, fund, and regulate a national network of government hospital-based organ recovery organizations;
- g) Assist in the development and accreditation of nongovernment organ recovery organizations;
- h) Develop and update specific donor allocation scoring systems for the different organs for transplantation and use the same for the selection of deserving recipients from the waiting list of organ transplant candidates;
- i) Provide relevant data in aid of legislation and the formulation of health policies regarding deceased organ donation;
- j) Formulate and issue guidelines on the accreditation of Organ Recovery Organizations (OROs), as provided in this Act, to ensure that the process followed is ethical;
- k) Perform such other functions as may be ordered by the Board.

**SECTION 9. *Secretariat.*** – The PhilNOS shall be supported by a secretariat consisting of personnel with the necessary technical expertise and capability who will be designated by the Secretary of Health from the existing relevant bureau or unit of the DOH. The Secretariat shall be headed by a Program Manager under the direct supervision of the Chairperson of the Board.

**SECTION 10. *Transplant Centers.*** – The Board, through its licensing and accreditation arm and the Bureau of Health Facilities and Services, shall establish accreditation criteria for DOH-licensed hospitals that should be allowed to perform transplant operations. The Board and the Bureau of Health Facilities and Services may limit a transplant center to the performance of transplants to specific organs or tissues. These licensed hospitals shall be accredited as Transplant Centers.

**SECTION 11. *Transplantation Section and Functions.*** – Each transplant center facility shall establish a Transplantation Section which must be staffed by at least: a) one (1) qualified transplant surgeon; b) a transplant support team that includes a clinical transplant coordinator; c) medical specialists; and d) nurses knowledgeable in transplantation procedures.

The Transplant Section shall have the following functions, over and above those determined by the transplant center:

- a) Record all transplants performed in the center containing information required by the Board and submit a monthly report to the Board;
- b) Monitor and provide medical follow-up care of transplant patients and living donors; and
- c) Document donor outcomes, graft and patient survival and morbidities associated with transplant procedures. A summary of these documents shall be submitted to the Board annually.

**SECTION 12.** *Organ Recovery Organizations.* – For the PhilNOS to effectively carry out its functions, organ special service units, to be called organ recovery organizations (OROs), shall be allowed. An ORO is a nonprofit organization, which may be independent or hospital-based and accredited by the DOH to obtain organs for transplantation. An ORO shall be responsible for identifying, evaluation, and obtaining organ donations from deceased donors from hospitals, including the preservation and transportation of such organs. *Provided,* That an ORO shall have licensed and board-certified surgical and medical experts for this purpose.

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

**SECTION 13.** *National Transplant Ethics Committee.* – A National Transplant Ethics Committee under the DOH shall be established to perform the following functions;

- a) Formulate national ethical standards or guidelines on organ donation and transplantation for approval by the POTDTB;
- b) Assist the Board in the resolution of ethical issues;
- c) Assist in the monitoring of transplant facilities to ensure compliance with ethical standards or guidelines; and
- d) Perform such other functions as may be ordered by the Board on organ donation and transplant ethical-related issues.

**SECTION 14. *Hospital Ethics Committee.*** – All hospitals and medical institutions shall create an Ethics Committee to improve healthcare delivery and outcomes by helping to identify, analyze, and resolve ethical dilemmas as they emerge through consultation, education, and policy development germane to organ donation and transplant matters.

The Hospital Ethics Committee shall:

- a) Make recommendations to the National Transplant Ethics Committee in the formulation of ethical principles and policies on human organs, tissues, or parts thereof, to prevent and avoid participation of the hospital, whether directly or indirectly, in commercial dealings in human organs, tissues, or parts thereof;
- b) Monitor and resolve ethical issues involving organ donation and transplantation;
- c) Submit monthly reports of all its meetings and proceedings to the National Transplant Ethics Committee; and
- d) Perform such other functions as may be ordered by the National Transplant Ethics Committee.

All hospitals, medical institutions, and organ or tissue bank storage facility shall record all transactions and vital information or documents on organ donations, which shall be made available and transparent to the public, as deemed practicable and necessary.

**SECTION 15. *Organ Donation from Deceased Donors.*** – The recovery of organs from deceased donors shall be prioritized over organs from living donors. Organ donation from deceased donors may be carried out through either Donation after Brain Death (DBD) or Donation after Circulatory Death (DCD), in accordance with established medical, ethical, and legal standards.

**SECTION 16. *Living Donors.*** – The Board shall establish policies and guidelines to prevent organ trafficking and to ensure the safety of living donors, and their eventual recipients, in accordance with the provisions of this Act.

**SECTION 17. *Determination and Declaration of Death.*** – For purposes of this Act, an organ donor shall be determined and declared dead if:

- a) In the opinion of the consulting physician, in concurrence with the attending physician, and 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; or
- b) 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 the functions ceased.

*Provided*, that the death of a person shall be determined in accordance with the Brain Death Criteria provided by the PNA, or by a competent certified medical practitioner, which brain death shall be declared by two (2) different physicians who are both not part of the transplant team. The attending physicians shall determine and establish brain death based on existing guidelines. The death shall be recorded in the patient's medical record. *Provided, further*, that in cases of circulatory death, the determination of death shall be made in accordance with the World Health Organization (WHO) Clinical Criteria for the Determination of Death.

**SECTION 18.** *Persons Who May Execute Organ Donation Legacy.* – A person who is at least eighteen (18) years of age and of sound mind may give, by way of legacy, all or any organ, tissue, or part thereof.

**SECTION 19.** *Person Who May Execute a Donation for Deceased Donor.* – 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 deceased donor, any of the following persons in the order of priority provided herein may donate all or any part of the decedent's body:

- i. Spouse;
- ii. Son or daughter of legal age;
- iii. Either parent;
- iv. Grandchild;
- v. Grandparent;
- vi. Brother or sister of legal age; and
- vii. Legal guardian over the person of the decedent at the time of death.

The persons authorized in this section may make the donation before or immediately after death. Any donation by a person authorized under this section shall be sufficient.

**SECTION 20.** *Persons Who May Become Recipients, Legatees or Donees.* – The following persons may become recipients, legatees, or donees of human organs, tissues, or parts thereof for any of the purposes stated hereunder:

- a) Any specified individual qualified for transplantation;
- b) Any hospital, physician or surgeon – for medical or dental education, research, advancement of medical or dental science, therapy or transplantation;
- c) Any accredited medical or dental school, college or university – for education, research, and advancement of medical or dental science, or therapy; and
- d) Any organ or tissue bank storage facility – for medical or dental education, research, therapy or transplantation.

**SECTION 21.** *Duty of Hospitals.* – A hospital authorized to receive organ donations or to conduct transplantation shall train qualified personnel and staff to handle the delicate task of introducing the organ donation program in a humane manner to the immediate family of the decedent authorized to execute a donation under this Act.

**SECTION 22.** *Manner of Executing a Donation Legacy.* – The donor may execute the intended organ donation legacy in the following manner:

- a) A legacy or donation of all or any organ, tissue, or any part of the human body may be made through a written and duly signed will. The legacy becomes effective upon the death of the testator. If the will 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 or donation of all or any organ, tissue, or part of the human body may also be made in any document other than a will. The legacy becomes effective upon the death of the testator or donor and shall be respected and binding. The document may be a card or any paper signed by the testator or donor in the presence of two (2) witnesses, who must either be relatives within the fourth degree of consanguinity of the testator or donor, or legal

guardians or both, and who must have signed the document in the presence of the testator or donor.

- c) The legacy may be made to either a specified legatee or an unspecified 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 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. *Provided*, that the physician who becomes a legatee under this subsection shall not participate in the procedures for removing or transplanting the human organ, tissue, or part thereof of the decedent.
- d) The testator may designate in the will, card, or other document the surgeon or physician who will carry out the appropriate procedures for removing or transplanting the human organ, tissue, or part thereof of the decedent.

In the absence of a designation, or if the surgeon or physician designated is not available, the legatee or other persons authorized to accept the legacy may authorize any surgeon or physician for the purpose.

**SECTION 23. *Organ Donor Cards.*** – A donor may also indicate the willingness to donate an organ, tissue, or part thereof either through a donor card or a 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 ID; or
- g) Department of Foreign Affairs (DFA) – issued Philippine passport.

For this purpose, the LTO, PhilHealth, GSIS, SSS, PRC, BIR, and the DFA shall, in coordination with the DOH-PhilNOS, devise their respective application forms wherein the consent of the applicant to be an organ or tissue donor in case of death will be indicated. The application must also be signed by at least two (2) witnesses who must be relatives within the fourth degree of consanguinity of the donor. The response of the donor shall be prominently indicated in these cards, and these government agencies shall furnish the PhilNOS of the applicant's positive response, which shall be recorded in the PhilNOS registry of potential organ donors.

**SECTION 24.** *Procedure in the Absence of a Donation.* – In the absence of any of the persons authorized to execute a donation under this Act, and in the absence of any document of explicit 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 decedent who died in an accident or any traumatic incident or other medico-legal cases, may authorize in a public document the transplantation of an organ to the body of a living person: *Provided*, that said physician, head of the hospital, or a designated officer of the hospital for this purposes, exerted reasonable efforts, within forty-eight (48) hours, to locate the nearest relative specified in this Act, or the guardian of the decedent at the time of death.

The physician, head of the hospital, or a designated officer of the hospital, or the medico-legal officer of any government agency which has custody of the body may authorize the removal of the cornea or corneas of the decedent within twelve (12) hours after death and upon the request of the qualified legatees or donees for the sole purpose of transplantation: *Provided*, that the removal of the cornea or corneas will not alter the post-mortem facial appearance of the decedent by placing aesthetic eye caps after the cornea or corneas have been removed.

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

- a) A member of the team of medical practitioners who will effect the removal of the organ/s from the body; nor
- b) The physician attending to the recipient of the organ to be removed; nor
- c) The head of the hospital or the designated officer authorizing the removal of the organ.

**SECTION 25.** *Persons Authorized to Remove and Transplant Organs, Tissues and Corneas.* – Only authorized medical practitioners and certified transplant surgeons in an accredited hospital or transplant center shall remove or transplant any organ or tissue authorized to be removed or transplanted. The removal of corneal tissues shall be performed only by the ophthalmic surgeons and ophthalmic technicians trained in the methodology of such procedure and duly certified by the accredited National Association of Ophthalmologists and Specialty Board.

**SECTION 26.** *Transport of Donated Organ.* – Given the urgency to immediately transport the donated organ to be utilized in a transplant operation, all local transport facilities, most importantly airlines, shall allocate a space in the

passenger cabin to accommodate the transport of such organ on the first available opportunity, free of charge. If the package requires an accompanying transplant coordinator, such accompanying person may be charged the regular or discounted rate at the discretion of the carrier. In availing of this privilege, the following requirements shall be observed by the transplant coordinator:

- a) The sender must be a DOH or PhilNOS-accredited ORO represented by any of its clinical transplant coordinators who must carry the official PhilNOS-issued identification card;
- b) The receiving party must also be a clinical transplant coordinator who must also carry an official PhilNOS-issued identification card; and
- c) The packaging must comply with required medical standards and contain a seal also issued by the PhilNOS. The required packaging standards shall be provided by the PhilNOS to all local airlines.

**SECTION 27.** *Allowable Reimbursements for Organ from Deceased Donor.* – The human organ, tissue, or part thereof, shall be donated free or without any financial consideration. Reimbursements for reasonable expenses incurred during the recovery, organ preservation, transport, and the ORO's administrative and other operational costs may be collected from the legatee or donee. This amount shall be determined by the PhilNOS and shall be subject to annual review, considering inflationary and other economic factors.

**SECTION 28.** *Assistance and Protection to Donors.* – A donor of a human organ, tissue, or part thereof, and the immediate family shall be entitled to the following assistance, protection, and recognition:

- a) Inclusion in the priority list of the PhilNOS, if the donor 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 the immediate family, as defined in this Act, also needs an organ in the future;
- b) Allowable reimbursement for reasonable expenses from the donee or recipient, or if eligible, from the PhilHealth, for the costs directly related or associated with the legal removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ, tissue, or parts thereof, including expenses for travel, housing, and lost wages incurred by the donor in connection with the donation of the organ, tissue, or part thereof, medical insurance and periodic health monitoring, life insurance, and cost of medicines of the donor to attain full recovery;

- c) Additional support voluntarily provided by a donee, or a nonprofit organization or government agencies, which include the Technical Education and Skills Development Authority (TESDA), the Commission on Higher Education (CHED), Department of Social Welfare and Development (DSWD), Department of Labor, Department of Science and Technology (DOST), and other agencies for educational or livelihood assistance coursed through the DOH-PhilNOS;
- d) Memorialization through a “Dugtong Buhay” award to be given by the Secretary of Health;
- e) Paid leave for fifteen (15) days during the full recovery if the donor is employed, either in the government or private sector;
- f) Priority in employment in the government: *Provided*, that a physician certifies that the living donor is fit for either strenuous or non-strenuous work, or both: *Provided, further*, that this shall not apply to positions in the uniformed police and military personnel;
- g) Disability pay from the SSS or GSIS in case of post-operation disability;
- h) Ten percent (10%) discount from pharmaceutical companies and their distributors on transplant and post-transplant related medicines prescribed for the donor’s medication: *Provided*, that this will be certified by the attending physicians; and
- i) Token of gratitude to the donor in the form of cash determined by the PhilNOS and shall be subject to annual review considering inflation and other economic factors.

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

**SECTION 29. *PhilHealth Assistance.*** – The PhilHealth shall:

- a) Develop a benefit package to reimburse the host ORO for the acquisition cost of the organ, tissue, or part thereof; and
- b) Increase its present benefit package for indigent-donee who cannot afford the entire cost before, during, and after organ transplantation, including related expenses such as anti-rejection drugs or immunosuppressants. For

this purpose, PhilHealth shall formulate a socialized medical and financial assistance scheme in relation to the annual family income to enable the indigent recipient to pay for the transplant and ensure survival.

**SECTION 30.** *Housing Support for Transplant Candidates.* – In recognition of the need for accessible pre- and post-transplant care, all local government units (LGUs) situated within the jurisdiction of or in proximity to recognized transplant centers shall develop and implement programs aimed at providing affordable and safe temporary housing accommodations for organ transplant candidates and their immediate family. These programs shall prioritize transplant candidates who reside more than six (6) hours away from the transplant center with the objective of reducing the burden of long-distance travel and associated costs of lodging during critical periods of medical care.

**SECTION 31.** *Information and Education Drive.* – To ensure public awareness of the maximum benefits under this Act, the DOH, in cooperation with institutions such as the National Kidney and Transplant Institute (NKTi), Philippine Heart Center, Lung Center of the Philippines, professional health associations, other civic and nongovernment health organizations, and other health-related agencies involved in the donation and transplantation of human organs, as well as the Department of Education, TESDA, and the CHED shall undertake a public information and education program for this purpose.

The Secretary of Health shall ensure that all health professionals, both in government and private sectors, as well as media organizations from print, radio and television including the online information technology platform are encouraged to undertake massive public information campaign to emphasize the importance of human organ donation.

The importance of human organ donation shall be emphasized in the Health and Science subjects in the curricula of both the elementary and secondary levels. The Secretary of Health shall coordinate with the Secretary of Education and the Chairperson of the CHED for the effective implementation of this provision. The Information and Advocacy Committee under the PhilNOS shall be in charge of the training program of the faculty members of the schools handling courses on human organ and tissue donation.

The Secretary of Health through coordination efforts with all relevant stakeholders shall also endeavor to disseminate information on human organ and tissue donation through other means, including the internet, social media, and mail.

**SECTION 32. *National Organ Donation Awareness Month.*** – The month of April of every year shall be declared as the “National Organ Donation Awareness Month.” The DOH, with PhilNOS, in coordination with various government and private agencies and organizations, including professional societies, OROs or associations related to human organ donation and transplantation, shall spearhead programs and activities that highlight the importance of organ donation in saving lives.

**SECTION 33. *Protection Against Discriminatory Acts.*** – Living organ donor and an organ donee shall be protected from the following discriminatory acts:

- a) It shall be unlawful to discriminate against a living organ donor or an organ donee in any form from pre-employment to post-employment, including hiring, promotion, or assignment because of the person being an organ donor or an organ donee, and despite a certification from a physician that the living donor or an organ donee is fit for work: *Provided*, that this provision shall not apply to uniformed police and military personnel for purposes of their pre-employment and hiring procedure and requirements.
- b) It shall be unlawful for private health insurance companies under a health maintenance organization (HMO) and life insurance companies to deny or deprive a person of health or life insurance coverage based on being an organ donor or donee. Neither shall the insurance premiums of an insured donor or donee be increased, nor the insurance benefits of an insured donor or donee be decreased. The Insurance Commission shall implement the provision covering life insurance and shall develop the necessary policies to ensure compliance.
- c) It shall be unlawful for a carrier to refuse to transport or ship an organ, tissue, or part thereof, whether accompanied or not. Such refusal shall be penalized with a fine in the amount of Fifty thousand pesos (P50,000.00).

Any person who commits the discriminatory act mentioned in subsection (a) of this section shall suffer the penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos (P10,000.00), including the cancellation or revocation of license or permit as may be applicable.

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

**SECTION 34. *Prohibited Acts.*** – It shall be unlawful for any person, natural or juridical, to commit any of the following acts:

- a) Advertise in any manner, whether formally or informally through print, broadcast media, and other means of electronic media, an offer to sell, barter, deal in, or supply human organs, tissues, or parts thereof or an offer to acquire, buy or to receive human organs, tissues, or parts thereof for consideration in whatever form;
- b) Advertise, publish, print, broadcast or distribute, or cause the advertisement, publication, printing, broadcasting, or distribution by any means, including the use of information technology and the internet, or any brochure, flyer, or any propaganda material that promotes commercial dealings in human organs, tissues, or parts thereof;
- c) Recruit, transport, transfer, harbor, provide, or receipt of persons by any means, for the sale, barter, or supply of human organs, tissues, or parts thereof which involves consideration in whatever form;
- d) Offer consideration whether in the form of money, or any other kind or service to acquire, buy, offering, selling, or trading human organs, tissues, or parts thereof;
- e) Offer to supply human organs, tissues, or parts therefor for consideration or initiate or negotiate any arrangement for the supply thereof or for an offer to supply human organs, tissues, or parts thereof;
- f) Act as a facilitator, middleman, broker, or similar role in the sale, barter, or supply of human organs, tissues, or parts thereof for consideration in whatever form;
- g) Engage in the trade, sale, barter, or supply of human organs, tissues, or parts thereof for consideration in whatever form;
- h) Knowingly store or handle human organs, tissues, or parts thereof that have been acquired, transferred, or sold for consideration in whatever form;
- i) Knowingly deliver, transport, transfer, or distribute human organs, tissues, or parts thereof that have been acquired, transferred, or sold for consideration in whatever form;
- j) Remove or transplant human organs, tissues, or parts thereof even after he/she has been informed or has knowledge that the same has been acquired, transferred, or sold for consideration in whatever form;
- k) Consent to the transplantation of human organs, tissues, or parts thereof and be transplanted with the same with the knowledge that the human

organs, tissues, or parts thereof have been acquired, transferred, or sold for consideration in whatever form;

- l) Recruit or invite persons to supply human organs, tissues, or parts thereof for consideration in whatever form; and
- m) Make or receive payment for the supply of or for an offer to supply human organs, tissues, or parts thereof, other than those allowed under this Act.

**SECTION 35. *Penalties.*** – The following penalties and sanctions are imposed for the offenses enumerated in Section 33 of this Act:

- a) Any person found guilty of committing any of the acts enumerated in Section 33 of this Act shall suffer the penalty of imprisonment of twenty (20) years and a fine of not less than Five hundred thousand pesos (P500,000.00) but not more than Two million pesos (P2,000,000.00);
- b) If the offender is a corporation, partnership, association, club, establishment or any juridical person, the penalty shall be imposed upon the owner, president, partner, manager, or any responsible officer who participated in the commission of the crime or who shall have knowingly permitted or failed to prevent its commission;
- c) The registration with the Securities and Exchange Commission (SEC) and license to operate of an erring corporation, partnership, association, or group shall be cancelled and revoked permanently. The owner, president, partner, or manager thereof shall not be allowed to operate similar establishments under a different name;
- d) If the offender is a hospital, clinic, or other similar licensed medical institution, the penalty shall be imposed upon its owner, president, director, members of the board, officials, doctors, and medical staff with knowledge of the illegal acts and participated in the illegal acts;
- e) If the offender is a hospital, clinic or medical institution under the DOH and other regulatory institutions, its license shall be cancelled and revoked, and the license to practice of medical professionals working in such hospital, clinic, medical or regulatory institution found guilty of the illegal acts shall be cancelled and revoked;
- f) If the offender is a foreigner, the foreigner shall be immediately deported after serving the sentence and be barred from permanently entering the country; and

- g) If the offender is an official or employee of a government agency, such official or employee shall be held administratively liable, without prejudice to criminal liability under this Act. The government official or employee shall, upon conviction, be dismissed from the service and be barred from permanently from holding public office. The retirement and other benefits of erring government officials or employees shall likewise be forfeited.

**SECTION 36.** *Hospital Reporting and Accountability.* – To ensure active support and compliance with the Philippine Organ Donation and Transplantation Program, all hospitals, whether public or private, are hereby mandated to submit an annual report to the Department of Health (DOH) containing the following information:

- a) Potential Organ Donors Identified; The total number of patients identified as potential organ donors within the reporting period;
- b) Referrals to Organ Recovery Organizations; The number of referrals made by the hospital to accredited organ recovery organizations (OROs) in accordance with the established standards;
- c) Actual Donations Completed; The number of actual organ donations made by patients within the reporting period; and
- d) Other Relevant Data; Any additional information relevant to organ donation and transplantation efforts, as determined by the Department of Health, including but not limited to, any challenges encountered in the process.

The report shall be submitted to the DOH no later than January 31 of each year for the preceding calendar year. The Department of Health shall use these reports to assess the overall effectiveness of the program, identify areas for improvement, and enhance public education and outreach efforts aimed at increasing organ donation rates across the country.

**SECTION 37.** *Joint Congressional Oversight Committee.* – There shall be a Joint Congressional Oversight Committee on the implementation of this Act, which shall be jointly chaired by the Chairpersons of the Committee on Health of the House of Representatives and the Senate Committee on Health and Demography, and composed of the Chairpersons of the following Committees from both Houses: Trade and Industry, Civil Service and Professional Regulations, Justice, and two (2) Members from each House representing the minority who shall be

appointed by the Senate President and the Speaker of the House of Representatives, respectively.

**SECTION 38. *Appropriations.*** – The amount necessary for the implementation of this Act shall be included in the General Appropriations Act (GAA).

**SECTION 39. *Implementing Rules and Regulations.*** – Within sixty (60) days from the effectivity of this Act, the DOH and DOH-PhilNOS, in coordination with the concerned departments and agencies of government, including private and nongovernment health professionals' organizations and relevant stakeholders shall promulgate the rules and regulations to effectively implement this Act.

**SECTION 40. *Separability Clause.*** – If any portion or provision of this Act is declared unconstitutional or invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

**SECTION 41. *Repealing Clause.*** – Republic Act No. 7170, as amended, otherwise known as the "Organ Donation Act of 1991" and all orders or directives issued pursuant to said Act are hereby repealed. All other laws, decrees, orders, rules and regulations or other issuances or parts thereof inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

**SECTION 42. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

*Approved,*